

Daley, Frank J Jr

From: Clarice Jackson <voiceadvocacycenter@gmail.com>
Sent: Wednesday, March 2, 2022 4:58 PM
To: Daley, Frank J Jr
Subject: Re: Your Statement of Financial Interests

RECEIVED

MAR 03 2022

NEBRASKA ACCOUNTABILITY
and
DISCLOSURE COMMISSION

Yes it was meant to be 2021

On Wed, Mar 2, 2022 at 4:43 PM Daley, Frank J Jr <frank.daley@nebraska.gov> wrote:

Ms. Jackson:

Your Statement of Financial Interests contained an error or omission and **your filing has not been accepted.**

Error or Omission: Item 5 of your statement was left blank. Your statement should cover 2021, the preceding calendar year.

Action Required: Advise by return email if your statement was intended to cover calendar year 2021. We will consider your email to be an amendment.

The due date for completed Statements of Financial Interests was March 1, 2022. The grace period ends on March 7, 2022.

Please contact me if you have questions.

Frank Daley

Executive Director

Nebraska Accountability and Disclosure Commission

P.O. Box 95086

Lincoln, NE 68509

402-471-2522

frank.daley@nebraska.gov

--

Clarice L. Jackson
President/CEO

New Address!!

Voice Advocacy Center
Decoding Dyslexia Nebraska
6655 Sorenson Pkwy
Omaha, Nebraska 68152

Phone: 402-431-2574

Mobile: 402-612-2278

Fax: 402-505-7936

Web: www.voiceadvocacycenter.com

Facebook: facebook.com/voiceadvocacycenter

Facebook: facebook.com/dispellingdyslexia

NEBRASKA
ACCOUNTABILITY AND
DISCLOSURE COMMISSION
1225 L St., Suite 400
P.O. Box 95086
Lincoln, NE 68509
(402) 471-2522
www.nadc.nebraska.gov

BEFORE COMPLETING
READ FILING REQUIREMENTS

STATEMENT OF FINANCIAL INTERESTS

NADC FORM C-1

POSTMARK
DATE EM 3/1/2022

RECEIVED

OFFICE USE ONLY

MAR 4 2022

NEBRASKA ACCOUNTABILITY
and
DISCLOSURE COMMISSION

S

- Candidates for designated offices and holders of designated offices and positions must file this statement with the Commission. See Sections 1A and 1B of the instructions.
- Candidates (including incumbents) subject to this filing requirement must file this statement in order to have their names appear on the ballot. (See Instructions)
- Designated officeholders and holders of designated positions must file this statement with the Commission annually.
- Dollar values need not be reported for any item, except Item 11.
- Persons who fail to file as required are subject to a civil penalty of up to \$2,000.

ITEM 1 YOUR NAME, ADDRESS AND PHONE NUMBER

Name Jackson Clarice L Telephone No. 4026122278
LAST FIRST MIDDLE
Address 8110 Girard Plaza Omaha NE 68122
STREET ADDRESS OR RURAL ROUTE CITY STATE ZIP CODE

ITEM 2 OCCASION FOR FILING (Check Appropriate Box)

- ☒ A candidate for elective office ☐ Left office or position
☐ Annual officeholder's or state employee's report ☐ Newly appointed to office or position

ITEM 3 OFFICE HELD & TERM OF OFFICE (Incumbent elected/appointed officials and state employees. See 1B of instructions)

List the office or position you currently hold which requires this filing. If you have left office, list the office you held.
Office or Position Learning Community Councilwoman Subdistrict 1 Term 8/20-12/22
BEGINS ENDS
Name of City, County, District, or State Agency Learning Community of Douglas and Sarpy County

ITEM 4 OFFICE SOUGHT (Candidates only. See 1A of instructions)

List the office sought which requires this filing.
Office Legislative Representative (Senator) District 18
Name of City, County, District, or State Office: Nebraska Unicameral

ITEM 5 PERIOD COVERED BY THIS STATEMENT

This statement must cover all financial interests for the entire "preceding calendar year" and not just as of year-end. If you have left office, this statement must cover all financial interests from the end of the calendar year for which you previously filed up to and including the date you left office.

- ☒ This statement covers the **preceding calendar year** January 1 through December 31, _____
☐ Left office: this statement covers the period January 1, _____ to _____
(DATE YOU LEFT OFFICE OR POSITION)

ITEM 6 SOURCES OF INCOME OF OVER \$1,000

Income includes money or any other form of recompense constituting income under the Internal Revenue Code. See definitions.

Name and address of any source, including an individual, business, body of government, political subdivision or body corporate, from which income of over \$1,000 was received.

List the nature of the source's status, e.g., "The nature of the source's status as rendered or the circumstances as shown if income was received as a "NONE" (Do not list the amount of the income).

List your Government position if you were paid more than \$1,000.

	1a: Employee only
1. Vice Advocacy Center 6655 Schenck Pkwy Omaha NE 68122	
2. American Federation of Children 1022 19 th Street NW Suite 675 Washington DC 20036	2a: Computer Fee for NE's child abuse prevention program management
3. _____	3a: _____
4. _____	4a: _____

NOTE: IF INCOME RESULTED FROM EMPLOYMENT BY OPERATION OF OR PARTICIPATION IN A PROPRIETORSHIP, PARTNERSHIP, CORPORATION OR OTHER PERSON, LIST THE SAME AS THE SOURCE OF INCOME BUT NOT THE PATRONS, CUSTOMERS, PATIENTS OR CLIENTS THEREOF.

ITEM 7 BUSINESSES WITH WHICH YOU ARE ASSOCIATED Including Non Profits (See definitions)

Name and address of all businesses, organizations, or associations (profit and non-profit) with which you held a position of officer, director, limited liability company member, partner, or stockholder and any entity in which you held a position of trustee. Such reporting is required based on the position held, not on whether income was received. You need not report business associations which are otherwise listed under Item 6.

Name and Address of Business or Organization	Nature of Association
If you have nothing to report, write NONE	
1. Phoenix Academy 1110 N 60 th St Omaha NE 68132	1a: Board Member
2. Nelson Mandela Elementary 6313 N 30 th St Omaha NE 68111	2a: Advisory Council Member
3. African American Commissioner of State of NE 1526 K St 4 Lincoln NE	3a: Commissioner
4. Human Rights and Relations Board 1819 Farnham St Omaha NE 68130	4a: Board Member
5. Boon Philanthropy Boonphilanthropy.org no address available	5a: Educational Advisory Board
6. _____	6a: _____
7. _____	7a: _____

ITEM 8 REAL PROPERTY OF THE FILER IN NEBRASKA (Real property valued at less than \$1,000 and your personal residence need not be reported.)

List all real property in Nebraska in your name or in which you have a direct ownership interest. The description must be sufficient to identify the location of the property. Exceptions: You need not report real property owned by a business, other than your personal residence or real property valued at less than \$1,000. Personal residence refers to your principal dwelling house and adjacent land used for house-hold purposes, such as lawns and gardens.

Location of Property (Description or Address)	Nature of Interest (such as agricultural, commercial, industrial, residential, etc.)
If you have nothing to report, write NONE	
	NONE

ITEM 9 OTHER FINANCIAL INTERESTS AND PROPERTY HELD DURING THE PERIOD OF THIS STATEMENT WHICH EXCEEDED A FAIR MARKET VALUE OF \$1,000 AT ANY TIME DURING THE REPORTING PERIOD

(a) List the names and addresses of the institutions in which you had checking and savings accounts and certificates of deposit.

Financial Institution	Address
If you have nothing to report, write NONE	
	NONE

(b) List the names of the issuers of all stocks, bonds, and government securities, not otherwise listed under Items 6 or 7.

If you have nothing to report, write NONE	
None	

(c) Describe other property owned or held for the production of income not otherwise disclosed in Items 6, 7, 8 or 9(a)(b). Include leaseholds and other interests in real estate, promissory notes and other obligations owed to you, beneficial interests in trusts and estates, cash value life insurance, IRAs, deferred income and retirement plans. Exception: Do not include accounts receivable, inventory, fixtures and equipment owned or used by a business listed in Items 6 & 7 or household goods, personal automobiles and other tangible personal property unless such property was held primarily for sale or exchange.

If you have nothing to report, write NONE	
NONE	

ITEM 10 CREDITORS TO WHOM \$1,000 OR MORE WAS OWED OR GUARANTEED BY YOU OR A MEMBER OF YOUR IMMEDIATE FAMILY.

Except on loans from a relative and land contracts which have been recorded with the County Register of Deeds, all other reported accounts payable debts arising out of retail installment transactions or made by a financial institution in the ordinary course of business need not be reported.

Name	Address
If you have nothing to report, write NONE	
NONE	

ITEM 11 SOURCES OF GIFTS OF A VALUE OF MORE THAN \$100 RECEIVED EXCEPT GIFTS FROM RELATIVES. (See definitions) If you have nothing to report, write NONE

Name and address of Donor	Occupation or nature of business of Donor	Value of Gift (See Key Below)	Description of Gift and Circumstances or Occasion for Gift
If you have nothing to report, write NONE			
NONE	NONE	Choose Value	
		Choose Value	
		Choose Value	
		Choose Value	
		Choose Value	
		Choose Value	
		Choose Value	
		Choose Value	

The monetary value of each gift shall be categorized based on the good faith estimate of the filer. For each reported gift insert in the Value column the letter which corresponds to the value category of the gift. The value categories are:
 A) \$100.01 to \$200. B) \$200.01 to \$500. C) \$500.01 to \$1,000. D) \$1,000.01 or more

ITEM 12 SIGNATURE OF FILER AND DATE.

I hereby state that I have used all reasonable diligence in the preparation of this Statement and that to the best of my knowledge it is true and complete.

<i>Linda G. [Signature]</i>	<i>3-1-2022</i>
(Signature of Filer)	(Date)

Criminal Penalties: Any person who files a statement knowing that information is false shall be guilty of a Class IV Felony. See §49-14.134, Nebraska Revised Statutes.