

NEBRASKA ACCOUNTABILITY AND DISCLOSURE COMMISSION 11 th Floor, State Capitol P.O. Box 95086 Lincoln, NE 68509 (402) 471-2522	STATEMENT OF FINANCIAL INTERESTS NADC FORM C-1	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">POSTMARK DATE</td> <td style="width: 50%; text-align: center; padding: 2px;">2-10-22</td> </tr> <tr> <td style="padding: 2px;">MICROFILM NUMBER</td> <td style="padding: 2px;"></td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 5px;">OFFICE USE ONLY</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 10px;"> FEB 14 2022 NEBRASKA ACCOUNTABILITY and DISCLOSURE COMMISSION </td> </tr> </table>	POSTMARK DATE	2-10-22	MICROFILM NUMBER		OFFICE USE ONLY		FEB 14 2022 NEBRASKA ACCOUNTABILITY and DISCLOSURE COMMISSION	
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FEB 14 2022 NEBRASKA ACCOUNTABILITY and DISCLOSURE COMMISSION										
BEFORE COMPLETING READ FILING REQUIREMENTS										

- Candidates for designated offices and holders of designated offices and positions must file this statement. See Sections 1A and 1B of the instructions.
- Candidates (including incumbents) subject to this filing requirement must file with the Commission and with the appropriate election official (See Instructions).
- Designated officeholders and holders of designated positions must file this statement with the Commission annually.
- Dollar values need not be report for any item, except Item 11.
- Persons who fails to file as required is subject to a civil penalty of up to \$2,000.

ITEM 1 | YOUR NAME, ADDRESS AND PHONE NUMBER

Name	Prelwitz	Karen	B	Telephone No.	402-768-6133
	LAST	FIRST	MIDDLE		
Address	666 N 4 th St			Hebron	NE 68370
	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: Thayer County Treasurer Term: 01-01-2019 to 12-31-22

Name of City, County, District, or State Agency: Hebron, Thayer, NE

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

List the office sought which requires this filing.

Office: _____

Name of City, County, District, or State Office: _____

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, 2021

☐ 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 whom income of over \$1,000 was received.

List the nature of the source's business and the nature of the services you rendered or the circumstances under which income was received. NOTE: Do not list the amount of the income.

1.) Thayer County 1a.)

225 N 4th

Hebron NE 68370

2.) CHS McPherson Refinery 2a.)

2000 S Main

McPherson, KS 67460

3.) Social Security 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 (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

1.) Faith Lutheran Church Altar Guild-Treasurer 1a.)

2.) 2a.)

3.) 3a.)

4.) 4a.)

5.) 5a.)

6.) 6a.)

7.) 7a.)

Thrivent Financial Lutherans Life Insurance

Thayer County Retirement

ITEM 10	CREDITORS TO WHOM \$1,000 OR MORE WAS OWED OR GUARANTEED BY YOU OR A MEMBER OF YOUR IMMEDIATE FAMILY.
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Exception: Loans from a relative and land contracts which have been recorded with the County Clerk or Register of Deeds need **not** be reported. Accounts payable, debts arising out of retail installment transactions or loans made by a financial institution in the ordinary course of business need **not** be reported.

Name	Address

ITEM 11	SOURCES OF GIFTS OF A VALUE OF MORE THAN \$100 RECEIVED EXCEPT GIFTS FROM RELATIVES. (See definitions)
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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
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.
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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.

 (Signature of Filer)	 (Date)
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NEBRASKA ACCOUNTABILITY AND DISCLOSURE COMMISSION 11 th Floor, State Capitol P.O. Box 95086 Lincoln, NE 68509 (402) 471-2522	STATEMENT OF FINANCIAL INTERESTS <i>Amend</i> NADC FORM C-1	POSTMARK DATE 2-17-22 2-10-22	MICROFILM NUMBER
		RECEIVED FEB 22 2022 FEB 14 2022 OFFICE USE ONLY NEBRASKA ACCOUNTABILITY and DISCLOSURE COMMISSION	
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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.


(Signature of Filer)

2-9-2022
(Date)