

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	<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;">4.4.22 <u>3/24/22</u></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: 2px;">OFFICE USE ONLY</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 2px;"> RECEIVED APR 08 2022 MAR 28 2022 NEBRASKA ACCOUNTABILITY and DISCLOSURE COMMISSION </td> </tr> </table>	POSTMARK DATE	4.4.22 <u>3/24/22</u>	MICROFILM NUMBER		OFFICE USE ONLY		RECEIVED APR 08 2022 MAR 28 2022 NEBRASKA ACCOUNTABILITY and DISCLOSURE COMMISSION	
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- Individuals listed under Sections 1-A & B of the General Information - Filing Requirements on page 5 must file this form.
- Dollar values need not be reported for any item, except for Item 11.
- File with the Nebraska Accountability and Disclosure Commission and with the election commissioner or clerk of the county of your residence.
- Persons who fail to file this report or otherwise do not comply with the reporting provisions of the law are subject to penalties.

ITEM 1 | YOUR NAME, ADDRESS AND PHONE NUMBER

Name	Gustafson	Thomas	M.	Telephone No.	402-287-2436
	LAST	FIRST	MIDDLE		
Address	86025 586 Ave.			Wakefield	NE 68784
	STREET ADDRESS OR RURAL ROUTE			CITY	STATE ZIP CODE

ITEM 2 | OCCASION FOR FILING (Check Appropriate Box)

☐ A candidate for elective office ☒ Annual officeholder's or state employee's report	☐ Left office or position ☐ Newly appointed to office or position
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ITEM 3 | OFFICE HELD & TERM OF OFFICE (for incumbent elected or appointed officials and state employees)

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: <u>Director</u>	Term: <u>1/1/19</u>	12/31/25
	BEGINS	ENDS

Name of City, County, District, or State Agency: Northeast Nebraska Public Power District

ITEM 4 | OFFICE SOUGHT (for candidate only)

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, 2019

☐ 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.

1.) Enel Green Power
100 Brickstone Square.
Suite 300
Andover, MA 01810

1a.) Wind Farm Pmn't.

2.) Northeast Nebraska Public Power District
1410 West 7 St.
Wayne, NE 68787-0350

2a.) Per Deim

3.) Galen Samuelson
86285 Hwy. 9
Wakefield, NE 68784

3a.) Rent

4.) USDA

4a.) Farm Program Payment

*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 | BUSINESS ASSOCIATIONS (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

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1a.)
2a.)
3a.)
4a.)
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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 your name or in which you have a direct ownership interest. The description required must be sufficient to identify the location of the property. Exceptions: You need **not** report real estate owned by a business listed in Item 6 or 7, your personal residence of 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 Property (such as: agricultural, commercial, industrial, residential-rental)
511 Willis St., Pender, NE SE1/4&S1/2NE1/4 22-27N-5E & S1/2SE1/4 14-27N-5E	Rental House Agricultural

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
State Nebraska Bank & Trust Co.	116 W 1 st Street, Wayne, NE 68787
Elkhorn Valley Bank	411 E 7th St., Wayne, NE 68787
Iowa Nebraska State Bank	P.O. Box 37, South Sioux City, NE 68776
RBC Dain Rauscher	6940 O St., Lincoln, NE 68510
Raymond James	8700 Executive Woods Dr., STE 300, Lincoln, NE 68512

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

Caterpillar Inc	IBM	US Bankcorp	Phizer
Coca Cola Co.	JP Morgan Chase	Johnson & Johnson	Visa
Bristol Myers Squibb Co.	Microchip Technology, Inc	Lumentum	Medtronics
Costco Wholesale Corp.	Nextera Energy	MFS Ser Tr x	
Kyndeyl Holdings	Microsoft	Aptiv	
Exon Mobile	Union Pacific	Apple Inc. Bond	
Amazon	Home Depot	Verizon	

(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.

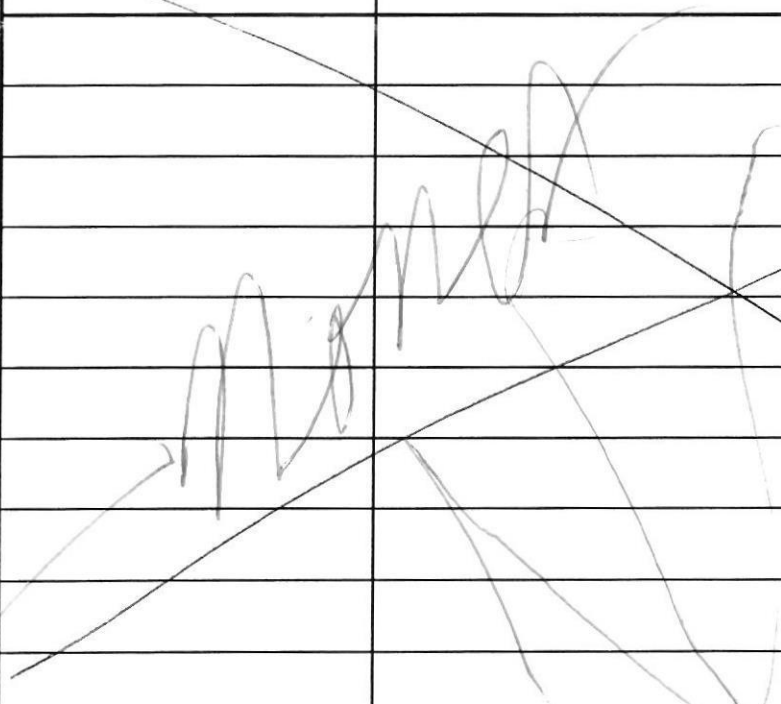
State Farm Life Insurance Co.
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ITEM 10 CREDITORS TO WHOM \$1,000 OR MORE WAS OWED OR GUARANTEED BY YOU OR A MEMBER OF YOUR IMMEDIATE FAMILY.

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

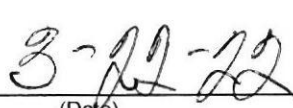
Name and address of Donor	Occupation or nature of business of Donor	Value of Gift (See Key Below)	Description of Gift and Circumstances or Occasion for Gift
		Choose Value:	
		Choose Value:	
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The monetary value of each gift shall be categorized based 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.

	
(Signature of Filer)	(Date)

State of Nebraska

Accountability and Disclosure Commission

P.O. BOX 95086
Lincoln, Nebraska 68509
www.nadc.nebraska.gov



Centre Terrace, 1225 L St. #400
Phone (402) 471-2522
Fax (402) 471-6599

March 29, 2022

Thomas Gustafson
86025 586 Avenue
Wakefield, NE 68784

Dear Mr. Gustafson:

Your Statement of Financial Interests filed with this office contains an error or an omission.

Your Position: Director Northeast Public Power District

Date of Filing: March 28, 2022

Error or Omission: 1) Item 5 of your statement shows it covers 2019. Your statement should cover 2021, the preceding calendar year; 2) Items 7, 10 and 11 were left blank.

Action Required: a) Fill in the correct calendar year at Item 5; b) Complete Items 7, 10 and 11. If you have nothing to report, write "none".

Please make the required changes on the enclosed copy and return to this office.

If your statement as filed does not accurately reflect your financial interests during 2021, you should file a new statement disclosing the correct information.

If you have any questions, please feel free to contact me.

Sincerely,

Frank J. Daley, Jr.
Executive Director

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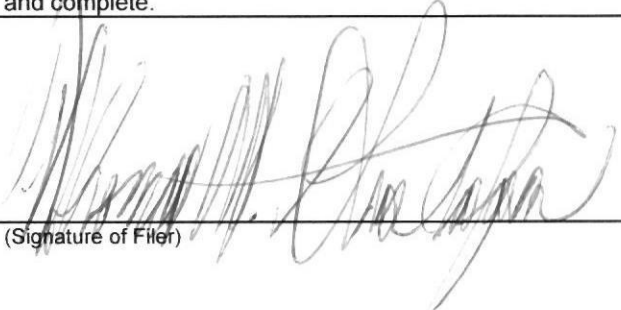
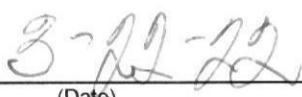
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(Signature of Filer)	(Date)