

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 <i>Amended</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%; padding: 2px;">EM 4-21-22</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;"> RECEIVED APR 21 2022 NEBRASKA ACCOUNTABILITY and DISCLOSURE COMMISSION </td> </tr> </table>	POSTMARK DATE	EM 4-21-22	MICROFILM NUMBER		OFFICE USE ONLY		RECEIVED APR 21 2022 NEBRASKA ACCOUNTABILITY and DISCLOSURE COMMISSION	
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RECEIVED APR 21 2022 NEBRASKA ACCOUNTABILITY and DISCLOSURE COMMISSION										

- 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.
- Political groups need not be report 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															
<table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">Name</td> <td style="width: 35%;">Love Scott</td> <td style="width: 15%;">Telephone No.</td> <td style="width: 35%;">402-494-5669</td> </tr> <tr> <td></td> <td style="text-align: center;">EAST FIRST MIDDLE</td> <td></td> <td></td> </tr> <tr> <td>Address</td> <td colspan="2">552 Keman Drive</td> <td>South Sioux City NE 68776</td> </tr> <tr> <td></td> <td colspan="2" style="text-align: center;">STREET ADDRESS OR RURAL ROUTE</td> <td style="text-align: center;">CITY STATE ZIP CODE</td> </tr> </table>	Name	Love Scott	Telephone No.	402-494-5669		EAST FIRST MIDDLE			Address	552 Keman Drive		South Sioux City NE 68776		STREET ADDRESS OR RURAL ROUTE		CITY STATE ZIP CODE
Name	Love Scott	Telephone No.	402-494-5669													
	EAST FIRST MIDDLE															
Address	552 Keman Drive		South Sioux City NE 68776													
	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																
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. <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Office or Position</td> <td style="width: 20%;">Commissioner</td> <td style="width: 10%;">Term</td> <td style="width: 10%;">01-07-21</td> <td style="width: 10%;">01-2025</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">BEGINS</td> <td style="text-align: center;">ENDS</td> </tr> </table> Name of City, County, District, or State Agency: <u>Dakota</u>		Office or Position	Commissioner	Term	01-07-21	01-2025				BEGINS	ENDS					
Office or Position	Commissioner	Term	01-07-21	01-2025												
			BEGINS	ENDS												
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, <u>2021</u> ☐ 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 no more than \$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.
List your Government position if you were paid more than \$1,000.	
1a) <u>Law Brothers Truck & Trailer Service, Inc.</u>	1a) <u>Partner/owner</u>
<u>5015 Dakota Avenue</u>	
<u>South Sioux City NE 68775</u>	
2a) <u>Law Brothers Partnership</u>	2a) <u>Partner/owner</u>
<u>5015 Dakota Avenue</u>	
<u>South Sioux City NE 68775</u>	
3a) <u>County Commissioner</u>	3a) <u>board member</u>
4a) _____	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	
1a) <u>None</u>	1a) _____
2a) _____	2a) _____
3a) _____	3a) _____
4a) _____	4a) _____
5a) _____	5a) _____
6a) _____	6a) _____
7a) _____	7a) _____

ITEM 8	REAL PROPERTY OF THE FILER IN NEBRASKA (Real property valued at less than \$1,000 and your personal residence need <i>not</i> be reported.)	
List all real property in Nebraska 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 <i>not</i> report real property owned by a business listed in Item 6 or 7, 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 Property (such as: agricultural, commercial, industrial, residential-rental)
If you have nothing to report, write NONE		
4105 Dakota Avenue South Sioux City NE 68776		office rental
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		
Siouxland Bank		1001 W 29 th Street, South Sioux City NE 68776
Bank East		2021 Dakota Avenue, South Sioux City NE 68776
Siouxland Federal Credit Union		3000 Plaza Drive, South Sioux City NE 68776
F. S. M. Bank		2024 Dakota Avenue, South Sioux City NE 68776
(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 <i>not</i> 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 <i>primarily</i> for sale or exchange.		
If you have nothing to report, write NONE		
New York life corporate stock account State Farm Northwestern Mutual		County Retirement Plan

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
If you have nothing to report, write NONE	
None	

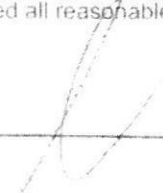
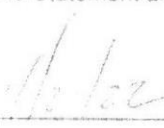
ITEM 11 SOURCES OF GIFTS OF A VALUE OF MORE THAN \$100 RECEIVED EXCEPT GIFTS FROM RELATIVES. (See definitions) If you have nothing to report, write NONE

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		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.

	
(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