

MAY 09 2022

 POSTMARK
DATE
3/23/22
MICROFILM
NUMBER

 NEBRASKA
ACCOUNTABILITY AND
DISCLOSURE COMMISSION

 11th Floor, State Capitol
P.O. Box 95086
Lincoln, NE 68509
(402) 471-2522

 STATEMENT
OF
FINANCIAL
INTERESTS

APR 07 2022

OFFICE USE ONLY

RECEIVED

 BEFORE COMPLETING
READ FILING REQUIREMENTS

 Amend
NADC FORM C-1

 NEBRASKA ACCOUNTABILITY
and
DISCLOSURE COMMISSION

MAR 25 2022

 NEBRASKA ACCOUNTABILITY
and
DISCLOSURE COMMISSION

- 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 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 Hannon Francis Charles Telephone No. 308-850-5900
 LAST FIRST MIDDLE
 Address 1711 West Elm Island Road Doniphan Nebr 68832
 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.
 Office or Position: HALL COUNTY WEED BOARD Term: Open Sue
 Name of City, County, District, or State Agency: Grant Island Hall Co
 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, 2020-2021
☐ Left office, this statement covers the period January 1, Jan 1-2021 to Dec 31 2021 (DATE YOU LEFT OFFICE OR POSITION)

OK to leave Black

per Sue 4-4-2022

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 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.

1.)

1a.)

Neh-Weed Co. 175506
Chairman

2.)

2a.)

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.)

1a.)

Self Employed
Francis C. Haggan
Fahm

2.)

2a.)

3.)

3a.)

4.)

4a.)

5.)

5a.)

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 <i>not</i> be reported.)
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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 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	
Doniphan Neba	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
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.
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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
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
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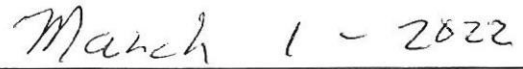
Name and address of Donor	Occupation or nature of business of Donor	Value of Gift (See Key Below)	Description of Gift and Circumstances or Occasion for Gift
If you have nothing to report, write NONE			
None		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
		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.
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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)
--	--

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.

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

April 13, 2022

Francis Hannon
1711 West Elm Island Road
Doniphan, NE 68832

Dear Mr. Hannon:

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

Your Position: Member Hall County Weed Board

Date of Filing: March 25, 2022 and April 7, 2022

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

Action Required: Enter 2021 at Item 5 on the enclosed copy and return to this office.

Important: Your note indicates your belief that Item 5 may be left blank. This is incorrect. You must complete Item 5 or your statement cannot be accepted.

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

Sincerely,



Frank J. Daley, Jr.
Executive Director

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 3/23/22
		MICROFILM NUMBER
BEFORE COMPLETING READ FILING REQUIREMENTS		OFFICE USE ONLY RECEIVED MAR 25 2022 NEBRASKA ACCOUNTABILITY and DISCLOSURE COMMISSION

- 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).
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☐ Left office or position
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List the office or position you currently hold which requires this filing. If you have left office, list the office you held. OK per Sue
 Office or Position: HALL COUNTY WEED BOARD Term: _____
 Name of City, County, District, or State Agency: Grand Island Hall Co
 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: _____

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☐ This statement covers the preceding calendar year January 1 through December 31, 2020-2021

☐ Left office, this statement covers the period January 1, _____ to _____
 (DATE YOU LEFT OFFICE OR POSITION)

*OK to leave Black
per Sue 4-4-2022*

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 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 \$1,000.1.) Noble Weed Control #5506
Chain Man

1a.)

2.)

2a.)

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.

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Name and Address of Business or Organization.

Nature of Association

If you have nothing to report, write NONE1.) Self Employed

1a.)

Francis C Haggan
Farm

2.)

2a.)

3.)

3a.)

4.)

4a.)

5.)

5a.)

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 <i>not</i> be reported.)
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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 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

Doniphan Neba	Agricultural
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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
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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

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

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(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:	
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		Choose Value:	

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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.	
Francis C Hannon Sr	March 1 - 2022
(Signature of Filer)	(Date)

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State of Nebraska

Accountability and Disclosure Commission

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

March 28, 2022

Francis Hannon
1711 West Elm Island Road
Doniphan, NE 68832

Dear Mr. Hannon:

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

Your Position: Member Hall County Weed Board

Date of Filing: March 25, 2022

Error or Omission: a) In Item 5 you state that your statement covers 2020 to 2021. Your statement should cover 2021, the preceding calendar year; and b) Item 9c was left blank.

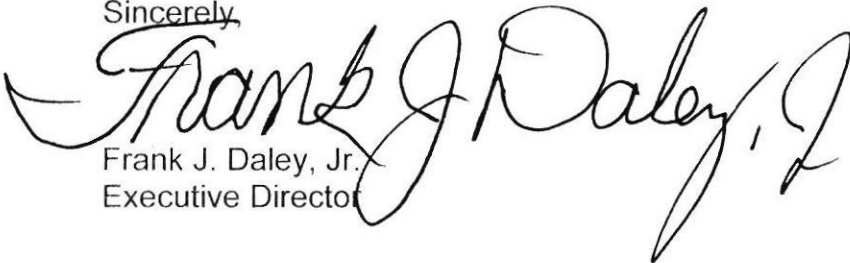
Action Required: a) Enter 2021 at Item 5; b) Complete Item 9c. If you have nothing to report, write none.

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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Office or Position: Nebr Weed Control Association Term: 2020 2021

BEGINS ENDS

Name of City, County, District, or State Agency: Grand Island Hall Co

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List your Government position if you were paid more than \$1,000.	
1.) <u>Nebr Weed Control 173500</u> <u>Chain Man</u>	1a.) _____ _____
2.) _____ _____	2a.) _____ _____
3.) _____ _____	3a.) _____ _____
4.) _____ _____	4a.) _____ _____
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Name and Address of Business or Organization.	Nature of Association
If you have nothing to report, write NONE	
1.) <u>Self Employed</u> <u>Francis C. Haggan</u> <u>Farin</u>	1a.) _____ _____
2.) _____ _____	2a.) _____ _____
3.) _____ _____	3a.) _____ _____
4.) _____ _____	4a.) _____ _____
5.) _____ _____	5a.) _____ _____
6.) _____ _____	6a.) _____ _____
7.) _____ _____	7a.) _____ _____

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		Choose Value:	
		Choose Value:	
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