

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

BEFORE COMPLETING
READ FILING REQUIREMENTS

STATEMENT
OF
FINANCIAL
INTERESTS
- Amended -
NADC FORM C-1

EXEMPTION
DATE
MICROFILM
NUMBER

email 8-2-22

OFFICE USE ONLY

RECEIVED 5

AUG 02 2022

NEBRASKA ACCOUNTABILITY
and
DISCLOSURE COMMISSION

- Candidates for designated offices and holders of designated offices and positions must file this statement with the Commission.
- 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: Hodson Orville Eddy Telephone No. 402-75-4991
CITY: 407 4th St. STATE: NE ZIP CODE: 68505
ADDRESS: ADDRESS OR RURAL ROUTE

ITEM 2 OCCASION FOR FILING (Check Appropriate Box)

- ☐ A candidate for elective office ☐ Left office or position
☐ Designated 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)

Office held or position previously held which requires this filing: If a state or local office, list the office you held
City or Position: DIRECTOR DIST 1. Term: Jan 2022 DEC 2022
Begins Ends
Name of City, County, District, or State Agency: NORTHEAST POWER DIST.

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" as defined by you and: 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, 2022 to

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

List all salaries, honoraria, 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, body corporate or from which the amount 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. NORTHEAST PUBLIC POWER DIST.	1a.) DIRECTOR
2. WEST-HODSON LUMBER CO.	2a.) GEN. MGR/OWNER
3. ALLIED MIDWEST MERCH, INC.	3a.) DIRECTOR
4. HUSKER AG, LLC	4a.) SHAREHOLDER

NOTE: IF INCOME RECEIVED FROM EMPLOYMENT BY OPERATION OF OR PARTICIPATION IN A PROPRIETORSHIP, PARTNERSHIP, CORPORATION OR OTHER PERSON NOT 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)

List the 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, partner, or stockholder and any entity in which you hold 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

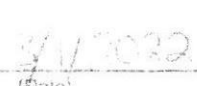
1. West-Hodson Lumber Co., Inc. PO Box 40 OSMONA, NE 68765	1a.) PRESIDENT
2. PLUM GROVE, INC. OSMONA, NE	2a.) DIRECTOR
3. ALLIED MIDWEST MERCH, INC.	3a.) DIRECTOR
4. CROFTON COMMUNITY LLC PO Box 220 OSMONA, NE 68765	4a.) DIRECTOR
5. HIWAY INVESTORS LLC 86354 HWY 121 OSMONA, NE 68765	5a.) DIRECTOR
6. OZ TOWN DEVELOPERS 86350 HWY 121 OSMONA, NE 68765	6a.) DIRECTOR
7. OSMONA VENTURE RESOURCES OSMONA, NE 68765	7a.) DIRECTOR

ITEM 6	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 lawn 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		
	HIGH WATER LODGE CONDO. 1804 CAMP N/OBRARA, NE	RESIDENTIAL UNIT #1 OF 5 (A CONDOMINIUM)
ITEM 7	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	
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		
	SECURITY BANK OSMOND, NE. 68765	
List the names of the issuers of all stocks, bonds, and government securities, not otherwise listed under Item 6 or 7.		
If you have nothing to report, write NONE		
NONE		
Describe other property owned or held for the production of income not otherwise disclosed in Items 6, 7, 8 or 9(a)(b). Include lease-holds 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		
• IRA @ ELKHORN VALLEY BANK - NORFOLK, NE. • 401 K WITH WEST-HODSON LUMBER CO.		

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 3rd 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