

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

NADC FORM C-1

POSTMARK
DATE
MICROFILM
NUMBER

OFFICE USE ONLY

RECEIVED

AUG 08 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.
- 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: Lukasiewicz Troy Matthew Telephone No. 308 750-0701
Address: 946 13th Ave St Paul NE 68873
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: _____ Term: _____
BEGINS ENDS

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

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

List the office sought which requires this filing.

Office: Howard Greely RFPD Board

Name of City, County, District, or State Office: St Paul Howard NE

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 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.) Grain Motors Inc
946 13th Ave
St Paul Ne 68873
- 2.) TRDE White
9 1112 2nd St
St Paul Ne 68873
- 3.) TD Rentals
946 13th Ave
St Paul Ne 68873
- 4.)

- 1a.) Production Ag Farming Business
owner - operator
- 2a.) Laundry Wash
- 3a.) Rental Property
- 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.) Grain Motors Inc
946 13th Ave
St Paul Ne 68873
- 2.)
- 3.)
- 4.)
- 5.)
- 6.)
- 7.)

- 1a.) Production Ag Farming Business
owner - operator
- 2a.)
- 3a.)
- 4a.)
- 5a.)
- 6a.)
- 7a.)

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 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 not 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	
Lots 1-3 Bl. 15 35 Lot 4 Bl. 15 4 Lot 5 Bl. 15 5 Lot 6 Bl. 15 6 Lot 7 Bl. 15 7 Lot 8 Bl. 15 8 Lot 9 Bl. 15 9 Lot 10 Bl. 15 10 Lot 11 Bl. 15 11 Lot 12 Bl. 15 12 Lot 13 Bl. 15 13 Lot 14 Bl. 15 14 Lot 15 Bl. 15 15 Lot 16 Bl. 15 16 Lot 17 Bl. 15 17 Lot 18 Bl. 15 18 Lot 19 Bl. 15 19 Lot 20 Bl. 15 20 Lot 21 Bl. 15 21 Lot 22 Bl. 15 22 Lot 23 Bl. 15 23 Lot 24 Bl. 15 24 Lot 25 Bl. 15 25 Lot 26 Bl. 15 26 Lot 27 Bl. 15 27 Lot 28 Bl. 15 28 Lot 29 Bl. 15 29 Lot 30 Bl. 15 30 Lot 31 Bl. 15 31 Lot 32 Bl. 15 32 Lot 33 Bl. 15 33 Lot 34 Bl. 15 34 Lot 35 Bl. 15 35 Lot 36 Bl. 15 36 Lot 37 Bl. 15 37 Lot 38 Bl. 15 38 Lot 39 Bl. 15 39 Lot 40 Bl. 15 40 Lot 41 Bl. 15 41 Lot 42 Bl. 15 42 Lot 43 Bl. 15 43 Lot 44 Bl. 15 44 Lot 45 Bl. 15 45 Lot 46 Bl. 15 46 Lot 47 Bl. 15 47 Lot 48 Bl. 15 48 Lot 49 Bl. 15 49 Lot 50 Bl. 15 50 Lot 51 Bl. 15 51 Lot 52 Bl. 15 52 Lot 53 Bl. 15 53 Lot 54 Bl. 15 54 Lot 55 Bl. 15 55 Lot 56 Bl. 15 56 Lot 57 Bl. 15 57 Lot 58 Bl. 15 58 Lot 59 Bl. 15 59 Lot 60 Bl. 15 60 Lot 61 Bl. 15 61 Lot 62 Bl. 15 62 Lot 63 Bl. 15 63 Lot 64 Bl. 15 64 Lot 65 Bl. 15 65 Lot 66 Bl. 15 66 Lot 67 Bl. 15 67 Lot 68 Bl. 15 68 Lot 69 Bl. 15 69 Lot 70 Bl. 15 70 Lot 71 Bl. 15 71 Lot 72 Bl. 15 72 Lot 73 Bl. 15 73 Lot 74 Bl. 15 74 Lot 75 Bl. 15 75 Lot 76 Bl. 15 76 Lot 77 Bl. 15 77 Lot 78 Bl. 15 78 Lot 79 Bl. 15 79 Lot 80 Bl. 15 80 Lot 81 Bl. 15 81 Lot 82 Bl. 15 82 Lot 83 Bl. 15 83 Lot 84 Bl. 15 84 Lot 85 Bl. 15 85 Lot 86 Bl. 15 86 Lot 87 Bl. 15 87 Lot 88 Bl. 15 88 Lot 89 Bl. 15 89 Lot 90 Bl. 15 90 Lot 91 Bl. 15 91 Lot 92 Bl. 15 92 Lot 93 Bl. 15 93 Lot 94 Bl. 15 94 Lot 95 Bl. 15 95 Lot 96 Bl. 15 96 Lot 97 Bl. 15 97 Lot 98 Bl. 15 98 Lot 99 Bl. 15 99 Lot 100 Bl. 15 100 Lot 101 Bl. 15 101 Lot 102 Bl. 15 102 Lot 103 Bl. 15 103 Lot 104 Bl. 15 104 Lot 105 Bl. 15 105 Lot 106 Bl. 15 106 Lot 107 Bl. 15 107 Lot 108 Bl. 15 108 Lot 109 Bl. 15 109 Lot 110 Bl. 15 110 Lot 111 Bl. 15 111 Lot 112 Bl. 15 112 Lot 113 Bl. 15 113 Lot 114 Bl. 15 114 Lot 115 Bl. 15 115 Lot 116 Bl. 15 116 Lot 117 Bl. 15 117 Lot 118 Bl. 15 118 Lot 119 Bl. 15 119 Lot 120 Bl. 15 120 Lot 121 Bl. 15 121 Lot 122 Bl. 15 122 Lot 123 Bl. 15 123 Lot 124 Bl. 15 124 Lot 125 Bl. 15 125 Lot 126 Bl. 15 126 Lot 127 Bl. 15 127 Lot 128 Bl. 15 128 Lot 129 Bl. 15 129 Lot 130 Bl. 15 130 Lot 131 Bl. 15 131 Lot 132 Bl. 15 132 Lot 133 Bl. 15 133 Lot 134 Bl. 15 134 Lot 135 Bl. 15 135 Lot 136 Bl. 15 136 Lot 137 Bl. 15 137 Lot 138 Bl. 15 138 Lot 139 Bl. 15 139 Lot 140 Bl. 15 140 Lot 141 Bl. 15 141 Lot 142 Bl. 15 142 Lot 143 Bl. 15 143 Lot 144 Bl. 15 144 Lot 145 Bl. 15 145 Lot 146 Bl. 15 146 Lot 147 Bl. 15 147 Lot 148 Bl. 15 148 Lot 149 Bl. 15 149 Lot 150 Bl. 15 150 Lot 151 Bl. 15 151 Lot 152 Bl. 15 152 Lot 153 Bl. 15 153 Lot 154 Bl. 15 154 Lot 155 Bl. 15 155 Lot 156 Bl. 15 156 Lot 157 Bl. 15 157 Lot 158 Bl. 15 158 Lot 159 Bl. 15 159 Lot 160 Bl. 15 160 Lot 161 Bl. 15 161 Lot 162 Bl. 15 162 Lot 163 Bl. 15 163 Lot 164 Bl. 15 164 Lot 165 Bl. 15 165 Lot 166 Bl. 15 166 Lot 167 Bl. 15 167 Lot 168 Bl. 15 168 Lot 169 Bl. 15 169 Lot 170 Bl. 15 170 Lot 171 Bl. 15 171 Lot 172 Bl. 15 172 Lot 173 Bl. 15 173 Lot 174 Bl. 15 174 Lot 175 Bl. 15 175 Lot 176 Bl. 15 176 Lot 177 Bl. 15 177 Lot 178 Bl. 15 178 Lot 179 Bl. 15 179 Lot 180 Bl. 15 180 Lot 181 Bl. 15 181 Lot 182 Bl. 15 182 Lot 183 Bl. 15 183 Lot 184 Bl. 15 184 Lot 185 Bl. 15 185 Lot 186 Bl. 15 186 Lot 187 Bl. 15 187 Lot 188 Bl. 15 188 Lot 189 Bl. 15 189 Lot 190 Bl. 15 190 Lot 191 Bl. 15 191 Lot 192 Bl. 15 192 Lot 193 Bl. 15 193 Lot 194 Bl. 15 194 Lot 195 Bl. 15 195 Lot 196 Bl. 15 196 Lot 197 Bl. 15 197 Lot 198 Bl. 15 198 Lot 199 Bl. 15 199 Lot 200 Bl. 15 200 Lot 201 Bl. 15 201 Lot 202 Bl. 15 202 Lot 203 Bl. 15 203 Lot 204 Bl. 15 204 Lot 205 Bl. 15 205 Lot 206 Bl. 15 206 Lot 207 Bl. 15 207 Lot 208 Bl. 15 208 Lot 209 Bl. 15 209 Lot 210 Bl. 15 210 Lot 211 Bl. 15 211 Lot 212 Bl. 15 212 Lot 213 Bl. 15 213 Lot 214 Bl. 15 214 Lot 215 Bl. 15 215 Lot 216 Bl. 15 216 Lot 217 Bl. 15 217 Lot 218 Bl. 15 218 Lot 219 Bl. 15 219 Lot 220 Bl. 15 220 Lot 221 Bl. 15 221 Lot 222 Bl. 15 222 Lot 223 Bl. 15 223 Lot 224 Bl. 15 224 Lot 225 Bl. 15 225 Lot 226 Bl. 15 226 Lot 227 Bl. 15 227 Lot 228 Bl. 15 228 Lot 229 Bl. 15 229 Lot 230 Bl. 15 230 Lot 231 Bl. 15 231 Lot 232 Bl. 15 232 Lot 233 Bl. 15 233 Lot 234 Bl. 15 234 Lot 235 Bl. 15 235 Lot 236 Bl. 15 2	

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
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(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	
Five Points Bank	2015 N Broadwell Grand Island NE

(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.

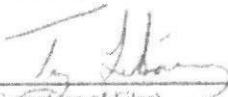
If you have nothing to report, write NONE

Boatleggers Inc	Promissory Note
New York Life	Life Insur.

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			
Five Points Bank		2015 N Broadwell Grand Island NE	

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)	8-5-22 (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.

Hunter, Dave

From: Hunter, Dave on behalf of NADC
Sent: Monday, August 8, 2022 9:04 AM
To: Jay Obermiller
Subject: RE: Troy Lukasiewicz - C-1 NOT ACCEPTED

We cannot accept a Form C-1 that covers the year 2022 unless it is for leaving office.

Please re-file for a prior year such as 2021 or before.

David Hunter
Deputy Director
Nebraska Accountability and Disclosure Commission
P.O. Box 95086
Lincoln, NE 68509
402.471.2522
dave.hunter@nebraska.gov

NADC Office Location: 1225 L Street, Suite 400

From: Jay Obermiller <jayo@obermillerinsinc.com>
Sent: Monday, August 8, 2022 8:10 AM
To: NADC <NADC@nebraska.gov>
Subject: Troy Lukasiewicz

Jay Obermiller
720 2nd St
Saint Paul, Ne 68873
(308)754-4952
jayo@obermillerinsinc.com

**NEBRASKA
ACCOUNTABILITY AND
DISCLOSURE COMMISSION**

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**BEFORE COMPLETING
READ FILING REQUIREMENTS**

**STATEMENT
OF
FINANCIAL
INTERESTS**

NADC FORM C-1

POSTMARK
DATE

MICROFILM
NUMBER

OFFICE USE ONLY

*Not Accepted
email sent!
-GAB*

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ITEM 1 YOUR NAME, ADDRESS AND PHONE NUMBER

Name Lukasiewicz Troy Matthew Telephone No. 308 750 0701
LAST FIRST MIDDLE
Address 946 13th Ave St Paul NE 68873
STREET ADDRESS OR RURAL ROUTE CITY STATE ZIP CODE

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Office or Position: _____ Term: _____
BEGINS ENDS
Name of City, County, District, or State Agency: _____

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

List the office sought which requires this filing.

Office: Howard County RPPD Board
Name of City, County, District, or State Office: St Paul Howard NE

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(DATE YOU LEFT OFFICE OR POSITION)

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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.) Grain Makers Inc
946 13th Ave
St. Paul Mo 685231a.) Production Ag Farming Business
owner - operator2.) TIDE White
9 112 2nd St
St. Paul Mo 68523

2a.) Laundry Wash

3.) TD Rentals
946 13th Ave
St. Paul Mo 68523

3a.) Rental Property

4.)

4a.)

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St. Paul Mo 685231a.) Production Ag Farming Business
owner - operator

2.)

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Location of Property (Description or Address)	Nature of Property (such as: agricultural, commercial, industrial, residential-rental)
If you have nothing to report, write NONE	
Lots 1-3 Block 35 Lot 4 Block 35 Lot 5 Block 35 Lot 6 Block 35 SW 1/4 34-15-10 SE 1/4 8-11-11 NE 1/4 8-16-11 SE 1/4 20-14-11 SW 1/4 14-16-10 E 1/2 15-15-10 SW 1/4 34-15-10 SE 1/4 14-14-11 NW 1/4 4-11-11	34-15-10 8-11-11 8-16-11 20-14-11 14-16-10 15-15-10 34-15-10 14-14-11 4-11-11

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Financial Institution	Address
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Five Points Bank	2015 N Broadwell Grand Island NE

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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.

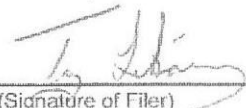
If you have nothing to report, write NONE

Bootleggers Inc - Promissory Note
 New York Life - Life Insur

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	
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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:	

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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.			
		8.5.22	
(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.