

P.O. Box 95086
Lincoln, NE 68509
(402) 471-2522
www.nadoc.nebraska.gov

BEFORE COMPLETING
READ FILING REQUIREMENTS

FINANCIAL
INTERESTS
NADC FORM C-1

OFFICE USE ONLY
RECEIVED
AUG 05 2022

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AUG 15 2022

- Candidates for designated offices and holders of designated offices and positions must file this statement with the Commission annually. 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: Ether Thomas M Telephone No. 913-568-8570

Address: 320 N Nebraska St Beat 7 Pace NE 68770

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: N/A Term: _____

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

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

List the office sought which requires this filing.
Office: Northeast Power Board of Directors

Name of City, County, District, or State Office: Wayne NE 68787

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, 2022
☐ Left office, this statement covers the period January 1, _____ to _____ (DATE YOU LEFT OFFICE OR POSITION)

ALL SOURCES OF INCOME

List your Government position if you were paid more than \$1,000.

1) N/A Etter Chiropractic 1a)

111 N. Union St.
Ponca NE 68770

2) Etter Properties LLC 2a)

Single owned LLC
320 N. Nebraska St.

3) Ponca NE 68770 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 had, 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

1) Etter Chiropractic If you have nothing to report, write NONE 1a)

111 N. Union St.
Ponca NE 68770

2) Etter Properties LLC 2a)

320 N. Nebraska St.
Ponca NE 68770

3) 3a)

4) 4a)

5) 5a)

6) 6a)

7) 7a)

Your personal residence or real property valued at less than \$1,000, if owned, used in whole or in part by you, principal, spouse, child, or 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	
320 N. Nehru St. Ponca	Principal residence
111 N. Union St. Ponca NE	office
311 Pearl St. Wayne	investment
303 Nehru St. Ponca	investment
488 N. Union Ponca	investment
502 N. Union Ponca	investment
215 E 3rd St. Ponca	investment
918 W. 3rd St.	investment
2104 W. 1st St. Ponca	investment
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	
Edward O. Jones	13200 Miltcult St 220 Overland Park KS
Bank of Dixon County	117 E. 3rd. St. Ponca NE 68770
(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	
911 W. 4th St. Ponca NE. - vacant lot	

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

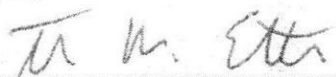
Name and address of Donor	Occupation or nature of business of Donor	Value of Gift (See Key Below)	Description of Gift and Circumstances or Occasion for Gift
If you have nothing to report, write NONE			
None		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
		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.

	8-4-22
(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.

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.) Etter Chiropractic 1a.)111 N. Union St. Ponca NE 68770
Chiropractic Office2.) Etter Properties LLC 2a.)320 N. Nebraska St. Ponca NE
Rental Properties / Investment
properties

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.)

2.) 2a.)

3.) 3a.)

4.) 4a.)

5.) 5a.)

6.) 6a.)

7.) 7a.)

RECEIVED

AUG 15 2022

NEBRASKA RESPONSIBILITY
DISCLOSURE COMMISSION

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

August 8, 2022

Thomas Etter
P.O. Box 107
Ponca, NE 68770

Dear Mr. Etter:

Your Statement of Financial Interests filed with this office is incomplete and cannot be accepted.

Position Sought: Director Northeast Public Power District

Date of Filing: August 5, 2022

Error or Omission: 1) Item 5 of your statement shows it covers 2022. Your statement should cover 2021, the preceding calendar year; 2) Item 6, sources of income, you wrote NA.

Action Required: a) Fill in the correct calendar year at Item 5; b) Complete 6 by listing all sources of income of more than \$1,000 that you had in 2021. 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 or need assistance, please feel free to contact me.

Sincerely,



Frank J. Daley, Jr.
Executive Director

P.O. Box 95086
Lincoln, NE 68509
(402) 471-2522
www.nadrc.nebraska.gov

FINANCIAL INTERESTS

NADC FORM C-1

BEFORE COMPLETING
READ FILING REQUIREMENTS

- Candidates for designated offices and holders of designated offices and positions must file this statement in order to have their names appear on See Sections 1A and 1B of the instructions.
- Candidates (including incumbents) subject to this filing requirement must file this statement with the Commission annually.
- 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: Etter Thomas M Telephone No. 913-568-8510
LAST FIRST MIDDLE
Address: 320 N. Nebraska St. Box 107 Ponca NE 68770
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: N/A Term: _____

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

BEGINS ENDS

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

List the office sought which requires this filing.

Office: Northeast Power Board of Directors

Name of City, County, District, or State Office: Wayne NE 68787

ITEM 5 PERIOD COVERED BY THIS STATEMENT

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☒ This statement covers the preceding calendar year January 1 through December 31, 2022

☐ Left office, this statement covers the period January 1, _____ to _____

(DATE YOU LEFT OFFICE OR POSITION)

OFFICE OF THE
RECEIVED
AUG 05 2022
NEBRASKA ACCOUNTABILITY
and
DISBURSEMENT COMMISSION

N/A

1) your Government position if you were paid more than \$1,000

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.

ITEM 7 BUSINESSSES 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.)

1) Etter Childs etic
111 N. Union St.
P.O. Box 67770

2)

2a.)

Etter Properties LLC
320 N. Nebraska St.
P.O. Box 67770

3)

3a.)

4)

4a.)

5)

5a.)

6)

6a.)

7)

7a.)

your principal place of residence, or real property interests in other states, territories, possessions, or the District of Columbia, or real property interests in adjacent lands, 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		
320 N. Nebraska St. Ponca	Principal residence	
111 N. Union St. Ponca NE	office	
311 Pearl St. Wayne	investment	
303 Nebraska Ponca	investment	
408 N. Union Ponca	investment	
502 N. Union Ponca	investment	
215 E 3rd St. Ponca	investment	
918 W. 3rd St.	investment	
2104 W. 1st St. Ponca	investment	
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		
Edward O. Jones	13200 Mitcull Ste 220 Overland Park KS	
Bank of Dixon County	117 E. 3rd St. Ponca NE 68770	
(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		
911 W. 4th St. Ponca NE. -vacant lot		

Gifts 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:	
		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.

T. W. Etkin

8-4-22

(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.

NEBRASKA ACCOUNTABILITY AND DISCLOSURE COMMISSION 1225 L St., Suite 400 P.O. Box 95086 Lincoln, NE 68509 (402) 471-2522 www.nadc.nebraska.gov	STATEMENT OF FINANCIAL INTERESTS NADC FORM C-1	POSTMARK DATE	8/19/22
		MICROFILM NUMBER	
BEFORE COMPLETING READ FILING REQUIREMENTS		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	Etter Thomas M		Telephone No. 913-568-8510	
	LAST	FIRST	MIDDLE	
Address	320 N. Nebraska St. Box 107		Poncha	NE 68770
	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:	N/A 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:	Northeast Power Board of Directors - Dist 7
Name of City, County, District, or State Office: Wayne NE 68787	

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, 2022	
☐ 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.)	N/A	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 NONE

1.)	Etter Chiropractic 111 N. Union St. Ponca NE 68770	1a.)	
2.)	Etter Properties LLC 320 N. Nebraska St. Ponca NE 68770	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.)
---------------	--

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	
320 N. Nebraska St. Ponca	Principal residence
111 N. Union St. Ponca NE	office
311 Pearl St. Wayne	investment
303 Nebraska Ponca	investment
408 N. Union Ponca	investment
502 N. Union Ponca	investment
215 E 3rd St. Ponca	investment
918 W. 3rd St.	investment
2104 W. 1st. St Ponca	investment

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	
Edward D. Jones	13200 Mitchell Ste 220 Overland Park KS
Bank of Dixon County	117 E. 3rd. St. Ponca NE 68770

(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
911 W. 4th St. Ponca NE. -vacant lot

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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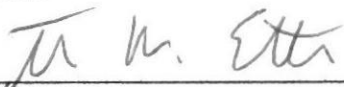
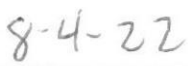
Name and address of Donor	Occupation or nature of business of Donor	Value of Gift (See Key Below)	Description of Gift and Circumstances or Occasion for Gift
If you have nothing to report, write NONE			
None		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	

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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)

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