

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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">POSTMARK DATE</td> <td style="width: 50%; text-align: center; padding: 2px;">9/16/22</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 SEP 19 2022 NEBRASKA ACCOUNTABILITY AND DISCLOSURE COMMISSION </td> </tr> </table>	POSTMARK DATE	9/16/22	MICROFILM NUMBER		OFFICE USE ONLY		RECEIVED SEP 19 2022 NEBRASKA ACCOUNTABILITY AND DISCLOSURE COMMISSION	
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- 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 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	Curry	Kendall	B	Telephone No.	402 276-7442
	LAST	FIRST	MIDDLE		
Address	3780 30 th Ave			Columbus	Ne 68601
	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: Vice President, Customer Servies, Chief Customer Officer Term: 1/1/2022 - 8/31/2022

BEGINS ENDS

Name of City, County, District, or State Agency: Nebraska Public Power District

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** January1 through December 31, 2021

☒ Left office, this statement covers the period January 1, 2022 to August 31, 2022

(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.) Nebraska Public Power District - NPPD | 1a.) Electric Utility - full time employee (Energy Efficiency, Renewables, Account Management, Contracts, HR, Safety, Business Support Services, and Diversity/Inclusion) |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| 2.) Land Rental / CRP Payment | 2a.) Farm rental |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| 3.) Rental Income | 3a.) Lincoln Rental |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| 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

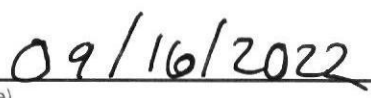
If you have nothing to report, write NONE

- | | |
|--|--|
| 1.) NPPD | 1a.) Effective 9/1/2022 - Special Assistant to the President and CEO, no longer an officer of NPPD |
| 1414 15th Street | _____ |
| Columbus NE 68601 | _____ |
| _____ | _____ |
| 2.) Columbus Area UNL Alumni Association | 2a.) Board Member |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| 3.) _____ | 3a.) _____ |
| _____ | _____ |
| _____ | _____ |
| 4.) Boy Scouts of America, Mid America Council | 4a.) Board Member |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| 5.) _____ | 5a.) _____ |
| _____ | _____ |
| _____ | _____ |
| 6.) Diamond Willow Nebraska LLC | 6a.) Owner - no income 2020 |
| 3780 30 th Ave | _____ |
| Columbus, NE 68601 | _____ |
| _____ | _____ |
| 7.) _____ | 7a.) _____ |
| _____ | _____ |

(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

c) none

		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.