

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**
Amend
NADC FORM C-1

POSTMARK
DATE

MICROFILM
NUMBER

OFFICE USE ONLY

RECEIVED

OCT 14 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 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 Cole Charles Lynn Telephone No. 402-265-2016
LAST FIRST MIDDLE
Address 3651 F Road Otoe NE 68417
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: _____
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: 1st District County Commissioner

Name of City, County, District, or State Office: Otoe Country

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 *2021* *per*

☐ 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.) | US Naval Reserves Retirement | 1a.) | 21 years of active and reserve service. |
| | | | |
| | | | |
| 2.) | ControlTemp, Inc.
15275 Cooper Street STE A

Omaha, NE 68138 | 2a.) | President/Owner
Manufactures Representative selling products throughout Nebraska, Iowa, South Dakota and Kansas related to commercial/industrial hydronic system and equipment. |
| | | | |
| 3.) | ELOC-4, LLC
3651 F Road

Otoe, NE 68417 | 3a.) | Property Managers
Commercial buildings and properties we own and operate our businesses out of Omaha and the Village of Otoe. |
| | | | |
| 4.) | Charles & Julie Cole

3651 F Road
Otoe, NE 68417 | 4a.) | Family Farm where we share in the operating cost of 50/50 split with Ross Farms. Where my wife and are the land owners. |
| | | | |

*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.) | ControlTemp, Inc.
15275 Cooper Street STE A
Omaha, NE 68417 | 1a.) | President |
| | | | |
| | | | |
| 2.) | ELOC-4, LLC
3651 F Road
Otoe, NE 68417 | 2a.) | President |
| | | | |
| | | | |
| 3.) | Charles & Julie Cole
3651 F Road
Otoe, NE 68417 | 3a.) | Land Owner Family Farm |
| | | | |
| | | | |
| 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 *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

3495 SEC27 27-9-11 Tract in NW Corner NW1/4N &W of Creek 1.31AC North Branch

Center 44" BLK 11 Otoe Proper 311 3rd street Otoe, NE

3493 SEC 30 30-9-12MNW1/4SE1/4 EXC Tract in NE corner 35 AC Berlin

3493 SEC 30 30-9-12 SE1/4 SW1/4 less lot 1 C7J Cole SUBD 35 AC Berlin

36-9-11 SW1/4 less Tract 36A in SW1/4 SW1/4 145.83 AC North Branch

Vacant

Location we are moving our coomerical office building to in the Village of Otoe from our currewnt location Omaha 15275 Cooper Street

Farming

Farming

Farming

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

Wells Fargo Checking/Savings

First Bank of Nebraska

American National Bank

4100 S 27th Street Lincoln, NE

320 5th Street Syracuse, NE

920 Central Ave. Nebraska City, 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 cee

(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:	NONE
NONE		Choose Value:	NONE
NONE		Choose Value:	NONE
NONE		Choose Value:	NONE
NONE		Choose Value:	NONE
NONE		Choose Value:	NONE
NONE		Choose Value:	NONE
OPNE		Choose Value:	NONE

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)
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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

October 15, 2022

Charles Cole
3651 F Road
Otoe, NE 68417

Dear Mr. Cole:

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

Position Sought: Otoe County Commissioner

Date of Filing: October 14, 2022

Error or Omission: a) Your statement shows that it covers 2022. Your statement should cover 2021, the preceding calendar year; b) Item 9b was left blank.

Action Required: a) Fill in the correct calendar year at Item 5 on the enclosed partial copy of your statement and return it to this office; and b) Enter the required information at Item 9b. If you have nothing to report, write none.

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

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;">10/12/22</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="height: 100px; vertical-align: top; padding: 5px;"> </td> </tr> </table>	POSTMARK DATE	10/12/22	MICROFILM NUMBER		OFFICE USE ONLY			
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ITEM 1	YOUR NAME, ADDRESS AND PHONE NUMBER					
Name	Cole	Charles	Lynn	Telephone No.	402-265-2016	
	LAST	FIRST	MIDDLE			
Address	3651 F Road			Otoe	NE	68417
	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)
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List the office sought which requires this filing. Office: <u>1st District County Commissioner</u> Name of City, County, District, or State Office: <u>Otoe County</u>	

ITEM 5	PERIOD COVERED BY THIS STATEMENT
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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.) US Naval Reserves Retirement	1a.) 21 years of active and reserve service.
2.) ControlTemp, Inc. 15275 Cooper Street STE A Omaha, NE 68138	2a.) President/Owner Manufactures Representative selling products throughout Nebraska, Iowa, South Dakota and Kansas related to commercial/industrial hydronic system and equipment.
3.) ELOC-4, LLC 3651 F Road Otoe, NE 68417	3a.) Property Managers Commercial buildings and properties we own and operate our businesses out of Omaha and the Village of Otoe.
4.) Charles & Julie Cole 3651 F Road Otoe, NE 68417	4a.) Family Farm where we share in the operating cost of 50/50 split with Ross Farms. Where my wife and are the land owners.

*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	
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4.)	4a.)
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Location of Property (Description or Address)		Nature of Property (such as: agricultural, commercial, industrial, residential-rental)
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3495 SEC27 27-9-11 Tract in NW Corner NW1/4N &W of Creek 1.31AC North Branch		Vacant
Center 44" BLK 11 Otoe Proper 311 3 rd street Otoe, NE		Location we are moving our coomerical office building to in the Village of Otoe from our currewnt location Omaha 15275 Cooper Street
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3493 SEC 30 30-9-12 SE1/4 SW1/4 less lot 1 C7J Cole SUBD 35 AC Berlin		Farming
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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		
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American National Bank		920 Central Ave. Nebraska City, NE
(b) List the names of the issuers of all stocks, bonds, and government securities, not otherwise listed under Items 6 or 7.		
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Name		Address	
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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.			
			
(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.