

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	1-6-23
		MICROFILM NUMBER	
		OFFICE USE ONLY	

- 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	STROMER	MICHAEL	L	Telephone No. 4028343752
	LAST	FIRST	MIDDLE	
Address	1237 ACADEMY AVENUE		HASTINGS	NE 68901
	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:		COUNTY COMMISSIONER	Term:	01/2023 - 12/2026
			BEGINS	ENDS
Name of City, County, District, or State Agency:		ADAMS COUNTY		
ITEM 4	OFFICE SOUGHT (Candidates only. See 1A of instructions)			
List the office sought which requires this filing.				
Office:		COUNTY COMMISSIONER		
Name of City, County, District, or State Office:		ADAMS COUNTY DISTRICT 1		
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.) ADAMS COUNTY 500 WEST 4 TH ST HASTINGS, NE 68901	1a.) COUNTY GOVERNMENT
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 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.) COMMUNITY ACTION PARTNERSHIP MID NEBRASKA PO BOX 2288 KEARNEY, NE 68848	1a.) BOARD OF DIRECTORS FOR PRIVATE NON-PROFIT PROVIDING SERVICES IN 27 COUNTIES IN NEBRASKA AND 2 COUNTIES IN KANSAS
2.) NEBRASKA MOSQUITO AND VECTOR CONTROL ASSN 689 ELM ST ASHLAND, NE 68003	2a.) VICE PRESIDENT OF INDUSTRY ASSOCIATION SUPPORTING AND PROMOTING PUBLIC HEALTH RELATING TO THE CONTROL OF VECTORS OF INFECTIOUS DISEASES
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		
NONE		NONE
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		

HERITAGE BANK	800 WEST 3 RD ST PO BOX 349 HASTINGS, NE 68902
(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	
ABBVIE, INC., BERKSHIRE HATHAWAY INC, BARRICK GOLD CORP, HARTFORD FINANCIAL SERVICES INC, HUNTSMAN CORP, LINCOLN ELECTRIC HOLDINGS INC, MGIC INVESTMENT CORP, NVIDIA CORP, ORION ENGINEERED CARBONS, TAIWAN SEMICONDUCTOR MANUFACTURING COMPANY, VISA INC, WALGREENS BOOTS ALLIANCE INC, APPLIED MATERIALS INC, CVS HEALTH CORP, DEERE AND COMPANY, THE WALT DISNEY COAMPANY, DIREXION ENERGY BULL, EATON VANCE LIMITED DURATION INCOME FUND, FARMLAND PARTNERS INC, GOPRO INC, GLAXOSMITHKLINE PLC, LEXINGTON REALTY TRUST, MASTERCARD INC, NOVO NORDISK A/S, PAYCOM SOFTWARE INC, THE SOUTHERN COMPANY, VIRTU FINANCIAL INC, IEC ELECTRONICS	
(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.	
If you have nothing to report, write NONE	
NEW YORK LIFE INSURANCE COMPANY LIFE INSURANCE POLICY ON FATHER -- CASH VALUE POLICY NEW YORK LIFE INSURANCE COPMANY PO BOX 130539 DALLAS, TX 75313-0539	

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

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 DonorValue of Gift
(See Key Below)Description of Gift and
Circumstances or
Occasion for Gift**If you have nothing to report, write NONE**

NONE

NONE

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.**

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)

01/05/2023

(Date)