

NEBRASKA
ACCOUNTABILITY AND
DISCLOSURE COMMISSION
11th Floor, State Capitol
P.O. Box 95086
Lincoln, NE 68509
(402) 471-2522

BEFORE COMPLETING
READ FILING REQUIREMENTS

STATEMENT OF FINANCIAL INTERESTS

~~Amended~~
NADC FORM C-1

POSTMARK
DATE

email 1-31-23

MICROFILM
NUMBER

OFFICE USE ONLY

- Individuals listed under Sections 1-A & B of the General Information - Filing Requirements on page 5 must file this form.
- Dollar values need not be reported for any item, except for Item 11.
- File with the Nebraska Accountability and Disclosure Commission and with the election commissioner or clerk of the county of your residence.
- Persons who fail to file this report or otherwise do not comply with the reporting provisions of the law are subject to penalties.

ITEM 1 YOUR NAME, ADDRESS AND PHONE NUMBER

Name Williams Matthew Hayes Telephone No. 308-529-1010
LAST FIRST MIDDLE
Address 41050 Rd 762 Gothenburg NE 69138
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 (for Incumbent elected or appointed officials and state employees)

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: Senator Term: 1/9/19 12/31/22
BEGINS ENDS

Name of City, County, District, or State Agency: Legislative District 36

ITEM 4 OFFICE SOUGHT (for candidate only)

List the office sought which requires this filing.

Office: University of Nebraska Board of Regents

Name of City, County, District, or State Office: District 7

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, 2022 to Dec 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.) See attached 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 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.) Williams Financial Corp 1a.) Stockholder, Director, Officer

PO Box 81

Gothenburg, NE 69138

2.) Flatwater Bank 2a.) Director, Officer

PO Box 81

Gothenburg, NE 69138

3.) Nebraska Innovation Campus 3a.) Director

2021 Transformation Dr

Lincoln NE 68508

4.) 4a.)

5.) 5a.)

6.) 6a.)

7.) 7a.)

6. Flatwater Bank
PO Box 81
Gothenburg NE 69138

Employee

Janice Williams Trust
c/o First Nebraska Trust
440 S 13th Street
Lincoln NE 68508

Beneficiary

Williams Financial Corp.
PO Box 81
Gothenburg

Owner & Officer

Farmland – Gothenburg
PO Box 81
Gothenburg NE 69138

Owner – Landowner

State of Nebraska
Nebraska Legislature

Senator

United States Treasury

Social Security

ACCR to Govt Lots 2 & 3 (36-11-25)

ACCR to Govt Lots 3 & 4 (26-11-25)

ACCR to Govt Lots 1 & 2 (35-11-25)

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		
ACCR to Govt Lots 2 & 3 (36-11-25) ACCR to Govt Lots 3 & 4 (26-11-15) ACCR to Govt Lots 1 & 2 (35-11-25) Lot 34, Jeffrey Lake, NE 69123 6225 Black Forest Dr, Lincoln NE 68516		Agriculture Agriculture Agriculture Cabin Lincoln House
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		
Flatwater Bank <i>None</i>		PO Box 81, Gothenburg NE 69138
(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		
Country Partners Co-Op PO Box 80 Gothenburg NE 69138 Investment Service Center PO Box 81 Gothenburg, NE 69138		
(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		

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
<i>Name</i>	

ITEM 11 SOURCES OF GIFTS OF A VALUE OF MORE THAN \$100 RECEIVED EXCEPT GIFTS FROM RELATIVES. (See definitions)

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
<i>Name</i>		Choose Value:	
		Choose Value:	
		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.

[Signature] *[Signature]* *1-31-2023*
[Signature] *12-28-22*

(Signature of Filer)

(Date)