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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------|---------------------|--|-----------------|--|--|--|
| <b>NEBRASKA<br/>ACCOUNTABILITY AND<br/>DISCLOSURE COMMISSION</b><br>11 <sup>th</sup> Floor, State Capitol<br>P.O. Box 95086<br>Lincoln, NE 68509<br>(402) 471-2522 | <h1 style="margin: 0;">STATEMENT<br/>OF<br/>FINANCIAL<br/>INTERESTS</h1> <h2 style="margin: 10px 0 0 0;">NADC FORM C-1</h2> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">POSTMARK<br/>DATE</td> <td style="width: 50%; text-align: center; padding: 2px;">2/2/23</td> </tr> <tr> <td style="padding: 2px;">MICROFILM<br/>NUMBER</td> <td style="padding: 2px;"></td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 2px;">OFFICE USE ONLY</td> </tr> <tr> <td colspan="2" style="height: 100px;"></td> </tr> </table> | POSTMARK<br>DATE | 2/2/23 | MICROFILM<br>NUMBER |  | OFFICE USE ONLY |  |  |  |
| POSTMARK<br>DATE                                                                                                                                                   | 2/2/23                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |        |                     |  |                 |  |  |  |
| MICROFILM<br>NUMBER                                                                                                                                                |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |        |                     |  |                 |  |  |  |
| OFFICE USE ONLY                                                                                                                                                    |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |        |                     |  |                 |  |  |  |
|                                                                                                                                                                    |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |        |                     |  |                 |  |  |  |
| BEFORE COMPLETING<br>READ FILING REQUIREMENTS                                                                                                                      |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |        |                     |  |                 |  |  |  |

- 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                      | Michael | R      | Telephone No. | 402-374-1534   |
|         | LAST                          | FIRST   | MIDDLE |               |                |
| Address | 950 Highway 75                |         |        | Tekamah       | NE 68061       |
|         | STREET ADDRESS OR RURAL ROUTE |         |        | CITY          | STATE ZIP CODE |

**ITEM 2 | OCCASION FOR FILING (Check Appropriate Box)**

|                                                                                                                                                  |                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> A candidate for elective office<br><input checked="" type="checkbox"/> Annual officeholder's or state employee's report | <input type="checkbox"/> Left office or position<br><input type="checkbox"/> 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: Director-Vice-President | Term: 1/1/13 | 12/31/28 |
|                                             | BEGINS       | ENDS     |

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

**ITEM 4 | OFFICE SOUGHT ( for candidate only)**

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** 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 whom 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. |
| 1.) Burt Co. Ne. Farm                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1a.) Farming Operation                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                            |
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| 2.)                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2a.)                                                                                                                                       |
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| 3.)                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3a.)                                                                                                                                       |
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| 4.)                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 4a.)                                                                                                                                       |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                            |
| <p>*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.</p>                                                                                                                                                                                                 |                                                                                                                                            |
| ITEM 7   BUSINESS ASSOCIATIONS (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 <b>not</b> report business associations which are otherwise listed under Item 6. |                                                                                                                                            |
| Name and Address of Business or Organization                                                                                                                                                                                                                                                                                                                                                                                                           | Nature of Association                                                                                                                      |
| 1.) None                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1a.)                                                                                                                                       |
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| 2.)                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2a.)                                                                                                                                       |
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| 3.)                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3a.)                                                                                                                                       |
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| 4.)                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 4a.)                                                                                                                                       |
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| 5.)                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 5a.)                                                                                                                                       |
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| 6.)                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 6a.)                                                                                                                                       |
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| 7.)                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 7a.)                                                                                                                                       |
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| <b>ITEM 8</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>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.)</b>                           |                                                                                           |
| <p>List all real property 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 <b>not</b> report real estate 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.</p>                                                                                                                                                           |                                                                                                                                                                              |                                                                                           |
| Location of Property<br>(Description or Address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              | Nature of Property<br>(such as: agricultural, commercial, industrial, residential-rental) |
| 50 acres NE 1/2 Section 12, township 21 north, range 10 east<br>148 acres NW 1/4 Section 7, township 21 north, range 11 east<br>400 acres Sections 5,8,9, township 23 north, range 11 east<br>160 acres NE 1/4 Section 27, township 24 north, range 10 east<br>63 acres NW 1/4 Section 26, township 24 north, range 10 east<br>50 acres SE 1/4 Section 22, township 24 north, range 10 east<br>45 acres Section 5&8, township 21 north, Range 11 east                                                                                                                                                                                                  |                                                                                                                                                                              | Agriculture                                                                               |
| <b>ITEM 9</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>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</b> |                                                                                           |
| (a) List the names and addresses of the institutions in which you had checking and savings accounts and certificates of deposit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              |                                                                                           |
| Financial Institution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                              | Address                                                                                   |
| First Northeast Bank of Nebraska                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              | P.O. Box 29<br>Tekamah, NE 68061                                                          |
| Washington County Bank                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                              | 303 South 13 <sup>th</sup> St.<br>Tekamah, NE 68061                                       |
| Farm Credit Services of America                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                              | P.O. Box 279<br>Norfolk, NE 68702                                                         |
| (b) List the names of the issuers of all stocks, bonds, and government securities, not otherwise listed under Items 6 or 7.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                              |                                                                                           |
| Dodge Cox<br>Waddell Reed<br>Vanguard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                              |                                                                                           |
| (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 <b>not</b> 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 <b>primarily</b> for sale or exchange. |                                                                                                                                                                              |                                                                                           |

First Northeast Bank of Nebraska IRA  
Farm Bureau Life Insurance  
US Savings Bonds

|                                                                                                                                                                                                                                                                                                                                                            |                                                                                                               |                               |                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------------------------------------|
| <b>ITEM 10</b>                                                                                                                                                                                                                                                                                                                                             | <b>CREDITORS TO WHOM \$1,000 OR MORE WAS OWED OR GUARANTEED BY YOU OR A MEMBER OF YOUR IMMEDIATE FAMILY.</b>  |                               |                                                            |
| Exception: Loans from a relative and land contracts which have been recorded with the County Clerk or Register of Deeds need <b>not</b> 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 <b>not</b> be reported.                       |                                                                                                               |                               |                                                            |
| Name                                                                                                                                                                                                                                                                                                                                                       |                                                                                                               | Address                       |                                                            |
| None                                                                                                                                                                                                                                                                                                                                                       |                                                                                                               |                               |                                                            |
| <b>ITEM 11</b>                                                                                                                                                                                                                                                                                                                                             | <b>SOURCES OF GIFTS OF A VALUE OF MORE THAN \$100 RECEIVED EXCEPT GIFTS FROM RELATIVES. (See definitions)</b> |                               |                                                            |
| 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 |
| None                                                                                                                                                                                                                                                                                                                                                       |                                                                                                               | 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:<br>A) \$100.01 to \$200; B) \$200.01 to \$500; C) \$500.01 to \$1,000; D) \$1,000.01 or more.              |                                                                                                               |                               |                                                            |
| <b>ITEM 12</b>                                                                                                                                                                                                                                                                                                                                             | <b>SIGNATURE OF FILER AND DATE.</b>                                                                           |                               |                                                            |
| 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.                                                                                                                                                                                                |                                                                                                               |                               |                                                            |
| <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;"> <br/>           (Signature of Filer)         </div> <div style="text-align: center;">           2/2/23<br/>           (Date)         </div> </div> |                                                                                                               |                               |                                                            |