

RECEIVED

1-24-23

NEBRASKA ACCOUNTABILITY AND DISCLOSURE COMMISSION 11 th Floor, State Capitol P.O. Box 95086 Lincoln, NE 68509 (402) 471-2522	STATEMENT OF FINANCIAL INTERESTS <i>amend</i> NADC FORM C-1	POSTMARK DATE	1-13-23
		MICROFILM NUMBER	
BEFORE COMPLETING READ FILING REQUIREMENTS		OFFICE USE ONLY	
		RECEIVED JAN 17 2023 NEBRASKA ACCOUNTABILITY AND DISCLOSURE COMMISSION	

- 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	<u>Engstrom</u>	<u>Lawrence</u>	<u>G.</u>	Telephone No.	<u>308-235-5226</u>
	LAST	FIRST	MIDDLE		
Address	<u>5310 Rd 52N</u>	<u>Kimball</u>	<u>NE</u>	<u>69145</u>	
	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 (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: County Commissioner Term: 1/3/19 1/5/23
BEGINS ENDS

Name of City, County, District, or State Agency: Kimball County

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, ~~2021~~ 2022
- ☒ Left office, this statement covers the period January 1, ~~2020~~ 2022 to January 5, 2023
(DATE YOU LEFT OFFICE OR POSITION)

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

January 18, 2023

Lawrence Engstrom
5310 Rd 52N
Kimball, NE 69145

Dear Mr. Engstrom:

Your Statement of Financial Interests filed cannot be accepted as filed.

Your Position: Kimball County Commissioner

Date of Filing: January 17, 2023

Error or Omission: Item 5 shows you left your position and your statement January 1, 2023 to January 5, 2023. Your statement should cover January 1, 2022 through January 5, 2023.

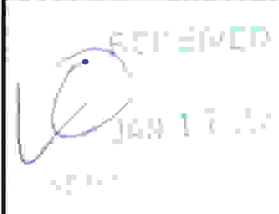
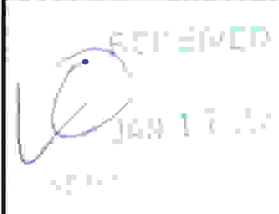
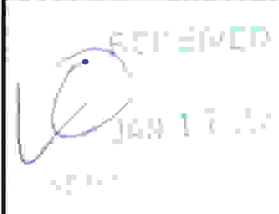
Please make the required changes on the enclosed copy and return it to this office.

If you have any questions or need assistance, please feel free to contact me.

Sincerely,



Frank J. Daley, Jr.
Executive Director

NEBRASKA ACCOUNTABILITY AND DISCLOSURE COMMISSION 11 th Floor, State Capitol P.O. Box 95086 Lincoln, NE 68509 (402) 471-2522	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;">1-13-23</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	1-13-23	MICROFILM NUMBER		OFFICE USE ONLY			
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ITEM 1 | YOUR NAME, ADDRESS AND PHONE NUMBER

Name	Engstrom	Lawrence	G.	Telephone No.	308-235-5226
	LAST	FIRST	MIDDLE		
Address	5310 Rd 52N			Kimball	NE 69145
	STREET ADDRESS OR RURAL ROUTE			CITY	STATE ZIP CODE

ITEM 2 | OCCASION FOR FILING (Check Appropriate Box)

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Office or Position: <u>County Commissioner</u>	Term: <u>1/3/19</u>	<u>1/5/23</u>
	BEGINS	ENDS

Name of City, County, District, or State Agency: Kimball County

ITEM 4 | OFFICE SOUGHT (for candidate only)

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Office: _____

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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, 2021
- ☒ Left office, this statement covers the period January 1, 2023 to January 5, 2023
(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.) Kimball County	1a.) County Commissioner Salary
114 East Third St. Ste. 6	
Kimball, NE 69145	

2.) Engstrom Farms Inc.	2a.) Wage
5310 Rd 52N	
Kimball, NE 69145	

3.) USDA CCC	3a.) Farm Program Payments
Farm Service Agency	
311 E. 2 nd St.	
Kimball, NE 69145	

4.) Social Security Administration	4a.) Social Security Income

*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 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 **not** report business associations which are otherwise listed under Item 6.

Name and Address of Business or Organization

Nature of Association

1.) American Legion Post 292	1a.) Post Adjutant
Dix, NE 69133	

2.)	2a.)
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3.)	3a.)
-----	------

4.)	4a.)
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5.)	5a.)
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6.)	6a.)
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7.)	7a.)
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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.)
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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 **not** 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.

Location of Property (Description or Address)	Nature of Property (such as: agricultural, commercial, industrial, residential-rental)
Sections 8-16-54; 2-16-54; 22-16-54; 3-16-53; 4-16-53; 4-16-55; 5-16-55; 25-17-55	Agricultural

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
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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.

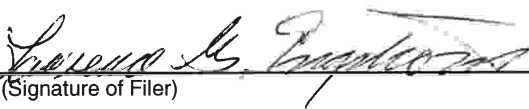
Financial Institution	Address
FirsTier Bank	115 S. Walnut St. PO Box 730 Kimball, NE 69145
Points West Community Bank	201 S. Chestnut P.O. Box 670 Kimball, NE 69145
Farm Credit Services	411 Valley View Dr. Scottsbluff, NE 69361

(b) List the names of the issuers of all stocks, bonds, and government securities, not otherwise listed under Items 6 or 7.

None

(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.

Nebraska Public Employees Retirement System

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	
None			
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
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: 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) 1-9-2023 (Date)			