

P.O. Box 95086
Lincoln, NE 68509
(402) 471-2522
www.nadc.nebraska.gov

OFFICE USE ONLY

FINANCIAL INTERESTS

NADC FORM C-1

BEFORE COMPLETING READ FILING REQUIREMENTS

- 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 reported 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: Kreitman Dan C Telephone No. 402-4406493
LAST FIRST MIDDLE
Address: 1237 F Street Burdell NE 68873
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: NE Game & Parks Commissioner Term: 1-16-20 1-1-23
Name of City, County, District, or State Agency: NE Game & Parks Commission
BEGINS ENDS

ITEM 4 OFFICE SOUGHT (Candidates only. See 1A of instructions)

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

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)
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	
Union Bank Trust Prairie Wealth	
(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	
(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	

List the amount of the income.

1a.) _____
dition if you were paid more than \$1,000.

2a.)

3a.)

4a.)

RATION OF OR PARTICIPATION IN A PROPR
SOURCE OF INCOME, BUT NOT THE PATRONS, C

OCIATED including Non Profits (See def

profit and non-profit) with which you held a position of trustee. Such reporting is required for positions which are otherwise listed under item 6.

Nature of Association

ing to report, write NONE
1a.)

2a.)

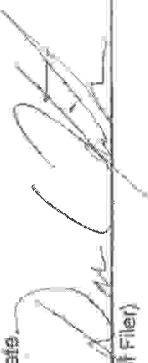
3a.)

49.)

(22)

621

reported. Accounts payable, debts arising out of retail installment transactions or loans made by a financial institution at one primary 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			
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:	
		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.			
		2-10-23 (Date)	
(Signature of Filer)			