

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                          |                                                  |                                                                                      |                                                                |                 |                     |  |      |       |        |  |  |         |                           |  |  |               |          |  |                               |  |  |      |                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------------------------------|----------------------------------------------------------------|-----------------|---------------------|--|------|-------|--------|--|--|---------|---------------------------|--|--|---------------|----------|--|-------------------------------|--|--|------|-------------------|
| <b>NEBRASKA<br/>ACCOUNTABILITY AND<br/>DISCLOSURE COMMISSION</b><br>1225 L St., Suite 400<br>P.O. Box 95086<br>Lincoln, NE 68509<br>(402) 471-2522<br><a href="http://www.nadc.nebraska.gov">www.nadc.nebraska.gov</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <h1 style="margin: 0;">STATEMENT<br/>OF<br/>FINANCIAL<br/>INTERESTS</h1> <p style="margin-top: 20px;">NADC FORM C-1</p> | <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;"><i>2/13/18</i></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                                         | <i>2/13/18</i>                                   | MICROFILM<br>NUMBER                                                                  |                                                                | OFFICE USE ONLY |                     |  |      |       |        |  |  |         |                           |  |  |               |          |  |                               |  |  |      |                   |
| POSTMARK<br>DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <i>2/13/18</i>                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                          |                                                  |                                                                                      |                                                                |                 |                     |  |      |       |        |  |  |         |                           |  |  |               |          |  |                               |  |  |      |                   |
| MICROFILM<br>NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                          |                                                  |                                                                                      |                                                                |                 |                     |  |      |       |        |  |  |         |                           |  |  |               |          |  |                               |  |  |      |                   |
| OFFICE USE ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                          |                                                  |                                                                                      |                                                                |                 |                     |  |      |       |        |  |  |         |                           |  |  |               |          |  |                               |  |  |      |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                          |                                                  |                                                                                      |                                                                |                 |                     |  |      |       |        |  |  |         |                           |  |  |               |          |  |                               |  |  |      |                   |
| BEFORE COMPLETING<br>READ FILING REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                          |                                                  |                                                                                      |                                                                |                 |                     |  |      |       |        |  |  |         |                           |  |  |               |          |  |                               |  |  |      |                   |
| <ul style="list-style-type: none"> <li>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.</li> <li>Candidates (including incumbents) subject to this filing requirement must file this statement in order to have their names appear on the ballot. (See Instructions).</li> <li>Designated officeholders and holders of designated positions must file this statement with the Commission annually.</li> <li>Dollar values need not be report for any item, except Item 11.</li> <li>Persons who fail to file as required are subject to a civil penalty of up to \$2,000.</li> </ul>                                                                                                                  |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                          |                                                  |                                                                                      |                                                                |                 |                     |  |      |       |        |  |  |         |                           |  |  |               |          |  |                               |  |  |      |                   |
| <b>ITEM 1    YOUR NAME, ADDRESS AND PHONE NUMBER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                          |                                                  |                                                                                      |                                                                |                 |                     |  |      |       |        |  |  |         |                           |  |  |               |          |  |                               |  |  |      |                   |
| <table style="width: 100%;"> <tr> <td style="width: 10%;">Name</td> <td style="width: 20%;"><u>Sieck</u></td> <td style="width: 20%;"><u>Thomas</u></td> <td style="width: 10%; text-align: center;"><u>L</u></td> <td style="width: 20%;">Telephone No.</td> <td style="width: 20%;"><u>402-641-3679</u></td> </tr> <tr> <td></td> <td style="text-align: center;">LAST</td> <td style="text-align: center;">FIRST</td> <td style="text-align: center;">MIDDLE</td> <td></td> <td></td> </tr> <tr> <td>Address</td> <td colspan="3"><u>1856 Holdrege Road</u></td> <td>Pleasant Dale</td> <td>NE 68423</td> </tr> <tr> <td></td> <td colspan="3" style="text-align: center;">STREET ADDRESS OR RURAL ROUTE</td> <td style="text-align: center;">CITY</td> <td style="text-align: center;">STATE    ZIP CODE</td> </tr> </table> |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Name                                                     | <u>Sieck</u>                                     | <u>Thomas</u>                                                                        | <u>L</u>                                                       | Telephone No.   | <u>402-641-3679</u> |  | LAST | FIRST | MIDDLE |  |  | Address | <u>1856 Holdrege Road</u> |  |  | Pleasant Dale | NE 68423 |  | STREET ADDRESS OR RURAL ROUTE |  |  | CITY | STATE    ZIP CODE |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <u>Sieck</u>                                                                                                            | <u>Thomas</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u>L</u>                                                 | Telephone No.                                    | <u>402-641-3679</u>                                                                  |                                                                |                 |                     |  |      |       |        |  |  |         |                           |  |  |               |          |  |                               |  |  |      |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | LAST                                                                                                                    | FIRST                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | MIDDLE                                                   |                                                  |                                                                                      |                                                                |                 |                     |  |      |       |        |  |  |         |                           |  |  |               |          |  |                               |  |  |      |                   |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <u>1856 Holdrege Road</u>                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                          | Pleasant Dale                                    | NE 68423                                                                             |                                                                |                 |                     |  |      |       |        |  |  |         |                           |  |  |               |          |  |                               |  |  |      |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | STREET ADDRESS OR RURAL ROUTE                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                          | CITY                                             | STATE    ZIP CODE                                                                    |                                                                |                 |                     |  |      |       |        |  |  |         |                           |  |  |               |          |  |                               |  |  |      |                   |
| <b>ITEM 2    OCCASION FOR FILING (Check Appropriate Box)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                          |                                                  |                                                                                      |                                                                |                 |                     |  |      |       |        |  |  |         |                           |  |  |               |          |  |                               |  |  |      |                   |
| <table style="width: 100%;"> <tr> <td><input type="checkbox"/> A candidate for elective office</td> <td><input type="checkbox"/> Left office or position</td> </tr> <tr> <td><input checked="" type="checkbox"/> Annual officeholder's or state employee's report</td> <td><input type="checkbox"/> Newly appointed to office or position</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> A candidate for elective office | <input type="checkbox"/> Left office or position | <input checked="" type="checkbox"/> Annual officeholder's or state employee's report | <input type="checkbox"/> Newly appointed to office or position |                 |                     |  |      |       |        |  |  |         |                           |  |  |               |          |  |                               |  |  |      |                   |
| <input type="checkbox"/> A candidate for elective office                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Left office or position                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                          |                                                  |                                                                                      |                                                                |                 |                     |  |      |       |        |  |  |         |                           |  |  |               |          |  |                               |  |  |      |                   |
| <input checked="" type="checkbox"/> Annual officeholder's or state employee's report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Newly appointed to office or position                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                          |                                                  |                                                                                      |                                                                |                 |                     |  |      |       |        |  |  |         |                           |  |  |               |          |  |                               |  |  |      |                   |
| <b>ITEM 3    OFFICE HELD &amp; TERM OF OFFICE (Incumbent elected/appointed officials and state employees. See 1B of instructions)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                          |                                                  |                                                                                      |                                                                |                 |                     |  |      |       |        |  |  |         |                           |  |  |               |          |  |                               |  |  |      |                   |
| List the office or position you currently hold which requires this filing. If you have left office, list the office you held.<br>Office or Position: <u>Director</u> Term: <u>01-21 through 01-27</u><br><div style="text-align: right; margin-right: 50px;">BEGINS                      ENDS</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                          |                                                  |                                                                                      |                                                                |                 |                     |  |      |       |        |  |  |         |                           |  |  |               |          |  |                               |  |  |      |                   |
| Name of City, County, District, or State Agency: <u>Norris Public Power District</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                          |                                                  |                                                                                      |                                                                |                 |                     |  |      |       |        |  |  |         |                           |  |  |               |          |  |                               |  |  |      |                   |
| <b>ITEM 4    OFFICE SOUGHT (Candidates only. See 1A of instructions)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                          |                                                  |                                                                                      |                                                                |                 |                     |  |      |       |        |  |  |         |                           |  |  |               |          |  |                               |  |  |      |                   |
| List the office sought which requires this filing.<br>Office: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                          |                                                  |                                                                                      |                                                                |                 |                     |  |      |       |        |  |  |         |                           |  |  |               |          |  |                               |  |  |      |                   |
| Name of City, County, District, or State Office: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                          |                                                  |                                                                                      |                                                                |                 |                     |  |      |       |        |  |  |         |                           |  |  |               |          |  |                               |  |  |      |                   |
| <b>ITEM 5    PERIOD COVERED BY THIS STATEMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                          |                                                  |                                                                                      |                                                                |                 |                     |  |      |       |        |  |  |         |                           |  |  |               |          |  |                               |  |  |      |                   |
| This statement must cover all financial interests for the entire " <b>preceding calendar year</b> " 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                          |                                                  |                                                                                      |                                                                |                 |                     |  |      |       |        |  |  |         |                           |  |  |               |          |  |                               |  |  |      |                   |
| <input checked="" type="checkbox"/> This statement covers the <b>preceding calendar year</b> January 1 through December 31, <u>2022</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                          |                                                  |                                                                                      |                                                                |                 |                     |  |      |       |        |  |  |         |                           |  |  |               |          |  |                               |  |  |      |                   |
| <input type="checkbox"/> Left office, this statement covers the period January 1, _____ to _____<br><div style="text-align: right;">(DATE YOU LEFT OFFICE OR POSITION)</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                          |                                                  |                                                                                      |                                                                |                 |                     |  |      |       |        |  |  |         |                           |  |  |               |          |  |                               |  |  |      |                   |

**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.) Norris Public Power District  
606 Irving Street  
Beatrice NE 68310

1a.) Member, Board of Directors

2.) Farm Service Agency  
1940 Highway 15  
Seward NE 68434

2a.) U.S. Government

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.) Farmers Mutual Fire Insurance Association of Seward County  
1542 Plainview Avenue  
Seward NE 68434

1a.) Director, Insurance Agent

2.) Nebraska Farmers Mutual Reinsurance Association  
P O Box 6  
Wahoo NE 68066

2a.) Director

3.) American Legion Post #354  
1856 Holdrege Road  
Pleasant Dale NE 68423

3a.) Treasurer

4.) Tom Sieck  
1856 Holdrege Road  
Pleasant Dale NE 68423

4a.) Ownership of Farm

5.) Tom Sieck  
1856 Holdrege Road  
Pleasant Dale NE 68423

5a.) Rental House

6.) Farmers Cooperative  
P O Box 263  
Dorchester NE 68343

6a.) Dividends

7.)

7a.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                              |                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <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 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 <b>not</b> 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.</p>                                                                                                                                             |                                                                                                                                                                              |                                                                                                         |
| Location of Property<br>(Description or Address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              | Nature of Property<br>(such as: agricultural, commercial, industrial, residential-rental)               |
| <b>If you have nothing to report, write NONE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              |                                                                                                         |
| 117 A W 1/2 SE 1/4 & SE 1/4 of SE 1/4 16-10-4<br>189 A NE 1/4 & E 1/2 of E 1/2 of NW 1/4 21-10-4<br>73.6 A W 1/2 NW 1/4 12-10-4<br>40 A SW 1/4 SE 1/4 2-10-4<br>157 A NE 1/4 11-10-4<br>80 A E 1.2 SE 1/4 11-10-4<br>All Seward Ciunty                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                              | Agriculture Residence<br>Agriculture Rental<br>Agriculture<br>Agriculture<br>Agriculture<br>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                                                                                                 |
| <b>If you have nothing to report, write NONE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              |                                                                                                         |
| Jones Bank                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                              | P O Box 469 Seward NE 68434                                                                             |
| Cattle Bank and Trust                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                              | P O Box 467 Seward NE 68434                                                                             |
| Ameritas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                              | 5400 O Street Lincoln NE 68510                                                                          |
| Thrivent Financial                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                              | 4321 N Ballard Appleton WI 54919-0001                                                                   |
| (b) List the names of the issuers of all stocks, bonds, and government securities, not otherwise listed under Items 6 or 7.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                              |                                                                                                         |
| <b>If you have nothing to report, write NONE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              |                                                                                                         |
| Ameritas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                              |                                                                                                         |
| (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. |                                                                                                                                                                              |                                                                                                         |
| <b>If you have nothing to report, write NONE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              |                                                                                                         |

NONE

|                                                                                                                                                                                                                                                                                                                                      |                                                                                                              |         |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|---------|--|
| <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 |  |
| <b>If you have nothing to report, write NONE</b>                                                                                                                                                                                                                                                                                     |                                                                                                              |         |  |
| NONE                                                                                                                                                                                                                                                                                                                                 |                                                                                                              |         |  |

  

|                                                  |                                                                                                                                                         |                                  |                                                            |
|--------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------------------------------|
| <b>ITEM 11</b>                                   | <b>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</b> |                                  |                                                            |
| Name and address of Donor                        | Occupation or nature of business of Donor                                                                                                               | Value of Gift<br>(See Key Below) | Description of Gift and Circumstances or Occasion for Gift |
| <b>If you have nothing to report, write NONE</b> |                                                                                                                                                         |                                  |                                                            |
| 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.

|                                                                                                                                                             |                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| <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. |                                     |
| <br>(Signature of Filer)                                                 | 2-7-23<br>(Date)                    |

**Criminal Penalties:** Any person who files a statement knowing that information is false shall be guilty of a Class IV Felony, See §49-14,134, Nebraska Revised Statutes.