

NEBRASKA ACCOUNTABILITY AND DISCLOSURE COMMISSION 11 th Floor, State Capitol P.O. Box 95086 Lincoln, NE 68509 (402) 471-2522 www.nadc.nebraska.gov	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;"><i>4/2</i></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: 2px;">OFFICE USE ONLY</td> </tr> <tr> <td colspan="2" style="height: 100px; vertical-align: bottom; padding: 5px;"> <i>Grennan</i> </td> </tr> </table>	POSTMARK DATE	<i>4/2</i>	MICROFILM NUMBER		OFFICE USE ONLY		<i>Grennan</i>	
POSTMARK DATE	<i>4/2</i>									
MICROFILM NUMBER										
OFFICE USE ONLY										
<i>Grennan</i>										
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 report 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	<i>Grennan</i> <i>Dennis</i> <i>E.</i>	Telephone No.	402-563-1425
	LAST FIRST MIDDLE		
Address	1877 W. Calle Colombo Columbus Neb. 68601		
	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: *Power Review Board Member* Term: *2018 - 2023*

BEGINS ENDS

Name of City, County, District, or State Agency: *Power Review Board*

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*

☐ Left office, this statement covers the period January 1, _____ to _____

(DATE YOU LEFT OFFICE OR POSITION)

ITEM 6 SOURCES OF INCOME OF OVER \$1,000

Income includes money or any other form of recompense constituting income under the Internal Revenue Code. See definitions.

Name and address of any source* (including an individual, business body of government, political subdivision or body corporate) from which income of over \$1,000 was received

List the nature of the source's business and the nature of the service rendered or the circumstances under which income was received. List the amount of the income.

List your Government position if you were paid more than \$1,000.

1. Lincoln County Board
111 Oak 44713
Lincoln, N.H. 06254

1a. Board Member

2. ADA Engineering
1917 South 67th Street
Lincoln, N.H. 06254 2473

2a. Engineering & Consulting

3. Social Security Admin.
211 East 9th St
Lincoln, N.H. 06254

3a. Retirement Income

4. South West Power Pool
211 West 9th St
Lincoln, N.H. 06254

4a. Regional "Take or Leave"

Electricity

*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, 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, company member, partner, or stockholder and any entity in which you held a position of trustee. Such reporting is required based 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. ADA Engineering
1917 South 67th Street
Lincoln, N.H. 06254 2473

1a. Engineering & Consulting

2. South West Power Pool
211 West 9th St
Lincoln, N.H. 06254

2a. Regional "Take or Leave"

Electricity

3. NONE

3a. NONE

4. NONE

4a. NONE

5. NONE

5a. NONE

6. NONE

6a. NONE

7. NONE

7a. NONE

5. Riversource Life Insurance Co.
824 Empire Financial Center
Minneapolis, Minn. 55474-4400

6. Fishing Lake - Sport fish
in the state Natural
Investment Services
720 E. Wisconsin Ave
Milwaukee, WI 53202

ITEM 8

REAL PROPERTY OF THE FILER IN NEBRASKA (Real property valued at less than \$1,000 and your personal residence need *not* be reported.)

List all real property in Nebraska in your name or in which you have a direct ownership interest. The description should be sufficient to identify the location of the property. Exceptions: You need **not** report real property owned by a business listed in Items 6 & 7, your personal residence or real property valued at less than \$1,000. Personal residence refers to your principal dwelling 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)

If you have nothing to report, write NONE

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

*Nebraska Energy Federal
Credit Union*

*2014 10th St
1117 E
Lincoln, NE 68502*

(b) List the names of the issuers of all stocks, bonds, and government securities, not otherwise listed under Item 8.

If you have nothing to report, write NONE

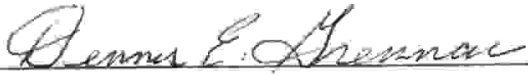
(c) Describe other property owned or held for the production of income not otherwise disclosed in Items 6, 7, 8 or 9, including leaseholds and other interests in real estate, promissory notes and other obligations owed to you, beneficial interests in estates, cash value life insurance, IRAs, deferred income and retirement plans. Exception: Do **not** include any of the following: inventory, fixtures and equipment owned or used by a business listed in Items 6 & 7 or household goods, personal effects, or other tangible personal property unless such property was held **primarily** for sale or exchange.

If you have nothing to report, write NONE

ITEM 10	CREDITORS TO WHOM \$1,000 OR MORE WAS OWED OR GUARANTEED BY YOU OR A MEMBER OF YOUR IMMEDIATE FAMILY.		
Exception. Loans from a relative and land contracts which have been recorded with the County Clerk or Register of Deeds need not be reported. Accounts payable, debts arising out of retail installment transactions or loans made by a financial institution in the ordinary course of business need not be reported.			
Name		Address	
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			
Nebraska Power Association, 9445 Rekey Road, Lincoln Neb. 68526	Electric Utility Trade Association	Choose Value: 100 - 200	Complimentary registration to group's annual conference
		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		
		1/26/23
(Signature of Filer)		(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.