

**NEBRASKA
ACCOUNTABILITY AND
DISCLOSURE COMMISSION**

11th Floor, State Capitol
P.O. Box 95086
Lincoln, NE 68509
(402) 471-2522
www.nadc.nebraska.gov

BEFORE COMPLETING
READ FILING REQUIREMENTS

**STATEMENT
OF
FINANCIAL
INTERESTS**

NADC FORM C-1

POSTMARK
DATE

MICROFILM
NUMBER

OFFICE USE ONLY

Grennan

- 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 name on the ballot. (See Instructions)
- Designated officeholders and holders of designated positions must file this statement with the Commission annually.
- Dollar values need not be reported for any item except Item 11.
- Persons who fail to file as required are subject to a civil penalty of up to \$2,000.

ITEM 1 YOUR NAME, ADDRESS AND PHONE NUMBER

Name *Grennan Dennis E.* Telephone No. *402-563-1425*
LAST FIRST MIDDLE
Address *1877 W 10th Columbus Neb 68604*
STREET ADDRESS OR RURAL ROUTE CITY

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*
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, including the date you left office.

- ☐ This statement covers the preceding calendar year January 1 through December 31 _____
☒ Left office, this statement covers the period January 1 *2023* to *January 31, 2023*
(DATE YOU LEFT OFFICE)

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. Lin. Police Bureau
11100 24713
Lincoln, Neb. 68509
2. ADA Engineering
2417 24th St. S.W.
Lincoln, Neb. 68506 2473
3. Retired from the Police
811 2nd St
Lincoln, Neb. 68506 2829
4. Southwest Power Prof
211 2nd St
Lincoln, Neb. 68506

- 1a) Board Member
- 2a) Engineering
- 3a) Retirement
- 4a) Retired

*NOTE: IF INCOME RESULTED FROM EMPLOYMENT BY, OPERATION OF OR PARTICIPATION IN A PROPRIETARY 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
2417 24th St. S.W.
Lincoln, Neb. 68506 2473
2. Retired from the Police
811 2nd St
Lincoln, Neb. 68506
3.
4.
5.
6.
7.

- 1a) Retired
- 2a) Retired
- 3a)
- 4a)
- 5a)
- 6a)
- 7a)

5. New Secure Life Insurance Co.
224 Pineport Financial Center
Princeton, NJ 08540-6600

6. Prudential - Agent for
North Star Investment
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 must be sufficient to identify the location of the property. Exceptions: You need **not** report real property owned by a business, your personal residence or real property valued at less than \$1,000. Personal residence refers to your principal residence 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, etc.)

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
1111 11th St
Lincoln, NE 68502*

*2014 11th St
1111 11th St
Lincoln, NE 68502*

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

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. This includes, but is not limited to, leaseholds and other interests in real estate, promissory notes and other obligations owed to you, beneficial interests in trusts, estates, cash value life insurance, IRAs, deferred income and retirement plans. Exception: Do **not** include inventory, fixtures and equipment owned or used by a business listed in Items 6 & 7 or household goods, personal automobiles, boats, airplanes, 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
Pikeby Road, Lincoln
Nebr. 68526Electric Utility Trade
AssociationChoose Value
\$100-200

Choose Value:

Compliance registration
to group annual
conference

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.

Rennis L. Gennar

(Signature of Filer)

(Date)

2/3/23

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.