

NEBRASKA ACCOUNTABILITY AND DISCLOSURE COMMISSION 1225 L St., Suite 400 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;">2/2/23</td> </tr> <tr> <td style="padding: 2px;">MICROFILM NUMBER</td> <td style="padding: 2px;"></td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 5px;">OFFICE USE ONLY</td> </tr> </table>	POSTMARK DATE	2/2/23	MICROFILM NUMBER		OFFICE USE ONLY	
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MICROFILM NUMBER								
OFFICE USE ONLY								
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 <u>DeKay</u> <u>Kevin</u> <u>0</u> Telephone No. <u>402-482-5790</u> LAST FIRST MIDDLE	
Address STREET ADDRESS OR RURAL ROUTE CITY STATE ZIP CODE <u>85660 490th Ave Chambers Ne 68725</u>	

ITEM 2	OCCASION FOR FILING (Check Appropriate Box)
A ☐ candidate for elective office Left office or Annual ☒ officeholder's or state employee's report Newly ☐ position ☐ 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: <u>Holt county weed Board</u> Term: <u>Jan 1st 2021</u> <u>12-31-24</u> BEGINS ENDS	
Name of City, County, District, or State Agency: <u>Holt County</u>	

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, <u>2022</u>	

☐ Left office, this statement covers the period January 1, _____ to _____
(DATE YOU LEFT OFFICE OR POSITION)

Revised January 2018

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.) Farming & Ranching

1a.) Cattle Sales

2.) _____ 2a.) _____

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.) _____ 1a.) _____

NONE

2.) _____ 2a.) _____

3.) _____ 3a.) _____

4.) _____ 4a.) _____

5.) _____ 5a.) _____

6.)	6a.)
7.)	7a.)

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 required must be sufficient to identify the location of the property. Exceptions: You need **not** 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.

Location of Property (Description or Address)	Nature of Property (such as: agricultural, commercial, industrial, residential-rental)
If you have nothing to report, write NONE	
85660 490 th Ave	Ag - Residential

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	
Chambers state Bank	chambers Nebr.

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

If you have nothing to report, write NONE

none

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

If you have nothing to report, write NONE

none

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

Choose Value:

none

Choose Value:

Choose Value:

Choose Value:

Choose Value:

Choose Value:

Choose Value:

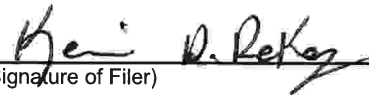
Choose Value:

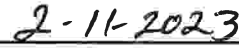
The monetary value of each gift shall be categorized based on the good faith estimate of the filer. For each reported gift insert in the Value column the letter which corresponds to the value category of the gift. The value categories are:

A) \$100.01 to \$200; B) \$200.01 to \$500; C) \$500.01 to \$1,000; D) \$1,000.01 or more.

ITEM 12 SIGNATURE OF FILER AND DATE.

I hereby state that I have used all reasonable diligence in the preparation of this Statement and that to the best of my knowledge it is true and complete.


(Signature of Filer)


(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.

General Information - Filing Requirements

I. Who Should File:

A. Candidates for the offices of Governor, Lt. Governor, Attorney General, D. Officeholders, officials and employees referred to in 1B, above, who Auditor of Public Accounts, Secretary of State, State Treasurer, State are appointed to the position must file with the Commission prior to Board of Education, Public Service Commission, Board of Regents of the assuming the duties of the office or position. If confirmation is University of Nebraska, State Legislature, Board of Directors of a Public required, the filing should be made prior to assuming the duties of Power District, Mayor and City Council of the cities of Omaha and Lincoln, office or position or prior to confirmation, whichever comes first. and any elective county office. This filing need not be made with the election official.

B. Officeholders E. Within 30 days after leaving an office or a position listed in 1B, above, a statement should be filed with the Commission. The filing 1. Any person holding an office listed in 1A above. should cover a period beginning with the closing date of the prior statement through the date that the person left the office or position.

2. A member of a land use planning commission or zoning , This filing need not be made with the election official. commission of any county with a population of more than 100,000 residents. **III. Potential Conflict of Interest Filings:**

3. State officeholders, state officials and state employees specified in The individuals listed under 1B above are required to file a Potential §49-1493 of the Nebraska Statutes or Title 4, Chapter 2 of the Conflict of Interest Statement (NADC Form C-2)) whenever a potential Commission's rules and regulations. conflict of interest arises. A public official or public employee has a potential conflict of interest if he or she is faced with taking an official

II. When and Where to File: action or making an official decision which could result in a financial benefit or financial detriment to: a) the public official; b) a member of his or A. Candidates for the elective offices listed in 1A, above, should file her immediate family; or c) a business with which he or she is associated.

with the Commission by **March 1st** of the year of the election. The The financial benefit must be distinguishable from that experienced by the filing must cover the calendar year prior to the election. **Failure to** general public or a broad segment of it.

file a Statement of Financial Interests as required may result in the candidate's name not appearing on the ballot. IV. FORMS:

B. Special Note: A candidate who files during the calendar year before A. Hard copies of forms may be obtained by contacting the the election to appear on the ballot must file two Statements with Commission office. Forms may also be obtained from the the Commission. The first must cover the calendar year prior to the Commission's website at www.nadc.nebraska.gov .

date of filing to appear on the ballot. The second must be filed by

March 1st of the year of the election and must cover the calendar B. Forms may be downloaded onto a computer hard drive, completed, year prior to the year of the election. **Failure to file a Statement of** printed, and mailed or otherwise sent to the Commission. A copy of **Financial Interests as required may result in the candidate's** the filing may be preserved on the hard drive of a computer for **name not appearing on the ballot.** future reference.

C. Officeholders, officials and employees referred to in 1B, above, must file with the Commission on or before **March 1st** of each year in which they hold the position.

Definitions