

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 <i>Amend</i> NADC FORM C-1	POSTMARK DATE <u>2-9-23</u> MICROFILM NUMBER _____ OFFICE USE ONLY X																								
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																										
<table style="width: 100%; border: none;"> <tr> <td style="width: 10%;">Name</td> <td style="width: 20%;"><u>Miller</u></td> <td style="width: 20%;"><u>Randal</u></td> <td style="width: 10%;"><u>D.</u></td> <td style="width: 10%;">Telephone No.</td> <td style="width: 30%;"><u>(308) 254-3985</u></td> </tr> <tr> <td></td> <td>LAST</td> <td>FIRST</td> <td>MIDDLE</td> <td></td> <td></td> </tr> <tr> <td>Address</td> <td colspan="2"><u>119 Virginia Lane</u></td> <td><u>Sidney</u></td> <td><u>NE</u></td> <td><u>69162</u></td> </tr> <tr> <td></td> <td colspan="2">STREET ADDRESS OR RURAL ROUTE</td> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> </tr> </table>			Name	<u>Miller</u>	<u>Randal</u>	<u>D.</u>	Telephone No.	<u>(308) 254-3985</u>		LAST	FIRST	MIDDLE			Address	<u>119 Virginia Lane</u>		<u>Sidney</u>	<u>NE</u>	<u>69162</u>		STREET ADDRESS OR RURAL ROUTE		CITY	STATE	ZIP CODE
Name	<u>Miller</u>	<u>Randal</u>	<u>D.</u>	Telephone No.	<u>(308) 254-3985</u>																					
	LAST	FIRST	MIDDLE																							
Address	<u>119 Virginia Lane</u>		<u>Sidney</u>	<u>NE</u>	<u>69162</u>																					
	STREET ADDRESS OR RURAL ROUTE		CITY	STATE	ZIP CODE																					
ITEM 2 OCCASION FOR FILING (Check Appropriate Box)																										
<table style="width: 100%; border: none;"> <tr> <td>☐ A candidate for elective office</td> <td>☐ Left office or position</td> </tr> <tr> <td>☒ Annual officeholder's or state employee's report</td> <td>☐ Newly appointed to office or position</td> </tr> </table>			☐ A candidate for elective office	☐ Left office or position	☒ Annual officeholder's or state employee's report	☐ Newly appointed to office or position																				
☐ 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: <u>County Commissioner</u> Term: <u>1-2021</u> <u>1-2025</u> BEGINS ENDS																										
Name of City, County, District, or State Agency: <u>Cheyenne 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>2023</u> <u>2022</u>																										
☐ 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 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.) Dinklage Feedyards, Inc.
PO Box 274
Sidney NE 691621a.) Agriculture - grain sales2.) Frenchman Valley Coop
PO Box 524
Chappell, NE 691292a.) Agriculture - grain sales3.) Scully Grain Company
PO Box 257
Sidney, NE 691623a.) Agriculture - grain sales4.) Crossroads Coop
PO Box 153
Sidney, NE 691624a.) Agriculture - grain sales

*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 NONE1.) Miller Wheat Farms, Inc.
63110 Road 50
Dutton, NE 691311a.) Agriculture2.) Miller Mac, LLC
119 Virginia Lane
Sidney NE 691622a.) Rental3.) BTAT, LLC
119 Virginia Lane
Sidney, NE 691623a.) Rental4.) Timber Ridge Cattle Co.
119 Virginia Lane
Sidney NE 691624a.) Agriculture

5.) _____

5a.) _____

6.) _____

6a.) _____

7.) _____

7a.) _____

Item 6 continued

5.) Central Garden & Pet
9390 W. Golden Tract St.
Boise, ID 83704

5a.) Agriculture
Grain Sales

6.) USDA
2244 Jackson St.
Sidney, NE 68162

6a.) Government payments

7.) Kent & Bobbi Wright
8400 Road 105
Bridgeport, NE 68336

7a.) Custom Farming

8.) Rural Community Insurance Co.
3501 Thurston Ave
Anoka, Minnesota 55303-1660

8a.) crop insurance

ITEM 8	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.)	
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		
217 Bayside Country Estates, Brule NE 69127		Rental
316 Hidden Canyon Estate, Brule, NE 69127		Rental
336 Pde Creek Crossing, Sidney, NE 69162		Agriculture
Lot 22, Block 3 Original Town Survey		Agriculture
NW 1/4 6-14-48, Cheyenne County, NE		Agriculture
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		
Platte Valley Bank		
901 10th Ave		
Sidney, NE 69162		
(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		
Guardian Insurance & Annuity Company, Inc.		
P.O. Box 26210, Lehigh Valley, PA 18002		
R.J. O'Brien, 222 South Riverside Plaza, Suite 900, Chicago, IL 60606		
(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		
Thrivent Financial, P.O. Box 8062, Appleton, WI 54912		
Mutual of Omaha, Mutual of Omaha Plaza, Omaha, NE 68175		
Ohio National Financial Services, P.O. Box 237, Cincinnati, OH 45201		

Item 8 continued

SE $\frac{1}{4}$	23-16-49	Cheyenne County, NE
SW $\frac{1}{4}$	1-16-49	Cheyenne County, NE
NE $\frac{1}{4}$	4-16-49	Cheyenne County, NE
SW $\frac{1}{4}$	35-17-49	Cheyenne County, NE
NW $\frac{1}{4}$	24-16-48	Cheyenne County, NE
W $\frac{1}{2}$	33-16-47	Cheyenne County, NE
E $\frac{1}{2}$	10-15-48	Cheyenne County, NE

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			
Platte Valley Bank 901 10 th Ave Sidney, NE 69162			
ITEM 11	SOURCES OF GIFTS OF A VALUE OF MORE THAN \$100 RECEIVED EXCEPT GIFTS FROM RELATIVES. (See definitions) If you have nothing to report, write NONE		
Name and address of Donor	Occupation or nature of business of Donor	Value of Gift (See Key Below)	Description of Gift and Circumstances or Occasion for Gift
If you have nothing to report, write NONE			
NONE		Choose Value:	NONE
		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
The monetary value of each gift shall be categorized based on the good faith estimate of the filer. For each reported gift insert in the Value column the letter which corresponds to the value category of the gift. The value categories are: A) \$100.01 to \$200; B) \$200.01 to \$500; C) \$500.01 to \$1,000; D) \$1,000.01 or more.			
ITEM 12	SIGNATURE OF FILER AND DATE.		
I hereby state that I have used all reasonable diligence in the preparation of this Statement and that to the best of my knowledge it is true and complete.			
		2-8-23	
(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.

State of Nebraska

Accountability and Disclosure Commission

P.O. BOX 95086
Lincoln, Nebraska 68509
www.nadc.nebraska.gov



Centre Terrace, 1225 L St. #400
Phone (402) 471-2522
Fax (402) 471-6599

February 16, 2023

Randal Miller
119 Virginia Lane
Sidney, NE 69162

Dear Mr. Miller:

Your Statement of Financial Interests filed with this office contains an error or an omission.

Your Position: Cheyenne County Commissioner

Date of Filing: February 14, 2023

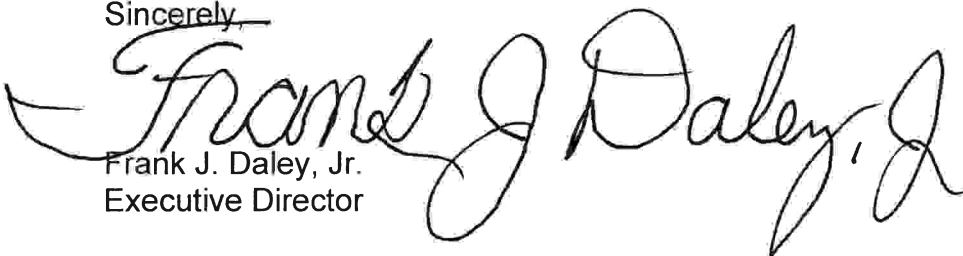
Error or Omission: 1) Item 5 of your statement shows it covers calendar year 2023. Your statement should cover 2022, the preceding calendar year; 2) Item 11 was left blank.

Action Required: a) Fill in the correct calendar year at Item 5 on the enclosed copy of your statement and return it to this office; b) Complete Item 11. If you have nothing to report, write "none".

If your statement as filed does not accurately reflect your financial interests during 2022, you should file a new statement disclosing the correct information.

If you have any questions, please feel free to contact me.

Sincerely,



Frank J. Daley, Jr.
Executive Director

NEBRASKA ACCOUNTABILITY AND DISCLOSURE COMMISSION 1225 L St., Suite 400 P.O. Box 95086 Lincoln, NE 68509 (402) 471-2522	STATEMENT OF FINANCIAL INTERESTS NADC FORM C-1	POSTMARK DATE <u>2-9-23</u> 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>Miller</u>	<u>Randal</u>	<u>D.</u>	Telephone No. <u>(308) 254-3985</u>
	LAST	FIRST	MIDDLE	
Address	<u>119 Virginia Lane</u>		<u>Sidney</u>	<u>NE 69162</u>
	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: County Commissioner Term: 1-2021 1-2025
BEGINS ENDS

Name of City, County, District, or State Agency: Cheyenne County

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, 2023

☐ 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 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.) Dinklage Feedyards, Inc.
PO Box 274
Sidney NE 69162

1a.) Agriculture - grain sales

2.) Frandsen Valley Coop
PO Box 524
Chappell, NE 69129

2a.) Agriculture - grain sales

3.) Scoular Grain Company
PO Box 257
Sidney, NE 69162

3a.) Agriculture - grain sales

4.) Crossroads Coop
PO Box 153
Sidney, NE 69162

4a.) Agriculture - grain sales

*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.) Miller Wheat Farms, Inc.
13110 Road 50
Dutton, NE 69131

1a.) Agriculture

2.) Miller Mac, LLC
119 Virginia Lane
Sidney NE 69162

2a.) Rental

3.) BTAT, LLC
119 Virginia Lane
Sidney, NE 69162

3a.) Rental

4.) Timber Ridge Cattle Co.
119 Virginia Lane
Sidney NE 69162

4a.) Agriculture

5.) _____

5a.) _____

6.) _____

6a.) _____

7.) _____

7a.) _____

Item C continued

5.) Central Garden & Pet
9390 W. Golden Tract St.
Boise, ID 83704

5a.) Agriculture
Grain Sales

6.) USDA
2244 Jackson St.
Sidney, NE 68162

6a.) Government payments

7.) Kent & Bobbi Wright
8400 Road 105
Bridgeport, NE 68336

7a.) Custom Farming

8.) Rural Community Insurance Co.
3501 Thurston Ave
Anoka, Minnesota 55303-1060

8a.) crop insurance

ITEM 8	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.)	
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		
217 Bayside Country Estates, Brule NE 69127		Rental
316 Hidden Canyon Estate, Brule, NE 69127		Rental
336 Pde Creek Crossing, Sidney, NE 69162		Agriculture
Lot 22, Block 3 Original Town Subd		Agriculture
NW 1/4 6-14-48, Cheyenne County, NE		Agriculture
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		
Platte Valley Bank 901 10 th Ave Sidney, NE 69162		
(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		
Guardian Insurance & Annuity Company, Inc. P.O. Box 26210, Lehigh Valley, PA 18001 R.J. O'Brien, 222 South Riverside Plaza, Suite 900, Chicago, IL 60606		
(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		
Thrivent Financial, P.O. Box 8062, Appleton, WI 54912 Mutual of Omaha, Mutual of Omaha Plaza, Omaha, NE 68175 Ohio National Financial Services, P.O. Box 237, Cincinnati, OH 45201		

Item 8 continued

SE $\frac{1}{4}$	23-16-49	Cheyenne County, NE
SW $\frac{1}{4}$	1-16-49	Cheyenne County, NE
NE $\frac{1}{4}$	4-16-49	Cheyenne County, NE
SW $\frac{1}{4}$	35-17-49	Cheyenne County, NE
NW $\frac{1}{4}$	24-16-48	Cheyenne County, NE
W $\frac{1}{2}$	33-16-47	Cheyenne County, NE
E $\frac{1}{2}$	10-15-48	Cheyenne County, NE

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			
Platte Valley Bank 901 10 th Ave Sidney, NE 69162			

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:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	

The monetary value of each gift shall be categorized based on the good faith estimate of the filer. For each reported gift insert in the Value column the letter which corresponds to the value category of the gift. The value categories are:
 A) \$100.01 to \$200; B) \$200.01 to \$500; C) \$500.01 to \$1,000; D) \$1,000.01 or more.

ITEM 12	SIGNATURE OF FILER AND DATE.		
I hereby state that I have used all reasonable diligence in the preparation of this Statement and that to the best of my knowledge it is true and complete.			
		2-8-23	
(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.