

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%;">POSTMARK DATE</td> <td style="width: 50%;">email 2-27-23</td> </tr> <tr> <td>MICROFILM NUMBER</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center;">OFFICE USE ONLY</td> </tr> <tr> <td colspan="2" style="text-align: right; height: 100px; vertical-align: middle;">S</td> </tr> </table>	POSTMARK DATE	email 2-27-23	MICROFILM NUMBER		OFFICE USE ONLY		S	
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S										
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%;"> <tr> <td style="width: 10%;">Name</td> <td style="width: 40%;"> <u>Kreitman Michael T</u> LAST FIRST MIDDLE </td> <td style="width: 10%;">Telephone No.</td> <td style="width: 40%;"> <u>402-684-2255</u> </td> </tr> <tr> <td>Address</td> <td> <u>44768 US Hwy 20</u> STREET ADDRESS OR RURAL ROUTE </td> <td> <u>Bossett NE</u> CITY STATE </td> <td> <u>68714</u> ZIP CODE </td> </tr> </table>			Name	<u>Kreitman Michael T</u> LAST FIRST MIDDLE	Telephone No.	<u>402-684-2255</u>	Address	<u>44768 US Hwy 20</u> STREET ADDRESS OR RURAL ROUTE	<u>Bossett NE</u> CITY STATE	<u>68714</u> ZIP CODE
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ITEM 2 OCCASION FOR FILING (Check Appropriate Box)										
<table style="width: 100%;"> <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				
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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>Director Rock County District</u> Term: <u>1-1-18</u> <u>1-1-2024</u> BEGINS ENDS										
Name of City, County, District, or State Agency: <u>KBR Rural Public Power District</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.) Kreitman Well Service Inc
44768 US Hwy 20
Bassett NE 687141a.) Owner Operator2.) KBR Rural Public Power District
PO Box 187
Arushath NE 692102a.) Director on Board

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 NONE1.) Wagh 20 LLC
44768 US Hwy 20
Bassett NE 687141a.) Owner

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

See Attached List

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

See Attached List

(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

See Attached List

(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

See Attached List

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			
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.			
 (Signature of Filer)		2-22-2023 (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.

Item # 8

tract 15-30-19 Rock Co.
516 Augusta Bassett NE
204 State Bassett NE
206 State Bassett NE
601 Park Bassett NE
PTW2NE415-30-19 in another tract
908 circle drive wayne NE
E2 22-30-21 brown Co.
S2 29-30-21 Brown Co
NE4 32-30-21 Brown Co
NW4,E2 27-30-21

Item #8

rental
rental
rental
rental
rental
rental
ag rental
ag rental
ag rental
ag rental

Item #9 (a)

The Tri County Bank
Sandhills State Bank
West Plains Bank
First National Bank of Chadron
State Nebraska Bank and Trust
T D Ameritrade

Item #9 (a)

106 N Main Stuart NE. 68780
P.O. Box 548 Bassett NE. 68714
200 North Main Ainsworth, NE. 69210
P.O. Box 1351 Chadron NE. 69337
122 Main Street Wayne, NE 68787
P.O. Box 2209 Omaha, NE. 68103-2209

Item 9 (b)

see copied list next page

Item 9 (c)

TD Ameritrade IRA
TD Ameritrade Roth IRA
Transamerica life

Asset type A**Stocks****Symbol**DDEQNUE

*Most data is streami

Mutual Fund**Symbol**BVAOXCISGXCSRSXDASCXHWMIXLEVIXMWTIXQAYIXPCRIXPEBIXPHYTXPTLDXPTTRXRRGIXSVAIXTGVIX

*Most data is streamir

Total Cash**Description**

Cash

FDIC INSURED DEF

*Most data is streamir

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sources with respect to tQuotes may be delaye
go to [My Profile](#).

Indicates non-standard

Indicates options that:

1 interval is accrued daily

Asset type All**Stocks****Symbol**GELKHCKMISO

*Most data is streaming, i

Mutual Funds**Symbol**BVAOXCISGXCSRSXDASCXHWMIXLEVIXMWTIXQAYIXPCRIXPEBIXPHYTXPTLDXPTTRXRRGIXSVAIXTGVIX

*Most data is streaming, but v

Total Cash**Description**

Cash

FDIC INSURED DEPOSIT A

*Most data is streaming, but v

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sources with respect to tax lot andQuotes may be delayed up to 15
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Indicates non-standard option

Asset type**Total Cash****Description**

Cash

FDIC INSURED

*Most data is stre

Stocks**Symbol**GPNLIIPGPOTRE

*Most data is stre

Mutual Fui**Symbol**BVAOXCSRSXDASCXLEVIXMWTIXQAYIXPCRIXPEBIXPHYTXPTLDXPTTRXRRGIXSEEGXSVAIXTCVXXTGVIX

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1 of 2

1 of 2

1 of 2