

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;">10</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	10	MICROFILM NUMBER		OFFICE USE ONLY	
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BEFORE COMPLETING READ FILING REQUIREMENTS								

- Individuals listed under Sections 1-A & B of the General Information - Filing Requirements on page 5 must file this form.
- Dollar values need not be reported for any item, except for Item 11.
- File with the Nebraska Accountability and Disclosure Commission and with the election commissioner or clerk of the county of your residence.
- Persons who fail to file this report or otherwise do not comply with the reporting provisions of the law are subject to penalties.

ITEM 1 | YOUR NAME, ADDRESS AND PHONE NUMBER

Name	Downing	Bonnie	M.	Telephone No.	(308) 538-2350
	LAST	FIRST	MIDDLE		
Address	238 County Road 250			Dunning	NE 68833
	STREET ADDRESS OR RURAL ROUTE			CITY	STATE ZIP CODE

ITEM 2 | OCCASION FOR FILING (Check Appropriate Box)

☐ A candidate for elective office ☒ Annual officeholder's or state employee's report	☐ Left office or position ☐ Newly appointed to office or position
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ITEM 3 | OFFICE HELD & TERM OF OFFICE (for incumbent elected or appointed officials and state employees)

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>Board Member - Board of Appraisers</u>	Term: <u>8/23/21</u>	<u>8/22/27</u>
	BEGINS	ENDS

Name of City, County, District, or State Agency: Board of Educational Lands and Funds

ITEM 4 | OFFICE SOUGHT (for candidate only)

List the office sought which requires this filing.

Office: NA

Name of City, County, District, or State Office: NA

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 whom 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.
1.) <u>Downing Ag Services LLC (Bonnie Downing)</u> <u>238 County Rd 250</u> <u>Dunning, NE 68833</u>	1a.) <u>Independent Contractor hired by</u> <u>Agri Affiliates Inc. providing agricultural appraisals</u> <u>and real estate sales</u>
2.) <u>Downing Ranch LLC (Tim & Bonnie Downing)</u> <u>238 County Rd 250</u> <u>Dunning, NE 68833</u>	2a.) <u>Agricultural Ranch (Co-Owner / Co-Operator)</u>
3.) <u>Downing Land LLC (Tim & Bonnie Downing)</u> <u>238 County Rd 250</u> <u>Dunning, NE 68833</u>	3a.) <u>Agricultural Land Co. (Co-Owner/Co-Operator)</u>
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 BUSINESS ASSOCIATIONS (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
1.) <u>Kilday Ranch Co.</u> <u>P.O. Box 611</u> <u>Fullerton, NE 68638</u>	1a.) <u>Agricultural Family Ranching Operation</u> <u>Shareholder and Treasurer</u>
2.) <u>Kilday Inc.</u> <u>P.O. Box 611</u> <u>Fullerton, NE 68638</u>	2a.) <u>Agricultural Family Farming Operation - shareholder</u>
3.) <u>Sandhills Cattlemens Association</u> <u>P.O. Box 786</u> <u>Valentine, NE 69201</u>	3a.) <u>Promotion of Sandhills Cattle</u> <u>Member</u> <u>Past-President</u>
4.) <u>NE Chapter ASFMRA</u> <u>3259 Starr St.</u> <u>Lincoln, NE 68503</u>	4a.) <u>Member</u> <u>Past President</u>
5.) <u>Nebraska Real Property Appraiser Board</u> <u>301 Centennial Mall South</u> <u>Lincoln, NE 68509</u>	5a.) <u>Board Member – 3rd District</u>
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 <i>not</i> be reported.)	
List all real property 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 estate 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 household purposes, such as lawns and gardens.		
	Location of Property (Description or Address)	Nature of Property (such as: agricultural, commercial, industrial, residential-rental)
	See Attached.	Agricultural Land
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
	First National Bank of Omaha Western Nebraska Bank	North Platte, NE Thedford, NE
(b) List the names of the issuers of all stocks, bonds, and government securities, not otherwise listed under Items 6 or 7.		
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.		
TD Ameritrade		

ITEM 10	CREDITORS TO WHOM \$1,000 OR MORE WAS OWED OR GUARANTEED BY YOU OR A MEMBER OF YOUR IMMEDIATE FAMILY.
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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
Western Nebraska Bank	Thedford, NE

ITEM 11	SOURCES OF GIFTS OF A VALUE OF MORE THAN \$100 RECEIVED EXCEPT GIFTS FROM RELATIVES. (See definitions)
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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
NA		Choose Value:	
		Choose Value:	
		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.
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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.

<i>Boyle M. Downing</i>	<i>1-25-2023</i>
(Signature of Filer)	(Date)

ITEM 8 REAL PROPERTY – Agricultural Land (Bonnie Downing)

<u>County</u>	<u>Legal Description</u>	<u>S-T-R</u>	<u>Acres</u>
Logan County	E2E2, S2W4, SW4SE4	2-20-26W	280.00
	N2, SW4	1-20-26W	477.00
	SE4	3-20-26W	158.14
	All	11-20-26W	632.64
	N2, N2S2	12-20-26W	472.97
Blaine County	S2SE4, NE4SE4, SE4SW4	7-21-25W	160.00
	SW4	8-21-25W	160.00
	NW4	17-21-25W	160.00
	E2, E2W2, Lots 2 and 3, SW4SW4	18-21-25W	599.36
	ALL	19-21-25W	638.68
	ALL	30-21-25W	636.04
	ALL	31-21-25W	639.68
	W2W2	32-21-25W	160.00
Thomas County	SE4, SE4SW4	13-21-26W	198.00
	ALL	24-21-26W	640.00
	ALL	25-21-26W	640.00
	E2	36-21-26W	318.14