

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;">2/14/23</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> <tr> <td colspan="2" style="height: 100px;"></td> </tr> </table>	POSTMARK DATE	2/14/23	MICROFILM NUMBER		OFFICE USE ONLY											
POSTMARK DATE	2/14/23																	
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																		
<table style="width: 100%;"> <tr> <td style="width: 15%;">Name</td> <td style="width: 35%;">Schrock Edward J</td> <td style="width: 20%;">Telephone No.</td> <td style="width: 30%;">308-995-4665</td> </tr> <tr> <td></td> <td style="text-align: center;">LAST FIRST MIDDLE</td> <td></td> <td></td> </tr> <tr> <td>Address</td> <td>74274 K ROAD</td> <td>ELM CREEK</td> <td>NE 68836</td> </tr> <tr> <td></td> <td style="text-align: center;">STREET ADDRESS OR RURAL ROUTE</td> <td style="text-align: center;">CITY</td> <td style="text-align: center;">STATE ZIP CODE</td> </tr> </table>			Name	Schrock Edward J	Telephone No.	308-995-4665		LAST FIRST MIDDLE			Address	74274 K ROAD	ELM CREEK	NE 68836		STREET ADDRESS OR RURAL ROUTE	CITY	STATE ZIP CODE
Name	Schrock Edward J	Telephone No.	308-995-4665															
	LAST FIRST MIDDLE																	
Address	74274 K ROAD	ELM CREEK	NE 68836															
	STREET ADDRESS OR RURAL ROUTE	CITY	STATE ZIP CODE															
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												
☐ 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>Nebraska Public Power District Board of Directors</u> Term: <u>1/1/19</u> <u>12/31/24</u> BEGINS ENDS																		
Name of City, County, District, or State Agency: <u>District 6</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)																		

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.) Nebraska Public Power District P.O. Box 499 Columbus, NE 68602	1a.) Salary
2.) Snowball Farms Inc 74274 K Road Elm Creek, NE 68836	2a.) Farming Salary and Director Fees
3.) Donel Inc. 74274 K Road Elm Creek, NE 68836	3a.) Farming Distributions from S Corporations
4.) Grove Corporation 74274 K Road Elm Creek, NE 68836	4a.) Farming Wife is an officer, shareholder and director-salary, interest and 401K distribution

*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.) Schrock Land & Cattle Inc. 74274 K Road Elm Creek, NE 68836	1a.) Officer, director and shareholder
2.) Schrock Farms, Inc. 74274 K Road Elm Creek, NE 68836	2a.) Officer, director, and shareholder
3.)	3a.)
4.)	4a.)
5.)	5a.)
6.)	6a.)
7.)	7a.)

NEBRASKA ACCOUNTABILITY AND DISCLOSURE COMMISSION
STATEMENT OF FINANCIAL INTERESTS
NADC FORM C-1

SCHROCK, EDWARD J.

ELM CREEK, NE

NPPD BOARD OF DIRECTORS – DISTRICT #6

ITEM 6 – SOURCES OF INCOME OF OVER \$1,000 (Cont'd)

- | | |
|---|--|
| 5.) Shady Grove Farms, Inc.
74274 K Road
Elm Creek, NE 68836 | 5a.) Farming
Wife's Salary & Directors Fees |
| 6.) Nebraska Farmland – Holdrege, NE area | 6a.) Wife's Farm Rental Income |
| 7.) U.S. Treasury | 7a.) Social Security Benefits |
| 8.) U.S. Treasury | 8a.) Wife's Social Security Benefits |
| 9.) Securities America, Inc.
1325 Port Grace Blvd.
La Vista, NE 68128 | 9a.) Brokerage Company
Wife's Brokerage Account
IRA Distribution |
| 10.) U.S. Treasury | 10a.) Veteran's Benefit |
| 11.) Principal Financial Group
711 High Street
Des Moines, IA 50392 | 11a.) Dividend |
| 12.) First State Bank | 12a.) Wife's I.R.A. Distribution |
| 13.) Riversource Life Insurance Co. | 13a.) I.R.A. Distribution |
| 14.) Stifel | 14a.) I.R.A. Distribution |
| 15.) First State Bank | 15a.) I.R.A. Distribution |
| 16.) Principal Life Insurance Co. | 16a.) I.R.A. Distribution |
| 17.) Principal Life Insurance Co. | 17a.) Wife's IRA Distribution |
| 18.) KAAPA Ethanol Holdings LLC | 18a.) LLC Distributions |
| 19.) Nebraska Farmland- Elwood, NE area | 19a.) Farm Rental Income |

JUDITH M SCHROCK

STIFEL

ASSET DETAILS

This section shows the cash equivalents and/or securities in your account. Prices obtained from outside sources are considered reliable but are not guarantee you may receive more or less than your original purchase price. Contact your Financial Advisor for current price quotes. Gain/Loss is provided for information not limited to, amortization, accretion, principal paydowns, capital changes, listed option premiums, gifting rules, inheritance step-up, or wash sales. The Gain/loss preparation without the assistance of your tax advisor. Lot detail quantity displayed is truncated to the one thousandth of a share.

***Classifications listed below security descriptions:

Covered: Tax basis information for this security is covered by IRS reporting requirements.

Noncovered: Tax basis information for this security is not covered by IRS reporting requirements.

Mixed: Tax basis information for this security includes both covered and noncovered.

Wash: The tax basis for this security has been adjusted due to wash sale activity.

Gift: Security position includes gifted shares. Unrealized gain/loss displayed may differ from tax basis.

NET CASH EQUIVALENTS

STIFEL FDIC INSD

STIFEL FDIC INSURED

Total Net Cash Equivalents

STIFEL INSURED BANK DEPOSIT PROGRAM

Funds deposited through the Stifel Insured Bank Deposit Program (the "Program") are covered by FDIC insurance. For more information, visit www.stifel.com/disclosures/account-agreement. The deposits are not covered by the Program.

Balances in the Program or in any money market fund offered as an available fund may be returned to your securities account or can be distributed directly to you with the proceeds of a sale.

PORTFOLIO ASSETS - HELD AT STIFEL

Equities	Symbol/ Type	Quantity
----------	-----------------	----------

BERKSHIRE HATHAWAY INC	BRK/B	100
CL B NEW	Cash	

CUSIP: 084670702

***Noncovered

Total Equities

Total Portfolio Assets - Held at Stifel

Total Net Portfolio Value

STIFEL

JUDITH M SCHROCK AND
EDWARD J SCHROCK JTWROS

ASSET DETAILS

This section shows the cash equivalents and/or securities in your account. Prices obtained may be more or less than your original purchase price. Contact your Financial Advisor for more information. Not limited to, amortization, accretion, principal paydowns, capital changes, listed options, etc. Consult your tax advisor for more information. Lot detail quantity displayed is as of the last trading day.

***Classifications listed below security descriptions:

Covered: Tax basis information for this security is covered by IRS reporting requirements.

Noncovered: Tax basis information for this security is not covered by IRS reporting requirements.

Mixed: Tax basis information for this security includes both covered and noncovered securities.

Wash: The tax basis for this security has been adjusted due to wash sale activity as described in the instructions.

Gift: Security position includes gifted shares. Unrealized gain/loss displayed may not reflect the actual gain/loss.

NET CASH EQUIVALENTS

STIFEL FDIC INSD

STIFEL FDIC INSURED

Total Net Cash Equivalents

STIFEL INSURED BANK DEPOSIT PROGRAM

Funds deposited through the Stifel Insured Bank Deposit Program (the "Program") may be covered by FDIC insurance. For more information, visit www.stifel.com/disclosures/account-agreement. The deposits are not covered by the FDIC.

Balances in the Program or in any money market fund offered as an available fund for the Program may be returned to your securities account or can be distributed directly to you with the proceeds of the sale of the securities.

PORTFOLIO ASSETS - HELD AT STIFEL

Equities	Symbol/ Type	Quantity
DEERE & CO CUSIP: 244199105 ***Noncovered	DE Cash	65
MICROSOFT CORP CUSIP: 594918104 ***Noncovered	MSFT Cash	100
Total Equities		
Total Portfolio Assets - Held at Stifel		
Total Net Portfolio Value		



Statement for the Period December 1, 2022 to December 31, 2022

JUDITH SCHROCK - Individual
Account Number: RJ3-044421

Holdings

For additional information regarding your holdings, please refer to the footnotes at the end of the statement.

CASH AND CASH EQUIVALENTS - 1.86% of Total Account Value

Description	Symbol/Cusip Account Type	Quantity
-------------	------------------------------	----------

Money Markets

FEDERATED HERMES INS PRM VAL OBLIG IS	PVOXX	6,002.401
Estimated Yield 1.31%	CASH	
Dividend Option Cash		
Capital Gain Option Cash		

Bank Deposits

Bank deposits are not securities and are not covered by the Securities Investor Protection Corp. Bank at which time funds may be eligible for FDIC insurance. Customers are responsible for the Bank Deposit Detail section which appears later in this statement for information on the banks, include a Bank Deposit Detail section. The Interest Rate below is the interest rate effective for the period.

BANK DEPOSIT SWEEP PROGRAM	QTSAQ	1,021.87
Interest Rate 0.30%	CASH	

Total Cash and Cash Equivalents

HOLDINGS > EQUITIES - 97.38% of Total Account Value

Description	Symbol/Cusip Account Type	Quantity
-------------	------------------------------	----------

Equity

APPLE INC	AAPL	1,000
Estimated Yield 0.70%	CASH	
Dividend Option Cash		
Capital Gain Option Cash		

BERKSHIRE HATHAWAY INC COM USD0.0033	BRKB	150
CLASS B	CASH	
Dividend Option Cash		
Capital Gain Option Cash		



Statement for the Period December 1, 2022 to December 31, 2022

JUDITH SCHROCK - Individual
Account Number: RJ3-044421

HOLDINGS > EQUITIES *continued*

Description	Symbol/Cusip Account Type	Quantity
DEERE & CO	DE	200
Estimated Yield 1.12%	CASH	
Dividend Option Cash		
Capital Gain Option Cash		
Next Dividend Payable: 02/08/23		
MCDONALD S CORP	MCD	150
Estimated Yield 2.30%	CASH	
Dividend Option Cash		
Capital Gain Option Cash		
MICROSOFT CORP	MSFT	275
Estimated Yield 1.13%	CASH	
Dividend Option Cash		
Capital Gain Option Cash		
Next Dividend Payable: 03/09/23		
Total Equity		

Total Equities

HOLDINGS > EXCHANGE TRADED PRODUCTS - 0.76% of Total Acco

Description	Symbol/Cusip Account Type	Quantity
Equity		
VANECK ETF TR VANECK GOLD MINERS ETF	GDX	100
Estimated Yield 1.66%	CASH	
Dividend Option Cash		
Capital Gain Option Cash		
Total Exchange Traded Products		

Total Securities

TOTAL PORTFOLIO VALUE

Edward Jones

MAKING SENSE OF INVESTING

Account Number 343-14834-1-5

Financial Advisor Jason Hester/ Kayla Rehnberg, 855-885-5755

130 Edward Jones Blvd, Saint Louis, MO 63043

Statement Dat

Cash		
Stocks	Price	Quantity
Berkshire Hathaway Inc Del Class B Symbol: BRK B Asset Category: Growth & Income Research Rating: Buy	308.90	150

The Edward Jones' Research Rating referenced in this document does not constitute an express recommendation to purchase, hold or sell particular securities. Intended as an express recommendation to purchase, hold or sell particular securities, contact your Edward Jones financial advisor before acting upon the Edward Jones' research reports including additional disclosures via Online Access or from any other source.

Total Account Value

Cost basis is the amount of your investment for tax purposes and is used to calculate capital gains and losses. It is not a measure of performance. The cost basis amounts on your account statements are for informational purposes only. Cost basis information may be from outside sources and has not been verified by Edward Jones. For information about reporting cost basis, consult a qualified tax professional. If you believe the cost basis information is inaccurate, contact Client Relations.

Investment Account

Account Holdings As of January 31, 2023

Edward J. Schrock

Equities and Options

Security ID / Description	Quantity Price (\$)
ADM ARCHER DANIELS MIDLAND COMPANY ^c	150
BRK/B BERKSHIRE HATHAWAY INC CL B NEW ^c	10
DE DEERE & CO ^c	60
GM GENERAL MOTORS CO ^c	100
LMT LOCKHEED MARTIN CORP ^c	15
MCD MCDONALDS CORP ^c	20
RCL ROYAL CARIBBEAN GROUP C	50
VMI VALMONT INDUSTRIES INC C	30
Total of Equities and Options	

^c Dividends and/or capital gains distributed by this security will b

ETPs, Mutual Funds, Exchange-Traded Closed-

Security ID / Description	Quantity Price (\$)
FSENX FIDELITY SELECT ENERGY ^R	119.859
OPGSX INVESCO GOLD & SPECIAL MINERALS CL A ^R	173.684
Total of ETPs, Mutual Funds, Exchange-Traded Closed-End Funds and Interval Funds	

^R Dividends and/or capital gains distributed by this security will b

⁴ Purchase Cost equals Cost Basis of Equities and Mutual Funds less any reinve
^a Refer to the statement message titled ESTIMATED ANNUAL INCOME (EAI) A

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		
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		
First State Bank		Holdrege, NE 68949
Bruning Bank		Holdrege, NE 68949
(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		
Stifel Brokerage Accounts- See attached information for detailed list of investments		
Securities America Inc Brokerage Account- See attached informationfor detailed list of investments		
Edward Jones Brokerage Account- See attached information for detailed list of investments		
LPL Financial Brokerage Account- See attached information for detailed list of investments		
(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		
Cash Value of life insurance with Principal Life Insurance Company		

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
----------------	---

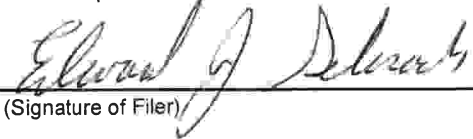
Name and address of Donor	Occupation or nature of business of Donor	Value of Gift (See Key Below)	Description of Gift and Circumstances or Occasion for Gift
If you have nothing to report, write NONE			
None		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
		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)

2-28-23
(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.