

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	POSTMARK DATE <u>Mar 3-3-23</u>
		MICROFILM NUMBER
BEFORE COMPLETING READ FILING REQUIREMENTS		OFFICE USE ONLY <u>5</u>

- 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 reported 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 Hammerlan John E Telephone No. 402-394-1266
 LAST FIRST MIDDLE
 Address 5007 872 RD ONE N NE 68763
 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: Ward Board Term: 2021 2025
 BEGINS ENDS

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

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

2022

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,

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

Revised January 2012

ITEM 6 SOURCES OF INCOME OF OVER \$1,000

Income includes money or any other form of remuneration contributing income under the Internal Revenue Code. (See definitions.)
Name and address of any source? (Include 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 provided 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.) _____

2.) NONE

3.) _____

4.) _____

NOTE: IF INCOME RESULTED FROM EMPLOYMENT BY, 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 hold a position of officer, director, limited liability company member, partner, or stockholder and any entity in which you hold a position of member. 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/Association

If you have nothing to report, write NONE

1.) _____

2.) NONE

3.) _____

4.) _____

5.) _____

5a)	6a)
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)
SW 1/4 24-29-16	Agricultural
SW 1/4 28-29-16	
SW 1/4 34-29-16	
NE 1/4 6-30-11	
SE 1/4 28-30-11	
NE 1/4 2-30-11	

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

(b) 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	
Pinnacle Bank	

(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

(c) Describe other property owned or held for the production of income not otherwise disclosed in Items 6, 7, 8, or 10(d). Include leasehold 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:

Choose Value:

Choose Value:

Choose Value:

Choose Value:

Choose Value:

Choose Value:

None

