

2-4-23

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>- Amended -</i> 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%; padding: 2px;">1/17/23</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: 2px;">OFFICE USE ONLY</td></tr><tr><td colspan="2" style="text-align: center; padding: 2px;">RECEIVED</td></tr><tr><td colspan="2" style="text-align: center; padding: 2px;">AUG 22 2023 JAN 19 2023</td></tr><tr><td style="text-align: center; padding: 2px;">NEBRASKA</td><td style="text-align: center; padding: 2px;">BY</td></tr><tr><td colspan="2" style="text-align: center; padding: 2px;">DISCLOSED BY</td></tr></table>	POSTMARK DATE	1/17/23	MICROFILM NUMBER		OFFICE USE ONLY		RECEIVED		AUG 22 2023 JAN 19 2023		NEBRASKA	BY	DISCLOSED BY			
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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%;">Bredthauer Karen Jo</td><td style="width: 10%;">Telephone No.</td><td style="width: 40%;">308-390-1187 Cell 308-382-2070 Home</td></tr><tr><td></td><td>LAST FIRST MIDDLE</td><td></td><td></td></tr><tr><td>Address</td><td colspan="3">940 S North Rd Grand Island Nebraska 68803</td></tr><tr><td></td><td colspan="3">STREET ADDRESS OR RURAL ROUTE CITY STATE ZIP CODE</td></tr></table>			Name	Bredthauer Karen Jo	Telephone No.	308-390-1187 Cell 308-382-2070 Home		LAST FIRST MIDDLE			Address	940 S North Rd Grand Island Nebraska 68803				STREET ADDRESS OR RURAL ROUTE CITY STATE ZIP CODE		
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ITEM 2 OCCASION FOR FILING (Check Appropriate Box)																		
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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>Hall County Commissioner</u> Term: <u>2023</u> <u>2024</u> BEGINS ENDS Name of City, County, District, or State Agency: <u>Grand Island</u> <u>Hall 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>2022</u> ☐ Left office, this statement covers the period January 1, _____ to _____ (DATE YOU LEFT OFFICE OR POSITION)																		

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 DonorValue 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.

Loen B. Hauer
(Signature of Filer)

(Date)

12-25-22

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.