

2-4-23

|                                                                                                                                                                    |                                                                                               |                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|----------------------------|
| NEBRASKA<br>ACCOUNTABILITY AND<br>DISCLOSURE COMMISSION<br>1225 L St., Suite 400<br>P.O. Box 95086<br>Lincoln, NE 68509<br>(402) 471-2522<br>www.nadc.nebraska.gov | <b>STATEMENT<br/>OF<br/>FINANCIAL<br/>INTERESTS</b><br><i>Amended</i><br><b>NADC FORM C-1</b> | POSTMARK<br>DATE<br>2-4-23 |
|                                                                                                                                                                    |                                                                                               | MICROFILM<br>NUMBER        |
| BEFORE COMPLETING<br>READ FILING REQUIREMENTS                                                                                                                      |                                                                                               | OFFICE USE ONLY            |

- 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.

|               |                                                                      |
|---------------|----------------------------------------------------------------------|
| <b>ITEM 1</b> | <b>YOUR NAME, ADDRESS AND PHONE NUMBER</b>                           |
| Name          | <u>FEIT</u> <u>ROBERT</u> <u>J</u> Telephone No. <u>402-420-7420</u> |
|               | LAST FIRST MIDDLE                                                    |
| Address       | <u>2510 NORMAN CIRCLE</u> <u>LINCOLN</u> <u>NE</u> <u>68512</u>      |
|               | STREET ADDRESS OR RURAL ROUTE CITY STATE ZIP CODE                    |

|               |                                                                                                                                                     |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>ITEM 2</b> | <b>OCCASION FOR FILING (Check Appropriate Box)</b>                                                                                                  |
|               | <input type="checkbox"/> A candidate for elective office <input type="checkbox"/> Left office or position                                           |
|               | <input checked="" type="checkbox"/> Annual officeholder's or state employee's report <input type="checkbox"/> Newly appointed to office or position |

|                                                                                                                               |                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| <b>ITEM 3</b>                                                                                                                 | <b>OFFICE HELD &amp; TERM OF OFFICE (Incumbent elected/appointed officials and state employees. See 1B of instructions)</b> |
| 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</u> Term: <u>1/2023</u> <u>12/2025</u>                                                                      |
|                                                                                                                               | BEGINS ENDS                                                                                                                 |
| Name of City, County, District, or State Agency:                                                                              | <u>COMMISSION FOR THE DEPT + HHS OF HUMAN RESOURCES</u>                                                                     |
|                                                                                                                               | <u>NC DH H</u>                                                                                                              |

|                                                    |                                                                |
|----------------------------------------------------|----------------------------------------------------------------|
| <b>ITEM 4</b>                                      | <b>OFFICE SOUGHT (Candidates only. See 1A of instructions)</b> |
| List the office sought which requires this filing. |                                                                |
| Office:                                            | <u>BOARD MEMBER</u>                                            |
| Name of City, County, District, or State Office:   | <u>COMMISSION FOR THE DEPT + HHS OF HUMAN RESOURCES</u>        |
|                                                    | <u>NC DH H</u>                                                 |

|                                                                                                                                                                                                                                                                                                                   |                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>ITEM 5</b>                                                                                                                                                                                                                                                                                                     | <b>PERIOD COVERED BY THIS STATEMENT</b>                                                                       |
| 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. |                                                                                                               |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                               | This statement covers the preceding calendar year January 1 through December 31, <u>2022</u>                  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                          | Left office, this statement covers the period January 1, _____ to _____<br>(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 GiftIf 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)

(Date)

3-4-2023

**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.