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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------|---------------------|--|-----------------|--|
| <b>NEBRASKA<br/>ACCOUNTABILITY AND<br/>DISCLOSURE COMMISSION</b><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> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">POSTMARK<br/>DATE</td> <td style="width: 50%; text-align: center; padding: 2px;">24-23</td> </tr> <tr> <td style="padding: 2px;">MICROFILM<br/>NUMBER</td> <td style="padding: 2px;"></td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 2px;">OFFICE USE ONLY</td> </tr> </table> | POSTMARK<br>DATE | 24-23 | MICROFILM<br>NUMBER |  | OFFICE USE ONLY |  |
| POSTMARK<br>DATE                                                                                                                                                            | 24-23                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |       |                     |  |                 |  |
| MICROFILM<br>NUMBER                                                                                                                                                         |                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |       |                     |  |                 |  |
| OFFICE USE ONLY                                                                                                                                                             |                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |       |                     |  |                 |  |
| BEFORE COMPLETING<br>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**

Name Anna Carolyn Kay Telephone No. 308-940-0879

LAST FIRST MIDDLE

Address 1015 J Rd Central City NE 68826

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 IB 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: Merriam Co. Board of Supervisors Term: 2021-2024

BEGINS ENDS

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

**ITEM 4 OFFICE SOUGHT (Candidates only. See A 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, 2022
- ☐ Left office, this statement covers the period January 1, \_\_\_\_\_ to \_\_\_\_\_  
 (DATE YOU LEFT OFFICE OR POSITION)

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)

**If you have nothing to report, write NONE**

NW 1/4 of section 24, Township 16  
North Range 10 West of the 6<sup>th</sup> pm  
Howard County 160 acres. pasture, ag.

27-13-7PT S 1/2 SW 1/4 44-4 CTO  
Merriam County 10 acres. Building site

33-13-7PT NE 1/4 NE 1/4 64-4 CHT  
CTO Merriam County 1000. equipment storage

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**

Pinball Bank

Palmer NE 28844

(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**

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.

**If you have nothing to report, write NONE**

HYPER: ~~18,540~~ 22,496  
NE PER: ~~15,464~~ 19,881