

AMENDED C-1

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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%;">POSTMARK DATE</td> <td style="width: 50%;">EM 3-29-2023</td> </tr> <tr> <td>MICROFILM NUMBER</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center;">OFFICE USE ONLY</td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: 2em;">RECEIVED</td> </tr> <tr> <td colspan="2" style="text-align: center;">FEB 3 2023</td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: 0.8em;">CLUSTER COUNTY CLERK BROKEN BOW, NEBRASKA</td> </tr> </table>	POSTMARK DATE	EM 3-29-2023	MICROFILM NUMBER		OFFICE USE ONLY		RECEIVED		FEB 3 2023		CLUSTER COUNTY CLERK BROKEN BOW, NEBRASKA					
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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 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																		
<table style="width: 100%;"> <tr> <td style="width: 15%;">Name</td> <td style="width: 35%;">Gracey Constance</td> <td style="width: 15%;">Telephone No.</td> <td style="width: 35%;">308-848-3278</td> </tr> <tr> <td></td> <td>LAST FIRST MIDDLE</td> <td></td> <td></td> </tr> <tr> <td>Address</td> <td>41190 W Hwy 92</td> <td>Arnold</td> <td>NE 69120</td> </tr> <tr> <td></td> <td>STREET ADDRESS OR RURAL ROUTE</td> <td>CITY</td> <td>STATE ZIP CODE</td> </tr> </table>			Name	Gracey Constance	Telephone No.	308-848-3278		LAST FIRST MIDDLE			Address	41190 W Hwy 92	Arnold	NE 69120		STREET ADDRESS OR RURAL ROUTE	CITY	STATE ZIP CODE
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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: <u>Custer County Clerk</u> Term: <u>2019</u> <u>2022</u> BEGINS ENDS Name of City, County, District, or State Agency: <u>Custer County, Broken Bow, NE</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)																		

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and
DISCLOSURE COMMISSION