

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%; text-align: center; padding: 2px;">5-22-23</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: 5px;">OFFICE USE ONLY</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 10px;"> RECEIVED LO MAY 05 2023 NEBRASKA ACCOUNTABILITY DISCLOSURE COMMISSION </td> </tr> </table>	POSTMARK DATE	5-22-23	MICROFILM NUMBER		OFFICE USE ONLY		RECEIVED LO MAY 05 2023 NEBRASKA ACCOUNTABILITY DISCLOSURE COMMISSION	
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RECEIVED LO MAY 05 2023 NEBRASKA ACCOUNTABILITY DISCLOSURE COMMISSION										
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										
Name	Purviance Leslie J. Telephone No. 402-569-3737									
Address	LAST FIRST MIDDLE 89450 506 AVE. Lynch NE. 68746 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: <u>Supervisor</u> Term: <u>2019</u> <u>2022</u> BEGINS ENDS Name of City, County, District, or State Agency: <u>Lynch, Boyd Co., District #1</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,										
☒ Left office, this statement covers the period January 1, <u>2019</u> to <u>Dec. 31, 2022.</u> (DATE YOU LEFT OFFICE OR POSITION)										

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

Income includes money or any other form of recompense constituting income under the Internal Revenue Code. (See definitions)

Name and address of any source* (including 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 rendered 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.) Boyd County
P.O. Box 26
Butte, NE, 68722

1a.) Supervisor Dist. 1

2.) N/A

2a.)

3.) Boyd County
P.O. Box 26
Butte, NE, 68722

3a.) Road Drag Operator

4.)

4a.)

*NOTE: IF INCOME RESULTED FROM EMPLOYMENT BY, OPERATION OF 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 held a position of officer, director, limited liability company member, partner, or stockholder and any entity in which you held a position of trustee. 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 or Organization.

Nature of Association

If you have nothing to report, write NONE

1.) NONE

1a.)

NONE

2.) N/A

2a.)

3.)

3a.)

4.)

4a.)

5.)

5a.)

6.)

6a.)

7.)

7a.)