

NEBRASKA
ACCOUNTABILITY AND
DISCLOSURE COMMISSION
11th Floor, State Capitol
P.O. Box 95086
Lincoln, NE 68509
(402) 471-2522

BEFORE COMPLETING
READ FILING REQUIREMENTS

STATEMENT
OF
FINANCIAL
INTERESTS
Amend
NADC FORM C-1

POSTMARK
DATE
MICROFILM
NUMBER

OFFICE USE ONLY

- Candidates for designated offices and holders of designated offices and positions must file this statement. See Sections 1A and 1B of the instructions.
- Candidates (including incumbents) subject to this filing requirement must file with the Commission and with the appropriate election official (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 fails to file as required is subject to a civil penalty of up to \$2,000.

ITEM 1 YOUR NAME, ADDRESS AND PHONE NUMBER

Name HALL ROBERT C Telephone No. 402-672-8891
LAST FIRST MIDDLE
Address 957 N. BEECH WAHOO NE 68066
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: DEQ COUNCIL MEMBER Term: 6-22-21
BEGINS ENDS
Name of City, County, District, or State Agency: DEPARTMENT OF ENVIROMENTAL QUALITY

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

JANUARY 1, 2022 - MAY 30, 2023

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 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 whom 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.

1.) INTERNATIONAL ASSOCIATION OF HEAT AND FROST
INSULATORS AND ALLIED WORKERS
9602 M.L. KING HYW.
LANHAM, MD. 20706

1a.) LABOR UNION REPRESENTATIVE

(NOW RETIRED)

2.) FARM INCOME
SAUNDERS COUNTY, NE.

2a.) 1/2 INTERST OF 160 ACRES FARM GROUND

3.)

3a.)

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 (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

1.) NONE

1a.)

2.)

2a.)

3.)

3a.)

4.)

4a.)

5.)

5a.)

6.)

6a.)

7.)

7a.)

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 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 estate 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)
HOUSE AND 2 1/2 ACRES PLATTE RIVER SAUNDERS COUNTY NE. 160 ACRES FARM GROUND SAUNDERS COUNTY NE. HOUSE 323 WEST 6TH WEAVER, NE HOUSE 323 WEST 6TH WEAVER, NE HOUSE 964 N. LINDEN WEAVER, NE BLD. 250 N. ELM, WESTON, NE.	RENTAL CABIN : FARM GROUND (OWN WITH ONE BROTHER) RENTAL (OWN WITH TWO BROTHERS)

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
WAHOO STATE BANK	6 TH STREET AND MAIN, WAHOO, NE. 68066

(b) List the names of the issuers of all stocks, bonds, and government securities, not otherwise listed under Items 6 or 7.

VANGUARD , PO BOX 2900, VALLEY FORGE, PA. 19482

(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.

NONE

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
WAHOO STATE BANK	6 th STREET AND MAIN, WAHOO, NE. 68066

**ITEM 11 SOURCES OF GIFTS OF A VALUE OF MORE THAN \$100 RECEIVED EXCEPT GIFTS FROM RELATIVES.
(See definitions)**

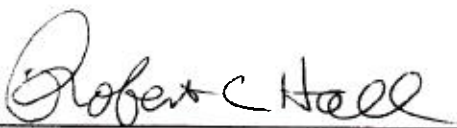
Name and address of Donor	Occupation or nature of business of Donor	Value of Gift (See Key Below)	Description of Gift and Circumstances or Occasion for Gift
NONE		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	

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)

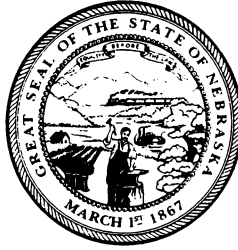
(Date)

~~3-10-11~~ 9-4-23
(Robert Hall)

State of Nebraska

Accountability and Disclosure Commission

P.O. BOX 95086
Lincoln, Nebraska 68509
nadcc.nebraska.gov



Centre Terrace, 1225 L St. #400
Phone (402) 471-2522
Fax (402) 471-6599

September 7, 2023

Robert Hall
957 N Beech
Wahoo, NE 68066

Dear Mr. Hall:

Thank you for your letter and your Statement of Financial Interests. I appreciate your contacting us. Unfortunately, we cannot accept your statement as filed because it is not complete.

I have enclosed a copy of your statement and have highlighted areas that need to be addressed. Please feel free to enter additional information by hand. On the enclosed form:

Item 5- Check the Left Office box. Enter January 1, 2022 to the date you retired from DEQ.

Item 7- Enter any businesses with which you are associated. If you have nothing to report, write NONE.

Item 9c- Enter the information required. If you have nothing to report, write NONE.

Item 11- Enter the information required. If you have nothing to report, write NONE.

Once completed, you may return the form to this office in the enclosed envelop.

Thank you for your consideration. If you have any questions or need assistance, please feel free to contact this office.

Sincerely,

Frank J. Daley, Jr.
Executive Director

SEPT. 4, 2023

MR. FRANK J. DALEY

NEBRASKA ACCOUNTABILITY
AND DISCLOSURE COMMISSION

REGARDS: CASE # 23-29

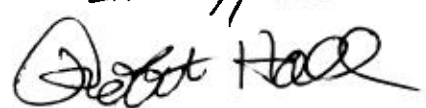
DEAR MR. DALEY

MY NAME IS ROBERT C. HALL AND I AM WRITING
THIS LETTER TO APOLOGIZE FOR MY FAILURE
TO COMPLETE MY STATEMENT OF FINANCE FORM.
I HAVE ENCLOSED AN UPDATED FORM.
THERE HAS BEEN NO CHANGE AGAIN IN THE
YEAR 2022. I HAVE BEEN AND REMAIN IN
POOR HEALTH, FORCING ME TO RETIRE EARLY
FROM MY POSITION WITH THE HEAT & FROST AND
ASBESTOS WORKER'S UNION AS AN INTERNATIONAL
REPRESENTATIVE IN 2021. MY HEALTH
CONTINUES TO WORSEN. I CALLED LAUREN TRIPLET
IN MAY WITH MY DECISION TO RETIRE FROM
THE DEQ BOARD. I HAVE HAD SEVERAL
HEALTH SETBACKS SINCE. IN 2021 I
RETURNED MY COMPUTER AND PRINTER

(OVER)

TO THE UNION FOR WHICH I WORKED
FOR. I DID NOT HAVE THE MEANS
TO PRINT OUT FORMS AND STILL DO NOT.
I HAVE ENCLOSED AN UPDATED COPY
OF my FINANCIAL STATEMENT. MY FINANCIAL
REPORT HAS NOT CHANGED FOR
MANY YEARS AND NOW I AM ON SOCIAL
SECURITY AND A PENSION FROM MY
45 YEARS AS AN ASBESTOS WORKER.
I DO NOT KNOW HOW MUCH YOU
WANT TO KNOW ABOUT MY HEALTH,
IF YOU WISH YOU CAN CALL ME AT
402-672-8891, AND I WILL TELL
YOU.

THANK YOU AGAIN FOR YOUR TIME
AND I APOLOGIZE FOR LETTING IT
COME TO THIS.

SINCERELY, ROBERT HALL


IF YOU NEED A
CLEANER FORM PLEASE
MAIL ME ONE."

ROBERT C. HALL
957 N. BEECH ST..
WAHOO, NE. 68066

THANK YOU.

NEBRASKA ACCOUNTABILITY AND DISCLOSURE COMMISSION 11 th Floor, State Capitol P.O. Box 95086 Lincoln, NE 68509 (402) 471-2522	STATEMENT OF FINANCIAL INTERESTS 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;">9/9/23</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="height: 50px; vertical-align: bottom; padding: 2px;"> NEBRASKA DISCLOSURE COMMISSION </td> </tr> </table>	POSTMARK DATE	9/9/23	MICROFILM NUMBER		OFFICE USE ONLY		NEBRASKA DISCLOSURE COMMISSION	
POSTMARK DATE	9/9/23									
MICROFILM NUMBER										
OFFICE USE ONLY										
NEBRASKA DISCLOSURE COMMISSION										
BEFORE COMPLETING READ FILING REQUIREMENTS										

- Candidates for designated offices and holders of designated offices and positions must file this statement. See Sections 1A and 1B of the instructions.
- Candidates (including incumbents) subject to this filing requirement must file with the Commission and with the appropriate election official (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 fails to file as required is subject to a civil penalty of up to \$2,000.

ITEM 1 YOUR NAME, ADDRESS AND PHONE NUMBER			
Name	HALL ROBERT LAST FIRST	C MIDDLE	Telephone No. <u>402-672-8891</u> 402-443-5241
Address	957 N. BEECH STREET ADDRESS OR RURAL ROUTE	WAHOO CITY	NE 68066 STATE ZIP CODE

ITEM 2 OCCASION FOR FILING (Check Appropriate Box)	
☐ A candidate for elective office ☒ Annual officeholder's or state employee's report	☐ Left office or position ☐ 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>DEQ COUNCIL MEMBER</u>	Term: <u>6-22-18</u> BEGINS ENDS
Name of City, County, District, or State Agency: <u>DEPARTMENT OF ENVIROMENTAL QUALITY</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, 2021 <u>2022</u>	
☐ Left office, this statement covers the period January 1, _____ to _____ (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 whom 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.

1.) INTERNATIONAL ASSOCIATION OF HEAT AND FROST
INSULATORS AND ALLIED WORKERS
9602 M.L. KING HWY.
LANHAM, MD. 20706

1a.) LABOR UNION REPRESENTATIVE

(NOW RETIRED)

2.) FARM INCOME
SAUNDERS COUNTY, NE.

2a.) 1/2 INTEREST OF 160 ACRES FARM GROUND

3.)

3a.)

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 (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

1.) 1a.)

2.) 2a.)

3.) 3a.)

4.) 4a.)

5.) 5a.)

6.) 6a.)

7.) 7a.)

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 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 estate 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)
HOUSE AND 2 1/2 ACRES PLATTE RIVER SAUNDERS COUNTY NE. 160 ACRES FARM GROUND SAUNDERS COUNTY NE. HOUSE 8200 E. 3RD WAHOO, NE HOUSE 323 WEBSTER WEAVER, NE HOUSE 964 N. LINDEN WEAVER, NE BLD. 250 N. ELM, WESTON, NE.	RENTAL CABIN : FARM GROUND (OWN WITH ONE BROTHER) RENTAL (OWN WITH TWO BROTHERS)

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
WAHOO STATE BANK	6 TH STREET AND MAIN, WAHOO, NE. 68066

(b) List the names of the issuers of all stocks, bonds, and government securities, not otherwise listed under Items 6 or 7.

VANGUARD , PO BOX 2900, VALLEY FORGE, PA. 19482

(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.

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
WAHOO STATE BANK	6 th STREET AND MAIN, WAHOO, NE. 68066

ITEM 11 SOURCES OF GIFTS OF A VALUE OF MORE THAN \$100 RECEIVED EXCEPT GIFTS FROM RELATIVES. (See definitions)

Name and address of Donor	Occupation or nature of business of Donor	Value of Gift (See Key Below)	Description of Gift and Circumstances or Occasion for Gift
		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)

Robert C Hall

~~3-10-11~~ 9-4-23

(Robert Hall)