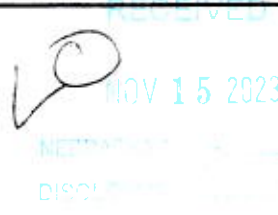
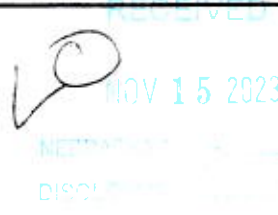
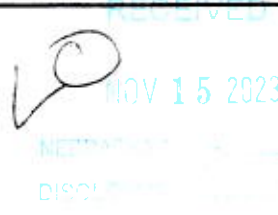


NEBRASKA ACCOUNTABILITY AND DISCLOSURE COMMISSION 1225 L St., Suite 400 P.O. Box 95086 Lincoln, NE 68509 (402) 471-2522	STATEMENT OF FINANCIAL INTERESTS <i>— Amended —</i> NADC FORM C-1	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">POSTMARK DATE</td> <td style="width: 50%; text-align: center; padding: 2px;">11/13/23</td> </tr> <tr> <td style="padding: 2px;">MICROFILM NUMBER</td> <td></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;">  NOV 15 2023 RECEIVED NEBRASKA ACCOUNTABILITY & DISCLOSURE COMMISSION </td> </tr> </table>	POSTMARK DATE	11/13/23	MICROFILM NUMBER		OFFICE USE ONLY		 NOV 15 2023 RECEIVED NEBRASKA ACCOUNTABILITY & DISCLOSURE COMMISSION	
POSTMARK DATE	11/13/23									
MICROFILM NUMBER										
OFFICE USE ONLY										
 NOV 15 2023 RECEIVED 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	Gerdes	Mary	K	Telephone No.	402-274-7876
	LAST	FIRST	MIDDLE		
Address	511 First Street	P. O. Box 262		Johnson	NE 68378
	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: Member Term: 2018 2023

BEGINS ENDS

Name of City, County, District, or State Agency: Nebraska State Highway Commission

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, 2023 to September 15, 2023

(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 and ALL sources of income over \$1,000 ****

- | | |
|---|--|
| 1.) <u>Teocalli Exploration, LLC</u>
<u>6608 N Western Avenue</u>
<u>Oklahoma City OK 73116</u> | 1a.) <u>gas well royalties</u> |
| 2.) <u>Camino Natural Resources, LLC</u>
<u>1401 17th Street, Suite 90</u>
<u>Denver CO 80202</u> | 2a.) <u>oil well royalties</u> |
| 3.) <u>Oakview Farms Inc.</u>
<u>PO Box 103</u>
<u>Johnson NE 68378</u> | 3a.) <u>land rental payments</u>
<u>interest</u>
<u>land contract principle payments</u> |
| 4.) <u>25 Mulberry Street - Johnson NE</u>
<u>63445 731 Road - Auburn NE</u> | 4a.) <u>rental property</u>
<u>rental property</u> |

*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.) _____ | 1a.) _____ |
| _____ | _____ |
| _____ | _____ |
| 2.) _____ | 2a.) _____ |
| _____ | _____ |
| _____ | _____ |
| 3.) _____ | 3a.) _____ |
| _____ | _____ |
| _____ | _____ |
| 4.) _____ | 4a.) _____ |
| _____ | _____ |
| _____ | _____ |
| 5.) _____ | 5a.) _____ |
| _____ | _____ |
| _____ | _____ |
| 6.) _____ | 6a.) _____ |
| _____ | _____ |
| _____ | _____ |
| 7.) _____ | 7a.) _____ |
| _____ | _____ |
| _____ | _____ |

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 Donor	Value of Gift (See Key Below)	Description of Gift and Circumstances or Occasion for Gift
If 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)	October 26, 2023 (Date)

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.

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 and ALL sources of income over \$1,000 ****

1.) TD Ameritrade

PO Box 2209
Omaha NE 68103.-2209

1a.) dividends, interest

2.) Ameriprise Financial

70100 Ameriprise Financial Center
Minneapolis MN 55474

2a.) dividends

capital gain distributions
sale of stock

3.) U.S. Treasury

3a.) social security income

4.) D&M Gerdes Revocable Living Trust

511 First Street
Johnson NE 68378

4a.) Revocable Living Trust

cash rents farming

*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.) Gerdes Farms Inc.

PO Box 262
Johnson NE 68378

1a.) secretary

stockholder

2.) Frontier Cooperative company

3333 Landmark Circle
Lincoln NE 6854

2a.) patronage dividends

3.)

3a.)

4.)

4a.)

5.)

5a.)

6.)

6a.)

7.)

7a.)