

NEBRASKA
ACCOUNTABILITY AND
DISCLOSURE COMMISSION
1225 L St., Suite 400
P.O. Box 95086
Lincoln, NE 68509
(402) 471-2522
<https://nadc.nebraska.gov>

BEFORE COMPLETING
READ FILING REQUIREMENTS

**STATEMENT
OF
FINANCIAL
INTERESTS**
Calendar Year 2023
NADC FORM C-1

POSTMARK
DATE

40

OFFICE USE ONLY

RECEIVED
JAN 05 2024
NEBRASKA ACCOUNTABILITY
DISCLOSURE COMMISSION

- This statement must cover all financial interests for the entire "calendar year" as noted above and not just as of year-end.
- 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 \$5,000.

ITEM 1 YOUR NAME, ADDRESS AND PHONE NUMBER

Name Strommen Paul E Telephone No. 3085207602
LAST FIRST MIDDLE
E-mail pstro23@yahoo.com
Address 2105 15th Avenue Sidney NE 69162
STREET ADDRESS OR RURAL ROUTE CITY STATE ZIP CODE

ITEM 2 OCCASION FOR FILING (Check Appropriate Box)

☒ A candidate for elective office
☐ 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.

Office or Position: _____ Term: _____
BEGINS ENDS

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

ITEM 4 OFFICE SOUGHT (Candidates only. See 1A of instructions)

List the office sought which requires this filing.

Office: State Legislature

Name of City, County, District, or State Office: District 47

ITEM 5	PERIOD COVERED BY THIS STATEMENT
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This statement must cover all financial interests for the entire "preceding calendar year" and not just as of year-end.

This statement covers the **preceding calendar year** January 1 through December 31, 2023

Revised January 2024

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.
Also include your Government position if you were paid more than \$1,000.		
1.)	Strommen Rentals, LLC	1a.) Agriculture
	2105 15 th Avenue	Landlord Rental
	Sidney, NE 69162	Liquor Store
2.)	City of Sidney City Council	2a.) Government Entity
	1115 13 th Avenue; PO Box 79	City Council
	Sidney, NE 69162	
3.)	Mid America Bio Energy and Commodities, LLC	3a.) Ethanol Producer
	1900 E. State Farm Road	Sales
	North Platte, NE 69101	
4.)	Nebraska Oil and Gas Conservation Commission	4a.) Government Entity
	1625 Dorwart Drive	Commissioner
	Sidney, NE 69162	
*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.)	MSW Management LLC	1a.) Limited Liability Company, Member
	907 Jackson Street	
	Sidney, NE 69162	
2.)	Home Town Liquor Store	2a.) Limited Liability Company, Member
	1500 Illinois Street	
	Sidney, NE 69162	
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 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

1500 Illinois Street, Sidney NE, 69162
Store

Liquor Store

1435 Toledo Street, Sidney, NE 69162
Commercial

Vacant Lot

PT E1/2 32-13-32, Hershey, NE 69143
Agriculture

Agriculture

110 Quail Run Road, North Platte, NE 69101
Residential

Lake Cabin

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

Points West Bank I-80	PO Box 157, Sidney, NE 69162
First National Bank of Omaha	201 N. Dewey Street, North Platte, NE 69101

(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

Edward Jones

(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 leased by business listed in Items 6, 7, 8 or 9(a)(b).

If you have nothing to report, write NONE

None

ITEM 10	CREDITORS TO WHOM \$1,000 OR MORE WAS OWED OR GUARANTEED BY YOU OR A MEMBER OF YOUR IMMEDIATE FAMILY.
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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
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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
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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
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If you have nothing to report, write NONE

None

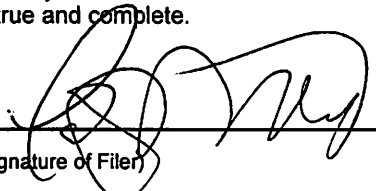
The monetary value of each gift shall be categorized based on the good faith estimate of the filer. For each reported gift insert in the Value column the letter which corresponds to the value category of the gift. The value categories are:

A) \$100.01 to \$200; B) \$200.01 to \$500; C) \$500.01 to \$1,000; D) \$1,000.01 or more.

ITEM 12 **SUPPLEMENTAL INFORMATION (please attach any supplemental info and note below to see attached)**

ITEM 13 **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)

1.5.2024
(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.