

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	POSTMARK DATE	1/6/24
		MICROFILM NUMBER	
		OFFICE USE ONLY	
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	<u>Gerd</u>	<u>Jana</u>	<u>J</u>	Telephone No.	<u>402-274-3319</u>
	LAST	FIRST	MIDDLE		
Address	<u>72031 632 Ave</u>			<u>Humboldt</u>	<u>NE 68376</u>
	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	☐ 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 IB 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>Nemaha County Treasurer</u>	Term: <u>Jan 2023 to Jan 2027</u>
	BEGINS ENDS
Name of City, County, District, or State Agency: <u>Nemaha County</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>2023</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.) Nemaha County
1824 N St Ste 201
Auburn NE 68305

1a.) Government Agency
Full Time - County Treasurer

2.) Johnson Quik Stop
108 Main St
Johnson NE 68378

2a.) Gas Station/Mechanic Shop
Family Business - Bookkeeping/Payroll

3.) Gerdes Towing Inc
PO Box 156
Johnson NE 68378

3a.) Towing Business
Family Business - Bookkeeping

4.) Farming
72031 632 Ave
Humboldt NE 68376

4a.) Farming - Husband farms and I do the bookkeeping

*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.) W & C Gerdes Family Farms LLC
021 Main St
Johnson NE 68378

1a.) Treasurer of LLC - Family owned farming business (No dividends or payments at this time to either me or my spouse.)

2.) Johnson Community Library
PO Box 132
Johnson NE 68378

2a.) Community Library Board - Treasurer

3.) Johnson Cubscouts of America
600 S 120th St
Lincoln NE 68520

3a.) Pack 377 - Treasurer

4.) Johnson Boy Scouts of America
600 S 120th St
Lincoln NE 68520

4a.) Troop 377 - New Member Coordinator

5.) American Legion Auxiliary Post #23
820 10th St
Auburn NE 68305

5a.) Women's Legion Auxiliary - Treasurer

6.) Johnson-Brock Post Prom
310 Main St
Johnson NE 68378

6a.) Children's School Post Prom Committee - Treasurer

7.) ST James Lutheran Church
62971 Hwy 62
Humboldt NE 68376

7a.) Church Boardmember

ITEM 8	REAL PROPERTY OF THE FILER IN NEBRASKA (Real property valued at less than \$1,000 and your personal residence need <i>not</i> be reported.)
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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 of 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)
72031 632 Ave Humboldt NE 68376	Agricultural - We have a small acreage with about 12 acres that are farmable

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
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(a) List the names and addresses of the institutions in which you had checking and savings accounts and certificates of deposit.

Financial Institution	Address
First National Bank of Johnson	125 Main St, Johnson NE 68378

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

None

(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.

American Family - Life Insurance Company

Nebraska Public Employees Retirement Systems - 401K Retirement Plan

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
First National Bank of Johnson - Truck Loan	125 Main St Johnson NE 68378
First National Bank of Johnson - Truck Loan (Son's)	125 Main St Johnson NE 68378
Honda Financing - Loan for 4 Wheeler for farming	2770 Yankee Hill Rd Lincoln, NE 68516
Sheffield Credit Union - Lawnmower loan	PO Box 580229 Charlotte, NC 28258-0229
First National Bank of Johnson - Truck & Minivan Loan	125 Main St Johnson NE 68378
First National Bank of Johnson - Combine Loan	125 Main St Johnson NE 68378

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)

Jana J. Seides