

NEBRASKA ACCOUNTABILITY AND DISCLOSURE COMMISSION 1225 L St., Suite 400 P.O. Box 95086 Lincoln, NE 68509 (402) 471-2522 https://nade.nebraska.gov	STATEMENT OF FINANCIAL INTERESTS	POSTMARK DATE	None
		OFFICE USE ONLY	
BEFORE COMPLETING READ FILING REQUIREMENTS	Calendar Year 2023	RECEIVED JAN 23 2024 NEBRASKA ACCOUNTABILITY DISCLOSURE COMMISSION	
NADC FORM C-1			

- 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 Cole Charles Lynn Telephone No. 402-639-8345
 LAST FIRST MIDDLE

E-mail ccole@otoecountyne.gov

Address 3651 F Rd Otoe NE 68417
 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: District 1 County Commissioner Term: 2023 2027
 BEGINS ENDS

Name of City, County, District, or State Agency: Otoe County District 1

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.

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

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.) Otoe County District 1 County Commissioner

1a.) County Official

2.) US Naval Reserves Retirement

2a.) 21 years of active duty and reserve service.

3.) ControlTemp, Inc.

3a.) President/Owner

311 3rd Street

Manufactures Representative Agency selling products throughout Nebraska, Iowa, Sotuh Dakota and Kansas related to commercial/Industrial hydronic systems and equipment.

Otoe, NE 68417

4.) ELOC-4, LLC

4a.) Property Managers of commercial warehouse and office space in Otoe, NE and family farm where we share in operating cost 50/50 split with Ross Farms.

3651 F Rd

Otoe, NE 68417

*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.) ControlTemp, Inc.

1a.) President

15275 Cooper Street STE A

Omaha, NE 68138

New location 311 3rd Street Otoe, NE 68417

2.) ELOC-4, LLC

2a.) President

3651 F Rd

Otoe, NE 68417

3.) Charles & Julie Cole

3a.) Land Owner Family Farm

3651 F Rd

Otoe, NE 68417

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 <i>not</i> be reported.)
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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	
3495 SEC27 27-9-11 Tract NW Corner NW1/4N&W of Creek 1.31AC North Branch	Vacant Lot
Center 44 BLK 11 Otoe Proper 311 3 rd Otoe, NE	Commercial Warehouse Office
3493 SEC 30 30-9-12MNW1/4SE1/4 EXC Tract in NE Corner 35 AC Berlin	Farming
3493 SEC 30 30-9-12 SE1/4 SW1/4 less lot C7J Cole SUBD 35 AC Berlin	Farming
36-9-11 SW1/4 less Tract 26A in SW1/4 SW1/4 145.83 AC North Branch	Farming

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
If you have nothing to report, write NONE	
Wells Fargo Checking/Savings	4100 S 27 th Street Lincoln, NE
First Bank Of Nebraska	329 5 th Street Syracuse, NE
American National Bank	920 Central Ave. Nebraska City, NE
Arbor Bank	911 Central Ave. Nebraska City

(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

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.

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

If you have nothing to report, write NONE

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)	Number of Gifts	Gift Tax
0	1	0
0	2	0
0	3	0
0	4	0
0	5	0
0	6	0
0	7	0
0	8	0
0	9	0
0	10	0
0	11	0
0	12	0
0	13	0
0	14	0
0	15	0
0	16	0
0	17	0
0	18	0
0	19	0
0	20	0
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0	82	0
0	83	0
0	84	0
0	85	0
0	86	0
0	87	0
0	88	0
0	89	0
0	90	0
0	91	0
0	92	0
0	93	0
0	94	0
0	95	0
0	96	0
0	97	0
0	98	0
0	99	0
0	100	0

Description of Gift and Circumstances or Occasion for Gift	Date Received	Fair Market Value	Taxpayer's Use

If you have nothing to report, write NONE

NONE

Choose Value:	NONE
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NONE

Choose Value:	NONE
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NONE

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Choose Value:	NONE
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NONE

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Choose Value:	NONE
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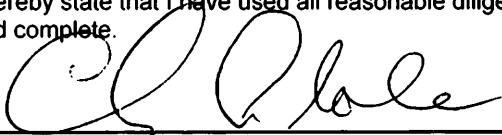
The monetary value of each gift shall be categorized based on the good faith estimate of the filer. For each reported gift insert in the Value column the letter which corresponds to the value category of the gift. The value categories are:

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)

(Date)

01/17/2024

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.