

NEBRASKA ACCOUNTABILITY AND DISCLOSURE COMMISSION 1225 L St., Suite 400 P.O. Box 95086 Lincoln, NE 68509 (402) 471-2522	STATEMENT OF FINANCIAL INTERESTS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; font-size: small;">POSTMARK DATE</td> <td style="width: 50%; color: blue;">email 1/29/24</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: x-small;">OFFICE USE ONLY</td> </tr> <tr> <td colspan="2" style="height: 100px; text-align: center; vertical-align: middle; color: blue; font-size: 2em;">S</td> </tr> </table>	POSTMARK DATE	email 1/29/24			OFFICE USE ONLY		S	
POSTMARK DATE	email 1/29/24									
OFFICE USE ONLY										
S										
BEFORE COMPLETING READ FILING REQUIREMENTS	Calendar Year 2023 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											
<table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">Name</td> <td style="width: 30%; border-bottom: 1px solid black;">Darnell</td> <td style="width: 30%; border-bottom: 1px solid black;">Brenda</td> <td style="width: 15%; border-bottom: 1px solid black;">Hoy</td> <td style="width: 10%;">Telephone No.</td> <td style="width: 10%; border-bottom: 1px solid black;">308-631-4371</td> </tr> <tr> <td></td> <td style="font-size: x-small;">LAST</td> <td style="font-size: x-small;">FIRST</td> <td style="font-size: x-small;">MIDDLE</td> <td></td> <td></td> </tr> </table>	Name	Darnell	Brenda	Hoy	Telephone No.	308-631-4371		LAST	FIRST	MIDDLE		
Name	Darnell	Brenda	Hoy	Telephone No.	308-631-4371							
	LAST	FIRST	MIDDLE									
E-mail	brenhoy@gmail.com											
Address	50075 Leisure Lane Scottsbluff NE 69361 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: Director Term: 1/1/2021 to 12/31/2026	
Name of City, County, District, or State Agency: Roosevelt Public Power District	

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 January1 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.) Roosevelt Public Power District, PO Box 97, Mitchell NE 69357

1a.) Roosevelt Public Power District Director

2.) Newbold Advisors LLC, 25400 US HWY 19N Suite 124 Clearwater FL 33763
The Heitmeyer Group, LLC dba Heitmeyer Consulting, 501 W. Schrock Road, Suite 105, Westerville, OH 43082
AmeriNat, 3773 Howard Hughes Pkwy, Suite #140S, Las Vegas NV 891692a.) Mortgage Servicing Consultant, resource for Mortgage Insurance Dept
Mortgage Servicing Consultant, system conversion coordinator
Mortgage Servicing Consultant, assisting with servicing projects3.) CR H & Hwy 71; CR D & CR 22
W 1/2 SE 13-23-56; PT S 1/2 NE 13-23-56; NW (Ex2.82 Ac) 24-23-56
11 W 26th; 15 W 26th; 1601 Ave P; 1935 5th Ave; 2018 5th Ave; 2121 3rd Ave; 2523 Ave A; 2602 Broadway; 309, 317 West 31st St; 509, 511, 513, 515, 517, 519, 523, 527, 537, 539, 557, 559 West 40th St; 100037 Sugar Factory Rd;3a.) Scottsbluff farming operations
Mitchell farming operations
Scottsbluff NE residential rental properties4.) Riverstone Bank
2002 Broadway
Scottsbluff NE 69361

4a.) Stock payments

*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 NONE1.) Riverstone Bank
2002 Broadway
Scottsbluff NE 69361

1a.) Stockholder

2.) Western Sugar Cooperative
7555 E Hampden Ave
Denver CO 80231

2a.) Shareholder

3.) Monument View Townhouses Owner Association
PO Box 1708
Scottsbluff NE 69361

3a.) Director

4.)

4a.)

5.)

5a.)

6.)

6a.)

7.)	7a).

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	
W 1/2 SE 13-23-56 PT S 1/2 NE 13-23-56 NW (Ex2.82 Ac) 24-23-56 CR H & Hwy 71	Agricultural
Heritage Hills lots 30 & 31	Residential lots
11 W 26th, Scottsbluff NE 15 W 26th, Scottsbluff NE 1601 Avenue P, Scottsbluff NE 1935 5th Ave, Scottsbluff NE 2018 5th Ave, Scottsbluff NE 2121 3rd Ave, Scottsbluff NE 2523 Ave A, Scottsbluff NE 2602 Broadway, Scottsbluff NE 309 West 31st St, Scottsbluff NE 317 West 31st St, Scottsbluff NE 100037 Sugar Factory Rd, Scottsbluff NE 509 West 40th Scottsbluff NE 511 West 40th Scottsbluff NE 513 West 40th Scottsbluff NE 515 West 40th Scottsbluff NE 517 West 40th Scottsbluff NE 519 West 40th Scottsbluff NE 523 West 40th Scottsbluff NE 527 West 40th Scottsbluff NE 537 West 40th Scottsbluff NE 539 West 40th Scottsbluff NE 557 West 40th Scottsbluff NE 559 West 40th Scottsbluff NE	Residential rental properties

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	
Riverstone Bank	2002 Broadway, Scottsbluff NE 69361
Sugar Workers Federal Credit Union	1705 21 st Ave, Scottsbluff NE 69361

(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

Berkshire Hathaway, Amazon.com Inc, FiServ Inc

(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

401K
Roth IRA

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

Riverstone Bank

2002 Broadway, Scottsbluff NE 69361

Glen C. Vandenberg, Trustee of the Glen C. Vandenberg Revocable Trust and Diane R. Vandenberg, Trustee of the Diane R. Vandenberg Revocable Trust

1110 E 35th Street, Scottsbluff NE 69361

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

Choose Value:

Choose Value:

Choose Value:

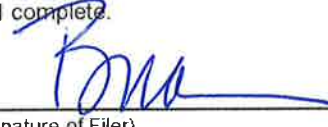
		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	

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 | 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.

 1.17.2024

(Signature of Filer) (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.