

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |                |                 |    |                                                                                                                          |              |                               |      |       |          |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------|-----------------|----|--------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------|------|-------|----------|--|--|
| <b>NEBRASKA<br/>ACCOUNTABILITY AND<br/>DISCLOSURE COMMISSION</b><br>1225 L St., Suite 400<br>P.O. Box 95086<br>Lincoln, NE 68509<br>(402) 471-2522<br><a href="https://nadc.nebraska.gov">https://nadc.nebraska.gov</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <h1 style="margin: 0;">STATEMENT<br/>OF<br/>FINANCIAL<br/>INTERESTS</h1> <div style="border: 2px solid black; padding: 5px; display: inline-block; margin: 10px 0;"> <b>Calendar Year 2023</b> </div> <p style="margin: 0;">NADC FORM C-1</p> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 2px;">POSTMARK<br/>DATE</td> <td style="padding: 2px;">1/26/24</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;"> <div style="color: cyan; font-size: 1.2em;">RECEIVED</div> <div style="color: cyan; font-size: 1.2em;">JAN 29 2024</div> </td> </tr> </table> | POSTMARK<br>DATE | 1/26/24        | OFFICE USE ONLY |    | <div style="color: cyan; font-size: 1.2em;">RECEIVED</div> <div style="color: cyan; font-size: 1.2em;">JAN 29 2024</div> |              |                               |      |       |          |  |  |
| POSTMARK<br>DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1/26/24                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |                |                 |    |                                                                                                                          |              |                               |      |       |          |  |  |
| OFFICE USE ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |                |                 |    |                                                                                                                          |              |                               |      |       |          |  |  |
| <div style="color: cyan; font-size: 1.2em;">RECEIVED</div> <div style="color: cyan; font-size: 1.2em;">JAN 29 2024</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |                |                 |    |                                                                                                                          |              |                               |      |       |          |  |  |
| BEFORE COMPLETING<br>READ FILING REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |                |                 |    |                                                                                                                          |              |                               |      |       |          |  |  |
| <ul style="list-style-type: none"> <li>This statement must cover all financial interests for the entire "calendar year" as noted above and not just as of year-end.</li> <li>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.</li> <li>Candidates (including incumbents) subject to this filing requirement must file this statement in order to have their names appear on the ballot. (See Instructions).</li> <li>Designated officeholders and holders of designated positions must file this statement with the Commission annually.</li> <li>Dollar values need not be report for any item, except Item 11.</li> <li>Persons who fail to file as required are subject to a civil penalty of up to \$5,000.</li> </ul> |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |                |                 |    |                                                                                                                          |              |                               |      |       |          |  |  |
| <b>ITEM 1    YOUR NAME, ADDRESS AND PHONE NUMBER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |                |                 |    |                                                                                                                          |              |                               |      |       |          |  |  |
| <table style="width: 100%;"> <tr> <td style="width: 10%;">Name</td> <td style="width: 30%;">Anderson</td> <td style="width: 30%;">Douglas</td> <td style="width: 10%;">M</td> <td style="width: 20%;">Telephone No.</td> <td style="width: 10%;">402-694-6634</td> </tr> <tr> <td></td> <td>LAST</td> <td>FIRST</td> <td>MIDDLE</td> <td></td> <td></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Name             | Anderson       | Douglas         | M  | Telephone No.                                                                                                            | 402-694-6634 |                               | LAST | FIRST | MIDDLE   |  |  |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Anderson                                                                                                                                                                                                                                      | Douglas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | M                | Telephone No.  | 402-694-6634    |    |                                                                                                                          |              |                               |      |       |          |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | LAST                                                                                                                                                                                                                                          | FIRST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | MIDDLE           |                |                 |    |                                                                                                                          |              |                               |      |       |          |  |  |
| E-mail    jbanderson@hamilton.net                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |                |                 |    |                                                                                                                          |              |                               |      |       |          |  |  |
| <table style="width: 100%;"> <tr> <td style="width: 10%;">Address</td> <td style="width: 50%;">1407 W 10 Road</td> <td style="width: 15%;">Aurora</td> <td style="width: 10%;">NE</td> <td style="width: 15%;">68818</td> </tr> <tr> <td></td> <td>STREET ADDRESS OR RURAL ROUTE</td> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Address          | 1407 W 10 Road | Aurora          | NE | 68818                                                                                                                    |              | STREET ADDRESS OR RURAL ROUTE | CITY | STATE | ZIP CODE |  |  |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1407 W 10 Road                                                                                                                                                                                                                                | Aurora                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | NE               | 68818          |                 |    |                                                                                                                          |              |                               |      |       |          |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | STREET ADDRESS OR RURAL ROUTE                                                                                                                                                                                                                 | CITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | STATE            | ZIP CODE       |                 |    |                                                                                                                          |              |                               |      |       |          |  |  |
| <b>ITEM 2    OCCASION FOR FILING (Check Appropriate Box)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |                |                 |    |                                                                                                                          |              |                               |      |       |          |  |  |
| <input type="checkbox"/> A candidate for elective office<br><input checked="" type="checkbox"/> Annual officeholder's or state employee's report <input type="checkbox"/> Newly appointed to office or position                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |                |                 |    |                                                                                                                          |              |                               |      |       |          |  |  |
| <b>ITEM 3    OFFICE HELD &amp; TERM OF OFFICE (Incumbent elected/appointed officials and state employees. See 1B of instructions)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |                |                 |    |                                                                                                                          |              |                               |      |       |          |  |  |
| List the office or position you currently hold which requires this filing.<br>Office or Position:    Environmental Quality Council    Term:    2019-2023                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |                |                 |    |                                                                                                                          |              |                               |      |       |          |  |  |
| Name of City, County, District, or State Agency:    State of Nebraska                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |                |                 |    |                                                                                                                          |              |                               |      |       |          |  |  |
| <b>ITEM 4    OFFICE SOUGHT (Candidates only. See 1A of instructions)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |                |                 |    |                                                                                                                          |              |                               |      |       |          |  |  |
| List the office sought which requires this filing.<br>Office: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |                |                 |    |                                                                                                                          |              |                               |      |       |          |  |  |
| Name of City, County, District, or State Office: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |                |                 |    |                                                                                                                          |              |                               |      |       |          |  |  |
| <b>ITEM 5    PERIOD COVERED BY THIS STATEMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |                |                 |    |                                                                                                                          |              |                               |      |       |          |  |  |
| This statement must cover all financial interests for the entire "preceding calendar year" and not just as of year-end.<br><br>This statement covers the <b>preceding calendar year</b> 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.) State Street/Proctor & Gamble Services<br>2 P & G Plaza TR-3<br>Cincinnati OH 45202 | 1a.) pension                 |
| 2.) Henry Nicholas Wehrman<br>3128 Road R<br>Lawrence NE 68957                          | 2a.) farm cash rent          |
| 3.) Henry Philip Wehrman<br>3396 Road PQ<br>Nelson NE 68961                             | 3a.) farm cash rent          |
| 4.) _____<br>_____<br>_____                                                             | 4a.) _____<br>_____<br>_____ |

\*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.) Anderson Habitat Solutions LLC<br>455 South L Road<br>Giltner NE 68841 | 1a.) co-owner                |
| 2.) Doug Anderson Consulting<br>1407 West 10 Road<br>Aurora NE 68818       | 2a.) owner                   |
| 3.) DM Anderson Legacy Farms LLC<br>1407 West 10 Road<br>Aurora NE 68818   | 3a.) co-owner                |
| 4.) _____<br>_____<br>_____                                                | 4a.) _____<br>_____<br>_____ |
| 5.) _____<br>_____<br>_____                                                | 5a.) _____<br>_____<br>_____ |
| 6.) _____<br>_____<br>_____                                                | 6a.) _____<br>_____<br>_____ |
| 7.) _____<br>_____<br>_____                                                | 7a.) _____<br>_____<br>_____ |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>ITEM 8</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>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.)</b>                           |                                                                                           |
| <p>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 <b>not</b> 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.</p>                                                                                                                                             |                                                                                                                                                                              |                                                                                           |
| Location of Property<br>(Description or Address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              | Nature of Property<br>(such as: agricultural, commercial, industrial, residential-rental) |
| <b>If you have nothing to report, write NONE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              |                                                                                           |
| NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                              |                                                                                           |
| <b>ITEM 9</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>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</b> |                                                                                           |
| (a) List the names and addresses of the institutions in which you had checking and savings accounts and certificates of deposit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              |                                                                                           |
| Financial Institution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                              | Address                                                                                   |
| <b>If you have nothing to report, write NONE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              |                                                                                           |
| Heartland Bank                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                              | 901 Q Street Aurora NE 68818                                                              |
| (b) List the names of the issuers of all stocks, bonds, and government securities, not otherwise listed under Items 6 or 7.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                              |                                                                                           |
| <b>If you have nothing to report, write NONE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              |                                                                                           |
| Midwest Holdings Lincoln NE & Raymond James Lincoln NE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                              |                                                                                           |
| (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 <b>not</b> 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 <b>primarily</b> for sale or exchange. |                                                                                                                                                                              |                                                                                           |
| <b>If you have nothing to report, write NONE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              |                                                                                           |
| NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                              |                                                                                           |

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

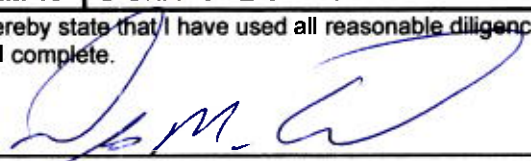
  

|                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                         |                                  |                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------------------------------|
| <b>ITEM 11</b>                                                                                                                                                                                                                                                                                                                                           | <b>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</b> |                                  |                                                            |
| Name and address of Donor                                                                                                                                                                                                                                                                                                                                | Occupation or nature of business of Donor                                                                                                               | Value of Gift<br>(See Key Below) | Description of Gift and Circumstances or Occasion for Gift |
| <b>If you have nothing to report, write NONE</b>                                                                                                                                                                                                                                                                                                         |                                                                                                                                                         |                                  |                                                            |
| NONE                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                         | Choose Value:                    |                                                            |
|                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                         | Choose Value:                    |                                                            |
|                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                         | Choose Value:                    |                                                            |
|                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                         | Choose Value:                    |                                                            |
|                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                         | Choose Value:                    |                                                            |
|                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                         | Choose Value:                    |                                                            |
|                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                         | Choose Value:                    |                                                            |
|                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                         | Choose Value:                    |                                                            |
| <p>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:</p> <p>A) \$100.01 to \$200; B) \$200.01 to \$500; C) \$500.01 to \$1,000; D) \$1,000.01 or more.</p> |                                                                                                                                                         |                                  |                                                            |

|                |                                                                                                      |
|----------------|------------------------------------------------------------------------------------------------------|
| <b>ITEM 12</b> | <b>SUPPLEMENTAL INFORMATION (please attach any supplemental info and note below to see attached)</b> |
|                |                                                                                                      |

|                                                                                                                                                             |                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| <b>ITEM 13</b>                                                                                                                                              | <b>SIGNATURE OF FILER AND DATE</b> |
| 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. |                                    |
| <br>(Signature of Filer)                                                 | 1-25-27<br>(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.