

NEBRASKA ACCOUNTABILITY AND DISCLOSURE COMMISSION 1225 L St., Suite 400 P.O. Box 95086 Lincoln, NE 68509 (402) 471-2522 www.nacc.nebraska.gov	STATEMENT OF FINANCIAL INTERESTS NADC FORM C-1	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">POSTMARK DATE</td> <td style="width: 50%; text-align: center; padding: 2px;">10</td> </tr> <tr> <td style="padding: 2px;">MICROFILM NUMBER</td> <td style="padding: 2px;"></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;"> FEB 01 2024 NEBRASKA ACCOUNTABILITY DISCLOSURE COMMISSION </td> </tr> </table>	POSTMARK DATE	10	MICROFILM NUMBER		OFFICE USE ONLY		FEB 01 2024 NEBRASKA ACCOUNTABILITY DISCLOSURE COMMISSION	
POSTMARK DATE	10									
MICROFILM NUMBER										
OFFICE USE ONLY										
FEB 01 2024 NEBRASKA ACCOUNTABILITY DISCLOSURE COMMISSION										
BEFORE COMPLETING READ FILING REQUIREMENTS										

- 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 \$2,000.

ITEM 1 YOUR NAME, ADDRESS AND PHONE NUMBER

Name	Chouquette Kevin P.	Telephone No. 308-830-2002
Address	LAST FIRST MIDDLE 1815 O Road Upland Ne 68981 STREET ADDRESS OR RURAL ROUTE CITY STATE ZIP CODE	

ITEM 2 OCCASION FOR FILING (Check Appropriate Box)

☒ A candidate for elective office ☐ Annual officeholder's or state employee's report	☐ Left office or position ☐ Newly appointed to office or position
--	--

ITEM 3 OFFICE HELD & TERM OF OFFICE (Incumbent elected/appointed officials and state employees. See 1B of instructions)

List the office or position you currently hold which requires this filing. If you have left office, list the office you held.

Office or Position: Southern Public Power District	Term: 2025 2031
	BEGINS ENDS
Name of City, County, District, or State Agency: Franklin County	

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

List the office sought which requires this filing.

Office: _____

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

ITEM 5 PERIOD COVERED BY THIS STATEMENT

This statement must cover all financial interests for the entire "preceding calendar year" and not just as of year-end. If you have left office, this statement must cover all financial interests from the end of the calendar year for which you previously filed up to and including the date you left office.

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

☐ Left office, this statement covers the period January 1, _____ to _____
(DATE YOU LEFT OFFICE OR POSITION)

ITEM 8	REAL PROPERTY OF THE FILER IN NEBRASKA (Real property valued at less than \$1,000 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 sufficient to identify the location of the property. Exceptions: You need not report real property owned by a business in your personal residence or real property valued at less than \$1,000. Personal residence refers to your principal 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)
If you have nothing to report, write NONE		
Franklin County Land NW $\frac{1}{4}$ 25-3-14 NW $\frac{1}{4}$ 30-3-13 SW $\frac{1}{4}$ 3-2-14 SW $\frac{1}{4}$ / SE $\frac{1}{4}$ 1-3-14 SE $\frac{1}{4}$ 19-3-13		SW $\frac{1}{4}$ 25-3-14 W $\frac{1}{2}$ 24-3-14 SW $\frac{1}{4}$ 30-3-14 E $\frac{1}{2}$ 25-3-14
ITEM 9	OTHER FINANCIAL INTERESTS AND PROPERTY HELD DURING THE PERIOD OF THIS STATEMENT WHICH EXCEEDED A FAIR MARKET VALUE OF \$1,000 AT ANY TIME DURING THE REPORTING PERIOD	
(a) List the names and addresses of the institutions in which you had checking and savings accounts and certificates of deposit.		
Financial Institution		Address
If you have nothing to report, write NONE		
Cornerstone Bank 1502 M Street Franklin, Ne 68939		Farm Credit Services of America 4715 Second Ave PO Box 250 Kearney, Nebr. 68846
(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). This includes but is not limited to: real estate, leaseholds and other interests in real estate, promissory notes and other obligations owed to you, beneficial interests in real estate, cash value life insurance, IRAs, deferred income and retirement plans. Exception: Do not include accounts in a business listed in Items 6 & 7 or household goods, personal and other tangible personal property unless such property was held primarily for sale or exchange.		
If you have nothing to report, write NONE		
Knights of Columbus P.O. Box 1492 New Haven CT 06510-1492 Life Insurance + SEP		