

5

Hunter, Dave

C-1 Amendment

From: Zachary Cheek <zacharywcheek@gmail.com>
Sent: Thursday, February 8, 2024 7:41 PM
To: NADC
Subject: C-1 Filing Error

RECEIVED

FEB 09 2024

NEBRASKA ARTS COUNCIL
DISCLOSURE/TRANSPARENCY

You don't often get email from zacharywcheek@gmail.com. [Learn why this is important](#)

Dear NADC,

I write you in regards to a letter Mr. Hunter was kind enough to send me, dated January 31. This letter regards a C-1 form filing I made in my capacity as a member, and re-appointee by Governor Pillen, of the Nebraska Arts Council.

This email serves to request that NADC accept the C-1 filing as intended to cover the 2023 calendar year.

To put it more explicitly (if such better serves your office's purposes), the statement was intended by me to cover the 2023 calendar year, and I respectfully ask that you accept it as such.

Please do let me know anything else you require from me. Thank you very much for your time, and my apologies for the error on my part.

Very Respectfully,
Zachary Cheek
3021 N 170th St, Omaha

Zachary Wahab Cheek

Recent Graduate, Department of International Development
London School of Economics and Political Science
zacharywcheek@gmail.com | +1 402-214-8555 | +44 07593 612997

State of Nebraska

Accountability and Disclosure Commission

P.O. BOX 95086
Lincoln, Nebraska 68509
www.nadc.nebraska.gov



Centre Terrace, 1225 L St. #400
Phone (402) 471-2522
Fax (402) 471-6599

Zachary Cheek
3021 N. 170th Street
Omaha, NE 68116

January 31, 2024

Dear Mr. Cheek:

Your Statement of Financial Interests (NADC Form C-1) filed with this office contains an error or an omission.

Your Position: Member, Nebraska Arts Council

Date of Filing: January 30, 2024

Error or Omission: Your statement shows that it covers year 2024, however it should cover the year 2023. Our office cannot accept your Form C-1 since it does not cover the preceding calendar year.

Action Required: a) Notify this office by letter or email (nadc@nebraska.gov) that your statement was intended by you to cover calendar year 2023; OR b) fill in the correct calendar year in ITEM 5 on the enclosed copy of your statement and return it to our P.O. Box address listed in the letterhead or scan and email the corrected filing to nadc@nebraska.gov.

If your statement as filed does not accurately reflect your financial interests during 2023, you should file a new statement disclosing the correct information. Form C-1 may be downloaded from our website at <https://nadc.nebraska.gov/available-forms>.

If you have any questions, please feel free to contact me.

Sincerely,

David Hunter
Executive Director

NEBRASKA ACCOUNTABILITY AND DISCLOSURE COMMISSION 1225 L St., Suite 400 P.O. Box 95086 Lincoln, NE 68509 (402) 471-2522 www.nadc.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;">1/23/24</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;"> RECEIVED JAN 30 2024 </td> </tr> </table>	POSTMARK DATE	1/23/24	MICROFILM NUMBER		OFFICE USE ONLY		RECEIVED JAN 30 2024	
POSTMARK DATE	1/23/24									
MICROFILM NUMBER										
OFFICE USE ONLY										
RECEIVED JAN 30 2024										
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	Cheek Zachary Wahab	Telephone No.	402-214-8555
	LAST FIRST MIDDLE		
Address	3021 N. 170th St Omaha NE 68116		
	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: Nebraska Arts Council	Term: 1/3/23 1/2/26
	BEGINS ENDS
Name of City, County, District, or State Agency: NE Arts Council	

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, 2024

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

ITEM 6 SOURCES OF INCOME OF OVER \$1,000

Income includes money or any other form of recompense constituting income under the Internal Revenue Code. (See definitions)

Name and address of any source* (including an individual, business, body of government, political subdivision or body corporate) from 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.

List your Government position if you were paid more than \$1,000.1.) Office of Sen. Fischer
448 Russell, Washington DC 20510
Employment as staff assistant

1a.)

2.)

2a.)

3.)

3a.)

4.)

4a.)

*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.) NAC Development Corp.
Treasurer
1004 Farnham St, Omaha NE 68102

1a.)

2.)

2a.)

3.)

3a.)

4.)

4a.)

5.)

5a.)

6.)

6a.)

7.)

7a.)

ITEM 8	REAL PROPERTY OF THE FILER IN NEBRASKA (Real property valued at less than \$1,000 and your personal residence need <i>not</i> be reported.)	
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		
None		
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		
None		
(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, shareholder		
(c) Describe other property owned or held for the production of income not otherwise disclosed in Items 6, 7, 8 or 9(a)(b). Include leaseholds and other interests in real estate, promissory notes and other obligations owed to you, beneficial interests in trusts and estates, cash value life insurance, IRAs, deferred income and retirement plans. Exception: Do not include accounts receivable, inventory, fixtures and equipment owned or used by a business listed in Items 6 & 7 or household goods, personal automobiles and other tangible personal property unless such property was held primarily for sale or exchange.		
If you have nothing to report, write NONE		
NONE		

ITEM 10 CREDITORS TO WHOM \$1,000 OR MORE WAS OWED OR GUARANTEED BY YOU OR A MEMBER OF YOUR IMMEDIATE FAMILY.

Exception: Loans from a relative and land contracts which have been recorded with the County Clerk or Register of Deeds need **not** be reported. Accounts payable, debts arising out of retail installment transactions or loans made by a financial institution in the ordinary course of business need **not** be reported.

Name	Address
If you have nothing to report, write NONE	
None	

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			
None		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	

The monetary value of each gift shall be categorized based on the good faith estimate of the filer. For each reported gift insert in the Value column the letter which corresponds to the value category of the gift. The value categories are:

A) \$100.01 to \$200; B) \$200.01 to \$500; C) \$500.01 to \$1,000; D) \$1,000.01 or more.

ITEM 12 SIGNATURE OF FILER AND DATE.

I hereby state that I have used all reasonable diligence in the preparation of this Statement and that to the best of my knowledge it is true and complete.


(Signature of Filer)

1/23/24
(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.