

- Amended -

2/10/24

NEBRASKA ACCOUNTABILITY AND DISCLOSURE COMMISSION 1225 L St., Suite 400 P.O. Box 95086 Lincoln, NE 68509 (402) 471-2522 https://nadc.nebraska.gov	STATEMENT OF FINANCIAL INTERESTS	POSTMARK DATE
		OFFICE USE ONLY
BEFORE COMPLETING READ FILING REQUIREMENTS	Calendar Year 2023	
NADC FORM C-1		
• This statement must cover all financial interests for the entire "calendar year" as noted above and not just as of year-end. • Candidates for designated offices and holders of designated offices and positions must file this statement with the Commission. See Sections 1A and 1B of the instructions. • Candidates (including incumbents) subject to this filing requirement must file this statement in order to have their names appear on the ballot. (See Instructions). • Designated officeholders and holders of designated positions must file this statement with the Commission annually. • Dollar values need not be report for any item, except Item 11. • Persons who fail to file as required are subject to a civil penalty of up to \$5,000.		
ITEM 1 YOUR NAME, ADDRESS AND PHONE NUMBER		
Name	Evans Theodore	Telephone No. 402-335-7146
	LAST FIRST MIDDLE	
E-mail		
Address	72815 620 Ave	Tecumseh NE 68450
	STREET ADDRESS OR RURAL ROUTE	CITY STATE ZIP CODE
ITEM 2 OCCASION FOR FILING (Check Appropriate Box)		
☐ A candidate for elective office		
☒ Annual officeholder's or state employee's report ☐ Newly appointed to office or position		
ITEM 3 OFFICE HELD & TERM OF OFFICE (Incumbent elected/appointed officials and state employees. See IB of instructions)		
List the office or position you currently hold which requires this filing.		
Office or Position:	County Commissioner	Term: 2021-2025
		BEGINS ENDS
Name of City, County, District, or State Agency:	District 2, Johnson 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.		
This statement covers the preceding calendar year January 1 through December 31, 2023		

ITEM 6	SOURCES OF INCOME OF OVER \$1,000
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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.) Johnson County 351 Broadway Tecumseh, NE 68450	1a.) County Commissioner
2.) Evans Farms 72815 620 Ave Tecumseh, NE 68450	2a.) Owner/Farmer
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)
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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.

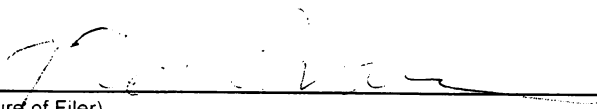
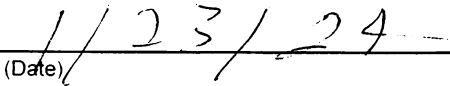
Name and Address of Business or Organization	Nature of Association
If you have nothing to report, write NONE	
1.) E-Energy _____ _____ _____	1a.) 13238 E Aspen Road Adams, NE 68361
2.) _____ _____ _____	2a.) _____ _____ _____
3.) _____ _____ _____	3a.) _____ _____ _____
4.) _____ _____ _____	4a.) _____ _____ _____
5.) _____ _____ _____	5a.) _____ _____ _____
6.) _____ _____ _____	6a.) _____ _____ _____
7.) _____ _____ _____	7a.) _____ _____ _____

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	SUPPLEMENTAL INFORMATION (please attach any supplemental info and note below to see attached)

ITEM 13	SIGNATURE OF FILER AND DATE
I hereby state that I have used all reasonable diligence in the preparation of this Statement and that to the best of my knowledge it is true and complete.	
 (Signature of Filer)	 (Date)

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.