

STATE OF NEBRASKA
AT COUNTY CLERK AND
DEPUTY CLERK COMMISSION
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1000 S. 10TH STREET
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STATEMENT
OF
FINANCIAL
INTERESTS

Calendar Year 2023

NADC FORM 0-1

email 2/16/24

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- This statement is required for all persons who are or were an elected or appointed official, a candidate for elected or appointed office, or a person who has been or will be a candidate for elected or appointed office during the calendar year covered by this statement.
- Candidates for elected or appointed office are subject to the filing requirements in this statement beginning on the date they are nominated or appointed to the office.
- This statement is required for all persons who are or were an elected or appointed official, a candidate for elected or appointed office, or a person who has been or will be a candidate for elected or appointed office during the calendar year covered by this statement.
- This statement is required for all persons who are or were an elected or appointed official, a candidate for elected or appointed office, or a person who has been or will be a candidate for elected or appointed office during the calendar year covered by this statement.

ITEM 1 YOUR NAME, ADDRESS AND PHONE NUMBER

Name: Jacob Williams Telephone: 402-441-2345
Address: 445 S. 10th Street, Lincoln, NE 68502
City: Lincoln State: NE Zip: 68502

ITEM 2 OCCASION FOR FILING (Check Appropriate Box)

☐ Initial filing for elected office
☒ Re-filing for elected office as required by law
☐ Re-filing for elected office as required by law

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

Office held: County Commissioner Term: Jan 2023 Jan 2027
Office held: County Commissioner Term: Jan 2023 Jan 2027

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

Office sought: County Commissioner Term: Jan 2027 Jan 2031
Office sought: County Commissioner Term: Jan 2027 Jan 2031

ITEM 5 PERIOD COVERED BY THIS STATEMENT

Period covered: Calendar year 2023
Period covered: Calendar year 2023

ITEM 6 SOURCES OF INCOME OF OVER \$1,000	
Also include your Government pension or annuity (page 1204)	
Emergency Foundation 1966 1967 1968 1969 1970 1971 1972 1973 1974 1975 1976 1977 1978 1979 1980 1981 1982 1983 1984 1985 1986 1987 1988 1989 1990 1991 1992 1993 1994 1995 1996 1997 1998 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 2026 2027 2028 2029 2030	Executive Director Solid Waste Collection District 1966 1967 1968 1969 1970 1971 1972 1973 1974 1975 1976 1977 1978 1979 1980 1981 1982 1983 1984 1985 1986 1987 1988 1989 1990 1991 1992 1993 1994 1995 1996 1997 1998 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 2026 2027 2028 2029 2030

ITEM 7 BUSINESSES WITH WHICH YOU ARE ASSOCIATED (including Non Profit Organizations)	
If you have nothing to report, write NONE	
1966 1967 1968 1969 1970 1971 1972 1973 1974 1975 1976 1977 1978 1979 1980 1981 1982 1983 1984 1985 1986 1987 1988 1989 1990 1991 1992 1993 1994 1995 1996 1997 1998 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 2026 2027 2028 2029 2030	Board President Board Chairman 1966 1967 1968 1969 1970 1971 1972 1973 1974 1975 1976 1977 1978 1979 1980 1981 1982 1983 1984 1985 1986 1987 1988 1989 1990 1991 1992 1993 1994 1995 1996 1997 1998 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 2026 2027 2028 2029 2030

ITEM 10	CREDITORS TO WHOM \$1,000 OR MORE WAS OWED OR GUARANTEED BY YOU OR A MEMBER OF YOUR IMMEDIATE FAMILY		
If you have nothing to report, write NONE			
1511 010000 1511 010000			
ITEM 11	SOURCES OF GIFTS OF A VALUE OF MORE THAN \$10,000 PER YEAR IF ANY (See definitions) If you have nothing to report, write NONE		
Name of person or organization	Relationship to filer or member of immediate family	Value of gift	Date of gift
If you have nothing to report, write NONE			
None	None		
		Choose Value	
		Choose Value	
		Choose Value	
		Choose Value	
		Choose Value	
		Choose Value	
1. If you are a partner in a partnership, you must report the partnership's income and expenses for the year. If you are a partner in a partnership, you must report the partnership's income and expenses for the year.			
A. \$100,001 to \$200,000 B. \$200,001 to \$500,000 C. \$500,001 to \$1,000,000 D. Over \$1,000,000			
ITEM 12	SUPPLEMENTAL INFORMATION (please attach any supplemental information and date below to be attached)		
ITEM 13	SIGNATURE OF FILER AND DATE		
 02/15/2004			

Criminal Penalties. Any person who knowingly violates any provision of this Act shall be fined under this title or imprisoned not more than 5 years, or both, or may be both so fined and imprisoned for not more than 1 year.