

NEBRASKA  
ACCOUNTABILITY AND  
DISCLOSURE COMMISSION  
1225 L St., Suite 400  
P.O. Box 95086  
Lincoln, NE 68509  
(402) 471-2522  
[www.nadc.nebraska.gov](http://www.nadc.nebraska.gov)

BEFORE COMPLETING  
READ FILING REQUIREMENTS

STATEMENT  
OF  
FINANCIAL  
INTERESTS

NADC FORM C-  
1

POSTMARK  
DATE

2/16/24

MICROFILM  
NUMBER

OFFICE USE ONLY

- 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 reported 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

Zingula Douglas Allan Telephone No. 308/249-4639  
LAST FIRST MIDDLE

Address

2791 Fort Sidney Rd Sidney NE 69162  
STREET ADDRESS OR RURAL ROUTE CITY STATE ZIP CODE

ITEM 2 OCCASION FOR FILING (Check Appropriate Box)

A candidate for elective office Left office or position  
☒ 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 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: Commissioner NE Game & Parks Term: 1-1-18/12-31-25  
BEGINS ENDS

Name of City, County, District, or State Agency:

District 7

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)

Revised January 2018

| 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.) City National                                                                                                                                                                                                                                                                                                                                                                                                                               | 1a.) |                                                                                                                                                                                        |                                          |
| Rochdale                                                                                                                                                                                                                                                                                                                                                                                                                                        |      |                                                                                                                                                                                        |                                          |
| 455 Market St                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |                                                                                                                                                                                        | Investment Income                        |
| Ste - 2070                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |                                                                                                                                                                                        |                                          |
| 2.) San Francisco                                                                                                                                                                                                                                                                                                                                                                                                                               | 2a.) |                                                                                                                                                                                        |                                          |
| CA 94105                                                                                                                                                                                                                                                                                                                                                                                                                                        |      |                                                                                                                                                                                        |                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      |                                                                                                                                                                                        |                                          |
| 3.)                                                                                                                                                                                                                                                                                                                                                                                                                                             | 3a.) |                                                                                                                                                                                        |                                          |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      |                                                                                                                                                                                        |                                          |
| 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 NONE                                                                                                                                                                                                                                                                                                                                                                                                       |      |                                                                                                                                                                                        |                                          |
| 1.) S C I                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1a.) |                                                                                                                                                                                        |                                          |
| 6 Platte River                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |                                                                                                                                                                                        | Hunters Rights / Wildlife Conservation / |
| NE chapter                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |                                                                                                                                                                                        | Education                                |
| P.O Box 530                                                                                                                                                                                                                                                                                                                                                                                                                                     |      |                                                                                                                                                                                        |                                          |
| 2.)                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2a.) |                                                                                                                                                                                        |                                          |
| Holdredge NE                                                                                                                                                                                                                                                                                                                                                                                                                                    |      |                                                                                                                                                                                        |                                          |
| 68949                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |                                                                                                                                                                                        |                                          |
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| 3.)                                                                                                                                                                                                                                                                                                                                                                                                                                             | 3a.) |                                                                                                                                                                                        |                                          |
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| 4.)                                                                                                                                                                                                                                                                                                                                                                                                                                             | 4a.) |                                                                                                                                                                                        |                                          |
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4/24/21, 12:54 PM  
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| None |
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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|------------------------------------------------------------|
| <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>                                            |                                                    |                                                            |
| <small>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.</small>                          |                                                                                                                                                         |                                                    |                                                            |
| Name                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                         | Address                                            |                                                            |
| If you have nothing to report, write NONE                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                         |                                                    |                                                            |
| The Bankcorp Bank                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                         | 409 Silverside Rd Suite 105<br>Wilmington DE 19809 |                                                            |
|                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                         |                                                    |                                                            |
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| <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 |
| If you have nothing to report, write NONE                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                         |                                                    |                                                            |
| None                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                         |                                                    |                                                            |
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|                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                         |                                                    |                                                            |
| <small>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:<br/> A) \$100.01 to \$200; B) \$200.01 to \$500; C) \$500.01 to \$1,000; D) \$1,000.01 or more.</small> |                                                                                                                                                         |                                                    |                                                            |
| <b>ITEM 12</b>                                                                                                                                                                                                                                                                                                                                                 | <b>SIGNATURE OF FILER AND DATE.</b>                                                                                                                     |                                                    |                                                            |
| <small>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.</small>                                                                                                                                                                                     |                                                                                                                                                         |                                                    |                                                            |
| <i>Douglas A Jengala</i><br><small>(Signature of Filer)</small>                                                                                                                                                                                                                                                                                                |                                                                                                                                                         | 2/16/24<br><small>(Date)</small>                   |                                                            |

**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.

#### General Information - Filing Requirements

##### I. Who Should File:

- A. Candidates for the offices of Governor, Lt. Governor, Attorney General, Auditor of Public Accounts, Secretary of State, State Treasurer, State Board