

2/22/24
2/18/24

NEBRASKA ACCOUNTABILITY AND DISCLOSURE COMMISSION 11 th Floor, State Capitol P.O. Box 95086 Lincoln, NE 68509 (402) 471-2522	STATEMENT OF FINANCIAL INTERESTS NADC FORM C-1	POSTMARK DATE	2/18/24
		MICROFILM NUMBER	
BEFORE COMPLETING READ FILING REQUIREMENTS		OFFICE USE ONLY Ame	

- Candidates for designated offices and holders of designated offices and positions must file this statement. See Sections 1A and 1B of the instructions.
- Candidates (including incumbents) subject to this filing requirement must file with the Commission and with the appropriate election official (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 fails to file as required is subject to a civil penalty of up to \$2,000.

ITEM 1 YOUR NAME, ADDRESS AND PHONE NUMBER

Name: Deeja Siler Telephone No. 402-428-5680
FIRST MIDDLE
Address: 46003 St. Hwy. 91 Hinsday NE 68644
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: Director Term: 2021 2027
BEGINS ENDS

Name of City, County, District, or State Agency: Cornhusker Public Power Columbus Platte

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

List the office sought which requires this filing.

Office: Director

Name of City, County, District, or State Office: Cornhusker Public Power Columbus Platte

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 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 whom 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.

1.) Farmer

1a.)

2.) Director Cornhusker

2a.)

Public Power

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. 4

ITEM 7 | BUSINESSES WITH WHICH YOU ARE ASSOCIATED (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

1.)

None

1a.)

None

2.)

None

2a.)

None

3.)

None

3a.)

None

4.)

None

4a.)

None

5.)

None

5a.)

None

6.)

None

6a.)

None

7.)

None

7a.)

None

ITEM 8 REAL PROPERTY OF THE FILER IN NEBRASKA (Real property valued at less than \$1,000 and your personal residence need *not* be reported.)

List all real property 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 estate 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)
① E 1/2 NW 1/4 W 1/2 NE 1/2 Sec 24 T2 4W ② SE 1/4 Sec 13 T20 N	

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
Bank of Lindsay	Lindsay NE.

(b) List the names of the issuers of all stocks, bonds, and government securities, not otherwise listed under Items 6 or 7.

Yosch Financial Inc.

(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.

Robert Gaspers + Julie Trouba cash rent T-19-20W- NE 1/2 Sec 13
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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
NONE	NONE

**ITEM 11 SOURCES OF GIFTS OF A VALUE OF MORE THAN \$100 RECEIVED EXCEPT GIFTS FROM RELATIVES.
(See definitions)**

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
NONE		Choose Value:	
NONE		Choose Value:	
NONE		Choose Value:	
NONE		Choose Value:	
NONE		Choose Value:	
NONE		Choose Value:	
NONE		Choose Value:	
NONE		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)

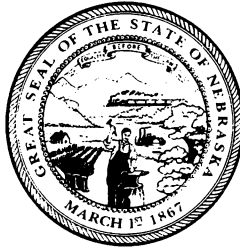
(Date)

2-8-2024

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

Glen Pfeifer
46003 State Hwy 91
Lindsay, NE 68644

February 13, 2024

Dear Mr. Pfeifer:

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

Your Position: Cornhusker Public Power District Board of Directors

Date of Filing: February 12, 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 partial 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

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2.) <u>Director Cornhusker</u>	2a.)	
<u>Public Power</u>		
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Name and Address of Business or Organization		Nature of Association
1.) <u>None</u>	1a.)	<u>None</u>
2.) <u>None</u>	2a.)	<u>None</u>
3.) <u>None</u>	3a.)	<u>None</u>
4.) <u>None</u>	4a.)	<u>None</u>
5.) <u>None</u>	5a.)	<u>None</u>
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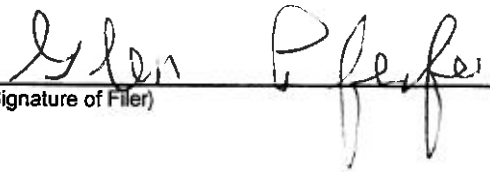
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 2-8-2024			
(Signature of Filer)		(Date)	