

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 Left Office/Position NADC FORM C-1	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; font-size: small;">POSTMARK DATE</td> <td style="text-align: center;">EM 2-26-24</td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">OFFICE USE ONLY</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 10px;"> RECEIVED S FEB 26 2024 NEBRASKA ACCOUNTABILITY and DISCLOSURE COMMISSION </td> </tr> </table>	POSTMARK DATE	EM 2-26-24	OFFICE USE ONLY		RECEIVED S FEB 26 2024 NEBRASKA ACCOUNTABILITY and DISCLOSURE COMMISSION	
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- Holders of designated offices and positions must file this statement with the Commission within 30 days after leaving the office or position. See the instructions on page 5 for more information.
- Dollar values need not be reported for any item, except Item 11.
- All items must be filled out or marked none.
- 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												
<table style="width: 100%; border: none;"> <tr> <td style="width: 10%;">Name</td> <td style="width: 30%; border-bottom: 1px solid black;">Borchers</td> <td style="width: 30%; border-bottom: 1px solid black;">Timothy</td> <td style="width: 30%; border-bottom: 1px solid black;">Allen</td> <td style="width: 10%;">Telephone No.</td> <td style="border-bottom: 1px solid black;">218-790-5086</td> </tr> <tr> <td></td> <td style="font-size: small;">LAST</td> <td style="font-size: small;">FIRST</td> <td style="font-size: small;">MIDDLE</td> <td></td> <td></td> </tr> </table>	Name	Borchers	Timothy	Allen	Telephone No.	218-790-5086		LAST	FIRST	MIDDLE			
Name	Borchers	Timothy	Allen	Telephone No.	218-790-5086								
	LAST	FIRST	MIDDLE										
E-mail	timborchers@me.com												
Address	548 Van Meter Way												
	STREET ADDRESS OR RURAL ROUTE West Liberty WV 26074												
	 CITY STATE ZIP CODE												

ITEM 2	OCCASION FOR FILING
	Left office or position

ITEM 3	OFFICE HELD & TERM OF OFFICE (Incumbent elected/appointed officials and state employees. See IB of instructions)
If you have left office, list the office you held. Office or Position: <u>Vice President for Academic Affairs at Peru State College</u> Term: <u>Ends 06/15/2023</u> BEGINS ENDS	
Name of City, County, District, or State Agency: <u>Peru State College</u>	

ITEM 4	OFFICE SOUGHT (Not applicable for Left Office or Position filing)
Leave Item 4 blank.	

ITEM 5	PERIOD COVERED BY THIS STATEMENT
This statement must cover all financial interests from the beginning of the calendar year up to and including the date you left office. Left office, this statement covers the period January 1, <u>2023</u> to <u>June 15, 2023</u> (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.
Also include your Government position if you were paid more than \$1,000.	
1.) Peru State College 600 Hoyt Street Peru, NE 68421	1a.) State College Salary for VPAA Position
2.) Waveland Press 4180 IL Route 83 Long Grove, IL 60047	2a.) Publishing Company Book Author
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 NONE	
1.) None	1a.) _____
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)
None	

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) Feb. 26, 2024 (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.