

NEBRASKA ACCOUNTABILITY AND DISCLOSURE COMMISSION 1225 L St., Suite 400 P.O. Box 95086 Lincoln, NE 68509 (402) 471-2522 https://nadc.nebraska.gov BEFORE COMPLETING READ FILING REQUIREMENTS	STATEMENT OF FINANCIAL INTERESTS Calendar Year 2023 . NADC FORM C-1	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">POSTMARK DATE</td> <td style="width: 50%; padding: 2px;">email 3/1/24</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 2px;">OFFICE USE ONLY</td> </tr> <tr> <td colspan="2" style="height: 100px; vertical-align: top; padding: 2px;">S</td> </tr> </table>	POSTMARK DATE	email 3/1/24			OFFICE USE ONLY		S	
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- 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 <u>Temple</u> <u>Melissa</u> <u>Caroline</u> Telephone No. <u>402-316-2420</u> LAST FIRST MIDDLE	
E-mail <u>melissa.c.temple@gmail.com</u>	
Address <u>403 W. Norfolk Ave, Suite 201, Norfolk, NE 68701</u> 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 1B of instructions)
List the office or position you currently hold which requires this filing. Office or Position: _____ Term: _____ BEGINS ENDS Name of City, County, District, or State Agency: _____	

ITEM 4	OFFICE SOUGHT (Candidates only. See 1A of instructions)
List the office sought which requires this filing. Office: <u>Nebraska State Legislature</u> Name of City, County, District, or State Office: <u>District 19</u>	

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, <u>2023</u>	

body of government, political subdivision or body corporate) from which income of over \$1,000 was received. NOTE: Do not list the amount of the income.

Also include your Government position if you were paid more than \$1,000.

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|-----|--|------|--|
| 1.) | <u>Lower Elkhorn NRD</u>
<u>1508 Square turn Blvd, Norfolk, NE</u>
<u>68701</u> | 1a.) | <u>Board Director, Subdistrict 3, Per Diem</u> |
| 2.) | <u>St. Croix Hospice</u>
<u>1800 W. Pasewalk Ave, Suite 204</u>
<u>Norfolk, NE 68701</u> | 2a.) | <u>Hospice Chaplain</u> |
| 3.) | <u>Class Walle+</u>
<u>6100 Hollywood Blvd, Hollywood, FL</u>
<u>33024</u> | 3a.) | <u>Tutor / Educational Support</u> |
| 4.) | <u>Norfolk YMCA</u>
<u>301 W. Benjamin Ave, Norfolk, NE</u>
<u>68701</u> | 4a.) | <u>Youth Gymnastics coach</u> |

*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.)	Norfolk Parks and Recreation Board 309 N. 5th St, Norfolk, NE 68701	1a.)	Vice President of board
2.)		2a.)	
3.)		3a.)	
4.)		4a.)	
5.)		5a.)	
6.)		6a.)	
7.)		7a.)	

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 Nebraska 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 property 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)
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None

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

If you have nothing to report, write NONE

First National Bank (FNBO)

1500 Market Lane, Norfolk, NE 68701

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

If you have nothing to report, write NONE

None

(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.

If you have nothing to report, write NONE

Ameriprise Financial Services
612 W. Benjamin Ave, Norfolk, NE 68701

Nebraska Public Employees Retirement System
1526 K St, #400, Lincoln, NE 68508

Fluna, LLC
256 Chapman Rd, ST2 105-4
New Castle, DE 19702

Oregon Public Employees Retirement System
11410 SW 68th Parkway, Tigard, OR 97223

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

NetNet

401 S. 21st St, Lincoln, NE
68510

SOURCES OF GIFTS OF A VALUE OF MORE THAN \$100 RECEIVED EXCEPT GIFTS FROM RELATIVES

None			

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)

3/1/2024
(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.

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 of Education, Public Service Commission, Board of Regents of the University of Nebraska, State Legislature, Board of Directors of a Public Power District, Mayor and City Council of the cities of Omaha and Lincoln, and any elective county office.
- B. Officeholders
 1. Any person holding an office listed in 1A above.
 2. A member of a land use planning commission or zoning commission of any county with a population of more than 100,000 residents.
 3. State officeholders, state officials and state employees specified in §49-1493 of the Nebraska Statutes and Title 4, Chapter 2 of the

II. When and Where to File:

- A. Candidates for the elective offices listed in 1A, above, should file with the Commission by March 1st of the year of the election. The filing must cover the calendar year prior to the election. Failure to file a Statement of Financial Interests as required may result in the candidate's name not appearing on the ballot.
- B. Officeholders, officials and employees referred to in 1B, above, must file with the Commission on or before March 1st of each year in which they hold the position.
- C. Officeholders, officials and employees referred to in 1B, above, who are appointed to the position must file with the Commission prior to assuming the duties of the office or position. If confirmation is required, the filing should be made prior to assuming the duties of office or position or prior to confirmation, whichever comes first. This filing need