

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	<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; text-align: center;">3/19/24</td> </tr> <tr> <td colspan="2" style="height: 40px; vertical-align: middle; text-align: right; color: blue; font-weight: bold;">S</td> </tr> </table>	POSTMARK DATE	3/19/24	S	
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S						
BEFORE COMPLETING READ FILING REQUIREMENTS	Calendar Year 2023 NADC FORM C-1					

- 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											
<table style="width: 100%;"> <tr> <td style="width: 15%;">Name</td> <td style="width: 35%;">Dahlman Richard</td> <td style="width: 15%;">Howard</td> <td style="width: 35%;">Telephone No. 402-309-8106</td> </tr> <tr> <td></td> <td>LAST FIRST MIDDLE</td> <td></td> <td></td> </tr> <tr> <td>E-mail</td> <td colspan="3">richard.h.dahlman.nfg@ar my.mil</td> </tr> </table>	Name	Dahlman Richard	Howard	Telephone No. 402-309-8106		LAST FIRST MIDDLE			E-mail	richard.h.dahlman.nfg@ar my.mil		
Name	Dahlman Richard	Howard	Telephone No. 402-309-8106									
	LAST FIRST MIDDLE											
E-mail	richard.h.dahlman.nfg@ar my.mil											
<table style="width: 100%;"> <tr> <td style="width: 60%;">Address 2416 Jamie Lane</td> <td style="width: 10%;">Lincoln</td> <td style="width: 10%;">NE</td> <td style="width: 20%;">68512</td> </tr> <tr> <td>STREET ADDRESS OR RURAL ROUTE</td> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> </tr> </table>	Address 2416 Jamie Lane	Lincoln	NE	68512	STREET ADDRESS OR RURAL ROUTE	CITY	STATE	ZIP CODE				
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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 IB of instructions)
List the office or position you currently hold which requires this filing. Office or Position: Deputy Director Term: 2/14/2014	
Name of City, County, District, or State Agency: MILITARY DEPARTMENT-OFFICE OF THE ADJUTANT GENERAL	

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. This statement covers the preceding calendar year January 1 through December 31, 2023	

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.) _____ _____ _____	1a.) _____ _____ _____
2.) _____ _____ _____	2a.) _____ _____ _____
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.) WOODSDALE LLC, 2416 JAMIE LANE, LINCOLN, NE 68512 _____ _____	1a.) LIMITED LIABILITY COMPANY MEMBER _____ _____
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 <i>not</i> 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)
If you have nothing to report, write NONE		
2416 Jamie Lane- Licnoln, NE 68512-Single Family Home 2740 Woodsdale Bl,Lincoln, NE 68502- SINGLE FAMILY HOME 1256 Otoe, Lincoln NE, 68502- Single Family Home 2501 D St, Lincoln NE, 68502- Single Family Home 2749 Cable Avenue, Lincoln NE, 68506- Single Family Home 7217 Yosemite, Lincoln NE, 68507- Single Family Home 1620 So. Cotner Blvd, Lincoln NE, 68506- Single Family Home 1245 Van Dorn St, Lincoln NE, 68502- Single Family Home 2334 So 11 th St, Lincoln NE, 68502- Single Family Home 1401 Pawnee St, Lincoln NE, 68502- Single Family Home 2400 NW 6 th St, Lincoln NE, 68521- Single Family Home 5221 Melrose Ave,Lincoln NE, 68506- Single Family Home 1224 So. 22 nd St, Lincoln NE, 68502- Single Family Home 4341 D St, Lincoln NE, 68506- Single Family Home 1225 Lake Str, Lincoln NE, 68502- Single Family Home 401 Sante Fe Trail,Lincoln NE, 68521, Single Family Home 5204 South St, Lincoln NE, 68508- Single Family Home		Personal Residence INCOME PRODUCING PROPERTY INCOME PRODUCING PROPERTY INCOME PRODUCING PROPERTY INCOME PRODUCING PROPERTY INCOME PRODUCING PROPERTY INCOME PRODUCING PROPERTY INCOME PRODUCING PROPERTY INCOME PRODUCING PROPERTY INCOME PRODUCING PROPERTY INCOME PRODUCING PROPERTY INCOME PRODUCING PROPERTY INCOME PRODUCING PROPERTY INCOME PRODUCING PROPERTY INCOME PRODUCING PROPERTY INCOME PRODUCING PROPERTY INCOME PRODUCING PROPERTY
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		
SIouxLAND NATIONAL BANK WELLS FARGO BANK PINNACLE BANK		1001 WEST 29TH STREET, SOUTH SIOUX CITY, NE 68776 1604 SOUTH STREET, LINCOLN, NE 68502 5651 SOUTH 59TH STREET, LINCOLN, NE 68516
(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		
USAA VICTORY CAPITOL CHARLES SCHWAB		

(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

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

US Bank	233 S 13 th ST, Lincoln, NE 68502
LOAN Care	3637 Sentara Way, Virginia Beach, VA 23452
Mutual of Omaha	1230 O Street, Lincoln, NE 68508
Pinnacle Bank	5651 So 59 th St Lincoln NE 68515
Citizen One	Citizen One,Bankway, JCB217, Johnston, RI 02919

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

		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)

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.	
	<i>1 MARCH 2024</i>
(Signature of Filer)	(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.