

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

POSTMARK
DATE

email 3/22/24

OFFICE USE ONLY

S

- 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 Mohrman Larry G Telephone No. 402 606 9205
LAST FIRST MIDDLE
E-mail larry.mohrman@gmail.com
Address 22624 235th Ave Columbus NE 68601
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 IB of instructions)

List the office or position you currently hold which requires this filing.

Office or Position: Board Member Term: _____
Name of City, County, District, or State Agency: Nebraska Natural Resource Commission
BEGINS ENDS

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.) City View Storage
22624 285th Ave
Columbus, NE

1a.) Operator/Owner Rent

2.) Lakeview High School
3774 83rd St
Columbus, NE

2a.) Bus Driver

3.) Lower Loop NRD
2620 Airport Rd.
ORD, NE 68062

3a.) Board Member

4.) Daniels Produce
3783 125th Columbus NE 68601

4a.) Rent/Services

5. Larry Mohman Farming Operation So. Farm Income

*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.) Lower Loop NRD

1a.) Board of Directors

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)

If you have nothing to report, write NONE

See Attached Page with
Legal Descriptions.

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

Cornerstone Bank

404 Gerard Ave, Monroe NE
68647

(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.

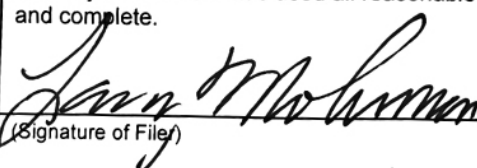
If you have nothing to report, write NONE

John Hancock Insurance

PO Box 55979 Boston, MA 02205



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)		
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)		3-22-24 (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.

State Farm

State Farm Fire and Casualty Company

PO Box 2361
Bloomington IL 61702-2361

Y-08 7236 FA4E A F

MOHRMAN, LARRY & LOIS
22624 235TH AVE
COLUMBUS NE 68601-8468

RENEWAL CERTIFICATE

SCHEDULE PAGE 1

POLICY NUMBER 97-01 4591-1
Farm Ranch Policy
APR 03 2024 to APR 03 2025

Property Owned

LOCATION OF COVERED PREMISES

Loc No	No of Acres	Portion of Section	Section	Twnshp	Range	County and State
01	67	N1/2 SW1/4	10	17N	1W	PLATTE, NE
02	80	E1/2 SW1/4	24	19N	3W	PLATTE, NE
04	160	NE 1/4	25	19N	3W	PLATTE, NE
08	152	NE 1/4	22	17N	3W	PLATTE, NE
09	12	NE1/4 SE1/4	15	17N	3W	PLATTE, NE
10	29	SE1/4 SE1/4	36	18N	3W	PLATTE, NE
12	80	E1/2 SW1/4	34	18N	1W	PLATTE, NE
13	40	NW1/4 NE1/4	26	17N	1E	PLATTE, NE
14	320	W 1/2	17	16N	1E	BUTLER, NE
15	118	NE 1/4	29	16N	1E	BUTLER, NE
16	127	N2 N2	30	19N	2W	PLATTE, NE
17	1		34	18N	1W	PLATTE, NE
18	139	SE 1/4	1	16N	3W	MERRICK, NE

- * Losses Insured (See Policy for detailed explanation of losses insured)
ADPL Accidental Direct Physical Loss
Spec Perils: Specified Perils
- ** Loss Settlement (See Policy for detailed explanation of loss settlement)
F1 Replacement Cost - Common Construction - Coverage F
F2 Actual Cash Value Loss Settlement Coverages D, E, and F
F3 Replacement Cost Coverage - Coverage D (see applicable endorsement)

COVERAGE D:

SECTION I SCHEDULED FARM PERSONAL PROPERTY

Item No	Limits of Insurance	Description	*Losses Insured	**Loss Settlement
01	5,000	MISC PIP, FITTING ON IRRIG. EQUIP.	Spec Perils	F2
02	12,000	7 TOWER REINKE PIVOT 10-17-1	ADPL	F2
03	25,000	93 ZIMMATIC 6 TOWER PIVOT 30-19N-2W	ADPL	F2
04	33,000	97 VALLEY 7T PVT MTR #85418 @22-17-3	ADPL	F2
05	33,000	02 VALLEY 7T PVT MTR #16983N @17-16-1	ADPL	F2
06	33,000	03 VALLEY 7T PVT MTR @17-16-1	ADPL	F2
07	58,000	12 RNC 5T PVT W/CRN #1004-32541 @29-16-1	ADPL	F2
08	100,000	21 ZIMMATIC 7T PVT #LE16950 @1-16-3	ADPL	F2

* Continued *

Agent MICHAEL BRITTENHAM INS AGCY
Telephone (402) 564-4300 or (402) 564-3400

REB

Prepared JAN 29 2024