

AMENDED

EM 4-1-24

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 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;">NOV 16</td> </tr> <tr> <td colspan="2" style="padding: 2px;">OFFICE USE ONLY</td> </tr> <tr> <td colspan="2" style="padding: 10px; text-align: center;"> RECEIVED APR 01 2024 NEBRASKA ACCOUNTABILITY and DISCLOSURE COMMISSION </td> </tr> </table>	POSTMARK DATE	NOV 16	OFFICE USE ONLY		RECEIVED APR 01 2024 NEBRASKA ACCOUNTABILITY and DISCLOSURE COMMISSION	
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**BEFORE COMPLETING
READ FILING REQUIREMENTS**

- 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>JACOBSON</u> <u>Pat</u> <u>L</u> LAST FIRST MIDDLE	Telephone No.	<u>308 870</u> <u>2225</u>
E-mail			
Address	<u>75525 Rd 421</u> <u>Cozad</u> <u>NE</u> <u>69130</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: County Commissioner Term: 2020 2024
BEGINS ENDS

Name of City, County, District, or State Agency: Dawson County

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

List the office sought which requires this filing.

Office: County Commissioner

Name of City, County, District, or State Office: Dawson County

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

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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.) Social Security

1a.) RETIREMENT

2.) Dawson County

2a.) county commissioner

3.) 3 Guys Inc

3a.) (4) Rental units

4.) 401 account

4a.) Retirement

*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.) Three Guy Inc
Box 73
Cozad NE

1a.) President

2.)

2a.)

3.)

3a.)

4.)

4a.)

5.)

5a.)

6.)

6a.)

7.)

7a.)

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