

AMENDED

EM 4-11-24

NEBRASKA ACCOUNTABILITY AND DISCLOSURE COMMISSION 1225 L St., Suite 400 P.O. Box 95086 Lincoln, NE 68509 (402) 471-2522 www.nadc.nebraska.gov	STATEMENT OF FINANCIAL INTERESTS 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%; text-align: center; padding: 2px;">7/11/2024</td> </tr> <tr> <td style="padding: 2px;">MICROFILM NUMBER</td> <td style="padding: 2px;"></td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 5px;">OFFICE USE ONLY</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 10px;"> RECEIVED S APR 11 2024 NEBRASKA ACCOUNTABILITY and DISCLOSURE COMMISSION </td> </tr> </table>	POSTMARK DATE	7/11/2024	MICROFILM NUMBER		OFFICE USE ONLY		RECEIVED S APR 11 2024 NEBRASKA ACCOUNTABILITY and DISCLOSURE COMMISSION									
POSTMARK DATE	7/11/2024																	
MICROFILM NUMBER																		
OFFICE USE ONLY																		
RECEIVED S APR 11 2024 NEBRASKA ACCOUNTABILITY and DISCLOSURE COMMISSION																		
BEFORE COMPLETING READ FILING REQUIREMENTS																		
- 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 reported for any item, except Item 11. - Persons who fail to file as required are subject to a civil penalty of up to \$2,000.																		
ITEM 1 YOUR NAME, ADDRESS AND PHONE NUMBER																		
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Name</td> <td style="width: 30%;">Lindsay Lisa</td> <td style="width: 20%;">Telephone No.</td> <td style="width: 40%;">402-369-3938</td> </tr> <tr> <td></td> <td>LAST FIRST MIDDLE</td> <td></td> <td></td> </tr> <tr> <td>Address</td> <td>1102 Lincoln</td> <td>Wayne NE</td> <td>68787</td> </tr> <tr> <td></td> <td>STREET ADDRESS OR RURAL ROUTE</td> <td>CITY</td> <td>STATE ZIP CODE</td> </tr> </table>			Name	Lindsay Lisa	Telephone No.	402-369-3938		LAST FIRST MIDDLE			Address	1102 Lincoln	Wayne NE	68787		STREET ADDRESS OR RURAL ROUTE	CITY	STATE ZIP CODE
Name	Lindsay Lisa	Telephone No.	402-369-3938															
	LAST FIRST MIDDLE																	
Address	1102 Lincoln	Wayne NE	68787															
	STREET ADDRESS OR RURAL ROUTE	CITY	STATE ZIP CODE															
ITEM 2 OCCASION FOR FILING (Check Appropriate Box)																		
<table style="width: 100%;"> <tr> <td>☐ A candidate for elective office</td> <td>☐ Left office or position</td> </tr> <tr> <td>☒ Annual officeholder's or state employee's report</td> <td>☒ Newly appointed to office or position</td> </tr> </table>			☐ A candidate for elective office	☐ Left office or position	☒ Annual officeholder's or state employee's report	☒ Newly appointed to office or position												
☐ A candidate for elective office	☐ Left office or position																	
☒ 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. If you have left office, list the office you held.																		
Office or Position: <u>Wayne County Treasurer</u> Term: <u>Jan 2023</u> <u>Jan 2027</u> BEGINS ENDS																		
Name of City, County, District, or State Agency: <u>Wayne</u>																		
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. If you have left office, this statement must cover all financial interests from the end of the calendar year for which you previously filed up to and including the date you left office.																		
☒ This statement covers the preceding calendar year January 1 through December 31, <u>2023</u>																		
☐ Left office, this statement covers the period January 1, _____ to _____ (DATE YOU LEFT OFFICE OR POSITION)																		

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**

Residential

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

None

(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 NONELife Insurance
Life InsuranceRetirement - NRECA
Retirement - NPERS

IRA - Capital Financial