

- Amended -

NEBRASKA ACCOUNTABILITY AND DISCLOSURE COMMISSION 1225 L St., Suite 400 P.O. Box 95086 Lincoln, NE 68509 (402) 471-2522 www.nadcnr.nebraska.gov	STATEMENT OF FINANCIAL INTERESTS NADC FORM C-1	POSTMARK DATE <u>4/19/24</u>
		MICROFILM NUMBER
BEFORE COMPLETING READ FILING REQUIREMENTS		OFFICE USE ONLY RECEIVED APR 15 2024 NEBRASKA ACCOUNTABILITY DISCLOSURE COMMISSION

- 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 \$2,000.

ITEM 1	YOUR NAME, ADDRESS AND PHONE NUMBER
Name	<u>Choquette Kevin P.</u> Telephone No. <u>308-830-2002</u>
Address	<u>1815 O Road</u> <u>Upland</u> <u>Ne</u> <u>68981</u>
	STREET ADDRESS OR RURAL ROUTE CITY STATE ZIP CODE

ITEM 2	OCCASION FOR FILING (Check Appropriate Box)
	☒ 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>Southern Public Power District</u> Term: <u>2025</u> <u>2031</u>
	BEGINS ENDS
Name of City, County, District, or State Agency:	<u>Franklin County</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 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.) Choquette Electric Inc.
1815 O Road Upland, Ne 68981
Electrical and Farming
- 2.) Choquette Family LLC
1815 O Road Upland, Ne 68981
Farm Land
- 3.) KAAPA Ethanol LLC
323 W 11 Kearney, Nebr. 68848
Ethanol Plant

1a.)

2a.)

3a.)

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.) Glenwood Telephone Corporation
Office of Board President
Blue Hill, Nebr.
- 2.) Southern Public Power District
4550 W Husker Hwy
Grand Island, Nebr. 68802
Office of Board Secretary

1a.)

2a.)

3a.)

4a.)

5a.)

6a.)

7a.)

ITEM 8	REAL PROPERTY OF THE FILER IN NEBRASKA (Real property valued at less than \$1,000 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 sufficient to identify the location of the property. Exceptions: You need <i>not</i> report real property owned by a business in your personal residence or real property valued at less than \$1,000. Personal residence refers to your principal 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, etc.)
If you have nothing to report, write NONE		
Franklin County Land NW $\frac{1}{4}$ 25-3-14 NW $\frac{1}{4}$ 30-3-13 SW $\frac{1}{4}$ 3-2-14 SW $\frac{1}{4}$ / SE $\frac{1}{4}$ 1-3-14 SE $\frac{1}{4}$ 19-3-13		SW $\frac{1}{4}$ 25-3-14 W $\frac{1}{2}$ 24-3-14 SW $\frac{1}{4}$ 30-3-14 E $\frac{1}{2}$ 25-3-14
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 1502 M Street Franklin, Ne 68939		Farm Credit Services of America 4715 Second Ave PO Box 250 Kearney, Nebr. 68848
(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), including leaseholds and other interests in real estate, promissory notes and other obligations owed to you, beneficial interests in real estate, 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 and other tangible personal property unless such property was held primarily for sale or exchange.		
If you have nothing to report, write NONE		
Knights of Columbus P.O. Box 1492 New Haven CT 06510-1492 Life Insurance + SEP		

X Item 10

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	

X

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)
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X

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.	
Kevin P. Choquette	4-10-2024
(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.