

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%; text-align: center; padding: 2px;"><u>1/6/25</u></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;"> JAN 08 2025 NEBRASKA ACCOUNTABILITY and DISCLOSURE COMMISSION </td> </tr> </table>	POSTMARK DATE	<u>1/6/25</u>	OFFICE USE ONLY		 JAN 08 2025 NEBRASKA ACCOUNTABILITY and DISCLOSURE COMMISSION	
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OFFICE USE ONLY								
 JAN 08 2025 NEBRASKA ACCOUNTABILITY and DISCLOSURE COMMISSION								
BEFORE COMPLETING READ FILING REQUIREMENTS	Left Office/Position NADC FORM C-1							

- Holders of designated offices and positions must file this statement with the Commission within 30 days after leaving the office or position. See the instructions on page 5 for more information.
- Dollar values need not be reported for any item, except Item 11.
- All items must be filled out or marked none.
- 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>Nielsen Phillip</u> <u>Randall</u> Telephone No. <u>402-373-2627</u> LAST FIRST MIDDLE	
E-mail _____	
Address <u>54136 885 Rd</u> <u>Bloomfield</u> <u>NE</u> <u>68718</u> STREET ADDRESS OR RURAL ROUTE CITY STATE ZIP CODE	
ITEM 2	OCCASION FOR FILING
Left office or <u>position</u>	
ITEM 3	OFFICE HELD & TERM OF OFFICE (Incumbent elected/appointed officials and state employees. See IB of instructions)
If you have left office, list the office you held. Office or Position: <u>Member of Board of Directors</u> Term: <u>2006</u> <u>2024</u> BEGINS ENDS	
Name of City, County, District, or State Agency: <u>Cedar-Knox Public Power District</u>	
ITEM 4	OFFICE SOUGHT (Not applicable for Left Office or Position filing)
Leave Item 4 blank.	
ITEM 5	PERIOD COVERED BY THIS STATEMENT
This statement must cover all financial interests from the beginning of the calendar year up to and including the date you left office. Left office, this statement covers the period January 1, <u>2024</u> to <u>12-31-24</u> (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.) Cedar-Knox Public Power District | 1a.) Director Fees |
| 2.) Siouxland Ethanol LLC
1501 Knox Blvd.
JACKSON, NE. 68743 | 2a.) Company Dividends |
| 3.) Elkhorn Ridge Clearway Energy Group
4900 N. Scottsdale Rd Suite 5000
Scottsdale, AZ. 85251 | 3a.) Wind Turbine
Land Lease |
| 4.) Keith Nielsen
54027 887 Rd
Bloomfield, NE 68718 | 4a.) Farmland Rent and
Machinery Lease |

*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.) | 1a.) |
| None for Item 7 | |
| 2.) | 2a.) |
| Item 6 Continued | |
| 3.) | 3a.) |
| Veterans Disability Benefit
Phillip only | U.S. Government |
| 4.) | 4a.) |
| Social Security Benefit | " " |
| 5.) | 5a.) |
| NE Public Employees Retirement System
Deborah only - Teacher pension | 1526 K ST.
Suite 400
Lincoln, NE 68509-4816 |
| 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	
NW 1/4, Sec 7, Peoria Twp, T31N-R3W	Knox Co. All
SW 1/4, " " "	" " Agriculture
NW 1/4, Sec 20, " "	" "
S 1/2 of NE 1/4, Sec 20, Peoria Twp, T31N-R3W	" "

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.

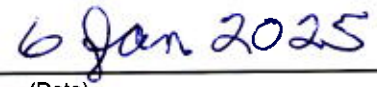
Financial Institution	Address
If you have nothing to report, write NONE	
Farmers & Merchants State Bank	103 N. Broadway, Bloomfield, NE 68718
Bank of Hartington	120 N. Broadway, Bloomfield, NE 68718
Ameriprise Financial Services, LLC	70100 Ameriprise Financial Center Minneapolis, Mn. 55474

(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	
Brokers Financial Services, LLC 4135 NW Urbandale Dr., Urbandale, Ia, 50322	

(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	
State Farm Life Ins. Co. PO Box 2364, Bloomington, IL. 61702-2364	
Washington National Ins. Co., 11825 N. Pennsylvania St. Carmel, In. 46023-4555	
Augustar Financial, One Financial Way, Cincinnati, OH 45242	

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)		(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.