

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;">1-28-25</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;">  </td> </tr> </table>	POSTMARK DATE	1-28-25	OFFICE USE ONLY			
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OFFICE USE ONLY								
								
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>Pohlmann</u> <u>Gale</u> <u>Allen</u> Telephone No. <u>402-239-0597</u> LAST FIRST MIDDLE	
E-mail <u>glpohl@diode.com.net</u>	
Address <u>57645 Hwy 4</u> <u>Plymouth</u> <u>NE</u> <u>68424</u> STREET ADDRESS OR RURAL ROUTE CITY STATE ZIP CODE	
ITEM 2	OCCASION FOR FILING
Left office or position	
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>County Commissioner District 2</u> Term: <u>2021</u> <u>2024</u> BEGINS ENDS Name of City, County, District, or State Agency: <u>Jefferson County</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>2021</u> to <u>January 8, 2025</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.) Jefferson County Nebraska
411 4th St.
Fairbury, NE 683521a.) Employee Office holder County Government
District 2 Commissioner2.) Pohlmann Farms, Inc.
57445 724th Ad
Plymouth, NE 684242a.) Crop Farming and livestock Production
Landlord receiving cash rent
Employee Part Time3.) Social Security Administration
Wilkes Barre Data Operations Center
PO Box 7004, Wilkes Barre, PA 18767-70043a.) Receive Social Security Benefits4.) _____

_____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 NONE1.) Pohlmann Farms, Inc.
57445 724th Ad
Plymouth, NE 684241a.) Stockholder/Director
Officer Holder
Part Time Employee2.) _____

_____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		
NW 1/4, W 1/2 NE 1/4 11-4-3 NW 1/4 35-4-3 (11.65A) S 1/2 2-4-3 Fraction E 1/2 SE 1/4 SW 1/4 18-4-4 (10.45A) All in Jefferson County		} Agricultural
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		
First Tri-County Bank		402 E Main St. Plymouth, NE 68424
(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		
American Bond Fund of America CIB, American Fundamental Investors CIB, Dodge Divers Income CIB Invesco Global CIB, JP Morgan Growth Advantage CIB, MFS Core Equity CIB MFS Growth CIB, PIMCO International Bond CIB, T Rowe Price U.S. Treasury Victory Sycamore Established Value CIB, Columbus Neb Sales Tax Adv, Citigroup Inc. Medium Term 5-yr		
(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		
Edward Jones Investment Co. - Roth IRA Nebraska Public Employees Retirement System		
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.

Gale A. Pohlman

(Signature of Filer)

1/25/25

(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.

NEBRASKA
ACCOUNTABILITY AND
DISCLOSURE COMMISSION
1225 L St., Suite 400
P.O. Box 95086
Lincoln, NE 68509
(402) 471-2522
www.nadc.nebraska.gov

BEFORE COMPLETING
READ FILING REQUIREMENTS

STATEMENT OF FINANCIAL INTERESTS

NADC FORM C-1

POSTMARK
DATE

MICROFILM
NUMBER

OFFICE USE ONLY

- 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 Richards Paul A Telephone No. 402-307-0026
LAST FIRST MIDDLE
Address 2323 CR 27 Decatur Ne 68020
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: Supervisor Term: 2025 2029
BEGINS ENDS

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

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 to and including the date you left office.

☒ This statement covers the preceding calendar year January 1 through December 31, 2024

☐ Left office, this statement covers the period January 1, _____ to _____

(DATE YOU LEFT OFFICE OR POSITION)
(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.

List your Government position if you were paid more than \$1,000.

- | | | | |
|-----|------------------|------|-------------------|
| 1.) | Pth Trucking Inc | 1a.) | Employed |
| 2.) | Burt County | 2a.) | County Supervisor |
| 3.) | | 3a.) | |
| 4.) | | 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, 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.) | Pth Trucking Inc
Box 309
Decatur Ne 68020 | 1a.) | president |
| 2.) | American Legion Post
Box 145
Decatur Ne 68020 | 2a.) | commander |
| 3.) | | 3a.) | |
| 4.) | | 4a.) | |
| 5.) | | 5a.) | |
| 6.) | | 6a.) | |
| 7.) | | 7a.) | |

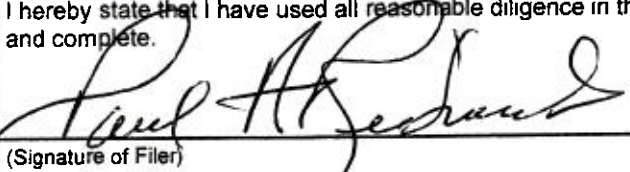
ITEM 8	REAL PROPERTY OF THE FILER IN NEBRASKA (Real property valued at less than \$1,000 and your personal residence need not be reported.)	
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Location of Property (Description or Address)		Nature of Property (such as: agricultural, commercial, industrial, residential-rental)
If you have nothing to report, write NONE		
① 3 lots + Bldgs Corner 17th Broadway Decatur Ne ② 5 lots + Bld corner 8th Broadway Decatur Ne ③ 19 Ac South Main St Hwy 75 Decatur Ne ④ 17.5 Ac south of Decatur Hwy 75 Ag ⑤ 17.8 Ac just at Decatur Hwy 75 Ag ⑥ 4 lots intersection 51-75 Decatur 7 22 Ac 1/4 mi North 51-CR 19 Burt Co		
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		
First Northeast Bank of Nebraska First Nebraska Bank Decatur Ne		Lyons Ne
(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		
None		

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		

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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			
		Choose Value:	
		Choose Value:	
	None	Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	

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A) \$100.01 to \$200; B) \$200.01 to \$500; C) \$500.01 to \$1,000; D) \$1,000.01 or more.

ITEM 12	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)		1-25-25 (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.