

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 2024 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;">2-13-25</td> </tr> <tr> <td colspan="2" style="padding: 5px; text-align: center;">OFFICE USE ONLY</td> </tr> </table>	POSTMARK DATE	2-13-25	OFFICE USE ONLY	
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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>Weber</u>	<u>Tim</u>	<u>M</u>	Telephone No. <u>402 335-7997</u>
	LAST	FIRST	MIDDLE	
E-mail	<u>wcatimweber@yahoo.com</u>			
Address	<u>62088 Hwy 136</u>	<u>Tecumseh</u>	<u>NE</u>	<u>68450</u>
	STREET ADDRESS OR RURAL ROUTE	CITY	STATE	ZIP CODE

ITEM 2 OCCASION FOR FILING (Check Appropriate Box)

☐ A candidate for elective office	☒ Newly appointed to office or position
☒ Annual officeholder's or state employee's report	☐ Amendment

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: <u>County Commissioner Dist 2</u>	Term: <u>1-25</u> <u>1-29</u>
	BEGINS ENDS
Name of City, County, District, or State Agency: <u>Johnson County, NE</u>	

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

List the office sought which requires this filing.

Office: <u>County Commissioner</u>
Name of City, County, District, or State Office: <u>Johnson County</u>

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, 2024

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.) County Commissioner1a.) Interest2.) Social Security2a.) Cash Rent - Farm Ground3.) Farm/Cattle Owner operator3a.) Hunting Lease - Farm Ground4.) JT's Bar & Grill LLC

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.) JT's Bar & Grill LLC

1a.)

2.) Weber Cattle Co

2a.)

3.)

3a.)

4.)

4a.)

5.)

5a.)

6.)

6a.)

7.)

7a.)