

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: 20%; padding: 2px;">POSTMARK DATE</td> <td style="padding: 2px;">2-24-25</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;"> RECEIVED FEB 26 2025 NEBRASKA ACCOUNTABILITY and DISCLOSURE COMMISSION </td> </tr> </table>	POSTMARK DATE	2-24-25	OFFICE USE ONLY		RECEIVED FEB 26 2025 NEBRASKA ACCOUNTABILITY and DISCLOSURE COMMISSION	
POSTMARK DATE	2-24-25							
OFFICE USE ONLY								
RECEIVED FEB 26 2025 NEBRASKA ACCOUNTABILITY and DISCLOSURE COMMISSION								
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	Fuchtmann	Susan	Diane	Telephone No.	4026490132
	LAST	FIRST	MIDDLE		
E-mail	sue.fuchtmann@gmail.com				
Address	3305 Golf View Drive		Norfolk	NE	68701
	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: NPPD Board of Director Term: 2023

BEGINS ENDS

Name of City, County, District, or State Agency: Norfolk -Madison-10 for NPPDNebraska

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

List the office sought which requires this filing.

Office: Nebraska Public Power District

Name of City, County, District, or State Office: Norfolk NE - Madison-10-Nebraska Public Power District

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 8	REAL PROPERTY OF THE FILER IN NEBRASKA (Real property valued at less than \$1,000 and your 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 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		
		NONE
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		
Stanton State Bank		1021 Riverside Blvd Norfolk, NE. 68701
(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		

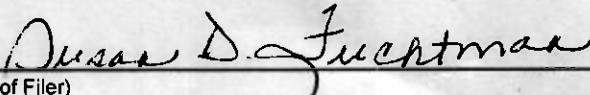
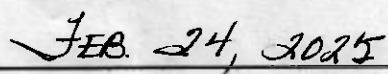
ITEM 7 REAL PROPERTY OF THE FILER IN NEBRASKA (Real property valued at less than \$1,000 and your personal residence need not be reported.) Indicate the location of the property in which you have a beneficial interest. The location should be stated in words, the location of the property. Except when the location is stated by a business listed in Item 6, you should include the street address of the property. If the property is located in a city, town, or village, you should include the name of the city, town, or village. If the property is located in a county, you should include the name of the county. If the property is located in a state, you should include the name of the state. If the property is located in a foreign country, you should include the name of the country.	
Location of Property Business Address	Home Address
If you have nothing to report, write NONE	
NONE	
NONE	
ITEM 8 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 List the name and address of the institution in which you have a financial interest, and complete the space below.	
Financial Institution	Address
If you have nothing to report, write NONE	
Financial Institution	Address
If you have nothing to report, write NONE	
NONE	
NONE	
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 List the name and address of the institution in which you have a financial interest, and complete the space below.	
Financial Institution	Address
If you have nothing to report, write NONE	
NONE	
NONE	
ITEM 10 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 List the name and address of the institution in which you have a financial interest, and complete the space below.	
Financial Institution	Address
If you have nothing to report, write NONE	
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	

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.

ITEM 10

MEDICAL EXPENSES FOR WHICH \$1,500 OR MORE WAS OWED OR GUARANTEED BY YOU OR A MEMBER OF YOUR IMMEDIATE FAMILY.

Indicate the amount of medical expenses for which \$1,500 or more was owed or guaranteed by you or a member of your immediate family for each year. Do not include expenses for which the amount was less than \$1,500. Do not include expenses for which the amount was owed or guaranteed by someone other than you or a member of your immediate family. Do not include expenses for which the amount was owed or guaranteed by you or a member of your immediate family for a year in which the amount was not due or payable.

Year	Amount
2000	
2001	
2002	
2003	
2004	
2005	
2006	
2007	
2008	
2009	
2010	
2011	
2012	
2013	
2014	
2015	
2016	
2017	
2018	
2019	
2020	
2021	
2022	

ITEM 11

GROUNDS OR GIFTS OF VALUE OF MORE THAN \$100 RECEIVED EXCEPT GIFTS FROM RELATIVES (See definition). If you have nothing to report, write NONE.

Year	Amount	Source of Gift	Value of Gift (See Key Box)	Relationship of Donor (See Key Box)
2000				
2001				
2002				
2003				
2004				
2005				
2006				
2007				
2008				
2009				
2010				
2011				
2012				
2013				
2014				
2015				
2016				
2017				
2018				
2019				
2020				
2021				
2022				

The amount of value of each gift will be determined by the donor. If the donor is a relative, the amount of value of each gift will be determined by the donor. If the donor is not a relative, the amount of value of each gift will be determined by the donor. If the donor is a relative, the amount of value of each gift will be determined by the donor. If the donor is not a relative, the amount of value of each gift will be determined by the donor.

ITEM 12

SUPPLEMENTAL INFORMATION (Please check any supplemental information and enter below in the space provided.)

ITEM 13

SIGNATURE OF FILER AND DATE

I hereby certify that I have read the instructions to this Statement and that I have filled in the best of my knowledge, information, and belief.

Signature of Filer: _____ Date: _____