

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: 150px; padding: 2px;">POSTMARK DATE</td> <td style="width: 150px; text-align: center; padding: 2px;">2/18/25</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 21 2025 NEBRASKA ACCOUNTABILITY and DISCLOSURE COMMISSION </td> </tr> </table>	POSTMARK DATE	2/18/25	OFFICE USE ONLY		RECEIVED FEB 21 2025 NEBRASKA ACCOUNTABILITY and DISCLOSURE COMMISSION	
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OFFICE USE ONLY								
RECEIVED FEB 21 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: Ostgren Dennis James Telephone No. 308-991-2074

LAST FIRST MIDDLE

E-mail: dennis.ostgren@phelpscone.org

Address: 2221 Brewster Rd. Holdrege, NE. 68949

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: Phelps County Commissioner Term: Jan 2022 2026

BEGINS ENDS

Name of City, County, District, or State Agency: Phelps 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.

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

STATEMENT OF FINANCIAL INTERESTS Calendar Year 2024 NADC FORM C-1		NEBRASKA DISCLOSURE COMMISSION 1525 L St. Suite 400 P.O. Box 95086 Lincoln, NE 68506 (402) 471-2522 (402) 471-2523
POSTMARK DATE OFFICE USE ONLY		BEFORE COMPLETING READ FILING REQUIREMENTS
The statement must cover the 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. * Candidates (including incumbents) subject to the filing requirement must file this statement with the Commission. * Designated offices and holders of designated offices must file this statement with the Commission. * Designated offices and holders of designated offices must file this statement with the Commission. * Designated offices and holders of designated offices must file this statement with the Commission. * Designated offices and holders of designated offices must file this statement with the Commission.		
ITEM 1 YOUR NAME, ADDRESS AND PHONE NUMBER		
Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Telephone: _____ E-mail: _____		
ITEM 2 OCCASION FOR FILING (Check Applicable Box)		
☐ A candidate for elective office ☐ Newly appointed to office or position ☒ Annual self-report or state employee's report ☐ Amendment		
ITEM 3 OFFICE HELD & TERM OF OFFICE (Incumbent, appointed officials and state employees. See instructions)		
Office or Position: _____ Name of City, County, District or State Agency: _____ Term: _____ Period: _____		
ITEM 4 OFFICE BOUGHT (Candidates only. See 1A of instructions)		
Did the office bought which requires this filing: _____ Name of City, County, District or State Office: _____		
ITEM 5 PERIOD COVERED BY THIS STATEMENT		
The statement must cover the financial interests for the entire "calendar year," as noted above and not just as of year-end. 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.) Phelps County 1a.) _____
715 15th Ave. _____
Heldrege, NE. 68949 _____
- 2.) Augusta Financial 2a.) _____
Oak Financial Way _____
Cincinnati, OH. 45242 _____
- 3.) Allianz Life Insurance Co. 3a.) _____
5701 Golden Hills Dr. _____
Minneapolis, MN. 55416 _____
- 4.) 2-docc LLC 4a.) _____
2221 Brewster Rd. _____
Heldrege, NE. 68949 _____

*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.) 2-docc LLC 1a.) _____
2221 Brewster Rd. _____
Heldrege, NE. 68949 _____
- 2.) All Saints Catholic Church 2a.) _____
1204 Logan St. _____
Heldrege, NE. 68949 _____
- 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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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	
2-dccc LLC. (Ostgren Const.) 2701 23rd Ave Holdrege NE. 68949	2-dccc LLC South Sherman St. and 3rd St.

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
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(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	
Bruning Bank Lincoln Federal Savings Bank FirstTier Bank	1215 20th Box 700 Burlington St. Holdrege, NE. 68949 720 4th Ave. Holdrege, NE. 68949 229 W 4th Ave. Holdrege, NE. 68949

(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	
Charles Schwab Co.	

(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	
Phyllis R. Westerlin Irrevocable Trust - Trustee Angustar Life Insurance Co. - Cash Value Life Insurance Allianz Life Insurance Co. - Annuity	

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 beneficial ownership interest. The description required must be sufficient to identify the location of the property. Exclude: (1) Real property owned by a business listed in Item 7 or 8; (2) Real property with a value of less than \$1,000. Personal residence (other than your principal dwelling-house and adjacent land) is excluded. If you have a personal residence, such as a second home, report it.		
Name of Property (Include agricultural, commercial, industrial, residential)	Location of Property (City, County, State)	Description of Property
If you have nothing to report, write NONE		
1. 1000 S. 10th St. Omaha, NE 68102 2. 1000 S. 10th St. Omaha, NE 68102	1. 1000 S. 10th St. Omaha, NE 68102 2. 1000 S. 10th St. Omaha, NE 68102	1. 1000 S. 10th St. Omaha, NE 68102 2. 1000 S. 10th St. Omaha, NE 68102
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		
1. 1000 S. 10th St. Omaha, NE 68102 2. 1000 S. 10th St. Omaha, NE 68102	1. 1000 S. 10th St. Omaha, NE 68102 2. 1000 S. 10th St. Omaha, NE 68102	1. 1000 S. 10th St. Omaha, NE 68102 2. 1000 S. 10th St. Omaha, NE 68102
(b) List the names of the issuers of all stocks, bonds, and government securities, not otherwise listed under Item 8 or 7.		
If you have nothing to report, write NONE		
1. 1000 S. 10th St. Omaha, NE 68102 2. 1000 S. 10th St. Omaha, NE 68102		
(c) Report other property owned or held for the production of income not otherwise disclosed in Item 8 or 7 or 6(a)(i). It includes:		
- Partnerships and other interests in real estate, partnerships, and other obligations owed to you, including interests in trusts and		
- Securities, cash value of insurance, IRAs, deferred income and retirement plans. Exclude: (1) Do not include interests in		
- Property, interests, and obligations owned or used by a business listed in Item 8 or 7 or 6(a)(i) or other financial institution and		
- Other property interests (including interests in partnerships, trusts, and other entities) for sale or exchange.		
If you have nothing to report, write NONE		
1. 1000 S. 10th St. Omaha, NE 68102 2. 1000 S. 10th St. Omaha, NE 68102		

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			
Ford Credit Co. P.O. Box 650575 Dallas, TX 75265-0575			
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			
	<i>NONE</i>	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)		1-30-2025 (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 17 SOURCES OF GIFTS OF A VALUE OF MORE THAN \$200 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 occupation of donor
If you have nothing to report, write NONE			
		Gross Value	
		Gross Value	
		Gross Value	
		Gross Value	
		Gross Value	
		Gross Value	
		Gross Value	
		Gross Value	
		Gross Value	
The monetary value of each gift shall be categorized based on the gross value estimate of the gift. For each reported gift listed in the Value category the letter which corresponds to the value category of the gift. The value categories are: A) \$200.01 to \$500; B) \$500.01 to \$1,000; C) \$1,000.01 to \$5,000; D) \$5,000.01 or more			
ITEM 18 SUPPLEMENTAL INFORMATION (please attach any supplemental info and note below to see attached)			
ITEM 19 SIGNATURE OF FILER AND DATE			
I, _____, 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 correct.			
(Signature of Filer)		(Date)	
ITEM 20 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			