

Hunter, Dave

C-1 Amendment

From: kent lorens <klmlstrane@hotmail.com>
Sent: Thursday, February 27, 2025 11:20 AM
To: Hunter, Dave
Subject: Re: C-1 filing NOT ACCEPTED

RECEIVED

FEB 27 2025

NEBRASKA ACCOUNTABILITY
and
DISCLOSURE COMMISSION

Mr. Hunter

I did intend the C-1 report to cover 2024 and would as you accept this email as an amendment to my filing. I apologize for the mistake and hope this will be sufficient for an amendment. If I need to do anything further please let me know.

Thank you

Kent Lorens

From: Hunter, Dave <dave.hunter@nebraska.gov>
Sent: Thursday, February 27, 2025 12:05 PM
To: kent lorens <klmlstrane@hotmail.com>
Subject: C-1 filing NOT ACCEPTED

Mr. Lorens,

We have not received a C-1 covering the year 2024 from you.

The filing you recently sent covers the year 2025.

If you intended that filing to cover the year 2024 please send us an email explaining that and if sufficient we should be able to accept your response as an amendment to the filing.

Please let me know you have received this message and be sure to amend your previous filing or otherwise file for the year 2024.

Sincerely,

David Hunter
Deputy Director / Interim Executive Director
Nebraska Accountability and Disclosure Commission
<https://nadc.nebraska.gov/>
(402) 471-2522
dave.hunter@nebraska.gov

NEBRASKA ACCOUNTABILITY AND DISCLOSURE COMMISSION 1225 L St., Suite 400 P.O. Box 95086 Lincoln, NE 68509 (402) 471-2522 www.nadc.nebraska.gov	STATEMENT OF FINANCIAL INTERESTS 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;">2/22/25</td> </tr> <tr> <td style="padding: 2px;">MICROFILM NUMBER</td> <td style="padding: 2px;"></td> </tr> </table> OFFICE USE ONLY FEB 27 2025 NEBRASKA ACCOUNTABILITY DISCLOSURE COMMISSION	POSTMARK DATE	2/22/25	MICROFILM NUMBER	
POSTMARK DATE	2/22/25					
MICROFILM NUMBER						
BEFORE COMPLETING READ FILING REQUIREMENTS						

- 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	Lorens Kent J LAST FIRST MIDDLE	Telephone No.	308 276-2335
Address	70377 RD 353	Stratton	NE. 69043
	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: Wheat Board Representative Region 4 Term: 2nd

Name of City, County, District, or State Agency: Nebraska Wheat Board

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 up to and including the date you left office.

☒ This statement covers the preceding calendar year January 1 through December 31, 2025

☐ Left office, this statement covers the period January 1, _____ to _____
(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.) Nebraska Wheat Board
301 Centennial Mall S. PO. Box94912
Lincoln, NE. 68509 | 1a.) Expense reimbursement of travel expenses incurred for meetings attended
For the Wheat Board |
| 2.) Nebraska Knights of Columbus
3101 Washington St. #7
Bellevue, NE. 68005 | 2a.) Expense reimbursement of travel expenses incurred for meeting attended
For the Knights of Columbus |
| 3.) Kent Lorens farms self-employed
70377 Rd 353
Stratton, NE. 69043 | 3a.) Self - employed self-owned family farm |
| 4.) Berexco and Emmanual LLC - Great Plains Energy
2020 N Bramblewood - 6121 south 58 th suite B
Witchita, Kansas 67206 - Lincoln, NE. 68516 | 4a.) Oil and gas lease - Oil and gas lease |

*NOTE: IF INCOME RESULTED FROM EMPLOYMENT 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 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 listed under item 6.

Name and Address of Business or Organization.

Nature of Association

If you have nothing to report, write NONE

- | | |
|--|--|
| 1.) Knights of Columbus
St. Josephs Council 10163 Benkelman-Stratton
70661 Ave 330, Benkelman, NE. 69021 | 1a.) Fraternal Services organization
Regional Growth Director |
| 2.) Stratton Recreation Fund Inc.
308 Bailey Street
Stratton, NE. 69043 | 2a.) Community recreation and services organization
President |
| 3.) Dundy County Stratton Public Schools
400 9 th Ave. Box586
Benkelman, NE. 69021 | 3a.) Public School Board
member |
| 4.) St. Josephs' Catholic Church
410 county Ave.
Stratton, NE. 69043 | 4a.) Trustee |
| 5.) Swanson Lake sportsman Club LLC
70377 RD 353
Stratton, NE. 69043 | 5a.) Board member |
| 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 <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		
SE1/4 sec 24-1-35 167ac NW ¼ sec 19-1-35 155ac E1/2 sec 26-1-35 303ac SE1/4-SE1/4/SW1/4 sec 10-1-35 208ac E1/2-E1/2/NW1/4-NE1/4/SW1/4 sec 15-1-35 456ac SE1/4 sec 13-1-35 164ac W1/2 sec 13-1-35 325ac S1/2 sec 23-1-35 316ac N1/2 sec 25-1-35 328ac All in Hitchcock County		All agricultural use.
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		
McCook National Bank Lincoln Federal savings Bank		403 Bailey Street, Stratton, NE. 69043 524 Chief St. Benkelman, NE. 69021
(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		
E1/2 sec16-2-36 Rawlins county Kansas 320ac Knights of Columbus Life Insurance, IRA, SEP Accounts		

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			
McCook national Bank		403 Bailey Street, Stratton NE. 69043	

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:	
		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	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.			
		2-20-2025	
(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.