

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: 20%; font-size: small;">POSTMARK DATE</td> <td>3-3-2025</td> </tr> <tr> <td></td> <td>EM</td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">OFFICE USE ONLY</td> </tr> <tr> <td colspan="2" style="height: 100px; vertical-align: top;"> LO S </td> </tr> </table>	POSTMARK DATE	3-3-2025		EM	OFFICE USE ONLY		LO S			
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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												
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Name</td> <td style="width: 30%;"><u>Harlan</u></td> <td style="width: 15%;"><u>Lemuel</u></td> <td style="width: 10%;"><u>A</u></td> <td style="width: 30%;">Telephone No. <u>402-920-2223</u></td> </tr> <tr> <td></td> <td style="text-align: center; font-size: small;">LAST</td> <td style="text-align: center; font-size: small;">FIRST</td> <td style="text-align: center; font-size: small;">MIDDLE</td> <td></td> </tr> </table>			Name	<u>Harlan</u>	<u>Lemuel</u>	<u>A</u>	Telephone No. <u>402-920-2223</u>		LAST	FIRST	MIDDLE	
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E-mail _____												
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Address</td> <td style="width: 40%;"><u>200 Omaha St.</u></td> <td style="width: 15%;"><u>Macy</u></td> <td style="width: 10%;"><u>NE</u></td> <td style="width: 20%;"><u>68039</u></td> </tr> <tr> <td></td> <td style="text-align: center; font-size: small;">STREET ADDRESS OR RURAL ROUTE</td> <td style="text-align: center; font-size: small;">CITY</td> <td style="text-align: center; font-size: small;">STATE</td> <td style="text-align: center; font-size: small;">ZIP CODE</td> </tr> </table>			Address	<u>200 Omaha St.</u>	<u>Macy</u>	<u>NE</u>	<u>68039</u>		STREET ADDRESS OR RURAL ROUTE	CITY	STATE	ZIP CODE
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	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.												
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Office or Position: <u>Supervisor</u></td> <td style="width: 10%;">Term:</td> <td style="width: 30%;"><u>12/1/24</u></td> </tr> <tr> <td></td> <td style="text-align: center; font-size: small;">BEGINS</td> <td style="text-align: center; font-size: small;">ENDS</td> </tr> </table>			Office or Position: <u>Supervisor</u>	Term:	<u>12/1/24</u>		BEGINS	ENDS				
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	BEGINS	ENDS										
Name of City, County, District, or State Agency: <u>Macy, Thurston, Dist. 6</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, _____ to <u>12/31/2024</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.) <u>Social Security</u>	1a.) <u>Retired</u>
2.) _____	2a.) _____
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, 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.) _____	1a.) _____
2.) _____	2a.) _____
3.) _____	3a.) _____
4.) _____	4a.) _____
5.) _____	5a.) _____
6.) _____	6a.) _____
7.) _____	7a.) _____