

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%; font-size: small;">POSTMARK DATE</td> <td style="width: 80%;">3-30-25</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;"></td> </tr> </table>	POSTMARK DATE	3-30-25		EM	OFFICE USE ONLY					
POSTMARK DATE	3-30-25											
	EM											
OFFICE USE ONLY												
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												
<table style="width: 100%;"> <tr> <td style="width: 10%;">Name</td> <td style="width: 30%;"><u>Adams</u></td> <td style="width: 10%;"><u>Rex</u></td> <td style="width: 10%;"><u>A</u></td> <td style="width: 40%;">Telephone No. <u>402-520-2434</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>Adams</u>	<u>Rex</u>	<u>A</u>	Telephone No. <u>402-520-2434</u>		LAST	FIRST	MIDDLE	
Name	<u>Adams</u>	<u>Rex</u>	<u>A</u>	Telephone No. <u>402-520-2434</u>								
	LAST	FIRST	MIDDLE									
<table style="width: 100%;"> <tr> <td style="width: 10%;">E-mail</td> <td style="width: 90%;"><u>shooteradams@yahoo.com</u></td> </tr> </table>			E-mail	<u>shooteradams@yahoo.com</u>								
E-mail	<u>shooteradams@yahoo.com</u>											
<table style="width: 100%;"> <tr> <td style="width: 10%;">Address</td> <td style="width: 80%;"><u>116 N Douglas P.O. Box 37 Blue Springs Ne 68318</u></td> <td style="width: 10%;"></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 STATE ZIP CODE</td> </tr> </table>			Address	<u>116 N Douglas P.O. Box 37 Blue Springs Ne 68318</u>			STREET ADDRESS OR RURAL ROUTE	CITY STATE ZIP CODE				
Address	<u>116 N Douglas P.O. Box 37 Blue Springs Ne 68318</u>											
	STREET ADDRESS OR RURAL ROUTE	CITY STATE ZIP CODE										
ITEM 2 OCCASION FOR FILING (Check Appropriate Box)												
<table style="width: 100%;"> <tr> <td style="width: 50%;">☐ A candidate for elective office</td> <td style="width: 50%;">☒ Newly appointed to office or position</td> </tr> <tr> <td>☐ Annual officeholder's or state employee's report</td> <td>☐ Amendment</td> </tr> </table>			☐ A candidate for elective office	☒ Newly appointed to office or position	☐ Annual officeholder's or state employee's report	☐ Amendment						
☐ 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.												
<table style="width: 100%;"> <tr> <td style="width: 60%;">Office or Position: <u>Gage County Supervisor</u></td> <td style="width: 40%;">Term: <u>1/25</u> <u>12/28</u></td> </tr> <tr> <td></td> <td style="text-align: center; font-size: small;">BEGINS ENDS</td> </tr> </table>			Office or Position: <u>Gage County Supervisor</u>	Term: <u>1/25</u> <u>12/28</u>		BEGINS ENDS						
Office or Position: <u>Gage County Supervisor</u>	Term: <u>1/25</u> <u>12/28</u>											
	BEGINS ENDS											
Name of City, County, District, or State Agency: <u>Gage County Nebraska</u>												
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, <u>2024</u>												

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.) BNSF Railway
Lincoln NE
- 2.) Farm income
- 3.) Rents from Building
- 4.) StoreKraft Retirement

- 1a.) conductor
- 2a.)
- 3a.)
- 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.) One Property at a time
116 N Douglas
Blue Springs NE 68318
- 2.) Nebraska Bowhunters Ass.
- 3.) Adams Outdoor Supply
- 4.) Adams Bottles + Boxes
- 5.)
- 6.)
- 7.)

- 1a.) President / chairman
- 2a.) auction chairman
- 3a.) owner
- 4a.) owner
- 5a.)
- 6a.)
- 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.)
---------------	---

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

See attachment for parcels	
----------------------------	--

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

Security First Memberson Credit Union Liberty Credit Union	Blue Springs NE 2000 Eastside Blvd Beatrice NE 501 North 46th St Lincoln NE
--	---

(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

Van Guard E-Trade	Wells Fargo Citibank	Ameritas BKK Treasury Direct Bonds
----------------------	-------------------------	---------------------------------------

(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

Ameritas Life Insurance

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			
<i>Farm Credit Services</i>		<i>Beatrice NE</i>	
<i>Members Over Co.</i>		<i>Beatrice NE</i>	
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:	
		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.

2/12/2024

Gage County

Parcels (Owner)

PID	Owner/Name	Property/Purpose	Address	Legal Desc
006679000	ADAMS, REX & JODI		116 N DOUGLAS BLUE SPRINGS NE 68318	0-2-7 LOT 13 BLK 1 BLUE SPRINGS ORIG
006949100	ADAMS, REX 116 DOUGLAS	00202 W LINCOLN	PO BOX 37 BLUE SPRINGS NE 68318	0-2-7 LOT 14 BLK 5 HOLLISTERS ADDITION
006949000	ADAMS, REX 116 DOUGLAS	00212 W LINCOLN	PO BOX 37 BLUE SPRINGS NE 68318	0-2-7 LOTS 10-13 INC. BLK 5 HOLLISTERS ADDITION
006819000	ADAMS, REX 116 DOUGLAS	00307 E BROAD	PO BOX 37 BLUE SPRINGS NE 68318	0-2-7 W 24' LOT 8 & E 1/2 LOT 9 BLK 3 ISAAC CASEBEERS ADD
007026000	ADAMS, REX A & JODI G 116 N DOUGLAS	00116 N DOUGLAS	PO BOX 37 BLUE SPRINGS NE 68318	0-2-7 COM SW COR SE NE TH E 50' N 289' W 50' S 289' TO POB 17-2-7 BLUE SPRINGS NON DE SCRIPT
006702000	ADAMS, REX & JODI 116 N DOUGLAS ST		PO BOX 37 BLUE SPRINGS NE 68318	0-2-7 ALL LOTS 6-10 INC BLK 5 BLUE SPRINGS ORIGINAL
006673000	ADAMS, REX & JODI		116 N DOUGLAS BLUE SPRINGS NE 68318	0-2-7 LOTS 1-3 INC EX E 55' & E 17' 3 INCHES OF LOT 16 BLK 1 BLUE SPRINGS ORIG
006215000	ADAMS, REX A & GARY STOHS C/O GARY STOHS		5809 W OLIVE RD ODELL NE 68415	27-2-7 SEC 27-2-7 24.39 AC. IN NW AND VAR LOTS
006676000	ADAMS, REX & JODI	00125 N DOUGLAS	116 N DOUGLAS BLUE SPRINGS NE 68318	0-2-7 LOTS 5-8 INC & N 1/2 LOT 4 BLK 1 BLUE SPRINGS ORIG
007017100	ADAMS, REX A & JODI G 116 N DOUGLAS		PO BOX 37 BLUE SPRINGS NE 68318	0-2-7 COM AT A PT 289' N OF SW COR SE NE N 40' E 170' S 40' W 170' TO POB 17-2-7 BLUE SPRINGS NON-DE-SCRIPT
007025000	ADAMS, REX & JODI 116 N DOUGLAS		PO BOX 37 BLUE SPRINGS NE 68318	0-2-7 COM 50' E OF SW COR SE NE TH N 289' E 200' S 289' W TO POB SE NE LOT 6 (1.26A) 17-2-7 BLUE SPRINGS NON DE SCRIPT
006820000	ADAMS, REX & JODI 116 N DOUGLAS		PO BOX 37 BLUE SPRINGS NE 68318	0-2-7 W 1/2 LOT 9 BLK 3 ISAAC CASEBEERS ADD
006189000	ADAMS, REX & JODI 116 N DOUGLAS		PO BOX 37 BLUE SPRINGS NE 68318	22-2-7 SEC 22-2-7 S 1/2 SW 80.00 AC
006219000	ADAMS, REX A & GARY STOHS C/O GARY STOHS		5809 W OLIVE RD ODELL NE 68415	27-2-7 SEC 27-2-7 THAT PT OF LOT 2 OF NW LYING E OF RR ROW 24.58 AC
006813000	ADAMS, REX & JODI 116 N DOUGLAS		PO BOX 37 BLUE SPRINGS NE 68318	0-2-7 LOTS 1-2 BLK 3 ISAAC CASEBEERS ADD

PID	OwnerName	PropertyAddress	OwnerAddress	LegalDesc
007027000	ADAMS, REX A & JODI G 116 N DOUGLAS		PO BOX 37 BLUE SPRINGS NE 68318	0-2-7 W 113 1/2 OF LOT 9 NE SE ALSO PIECE 12' X 95' ON E SIDE BLK TR (1.23A) 17-2-7 BLUE SPRINGS NON DE SCRIPT
006814000	ADAMS, REX 116 DOUGLAS		PO BOX 37 BLUE SPRINGS NE 68318-0037	0-2-7 LOT 3-5 INC. BLK 3 ISAAC CASEBEERS ADD
006703000	ADAMS, REX & JODI 116 N DOUGLAS ST		PO BOX 37 BLUE SPRINGS NE 68318	0-2-7 LOTS 1-10 INC BLK 6 BLUE SPRINGS ORIGINAL
006178100	ADAMS, REX & JODI 116 N DOUGLAS		PO BOX 37 BLUE SPRINGS NE 68318	21-2-7 SEC 21-2-7 2 IRREGULAR TRACTS OF LAND IN THE E 1/2 NW (10.62AC & 3.43AC) 14.05 AC
006177100	ADAMS, REX & JODI 116 N DOUGLAS ST		PO BOX 37 BLUE SPRINGS NE 68318	21-2-7 SEC 21-2-7 S 1/2 SW NE LYING N & E OF RRRTY & NW SE LYING N & E OF RR RTY 27.00 AC
008249000	ADAMS, REX A & JODI G 116 N DOUGLAS	00101 S 6TH	PO BOX 37 BLUE SPRINGS NE 68318	0-2-7 LOT 1 BLK 15 WYMORE ORIG
006821000	ADAMS, REX 116 DOUGLAS		PO BOX 37 BLUE SPRINGS NE 68318	0-2-7 E 24 1/2' LOT 10 BLK 3 ISAAC CASEBEERS ADD
007017200	ADAMS, REX A & JODI G 116 N DOUGLAS		PO BOX 37 BLUE SPRINGS NE 68318	0-2-7 S 15' OF A 221' X 170' TRACT COM 329' N OF SW COR SE NE 17-2-7 BLUE SPRINGS NON-DE-SCRIPT (.06AC)

#6 -

5) International Association of Sheet
metal, Air, Rail + Tra

Eagle NE

6) Smart Transportation Drivers

Independence OH

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			
<i>Farm Credit Services</i> <i>Members Over Co</i>		<i>Blatt via NE</i> <i>Blatt via NE</i>	
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.			
<i>X</i> <i>Rev Adams</i> (Signature of Filer)		<i>3-28-25</i> (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.

nadc@nebraska.gov