

NEBRASKA ACCOUNTABILITY AND DISCLOSURE COMMISSION P.O. Box 95086 Lincoln, NE 68509 (402) 471-2522 https://nadc.nebraska.gov	STATEMENT OF FINANCIAL INTERESTS Calendar Year 2025 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%;">1-5-2026</td> </tr> <tr> <td></td> <td>EM</td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: x-small;">OFFICE USE ONLY</td> </tr> <tr> <td colspan="2" style="height: 100px;"></td> </tr> </table>	POSTMARK DATE	1-5-2026		EM	OFFICE USE ONLY			
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OFFICE USE ONLY										
BEFORE COMPLETING READ FILING REQUIREMENTS		S								

- 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	<u>HILL</u>	<u>DAWN</u>	<u>R</u>	Telephone No.	<u>402-228-2084</u>
	LAST	FIRST	MIDDLE		
E-mail	<u>dawn.hill@windstream.net</u>				
Address	<u>2006 JACKSON STREET</u>		<u>BEATRICE</u>	<u>NE</u>	<u>68310</u>
	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:	<u>COUNTY CLERK</u> Term: <u>1/2023 - 1/2027</u>
	BEGINS ENDS
Name of City, County, District, or State Agency:	<u>GAGE COUNTY</u>

ITEM 4	OFFICE SOUGHT (Candidates only. See 1A of instructions)
List the office sought which requires this filing.	
Office:	<u>COUNTY CLERK</u>
Name of City, County, District, or State Office:	<u>GAGE COUNTY</u>

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>2025</u>	