

Amended

NEBRASKA  
ACCOUNTABILITY AND  
DISCLOSURE COMMISSION

P.O. Box 95086  
Lincoln, NE 68509  
(402) 471-2522  
<https://nadc.nebraska.gov>

BEFORE COMPLETING  
READ FILING REQUIREMENTS

STATEMENT  
OF  
FINANCIAL  
INTERESTS

Calendar Year 2025

NADC FORM C-1

POST MARK  
DATE

NONE

RECEIVED

JAN 26 2026

OFFICE USE ONLY

RECEIVED

JAN 23 2026

NEBRASKA ACCOUNTABILITY  
AND DISCLOSURE COMMISSION

- 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 reported for any item, except item 1.
- 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

HASSLER STEVEN RAY

LAST

FIRST

MIDDLE

Telephone No.

402-695-2424

E-mail

Address

85947 5904th AVE EMERSON NE 68733

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 official'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:

County Supervisor

Term:

2022

2026

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

DIXON CO NE

BEGINS

ENDS

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, 2025

Revised October 2025

**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 rendered or the circumstances under which income was received. NO. 1 List the amount of the income.

Also include your Government position if you were paid more than \$1,000.

1.) DIXON CO SUPERVISOR 1a.)

DIXON CO PONCAKE

2.) HASSLER FARMS 2a.)

85947 390th EMERSON NE

FARMING

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 or 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 and 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.) DIXON CO TOWNSHIP BOARD 1a.)

EMERSON TOWNSHIP

85947 390th EMERSON NE

BOARD CHAIRMAN

2.) 68732 2a.)

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.)

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 or 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

NE 1/4  
SEC 26-31-4  
88389 591 AV  
MECOSTHA NE

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

First Med. Bank

EMERSON NE 68733  
1000 MAIN ST.

FRONTIER BANK

PENDER NE 68047  
222 MAIN ST.

(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

(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

IRA RETIREMENT ACCOUNT

**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 |         |
| FRONTIER BANK<br>PENDER AVE               |         |

**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<br>(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:                    |                                                            |

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)

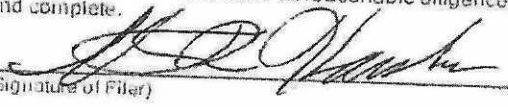
**ITEM 13 SIGNATURE OF FILER, ATTESTATION, AND DATE**

Check one of the boxes, sign and date below.

☒ I am not an agent of a foreign principal from an adversary nation or a foreign terrorist organization, as such terms are defined in the Foreign Adversary and Terrorist Agent Registration Act.

☐ I am an agent of a foreign principal from an adversary nation or a foreign terrorist organization, as such terms are defined in the Foreign Adversary and Terrorist Agent Registration Act.

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.

 1-13-26

(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.

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Office or Position:

COUNTY SUPERVISOR

Term:

2022

2026

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ENDS

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

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Name and Address of Business or Organization.

Nature of Association

If you have nothing to report, write NONE

1.) DIXON CO Township Board 1a.)

EMERSON TOWNSHIP  
85947 590th EMERSON NE  
68733

BOARD CHAIRMAN

2.) 2a.)

3.) 3a.)

4.) 4a.)

5.) 5a.)

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Value of Gift (See Key Below)

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Choose Value:

Choose Value:

Choose Value:

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