

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

POSTMARK
DATE

1/29/26

OFFICE USE ONLY

RECEIVED
FEB 02 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 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 Dean Amber R Telephone No. 402-980-8271
LAST FIRST MIDDLE
E-mail AKu1409@gmail.com
Address 307 4th St Herman NE 68029
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: _____ Term: _____
BEGINS ENDS

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

ITEM 4 OFFICE SOUGHT (Candidates only. See 1A of instructions)

List the office sought which requires this filing.

Office: Clerk of the District Court

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

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.) Clerical Court of the District Court

1a.) Pay Check.

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.) Herman Volunteer Fire & Rescue
508 main St Herman NE 68029

1a.) Rescue Squad member

2.) Herman Community Club aka
"Herman Hearts"
709 main St Herman NE 680292a.) Chairman of the Softball League &
"Christmas in Herman."

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, 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

307 4th St Herman NE 68029

None

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

Washington County Bank NIA WCB

1523 Washington St. Blair NE 68008

RVR Bank

555 S. 19th St. Blair NE 68008

(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

None

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

none

none

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 DonorValue of Gift
(See Key Below)Description of Gift and
Circumstances or
Occasion for Gift

If you have nothing to report, write NONE

none

none

Choose Value:

none

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.

(Signature of Filer)

(Date)

1-13-26

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.

For Official Use Only

PARTISAN (PRIMARY ELECTION) CANDIDATE FILING FORM

Instructions: Please complete the form in its entirety, by printing the information requested in the spaces provided. Incomplete forms could delay the effective date of your filing. Be sure the form is legible. Do not sign the form until you are in front of a notary public or elections official. If you have any questions, contact your local Election Commissioner or County Clerk.

*Pursuant to Neb. Rev. Stat. §32-111, an incumbent is defined as a "person whom the canvassers or the courts declare elected to an elective office or who has been appointed to an elective office." A candidate who currently holds any elected office is considered an incumbent; therefore, the incumbent deadline applies.

Filing Periods: INCUMBENT*: JANUARY 5, 2026 to FEBRUARY 17, 2026
NONINCUMBENT: JANUARY 5, 2026 to MARCH 2, 2026

FILED

JAN 13 2026

Time: _____ Initials: _____
WASHINGTON COUNTY CLERK

☐ Check here if an incumbent**

Required Information

Registered Voter's Name: Amber R. Dean Washington
(First, Middle Initial, Last) (County of Residence)

Registered Voter's Address: 307 4th St Herman NE 68029
(Street address where you reside & are registered to vote) (City) (State) (Zip)

Phone Number: 402-980-8271 ☒ Cell ☐ Home/Other

I declare that I am a Republican candidate for the office of Clerk of the district court District _____
(Party Affiliation)

for a term of 4 years and request that my name Amber R Dean
(Print name as it is to appear on the ballot. See reverse side for information.)

be placed on the official ballot for the primary election to be held the 12th day of May, 2026.

To assist with proper pronunciation of your name on the ballot reading device, please provide the "rhymes-with" word or phonetic spelling or both.
Ex.: Sue Jahn = Sue Hahn (rhymes with fawn) or William Mishaud = mee-SHO ('d' is silent) or Tanya Monte = TAWN-yuh (not TAN) mahn-TEA

Dean rhymes with Bean
(Spoken Spelling Required)

☒ By checking this box, I state that I do not owe civil penalties pursuant to the Nebraska Political Accountability and Disclosure Act; or, if civil penalties are owed, a surety bond has been filed pursuant to subdivision (4)(b) of section 32-602.

Optional Information for PUBLIC Candidate Filing List

Mailing Address: _____ (City) (State) (Zip)
(Street address or PO Box)

(Alternate phone) _____

(Email address) _____

STATE OF NEBRASKA)

COUNTY OF Washington) ss.

I hereby swear that I will abide by the laws of the State of Nebraska regarding the results of the primary and general elections, that I am a registered voter and qualified to be elected, and that I will serve if elected.

IN WITNESS WHEREOF, I have hereunto subscribed my name this 13 day of January, 2026.
(Day) (Month) (Year)

Signature of Candidate

Subscribed in my presence and sworn to before me this

13 day of January, 2026
(Day) (Month) (Year)

Signature of Officer Administering Oath

Title (e.g., County Clerk, Notary Public)

(SEAL)



Rubana Fullina

County Clerk

