

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 Left Office/Position NADC FORM C-1	POSTMARK DATE 2-14-26 2/13/2026 OFFICE USE ONLY RECEIVED FEB 18 2026 NEBRASKA ACCOUNTABILITY and DISCLOSURE COMMISSION
BEFORE COMPLETING READ FILING REQUIREMENTS		

- 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
Name <u>CURRY</u> <u>KENDALL</u> <u>BERSTON</u> Telephone No. <u>402-276-7442</u> LAST FIRST MIDDLE	
E-mail <u>KENCURRY278@gmail.com</u>	
Address <u>1511 31st STREET</u> <u>COLUMBUS</u> <u>NE</u> <u>68601</u> 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. Office or Position: <u>COMMISSIONER</u> Term: <u>1-15-2025</u> ⁵ BEGINS ENDS	
Name of City, County, District, or State Agency: <u>NEBRASKA GAME & PARKS COMMISSION</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, <u>2025</u> to <u>JAN 15, 2025</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.) | NEBRASKA PUBLIC POWER DISTRICT (NPPD) | 1a.) | ELECTRIC UTILITY - LEADERSHIP COACH |
| 2.) | LAND RENTAL / HUNTING INCOME | 2a.) | PASTURE RENTAL, HUNTING LEASE |
| 3.) | TOWNHOME, COLUMBUS NE | 3a.) | RENTAL INCOME |
| 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.) | NPPD | 1a.) | PART TIME EMPLOYEE |
| 2.) | DIAMOND WILLOW NEBRASKA LLC | 2a.) | NO INCOME |
| 3.) | BOY SCOUTS OF AMERICA | 3a.) | BOARD MEMBER |
| 4.) | COLUMBUS MORNING ROTARY | 4a.) | ROTARIAN |
| 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

3780 30th AVE
COLUMBUS, NE 68601

RESIDENTIAL RENTAL

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

NEBRASKA ENERGY FEDERAL CREDIT
- personal accounts UNION
PINNACLE BANK - personal account
GREAT PLAINS STATE BANK

1414 15th ST, COLUMBUS NE 68601
2661 33rd SE AVE, COLUMBUS, NE 68601
3423 21st STREET COLUMBUS NE 68601

(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

NDPB RETIREMENT PLAN - MUTUAL FUNDS, ETC.
(401K, 457B) FOR KEN + ROBIN.

(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

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			
CARCLAS VISA SCHUELS VISA RESIDENTIAL LOAN - TOWNHOME		PO BOX 3838 Omaha NE 68103 C/O FIRST NATAMBA BANK OF OMAHA PO BOX 2340 Omaha NE 68103 NEW KEEZ LLC PO BOX 10826 29603-0826 GREENVILLE SC	
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			
NONE		Choose Value:	
		Choose Value:	
GPS BANK (STUDENT LOAN)	3423 21st STREET COLUMBUS NE 68601	Choose Value:	
ZWITAFEL (STUDENT LOAN)	PO BOX 4500 ABERDEEN SD 57402-4500	Choose Value:	
PINNACLE BANK - E	2661 33rd STREET COLUMBUS, NE 68601	Choose Value:	
SOLD TO CITIZENS BANK (TOWNHOME)		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)		2-13-2026 (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.