

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

2/9/26

OFFICE USE ONLY

RECEIVED

FEB 12 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 -FRITSCHÉ CHARLES LOUIS Telephone No. 308-340-4625  
LAST FIRST MIDDLE  
E-mail cfritsche@ak25.com  
Address 38910 ROAD 721 MCCOOK NE 69001  
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: COUNTY COMMISSIONER DISTRIC #3 Term: 01/01/2023----01/01/2027  
BEGINS ENDS  
Name of City, County, District, or State Agency: RED WILLOW COUNTY NEBRASKA

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

List the office sought which requires this filing.  
Office: RED WILLOW COUNTY COMMISSIONER District #3  
Name of City, County, District, or State Office: RED WILLOW COUNTY NEBRASKA

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>ITEM 6 SOURCES OF INCOME OF OVER \$1,000</b>                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                        |
| 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. |
| <b>Also include your Government position if you were paid more than \$1,000.</b>                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                        |
| 1.) RED WILLOW COUNTY<br>502 NORRIS AVENUE<br>MCCOOK, NEBRASKA 69001                                                                                                                                                                                                                                                                                                                                                                                   | 1a.) RED WILLOW COUNTY COMMISSIONER                                                                                                                                                    |
| 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.                                                                                                                                                                                                        |                                                                                                                                                                                        |
| <b>ITEM 7 BUSINESSES WITH WHICH YOU ARE ASSOCIATED Including Non Profits (See definitions)</b>                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                        |
| 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 <b>not</b> report business associations which are otherwise listed under Item 6. |                                                                                                                                                                                        |
| Name and Address of Business or Organization.                                                                                                                                                                                                                                                                                                                                                                                                          | Nature of Association                                                                                                                                                                  |
| <b>If you have nothing to report, write NONE</b>                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                        |
| 1.) FRITSCHÉ BROTHERS TRENCHING<br>38910 ROAD 721<br>MCCOOK, NEBRASKA 69001                                                                                                                                                                                                                                                                                                                                                                            | 1a.)                                                                                                                                                                                   |
| 2.)                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 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, 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**

38602 RAVENSWOOD ROAD MCCOOK NEBRASKA

SINGLE FAMILY RENTAL

PARCEL # 320000037 NE 1/4 & PART SW 1/4 SECTION 5/6/30  
ZIMMERMAN PRECINT 160.1 ACRES  
FRONTIER COUNTY, NEBRASKA

AGRICULTURAL

PARCEL # 320033430 ALL OF SECTION 4/6/30 ZIMMER PRECINT  
666.75 ACRES FRONTIER COUNTY, NEBRASKA

AGRICULTURAL

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**

COMMUNITY FIRST BANK

122 SOUTH COMMERCIAL STREET P.O. BOX 45  
MAYWOOD, NEBRASKA 69038

(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**

FIDELITY

MCCOOK NATIONAL BANK

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                         |                                                                    |                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------------------------------------------------------|
| <b>ITEM 10</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>CREDITORS TO WHOM \$1,000 OR MORE WAS OWED OR GUARANTEED BY YOU OR A MEMBER OF YOUR IMMEDIATE FAMILY.</b>                                            |                                                                    |                                                            |
| Exception: Loans from a relative and land contracts which have been recorded with the County Clerk or Register of Deeds need <b>not</b> 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 <b>not</b> be reported.                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                         |                                                                    |                                                            |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                         | Address                                                            |                                                            |
| <b>If you have nothing to report, write NONE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                         |                                                                    |                                                            |
| COMMUNITY FIRST BANK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                         | 122 SOUTH COMMERCIAL STREET P.O. Box 45<br>MAYWOOD, NEBRASKA 69038 |                                                            |
| <b>ITEM 11</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>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</b> |                                                                    |                                                            |
| 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 |
| <b>If you have nothing to report, write NONE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                         |                                                                    |                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                         | 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:<br>A) \$100.01 to \$200; B) \$200.01 to \$500; C) \$500.01 to \$1,000; D) \$1,000.01 or more.                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                         |                                                                    |                                                            |
| <b>ITEM 12</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>SUPPLEMENTAL INFORMATION (please attach any supplemental info and note below to see attached)</b>                                                    |                                                                    |                                                            |
| <b>ITEM 13</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>SIGNATURE OF FILER, ATTESTATION, AND DATE</b>                                                                                                        |                                                                    |                                                            |
| Check one of the boxes, sign and date below.<br><input checked="" type="checkbox"/> 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.<br><input type="checkbox"/> 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.<br>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. |                                                                                                                                                         |                                                                    |                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                         | 2-9-2026                                                           |                                                            |
| (Signature of Filer)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                         | (Date)                                                             |                                                            |