

need Amend
for check box
2/24/26

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

• 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>Dauek Larry</u> Telephone No. <u>402-642-5852</u>
	LAST FIRST MIDDLE
E-mail	
Address	<u>1974 G RD 23</u> <u>Mahmo</u> <u>Ne</u> <u>68040</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:	Term: <u>Feb 2025</u>
Name of City, County, District, or State Agency:	<u>Butler Public Power Dist</u> ^{BEGINS} ENDS

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, _____ to <u>2-25-26</u>	
(DATE YOU LEFT OFFICE OR POSITION)	

ITEM 10	CREDITORS TO WHOM \$1,000 OR MORE WAS OWED OR GUARANTEED BY YOU OR A MEMBER OF YOUR IMMEDIATE FAMILY.
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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	

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
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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:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	

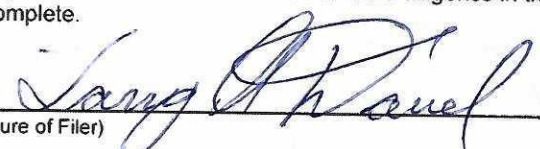
The monetary value of each gift shall be categorized based on the good faith estimate of the filer. For each reported gift insert in the Value column the letter which corresponds to the value category of the gift. The value categories are:

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)
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ITEM 13	SIGNATURE OF FILER AND DATE
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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)	2-21-26 (Date)
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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.