

NEBRASKA ACCOUNTABILITY AND DISCLOSURE COMMISSION 1225 L Street, Suite 400 P.O. Box 95086 Lincoln, NE 68509 (402) 471-2522 www.nadc.nebraska.gov	STATEMENT OF FINANCIAL INTERESTS <i>Amend</i> NADC FORM C-1	POSTMARK DATE	170
		MICROFILM NUMBER	
		OFFICE USE ONLY	
BEFORE COMPLETING READ FILING REQUIREMENTS		RECEIVED FEB 26 2026 NEBRASKA ACCOUNTABILITY DISCLOSURE COMMISSION	

- Candidates for designated offices and holders of designated offices and positions must file this statement and See Sections 1A and 1B of the instructions.
- Candidates (including incumbents) subject to this filing requirement must file with the Commission and with the appropriate election official (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	SCHRAM	TIM	FILE:///C:/USERS/LAURA/DOWNLOADS/TICKETS.PDFEL	Telephone No	(402) 415-8471
LAST		FIRST	MIDDLE		
Address	15151 SOUTH 234TH STREET GRETN, NE 68028		GRETN	NE	68028
STREET ADDRESS		CITY		STATE	ZIP CODE

ITEM 2 OCCASION FOR FILING

Annual officeholder's or state employee's report

ITEM 3 OFFICE HELD & TERM OF OFFICE (Incumbent elected/appointed officials and state/other employees. See IB of instructions)

List the office or position you currently hold which requires this filing. If you have left office, list the office you held.

Office or Position:	PUBLIC SERVICE COMMISSION - 3	Term:	1/1/2025	1/1/2031
			BEGINS	ENDS

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

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

List the office sought which requires this filing.

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. If you have left office, this statement must cover all financial interests from the end of the calendar year for which you previously filed up to and including the date you left office.

This statement covers the preceding calendar year January 1 through December 31, 2025

Revised January 2026

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.	
List your Government position if you were paid more than \$1,000.			
TIM SCHRAM	15151 SOUTH 234TH STREET GRETNA, NE 68028, GRETN, NE 68028	FARMLAND OWNED	CROP SALES
NEBRASKA PUBLIC SERVICE COMMISSIONER	1200 N STREET, LINCOLN, NE 68509	SCHRAM FOR PUBLIC SERVICE COMMISSION	ELECTED POSITION
USDA	WASHINGTON DC, WASHINGTON, DC 20005	FARM	USDA PAYMENTS
*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	
Gretna Frontier Coop <i>TS</i>		If you have nothing to report, write NONE <i>Patron Stockholder TS</i>	
SCHRAM AUCTION INC, 23302 MELIA ROAD, GRETN, NE 68028		<i>Former Shareholder TS</i> OTHER	
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 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 estate 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			
230 MELIA ROAD, 15151 SOUTH 234TH STREET GRETN, NE 68028, GRETN, NE, 68028 FARMLAND		FARM	
240 PLATTEVIEW ROAD, GRETN, NE, 68028 FARMLAND		FARM	
15151 SOUTH 234TH STREET GRETN, NE 68028, 15151 SOUTH 234TH STREET GRETN, NE 68028, GRETN, NE, 68028 RESIDENTIAL ACREAGE		FARM	
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			
AMERICAN NATIONAL BANK		HWY 31, GRETN, NE 68028	
PINNACLE BANK		HWY 6, GRETN, NE 68028	
(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			
EDWARD JONES			
NPERS			
JACKSON NATIONAL <i>IRA TS</i>	<i>Northwestern Mutual TS</i>	<i>Sarpy County Retirement NPERS TS</i>	
RETIREMENT SOLUTIONS	<i>Ford Stock TS</i>	<i>American Mutual Funds TS</i>	
PROGRESSIVE	<i>Nvidia Stock TS</i>	<i>Pfizer Stock TS</i>	
MIDLAND NATIONAL	<i>General Mills Stock TS</i>		
	<i>WD-40 Stock TS</i>		

(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	
FARMLAND	(Agriculture crop sales) AB.

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			
PINNACLE BANK		HWY 6, GRETNA, NE 68028	
CITIZENS		10561 TELEGRAGH ROAD, GLEN ALLEN, VA 23059	
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	Description of Gift and Circumstances or Occasion for Gift
NARUC and MARC	National Association	\$800	Travel Stipend Conference
If you have nothing to report, write NONE			
NONE			
The monetary value of each gift shall be categorized based on the good faith estimate of the filer.			
ITEM 12	SUPPLEMENTAL INFORMATION		
CURRENTLY VOLUNTEER MEMBER OF ITRS ADVISORY BOARD CSRIC FCC USAC FCC FORMER OWNER OF SCHRAM AUCTION INC			
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)		2/13/2026 2/26/2026 (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.