

NEBRASKA ACCOUNTABILITY AND DISCLOSURE COMMISSION 1225 L St., Suite 400 P.O. Box 95086 Lincoln, NE 68509 (402) 471-2522	POTENTIAL CONFLICT OF INTEREST STATEMENT NADC FORM C-2	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">POSTMARK DATE</td> <td style="width: 50%; text-align: center; padding: 2px;">illegible</td> </tr> <tr> <td style="padding: 2px;">MICROFILM NUMBER</td> <td style="text-align: center; padding: 2px;">COPY</td> </tr> <tr> <td colspan="2" style="padding: 2px; text-align: center;">OFFICE USE ONLY</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 10px;"> RECEIVED ASOC MAY 10 2023 NEBRASKA ACCOUNTABILITY DISCLOSURE COMMISSION </td> </tr> </table>	POSTMARK DATE	illegible	MICROFILM NUMBER	COPY	OFFICE USE ONLY		RECEIVED ASOC MAY 10 2023 NEBRASKA ACCOUNTABILITY DISCLOSURE COMMISSION									
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BEFORE COMPLETING THIS FORM READ THE FILING REQUIREMENTS ON PAGE 3																		
- An official or employee of the executive branch of state government or any other official or employee required to file Statements of Financial Interests must file this form if he or she has a potential conflict of interest. - Elected officials of school districts and elected officials of villages and cities (except Omaha and Lincoln) should not use this form. Use Potential Conflict of Interest Statement Form C-2A. - File this Potential Conflict of Interest Statement with the Nebraska Accountability and Disclosure Commission and with your immediate superior (if any) whenever a potential conflict of interest situation arises. - Persons who fail to disclose a potential conflict of interest or who otherwise do not comply with the law are subject to penalties.																		
ITEM 1	NAME, ADDRESS AND TELEPHONE NUMBER																	
<table style="width: 100%;"> <tr> <td style="width: 33%;">Name JEFFRES</td> <td style="width: 33%;">Name VANCE</td> <td style="width: 33%;">Name LEE</td> <td style="width: 33%;">Telephone No. 308-750-1817</td> </tr> <tr> <td style="text-align: center;">Last</td> <td style="text-align: center;">First</td> <td style="text-align: center;">Middle</td> <td></td> </tr> <tr> <td colspan="2">Address 417 VALLEY VISTA DR.</td> <td style="text-align: center;">BURWELL</td> <td style="text-align: center;">NE 68823</td> </tr> <tr> <td colspan="2" style="text-align: center;">STREET ADDRESS OR RURAL ROUTE</td> <td style="text-align: center;">City</td> <td style="text-align: center;">STATE ZIP CODE</td> </tr> </table>			Name JEFFRES	Name VANCE	Name LEE	Telephone No. 308-750-1817	Last	First	Middle		Address 417 VALLEY VISTA DR.		BURWELL	NE 68823	STREET ADDRESS OR RURAL ROUTE		City	STATE ZIP CODE
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ITEM 2	TITLE, AGENCY, ADDRESS, PHONE AND SUPERIOR																	
Your Title GARFIELD COUNTY COMMISSIONER Agency GARFIELD COUNTY																		
Agency Address P.O. BOX 218 BURWELL, NE 68823 Agency Phone 308-346-4161																		
Name of Immediate Superior _____ Title _____																		
ITEM 3	DESCRIBE POTENTIAL CONFLICT OF INTEREST IN DETAIL (Use Item 7 Continuation, if necessary)																	
Date action is to be taken or decision is to be made: _____																		
Description of Potential Conflict: I own a sand and gravel operation. We are one of the main suppliers of aggregate to Garfield County for county roads. I have been serving the county for 50 years. When approving claims from Jeffres Sand & Gravel, Inc. to Garfield County Roads, I abstain from approving those claims.																		

ITEM 4 PERSONS WHO MAY RECEIVE FINANCIAL BENEFIT OR DETRIMENT☐ You☐ Member of your Immediate Family: _____

NAME

Business With Which You

☒ Are Associated (See Definitions)JEFFRES SAND & GRAVEL, INC., JEFFRES TRUCKING LLC, LOUP VALLEY
REDI-MIX LLC

NAME OF BUSINESS

ITEM 5 NATURE OF FINANCIAL BENEFIT OR DETRIMENT**ITEM 6 FOR MEMBERS OF THE LEGISLATURE ONLY**

If you will not abstain from acting on a matter state why, despite the potential conflict, you intend to vote or otherwise participate.

ITEM 7 CONTINUATION

(SIGNATURE)

(DATE)