NEBRASKA
ACCOUNTABILITY AND
DISCLOSURE COMMISSION
1225 L St., Suite 400
P.O. Box 95086
Lincoln, NE 68509
(402) 471-2522
https://nadc.nebraska.gov

BEFORE COMPLETING
READ FILING REQUIREMENTS

STATEMENT OF FINANCIAL INTERESTS

Left Office/Position

NADC FORM C-1

POSTMARK DATE	6-11-2025
	EM
OFFICE USE ONLY	

- 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: Erdman (LAST) Henry (FIRST) Steve (MIDDLE) Telephone No. 308-631-4655

E-mail: steve@steveerdman.com

Address: 8527 L62A (STREET ADDRESS OR RURAL ROUTE) Bayard (CITY) NE (STATE) 69334 (ZIP CODE)

ITEM 2 OCCASION FOR FILING (Check Appropriate Box)

☒ Left office or position ☐ Amendment to 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: Legislature Term: Jan 2021 (BEGINS) Jan 2025 (ENDS)

Name of City, County, District, or State Agency: District 47

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, 2024 to January 8, 2025
(DATE YOU LEFT OFFICE OR POSITION)

Revised January 2024

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.)	Legislature Dist 47 Lincoln, NE 68526	1a.)
2.)	Kraupie's Real Estate Box 100 Bridgeport NE 69336	2a.)
3.)	Erdman's Rentals 8527 L62A Bayard, NE 69334	3a.)
4.)	Erdman Farm 8527 L62A Bayard , NE 69334	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.)	NONE	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	
	NONE

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	
Riverstone Bank 2002 Broadway Scottsbluff, NE 69361 National Finanical Services 100 Salam St 051 Smithfield, RI 02917	

(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

NONE

(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

Principal Life Ins
3556 N WillowDr
2016 Pasadena Ave
3495 Yavapai Dr
2712 Pasadena
3654 E Andrea
Kingman, AZ 67068

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	
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

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			
UNL	University	C	2- 2024 season Football Tickets
		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)**

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.

Henry Steve Erdman 6-10-2025