NEBRASKA ACCOUNTABILITY AND DISCLOSURE COMMISSION

1225 L Street, Suite 400 P.O. Box 95086

Lincoln, NE 68509

(402) 471-2522 www.nadc.nebraska.gov

BEFORE COMPLETING READ FILING REQUIREMENTS

STATEMENT OF FINANCIAL INTERESTS

| POSTMARK DATE | |
|---------------------|--------------|
| MICROFILM NUMBER | |
| OFF | ICE USE ONLY |

Amended On: 2/28/2022 7:41:00 PM

NADC FORM C-1

- Candidates for designated offices and holders of designated offices and positions must file this statement. 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).

| DesDol | ction official (See Instructions). signated officeholders and holders of designa llar values need not be report for any item, ex rsons who fail to file as required are subject to | cept Item 11. | | with the Commissio | n annually. |
|-----------------------------------|---|------------------------|--------------------------------|--------------------|-------------------|
| ITEM 1 | YOUR NAME, ADDRESS AND PHONE NU | MBER | | | |
| Name | BREWER | THOMAS | | Telephone No | (402) 416-6459 |
| | LAST | FIRST | MIDDLE | <u> </u> | |
| Address | 550 WEST 10TH STREET | | GORDON | NE | 69343 |
| | STREET ADDRESS | | CITY | STATE | ZIP CODE |
| ITEM 2 | OCCASION FOR FILING | | | | |
| | Annual of | ficeholder's or state | e employee's report | | |
| ITEM 3 | OFFICE HELD & TERM OF OFFICE (Incuninstructions) | nbent elected/ap | ppointed officials ar | nd state/other emp | loyees. See IB of |
| List the off | ice or position you currently hold which requires th | is filing. If you have | e left office, list the office | e you held. | |
| Office or F | Position: STATE LEGISLATURE - 43 | | Term: | 1/6/2021 | 1/6/2025 |
| | | | | BEGINS | ENDS |
| Name of C | ne of City, County, District, or State Agency: NEBRASKA | | | | |
| | | | | | |
| ITEM 4 | OFFICE SOUGHT (Candidates only. See 1 | A of instruction | is) | | |
| List the off | ice sought which requires this filing. | | | | |
| ITEM 5 | PERIOD COVERED BY THIS STATEMENT | • | | | |
| | ment must cover all financial interests for the entire must cover all financial interests from the end of the | | | | |
| This stater | ment covers the preceding calendar year Janua | ary 1 through Dec | ember 31, 2021 | | |

Revised 2013

| ITEM 6 SOURCES OF INCO | OME OF OVER \$1,000 | | | |
|---|--|---|---|--|
| ncome includes money or any other | er form of recompense constituting i | ncome under the Internal Revenue Coc | de. (See definitions) | |
| body of government, political subdivision or body corporate) from | | 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 | n if you were paid more than \$1,0 | 000. | |
| DEFENSE FINANCE AND ACCOUNTING SERVICE | CRYSTAL MALL 3, ROOM 970, ARLINGTON, VA 22240 | US ARMY | RETIRED PAY | |
| STATE OF NEBRASKA | DEPT ADMIN SERVICES - ACCOUNTING, PO BOX 94664, LINCOLN, NE 68509 | NEBRASKA STATE SENATOR | SENATOR SALARY | |
| | | TION OF OR PARTICIPATION IN A PR DURCE OF INCOME, BUT NOT THE P. | | |
| ITEM 7 BUSINESSES WITH | WHICH YOU ARE ASSOCIAT | ED Including Non Profits (See de | finitions) | |
| liability company member, partner, | , or stockholder and any entity in wh | profit and non-profit) with which you held nich you held a position of trustee. Such ort business associations which are othe | reporting is required based on the | |
| Name and Address of | Business or Organization. | Nature o | f Association | |
| | If you have nothi | ng to report, write NONE | | |
| <u>'</u> | 10TH ST, GORDON, NE 69343 | | ECTOR | |
| | 26 TANGLEWOOD CT, DALLAS, TX 5234 | OF OF | FICER | |
| ITEM 8 REAL PROPERTY OF residence need not b | | eal property valued at less than \$ | \$1,000 and your personal | |
| of the property. Exceptions: You no | eed not report real estate owned by | ship interest. The description required m a business listed in Item 6 or 7, your pe dwelling-house and adjacent land used | rsonal residence or real property | |
| | of Property on or Address) | Nature of Property | | |
| (Descriptio | | (such as: agricultural, commercial, industrial, residential-rental) ng to report, write NONE | | |
| 32003 ALVO ROAD. | , MURDOCK, NE, 68407 | - | DENTIAL | |
| | | REGIDENTIAL | | |
| 6316 322ND STREET | Γ, MURDOCK, NE, 68407 | RESIDENTIAL | | |
| | | IELD DURING THE PERIOD OF THE ANY TIME DURING THE REPORT | | |
| (a) List the names and addresses | of the institutions in which you had | checking and savings accounts and cer | tificates of deposit. | |
| Financia | al Institution | Ac | ddress | |
| | If you have nothi | ng to report, write NONE | | |
| WELLS | S FARGO | 1600 P STREET, LINCOLN, NE 68508 | | |
| FIRST NATIONAL BANK | | 134 NORTH MAIN STREET, GORDON, NE 69343 | | |
| EDWARD JONES | | 8135 SOUTH 15TH STREET, SUITE B, LINCOLN, NE 68512 | | |
| (b) List the names of the issuers o | f all stocks, bonds, and government | securities, not otherwise listed under Ite | ems 6 or 7. | |
| | If you have nothi | ing to report, write NONE | | |
| | | NONE | | |
| leaseholds and other interests estates, cash value life insuran inventory, fixtures and equipme | in real estate, promissory notes and nee, IRAs, deferred income and retire | e not otherwise disclosed in Items 6, 7, I other obligations owed to you, benefici ement plans. Exception: Do not include ted in Items 6 & 7 or household goods, marily for sale or exchange. | al interests in trusts and accounts receivable, | |
| | If you have nothi | ng to report, write NONE | | |
| | | NONE | | |
| | | | | |

| | | | or Register of Deeds need not be reported. itution in the ordinary course of business need | |
|---|---|----------------------------------|--|--|
| N | lame | Address | | |
| | If you have nothing | to report, write NONE | | |
| WELLS FARGO | | 1600 P STREET, LINCOLN, NE 68508 | | |
| PACIFIC UNION FINANCIAL LLC | | PO BOX 6555621, DALLAS, TX 75265 | | |
| | S OF A VALUE OF MORE THAN ave nothing to report, write NON | | PT GIFTS FROM RELATIVES. (See | |
| Name and address of Donor | Occupation or nature of business of Donor | Value of Gift | Description of Gift and Circumstances or Occasion for Gift | |
| | If you have nothing | to report, write NONE | | |
| STANDARD PROCESS 1200 W. ROYAL LEE DRIVE, PALMYRA, WI 53156 | NUTRITIONAL SUPPLEMENTS | \$1000.01 OR MORE | COST OF FLIGHT SPONSORSHIP AND PLEDGED GIFT FOR SUPPLEMENTS GIVEN FOR THE MT KILIMANJARO CLIMB | |
| JOYCE FOWLER 4221 S. 40TH ST, LINCOLN, NE 68506 | FRIEND | \$100.01 TO \$200 | QUILT GIVEN IN RECOGNITION OF SERVICE AS A SENATOR | |
| HO-CHUNK INC 1 S MISSION DR, WINNEBAGO, NE 68071 | WINNEBAGO TRIBE | \$200.01 TO \$500 | PENDLETON BLANKET GIFTED IN APPRECIATION OF LEADERSHIP ON LB848 | |
| UNL PO BOX 880419, LINCOLN, NE 68588 | UNIVERSITY | \$500.01 TO \$1000 | FOOTBALL TICKETS | |
| 88 TACTICAL 15350 SHEPARD STREET, OMAHA, NE 68138 | GUN CLUB | \$200.01 TO \$500 | MEMBERSHIP TO CLUB | |
| The monetary value of each gift sh | nall be categorized based on the good f | aith estimate of the filer. | • | |
| ITEM 12 SIGNATURE OF FIL | ER AND DATE. | | | |
| I hereby state that I have used all I complete. | reasonable diligence in the preparation | of this Statement and that t | o the best of my knowledge it is true and | |
| THOMAS | R. BREWER | 2/28/2022 | | |
| (0) | ture of Filer) | | (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.