

NEBRASKA
ACCOUNTABILITY AND
DISCLOSURE COMMISSION
11th Floor, State Capitol
P.O. Box 95086
Lincoln, NE 68509
(402) 471-2522
www.nadc.nebraska.gov

BEFORE COMPLETING
READ FILING REQUIREMENTS

STATEMENT OF FINANCIAL INTERESTS

NADC FORM C-1

POSTMARK
DATE

2/3/21

MICROFILM
NUMBER

OFFICE USE ONLY

- 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).
- 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 \$2,000.

ITEM 1 YOUR NAME, ADDRESS AND PHONE NUMBER

Name Sedky Martha L Telephone No. 531-226-3739
LAST FIRST MIDDLE
Address 210 S. 16 Street, Apt. 417 Omaha NE 68102
STREET ADDRESS OR RURAL ROUTE CITY STATE ZIP CODE

ITEM 2 OCCASION FOR FILING (Check Appropriate Box)

- ☐ A candidate for elective office ☐ Left office or position
☒ Annual officeholder's or state employee's report ☐ Newly appointed to office or position

ITEM 3 OFFICE HELD & TERM OF OFFICE (Incumbent elected/appointed officials and state 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: Vice President Human Capital and Assistant Secretary Term: N/A

Name of City, County, District, or State Agency: Omaha Public Power District

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

List the office sought which requires this filing.

Office: _____

Name of City, County, District, or State Office: _____

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, 2020

☐ Left office, this statement covers the period January 1, _____ to _____
(DATE YOU LEFT OFFICE OR POSITION)

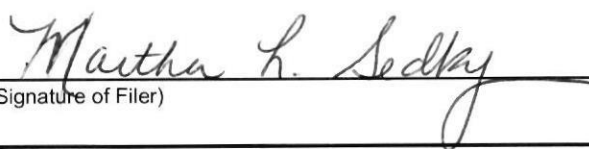
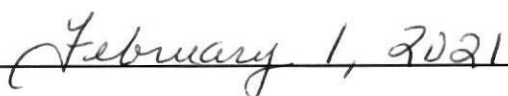
ITEM 6 SOURCES OF INCOME OF OVER \$1,000	
Income includes money or any other form of recompense constituting income under the Internal Revenue Code. (See definitions)	
Name and address of any source* (including an individual, business, body of government, political subdivision or body corporate) from 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.	
1.) Omaha Public Power District 444 South 16th Street Mall Omaha, NE 68102-2247	1a.)
2.)	2a.)
3.)	3a.)
4.)	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.) The Collective for Hope Omaha, NE	1a.) Board Member
2.) Heartland Workforce Solutions Omaha, NE	2a.) Board Member
3.) Urban League of Nebraska Omaha, NE	3a.) Board Member
4.) Tri-Faith Initiative Omaha, NE	4a.) Board Member
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 <i>not</i> 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		
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		
Bank of the West Wells Fargo Bank Optum Bank		18102 Wright Street Omaha, NE 68130 1 Greenwood Drive Hilton Head Island, SC 29928 2525 Lake Park Blvd Salt Lake City, UT 84120
(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		
Stifel Portfolio Manager - See attached sheet Fidelity Investments 401(k)/457 - See attached sheet Optum Bank Health Savings Account - Vanguard 500 Index Admiral		
(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		

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			
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	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.			
			
(Signature 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.

STIFEL PORTFOLIO (As of 12/31/20)

AT&T INC
ABBVIE INC
AIR PRODUCTS & CHEMICALS INC
ALTRIA GROUP INC
AMERICAN EXPRESS CO
APPLE INC
ARCHER DANIELS MIDLAND COMPANY
BLACKSTONE GROUP INC
CVS HEALTH CORP
CARDINAL HEALTH INC
CHEVRON CORP
CISCO SYSTEMS INC
CITIGROUP INC NEW
CROWN CASTLE INTL CORP NEW
WALT DISNEY CO
FEDEX CORP
HOME DEPOT INC
INTEL CORP
INTL BUSINESS MACHINES CORP
JP MORGAN CHASE & CO
JOHNSON & JOHNSON
L3HARRIS TECHNOLOGIES INC
MERK & COMPANY INC NEW
MICROSOFT CROP
NATIONAL HEALTH INVESTORS INC
QUAL COMM INC
RATHEON TECHNOLOGIES CORP
REALTY INCOME CORP
SOUTHER COMPANY
STONECASTLE FINANCIAL
TAIWAN SEMICONDUCTOR MANUFACTURING CO LTD
TARGET CORP
UNITED PARCEL SERVICE INC CL B
UNUM GROUP
VERIZON COMMUNICATIONS INC
WESTROCK CO
METRONIC PLC
BANK AMER CORP DEP SHARES
FIRST TRUST EXCHANGE TRADED FUND III PFD SECS & INCOME ETF
FISRST TRUST INSTL PFD SECURITIES & INCOME ETF
FLEXSHARES HIGH YIELD VALUE SCORED US BOND INDEX FUND ETF
ISHARES 1-5 YEAR INVESTMENT GRADE CORP BOND ETF
ISHARES FLOATING RATE BOND ETF
JPMORGAN ULTRA SHORT INCOME ETF
SPDR WELLS FARGO PREFERRED STOCK ETF
MACQUARIE GLOBAL INFRASTRUCTURE TOTAL RETURN FUND

OPPD 401(k)/457 INVESTMENTS:

AMERICAN FUNDS WASHINGTON MUTUAL INVESTORS FUND CLASS R-6

JPMORGAN VALUE ADVANTAGE FUND CLASS L

T. ROWE PRICE BLUE CHIP GROWTH TRUST (CLASS T1)

WELLINGTON TRUST MID-CAP OPPORTUNITIES PORTFOLIO

T. ROWE PRICE INSTITUTIONAL SMALL-CAP STOCK FUND

AMERICAN FUNDS EUROPACIFIC GROWTH FUND CLASS R-6

AMERICAN FUNDS THE NEW ECONOMY FUND CLASS R-6

AMERICAN FUNDS NEW PERSPECTIVE FUND CLASS R-6

DFA EMERGING MARKETS CORE EQUITY PORTFOLIO INSTITUTIONAL CLASS

UNITED OF OMAHA GUARANTEED ACCOUNT

BLACKROCK LOW DURATION BOND PORTFOLIO CLASS K

LOOMIS SAYLES CORE PLUS BOND FUND CLASS N