

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   |                       |                     |                                   |                 |                   |                                                                                                                   |  |         |                         |  |  |  |                               |  |  |  |              |           |              |  |      |       |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------|---------------------|-----------------------------------|-----------------|-------------------|-------------------------------------------------------------------------------------------------------------------|--|---------|-------------------------|--|--|--|-------------------------------|--|--|--|--------------|-----------|--------------|--|------|-------|----------|
| <b>NEBRASKA<br/>ACCOUNTABILITY AND<br/>DISCLOSURE COMMISSION</b><br>1225 L St., Suite 400<br>P.O. Box 95086<br>Lincoln, NE 68509<br>(402) 471-2522<br><a href="http://www.nadc.nebraska.gov">www.nadc.nebraska.gov</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <i>Amended</i><br><b>STATEMENT<br/>OF<br/>FINANCIAL<br/>INTERESTS</b><br><br><b>NADC FORM C-1</b> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">POSTMARK<br/>DATE</td> <td style="width: 50%;"></td> </tr> <tr> <td style="padding: 2px;">MICROFILM<br/>NUMBER</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 5px;">OFFICE USE ONLY</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 10px;"> <b>RECEIVED</b><br/><br/> <b>MAR 02 2022</b><br/><br/> <b>NEBRASKA ACCOUNTABILITY<br/>and<br/>DISCLOSURE COMMISSION</b> </td> </tr> </table> | POSTMARK<br>DATE                  |                       | MICROFILM<br>NUMBER |                                   | OFFICE USE ONLY |                   | <b>RECEIVED</b><br><br><b>MAR 02 2022</b><br><br><b>NEBRASKA ACCOUNTABILITY<br/>and<br/>DISCLOSURE COMMISSION</b> |  |         |                         |  |  |  |                               |  |  |  |              |           |              |  |      |       |          |
| POSTMARK<br>DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   |                       |                     |                                   |                 |                   |                                                                                                                   |  |         |                         |  |  |  |                               |  |  |  |              |           |              |  |      |       |          |
| MICROFILM<br>NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   |                       |                     |                                   |                 |                   |                                                                                                                   |  |         |                         |  |  |  |                               |  |  |  |              |           |              |  |      |       |          |
| OFFICE USE ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   |                       |                     |                                   |                 |                   |                                                                                                                   |  |         |                         |  |  |  |                               |  |  |  |              |           |              |  |      |       |          |
| <b>RECEIVED</b><br><br><b>MAR 02 2022</b><br><br><b>NEBRASKA ACCOUNTABILITY<br/>and<br/>DISCLOSURE COMMISSION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   |                       |                     |                                   |                 |                   |                                                                                                                   |  |         |                         |  |  |  |                               |  |  |  |              |           |              |  |      |       |          |
| BEFORE COMPLETING<br>READ FILING REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   |                       |                     |                                   |                 |                   |                                                                                                                   |  |         |                         |  |  |  |                               |  |  |  |              |           |              |  |      |       |          |
| <ul style="list-style-type: none"> <li>• Candidates for designated offices and holders of designated offices and positions must file this statement with the Commission. See Sections 1A and 1B of the instructions.</li> <li>• Candidates (including incumbents) subject to this filing requirement must file this statement in order to have their names appear on the ballot. (See Instructions).</li> <li>• Designated officeholders and holders of designated positions must file this statement with the Commission annually.</li> <li>• Dollar values need not be report for any item, except Item 11.</li> <li>• Persons who fail to file as required are subject to a civil penalty of up to \$2,000.</li> </ul> |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   |                       |                     |                                   |                 |                   |                                                                                                                   |  |         |                         |  |  |  |                               |  |  |  |              |           |              |  |      |       |          |
| <b>ITEM 1 YOUR NAME, ADDRESS AND PHONE NUMBER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   |                       |                     |                                   |                 |                   |                                                                                                                   |  |         |                         |  |  |  |                               |  |  |  |              |           |              |  |      |       |          |
| <table style="width: 100%;"> <tr> <td style="width: 10%;">Name</td> <td style="width: 40%;"><i>Dexter Douglas</i></td> <td style="width: 10%;"><i>D</i></td> <td style="width: 40%;">Telephone No. <i>402-525-1592</i></td> </tr> <tr> <td></td> <td>LAST FIRST MIDDLE</td> <td></td> <td></td> </tr> <tr> <td>Address</td> <td colspan="3"><i>18371 NW 12th St</i></td> </tr> <tr> <td></td> <td colspan="3">STREET ADDRESS OR RURAL ROUTE</td> </tr> <tr> <td></td> <td><i>Davey</i></td> <td><i>NE</i></td> <td><i>68336</i></td> </tr> <tr> <td></td> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> </tr> </table>                                                                                                   |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Name                              | <i>Dexter Douglas</i> | <i>D</i>            | Telephone No. <i>402-525-1592</i> |                 | LAST FIRST MIDDLE |                                                                                                                   |  | Address | <i>18371 NW 12th St</i> |  |  |  | STREET ADDRESS OR RURAL ROUTE |  |  |  | <i>Davey</i> | <i>NE</i> | <i>68336</i> |  | CITY | STATE | ZIP CODE |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <i>Dexter Douglas</i>                                                                             | <i>D</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Telephone No. <i>402-525-1592</i> |                       |                     |                                   |                 |                   |                                                                                                                   |  |         |                         |  |  |  |                               |  |  |  |              |           |              |  |      |       |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | LAST FIRST MIDDLE                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   |                       |                     |                                   |                 |                   |                                                                                                                   |  |         |                         |  |  |  |                               |  |  |  |              |           |              |  |      |       |          |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <i>18371 NW 12th St</i>                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   |                       |                     |                                   |                 |                   |                                                                                                                   |  |         |                         |  |  |  |                               |  |  |  |              |           |              |  |      |       |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | STREET ADDRESS OR RURAL ROUTE                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   |                       |                     |                                   |                 |                   |                                                                                                                   |  |         |                         |  |  |  |                               |  |  |  |              |           |              |  |      |       |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <i>Davey</i>                                                                                      | <i>NE</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <i>68336</i>                      |                       |                     |                                   |                 |                   |                                                                                                                   |  |         |                         |  |  |  |                               |  |  |  |              |           |              |  |      |       |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | CITY                                                                                              | STATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ZIP CODE                          |                       |                     |                                   |                 |                   |                                                                                                                   |  |         |                         |  |  |  |                               |  |  |  |              |           |              |  |      |       |          |
| <b>ITEM 2 OCCASION FOR FILING (Check Appropriate Box)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   |                       |                     |                                   |                 |                   |                                                                                                                   |  |         |                         |  |  |  |                               |  |  |  |              |           |              |  |      |       |          |
| <input checked="" type="checkbox"/> A candidate for elective office <input type="checkbox"/> Left office or position<br><input type="checkbox"/> Annual officeholder's or state employee's report <input type="checkbox"/> Newly appointed to office or position                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   |                       |                     |                                   |                 |                   |                                                                                                                   |  |         |                         |  |  |  |                               |  |  |  |              |           |              |  |      |       |          |
| <b>ITEM 3 OFFICE HELD &amp; TERM OF OFFICE (Incumbent elected/appointed officials and state employees. See IB of instructions)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   |                       |                     |                                   |                 |                   |                                                                                                                   |  |         |                         |  |  |  |                               |  |  |  |              |           |              |  |      |       |          |
| List the office or position you currently hold which requires this filing. If you have left office, list the office you held.<br>Office or Position: <i>Hamilton County Attorney</i> Term: <i>2/1/22</i> <i>1/1/23</i><br><div style="text-align: right; margin-right: 50px;">BEGINS      ENDS</div> Name of City, County, District, or State Agency: <i>Hamilton County</i>                                                                                                                                                                                                                                                                                                                                              |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   |                       |                     |                                   |                 |                   |                                                                                                                   |  |         |                         |  |  |  |                               |  |  |  |              |           |              |  |      |       |          |
| <b>ITEM 4 OFFICE SOUGHT (Candidates only. See 1A of instructions)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   |                       |                     |                                   |                 |                   |                                                                                                                   |  |         |                         |  |  |  |                               |  |  |  |              |           |              |  |      |       |          |
| List the office sought which requires this filing.<br>Office: <i>County Attorney</i><br>Name of City, County, District, or State Office: <i>Hamilton County</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   |                       |                     |                                   |                 |                   |                                                                                                                   |  |         |                         |  |  |  |                               |  |  |  |              |           |              |  |      |       |          |
| <b>ITEM 5 PERIOD COVERED BY THIS STATEMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   |                       |                     |                                   |                 |                   |                                                                                                                   |  |         |                         |  |  |  |                               |  |  |  |              |           |              |  |      |       |          |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   |                       |                     |                                   |                 |                   |                                                                                                                   |  |         |                         |  |  |  |                               |  |  |  |              |           |              |  |      |       |          |
| <input checked="" type="checkbox"/> This statement covers the <b>preceding calendar year</b> January 1 through December 31, <i>2021</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   |                       |                     |                                   |                 |                   |                                                                                                                   |  |         |                         |  |  |  |                               |  |  |  |              |           |              |  |      |       |          |
| <input type="checkbox"/> Left office, this statement covers the period January 1, _____ to _____<br><div style="text-align: right;">(DATE YOU LEFT OFFICE OR POSITION)</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   |                       |                     |                                   |                 |                   |                                                                                                                   |  |         |                         |  |  |  |                               |  |  |  |              |           |              |  |      |       |          |

**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.) Nebraska Dep't of HHS  
PO Box 95026  
Lincoln NE 68509-5026

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.) None

1a.)

2.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2a.)

3.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3a.)

4.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4a.)

5.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5a.)

6.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6a.)

7.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7a.)

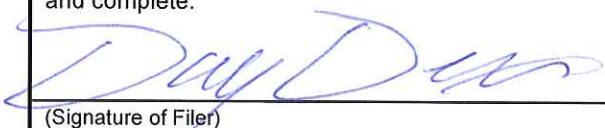
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>ITEM 8</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>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.)</b>                           |                                                                                           |
| <p>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 <b>not</b> 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.</p>                                                                                                                                             |                                                                                                                                                                              |                                                                                           |
| Location of Property<br>(Description or Address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              | Nature of Property<br>(such as: agricultural, commercial, industrial, residential-rental) |
| <b>If you have nothing to report, write NONE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              |                                                                                           |
| None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                              |                                                                                           |
| <b>ITEM 9</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>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</b> |                                                                                           |
| (a) List the names and addresses of the institutions in which you had checking and savings accounts and certificates of deposit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              |                                                                                           |
| Financial Institution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                              | Address                                                                                   |
| <b>If you have nothing to report, write NONE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              |                                                                                           |
| <p>Great Western Bank<br/>1235 N Street<br/>Lincoln, NE 68508</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                              |                                                                                           |
| (b) List the names of the issuers of all stocks, bonds, and government securities, not otherwise listed under Items 6 or 7.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                              |                                                                                           |
| <b>If you have nothing to report, write NONE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              |                                                                                           |
| <p>Account w/ Baum Financial Consulting<br/>Omaha, NE</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                              |                                                                                           |
| (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 <b>not</b> 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 <b>primarily</b> for sale or exchange. |                                                                                                                                                                              |                                                                                           |
| <b>If you have nothing to report, write NONE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              |                                                                                           |
| <p>None</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                              |                                                                                           |

|                                                                                                                                                                                                                                                                                                                                      |                                                                                                              |                       |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------|--|
| <b>ITEM 10</b>                                                                                                                                                                                                                                                                                                                       | <b>CREDITORS TO WHOM \$1,000 OR MORE WAS OWED OR GUARANTEED BY YOU OR A MEMBER OF YOUR IMMEDIATE FAMILY.</b> |                       |  |
| Exception: Loans from a relative and land contracts which have been recorded with the County Clerk or Register of Deeds need <b>not</b> 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 <b>not</b> be reported. |                                                                                                              |                       |  |
| Name                                                                                                                                                                                                                                                                                                                                 |                                                                                                              | Address               |  |
| If you have nothing to report, write NONE                                                                                                                                                                                                                                                                                            |                                                                                                              |                       |  |
| <p>PNC Bank<br/>Pittsburgh, PA<br/>Home Mortgage</p>                                                                                                                                                                                                                                                                                 |                                                                                                              | <p>Pittsburgh, PA</p> |  |

|                                           |                                                                                                                                                         |                               |                                                            |
|-------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------------------------------------|
| <b>ITEM 11</b>                            | <b>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</b> |                               |                                                            |
| 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.

|                                                                                                                                                             |                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| <b>ITEM 12</b>                                                                                                                                              | <b>SIGNATURE OF FILER AND DATE.</b> |
| 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. |                                     |
| <br>(Signature of Filer)                                                  | <p>3/2/22</p> (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.