

NEBRASKA ACCOUNTABILITY AND DISCLOSURE COMMISSION 1225 L St., Suite 400 P.O. Box 95086 Lincoln, NE 68509 (402) 471-2522 www.nadc.nebraska.gov	STATEMENT OF FINANCIAL INTERESTS NADC FORM C-1	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">POSTMARK DATE</td> <td style="width: 50%;"></td> </tr> <tr> <td style="padding: 2px;">MICROFILM 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="padding: 10px;"> </td> </tr> </table>	POSTMARK DATE		MICROFILM NUMBER		OFFICE USE ONLY			
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BEFORE COMPLETING READ FILING REQUIREMENTS										

- 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.
- Candidates (including incumbents) subject to this filing requirement must file this statement in order to have their names appear on the ballot. (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	<u>Conrad</u>	<u>Danielle</u>	<u>M</u>	Telephone No.	<u>402-432-3394</u>
	LAST	FIRST	MIDDLE		
Address	<u>3818 Dudley Street</u>			<u>Lincoln</u>	<u>NE 68503</u>
	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 1B 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: _____ Term: _____

BEGINS ENDS

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

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

List the office sought which requires this filing.
 Office: Legislature District #46
 Name of City, County, District, or State Office: State Legislature

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, 2021
☐ 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.) ACLU of Nebraska 1a.) Salary as Executive Director

134 South 13th Street #1010 Lincoln NE 68508

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.) ACLU of Nebraska 1a.) Nonprofit Corporation-Employment as Exective Director

134 South 13th Street Lincoln NE 68508

2.) Legal Aid of Nebraska 2a.) Volunteer Board of Directors

941 O Street #325 Lincoln NE 68508

3.) Research Nebraska 3a.) Volunteer Board of Directors

900 S 74th Plz Ste 402 Omaha NE 68114

4.) Nebraska Lawyers Trust Account Foundation 4a.) Volunteer Board of Directors

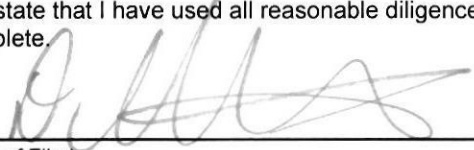
PO Box 95103 Lincoln NE 68509

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 Nebraska in your name or in which you have a direct ownership interest. The description required must be sufficient to identify the location of the property. Exceptions: You need not report real property owned by a business listed in Item 6 or 7, your personal residence or real property valued at less than \$1,000. Personal residence refers to your principal dwelling-house and adjacent land used for house-hold purposes, such as lawns and gardens.		
Location of Property (Description or Address)		Nature of Property (such as: agricultural, commercial, industrial, residential-rental)
If you have nothing to report, write NONE		
		NONE
ITEM 9	OTHER FINANCIAL INTERESTS AND PROPERTY HELD DURING THE PERIOD OF THIS STATEMENT WHICH EXCEEDED A FAIR MARKET VALUE OF \$1,000 AT ANY TIME DURING THE REPORTING PERIOD	
(a) List the names and addresses of the institutions in which you had checking and savings accounts and certificates of deposit.		
Financial Institution		Address
If you have nothing to report, write NONE		
Wells Fargo (personal family savings and checkings accounts)		2301 N 48 th Lincoln NE 68504
RBC Wealth Management (personal family investment account)		8800 Firethorn Lane #200 Lincoln NE 68520
529 College Savings Accounts (minor children) NE State Treasurer Program Trustee Union Bank and Trust Program Manager - Union Bank (Health Savings Acct) Omaha		State Capital Lincoln NE 68509 121 South 13 th St - Lincoln NE 68508
(b) List the names of the issuers of all stocks, bonds, and government securities, not otherwise listed under Items 6 or 7.		
If you have nothing to report, write NONE		
None See Attachments for current and former Holdings, including: HYL B, I3R, I3H, IVU, EMB, SLHR, VWO, VCIT, UEA, BNDX, APDFX, CIVIX, HRCIX, PAIVX, DOOTX, DOOGX, ILLMIX, OANMX, JOEMX, LSTIX, MDLIX, PFBPX, DSLIX, PREMIX CLOSED IN 2021: BESIX, DNUVX, EMTIX, FKATX, FZEX, KLLIX, LPMIX, MUTIX, OAYAX		
(c) Describe other property owned or held for the production of income not otherwise disclosed in Items 6, 7, 8 or 9(a)(b). Include leaseholds and other interests in real estate, promissory notes and other obligations owed to you, beneficial interests in trusts and estates, cash value life insurance, IRAs, deferred income and retirement plans. Exception: Do not include accounts receivable, inventory, fixtures and equipment owned or used by a business listed in Items 6 & 7 or household goods, personal automobiles and other tangible personal property unless such property was held primarily for sale or exchange.		
If you have nothing to report, write NONE		
Principal Financial Services, Inc., 711 High Street, Des Moines, Iowa 50392 (401k) RBC Wealth Management 8800 Firethorn Lane #200 Lincoln, NE 68520 (IRAs and Investment Account)		

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.			
		3-7-2022	
(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.

Re: Item 9

Account Information

323-39509

DANIELLE M CONRAD
ACLU SEP-IRA
RBC CAPITAL MARKETS LLC CUST
3818 DUDLEY STREET
LINCOLN NE 68503-2134

Open Holdings

Symbol	CUSIP	Description
HYLB	233051-43-2	DBX ETF TRUST
IJR	464287-80-4	ISHARES CORE S&P SMALL CAP ETF
IJH	464287-50-7	ISHARES CORE S&P MID CAP ETF
IVV	464287-20-0	ISHARES CORE S&P 500 ETF
EMB	464288-28-1	ISHARES TRUST
SCHR	808524-85-4	SCHWAB STRATEGIC TR
VVO	922042-85-8	VANGUARD FTSE EMERGING MARKETS
VCIT	92206C-87-0	VANGUARD INTERMEDIATE TERM
VEA	921943-85-8	VANGUARD FTSE DEVELOPED
BNDX	92203J-40-7	VANGUARD TOTAL INTERNATIONAL

CLOSED in 2021 Cont: PSMIX, STISX, WCMIX, PLFDX

Open Holdings St investment Acct: AMZN, MAYHX, KLCIX,
FLAIX, FUBO, CFMIX, TGT, UBER, PMSX, BESX, WRAP

CLOSED Holdings St investment Acct: HFEIX, MUTIX

Account Information

323-39547

DANIELLE M CONRAD
INDIVIDUAL RETIREMENT ACCOUNT
RBC CAPITAL MARKETS LLC CUST
3818 DUDLEY STREET
LINCOLN NE 68503-2134

Open Holdings

Symbol	CUSIP	Description
APDFX	04314H-71-7	**ARTISAN PARTNERS FDS INC
CIVIX	14949P-20-8	**CAUSEWAY CAP MGMT TR
HRCIX	14214L-30-4	**CARILLON SER TR
PPIVX	238210-30-6	**DATUM ONE SER TR
DODIX	256210-10-5	**DODGE & COX INCOME FUND
DODGX	256219-10-6	**DODGE & COX STOCK FUND
HLMIX	412295-10-7	**HARDING LOEVNER FUNDS INC
OANMX	413838-78-0	**HARRIS ASSOC INVT TR
JOEMX	46653M-10-4	**JOHCM FDS TR
LSIIX	543487-13-6	**LOOMIS SAYLES INVESTMENT
MDCIX	557492-27-9	**MADISON FDS
PFBPX	72201M-78-4	**PIMCO INTERNATIONAL BOND
PSLIX	74253Q-56-4	**PRINCIPAL FDS INC
PREMX	77956H-87-2	**T ROWE PRICE INTL FUNDS INC