

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

BEFORE COMPLETING
READ FILING REQUIREMENTS

STATEMENT OF FINANCIAL INTERESTS

NADC FORM C-1

POSTMARK
DATE

MICROFILM
NUMBER

OFFICE USE ONLY

- 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 reported 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 Reida Frank J Telephone No 402-306-8609
LAST FIRST MIDDLE
Address 1122 Turner Blvd Omaha NE 68105
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: Board Member Term 4-10-2019 / 1-1-2023
Name of City, County, District, or State Agency: NE Power Review Board

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

List the office sought which requires this filing.
Office N/A

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 2022

☐ 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.) | NE Power Review Board | 1a.) | Board member :
Chairman |
| 2.) | Reida Residential
Protection, LLC
1122 Turner Blvd
Omaha, NE 68105 | 2a.) | President manager :
50% Owner |
| 3.) | Leadership Training
Institute
1815 North 169 Plz
Omaha, NE | 3a.) | Trainer
Dale Carnegie Courses |
| 4.) | City of Omaha
1819 Farnam #1110
Omaha, NE 68183 | 4a.) | MEP Plans Examiner
Permits & Inspections |

*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.) | City of Omaha
1819 Farnam #1110
Omaha, NE 68183 | 1a.) | Appointed member of
the Board of
Engineers |
| 2.) | | 2a.) | |
| 3.) | | 3a.) | |
| 4.) | | 4a.) | |
| 5.) | | 5a.) | |
| 6.) | | 6a.) | |
| 7.) | | 7a.) | |

ITEM 8	REAL PROPERTY THE FILER IN NEBRASKA (Real property owned at less than \$1,000 and your personal residence not be reported.)
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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 your personal residence or real property valued at less than \$1,000. Personal residence refers to your principal dwelling-house or 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)
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If you have nothing to report, write NONE

1122 Turner Blvd Omaha, NE 68105	Personal Residence
All other real property is held by Reida Residential Properties, LLC, or, a subsidiary LLC thereof	Business Real Estate

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
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(a) List the names and addresses of the institutions in which you had checking and savings accounts and certificates of deposit.

Financial Institution	Address
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If you have nothing to report, write NONE

NE Energy Federal Credit Union	P.O. Box 499 Columbus, NE 68602
US Bank	1700 Farnam Omaha, NE 68102
Robert's Dairy Federal CU	2901 Cumina Omaha, NE 68102
Bank of the West	4444 Farnam Omaha, NE 68105

(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

Self Directed 401K - Fidelity Investments	First of All Bank 401K	Merill Lynch
American Super Conductor	TRIS 2025 Targeted Portfolio	Duke Energy
Berkshire Hathaway	Maine Mechanical 401K	Spectra Energy
Duke Energy	John Hancock 401K	
JDS Uniphase	BlackRock Active Strategic Fund	
Alphabet (Google)		
Spectra Energy		
NW Mutual Life Insurance Policy		
RG-TMP Equity Income		
PIF Real Estate Sec. IS		

(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

American Century Investments	Mutual of Omaha - Annuity	ICMA - Fixed Income
Growth Select Mutual Fund	Fidelity Investments	Morgan Stanley
Pioneer Investments	Magellan, Select Gold, Growth	Smith Barney
Equity Income Fund A	Income, Asset Mgr, and	Legg Mason Clear
Jackson National Annuity	VIP Equity Income Pt 1	AGG GWA
City of Omaha Retirement Fund	ING: Ing Fixed	

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	
US Bank 1700 Farnam Omaha, NE 68102	VISA Credit Card

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 \$200.00 B) \$200.01 to \$500.00 C) \$500.01 to \$1,000.00 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.

FJTC 1-10-2023
(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.