

NEBRASKA ACCOUNTABILITY AND DISCLOSURE COMMISSION 11 th Floor, State Capitol P.O. Box 95086 Lincoln, NE 68509 (402) 471-2522	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%; text-align: center; padding: 2px;">40</td> </tr> <tr> <td style="padding: 2px;">MICROFILM NUMBER</td> <td style="padding: 2px;"></td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 2px;">OFFICE USE ONLY</td> </tr> <tr> <td colspan="2" style="height: 100px; vertical-align: top; padding: 5px;"> NF RECEIVED </td> </tr> </table>	POSTMARK DATE	40	MICROFILM NUMBER		OFFICE USE ONLY		NF RECEIVED	
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BEFORE COMPLETING READ FILING REQUIREMENTS										

- Individuals listed under Sections 1-A & B of the General Information - Filing Requirements on page 5 must file this form.
- Dollar values need not be reported for any item, except for Item 11.
- File with the Nebraska Accountability and Disclosure Commission and with the election commissioner or clerk of the county of your residence.
- Persons who fail to file this report or otherwise do not comply with the reporting provisions of the law are subject to penalties.

ITEM 1 YOUR NAME, ADDRESS AND PHONE NUMBER

Name	Hudson	John	Laird	Telephone No.	(615) 336-5723
	LAST	FIRST	MIDDLE		
Address	19323 Spaulding Cir.		Elkhorn	NE	68022
	STREET ADDRESS OR RURAL ROUTE		CITY	STATE	ZIP CODE

ITEM 2 OCCASION FOR FILING (Check Appropriate Box)

☒ A candidate for elective office ☐ Annual officeholder's or state employee's report	☐ Left office or position ☐ Newly appointed to office or position
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ITEM 3 OFFICE HELD & TERM OF OFFICE (for incumbent elected or appointed officials and state employees)

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 (for candidate only)

List the office sought which requires this filing.

Office: Omaha Public Power District - Subdivision 7

Name of City, County, District, or State Office: Public Power Board

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, 2023

☐ 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 whom 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.

- | | |
|---|--|
| 1.) Stanley Consultants
225 Iowa Ave, Muscatine, IA 52761 | 1a.) Primary Employer - an architectural/engineering services consulting firm
Role - Client Service Manager responsible for managing Army Account |
| 2.) Defense Finance and Accounting Service
8899 E. 56th Street, Indianapolis, IN 46249 | 2a.) U.S. Military Retirement Pay <i>SEE ITEM 9c</i>
Served over 26 years of Active Duty service in the Army |
| 3.) U.S. Department of Veterans Affairs
P.O. Box 4444, Janesville, WI 53547 | 3a.) Disability payments and education benefits from military service |
| 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 BUSINESS ASSOCIATIONS (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

- | | |
|---|--|
| 1.) Society of American Military Engineers - Omaha Post
1420 King St., Suite 100, Alexandria, VA 22314
non-profit | 1a.) Vice President for Industry and Government Engagement |
| 2.) Sanitary Improvement District #404 - Indian Creek | 2a.) Board Member |
| 3.) | 3a.) |
| 4.) | 4a.) |
| 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 *not* be reported.)

List all real property in your name or in which you have a direct ownership interest. The description required must be sufficient to identify the location of the property. Exceptions: You need **not** report real estate owned by a business listed in Item 6 or 7, your personal residence or real property valued at less than \$1,000. Personal residence refers to your principal dwelling-house and adjacent land used for house-hold purposes, such as lawns and gardens.

Location of Property (Description or Address)	Nature of Property (such as: agricultural, commercial, industrial, residential-rental)
<i>NONE</i>	

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
USAA Federal Savings Bank	10750 McDermott Freeway, San Antonio, TX 78288

(b) List the names of the issuers of all stocks, bonds, and government securities, not otherwise listed under Items 6 or 7.

American Electric Power	Enbridge Inc	W R Berkley Corp
Abbott Laboratories	Franco Navada Corp	Bershire Hathaway
Alphabet Inc	Johnson & Johnson	
Amazon.com	Mastercard Inc	
Auto Data Processing	Palantir Technologies Inc	
Brookfield Asset Management	Pfizer Inc	
Brookfield Corp	Royal Gold Inc	
CME Group Inc	Visa Inc.	

(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.

MILITARY RETIREMENT
USAA LIFE INSURANCE
CHARLES SCHWAB IRA

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
NONE	

ITEM 11 SOURCES OF GIFTS OF A VALUE OF MORE THAN \$100 RECEIVED EXCEPT GIFTS FROM RELATIVES. (See definitions)

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
NONE		Choose Value:	
		Choose Value:	
		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.

	1/5/2024
(Signature of filer)	(Date)