

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	POSTMARK DATE	H.D.
		MICROFILM NUMBER	
		OFFICE USE ONLY	
		RECEIVED JAN 09 2024 NEBRASKA ACCOUNTABILITY and DISCLOSURE COMMISSION	

Individuals listed under Sections 1-A & B of the General Information - Filing Requirements on page 5 must file this form. Similar values need not be reported for any item, except for Item 11. Report to 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.

11 YOUR NAME, ADDRESS AND PHONE NUMBER			
McKinney	Terrell	M	Telephone No. 402-213-9328
LAST	FIRST	MIDDLE	
5319 N 30th St Apt 410	Omaha	NE	68111
STREET ADDRESS OR RURAL ROUTE		CITY	STATE ZIP CODE

12 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

13 OFFICE HELD & TERM OF OFFICE (for incumbent elected or appointed officials and state employees)	
The office or position you currently hold which requires this filing. If you have left office, list the office you held. Office or Position: Legislature Term: 2025 BEGINS 2029 ENDS	
Office of City, County, District, or State Agency: District 11	

14 OFFICE SOUGHT (for candidate only)	
The office sought which requires this filing. Office: _____ Office of City, County, District, or State Office: _____	

15 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)

16 SOURCES OF INCOME OF OVER \$1,000

e includes money or any other form of recompense constituting income under the Internal Revenue Code. (See definitions)

and address of any source* (including an individual, business, or 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.

Omaha Public Schools - Omaha North

1a.) Assistant wrestling coach

State of Nebraska

2a.) Senator - legislature

3a.)

4a.)

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 ITS THEREOF.

17 BUSINESS ASSOCIATIONS (See definitions)

and address of all businesses, organizations, or associations (profit and non-profit) with which you held a position of officer, director, limited liability 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 other 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

Black Men United

1a.) Board member

4200 N 30th St Omaha, NE 68111

Movement in Omaha For Racial Equity

2a.) Board member

608 N. Saddle Creek, #31542

Omaha, NE 68132

Black Agenda Alliance

3a.) Member

4a.)

5a.)

6a.)

7a.)

18 REAL PROPERTY OF THE FILER IN NEBRASKA (Real property valued at less than \$1,000 and your personal residence need *not* be reported.)

Report all real property in your name or in which you have a direct ownership interest. The description required must be sufficient to identify 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 household purposes, such as lawns and gardens.

Location of Property (Description or Address)	Nature of Property (such as: agricultural, commercial, industrial, residential-rental)
None	None

19 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

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

Financial Institution	Address
Chime Navy Federal Chase	77 Maiden Lane Floor 6 San Francisco, CA 94108 3604 Twin Creek Dr #106, Bellevue, NE 68123 3157 Farnam St #7101, Omaha, NE 68131

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

None

Describe other property owned or held for the production of income not otherwise disclosed in Items 6, 7, 8 or 9(a)(b). Include cash, cash equivalents, 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.

None

110 CREDITORS TO WHOM \$1,000 OR MORE WAS OWED OR GUARANTEED BY YOU OR A MEMBER OF YOUR IMMEDIATE FAMILY.

ation: Loans from a relative and land contracts which have been recorded with the County Clerk or Register of Deeds need **not** be ted. Accounts payable, debts arising out of retail installment transactions or loans made by a financial institution in the ordinary e of business need **not** be reported.

Name	Address
Santander Consumer USA American Credit Acceptance US Departemnt of Education Nelnet Jefferson Capital Systems Acceptance Now	P.O Box 660633 Fort Worth, TX 76161-1245 961 E Main St Spartanburg, SC 29302 400 Maryland Avenue, SW, Washington, DC 20202 P.O Box 82505 Lincoln, NE 68501-2505 16 McLeland Rd St Cloud, MN 56303 5501 Headquarters Dr. Plano, TX 75024

111 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:	

monetary value of each gift shall be categorized based on the good faith estimate of the filer. For each reported gift insert in the column the letter which corresponds to the value category of the gift. The value categories are:

00.01 to \$200; B) \$200.01 to \$500; C) \$500.01 to \$1,000; D) \$1,000.01 or more.

112 SIGNATURE OF FILER AND DATE.

by 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 complete.


Signature of Filer)

(Date)

1/9/24