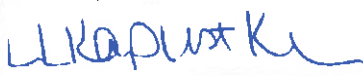


|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                              |                                                                                                                                                                                                                                                                                                  |               |                     |        |                         |  |  |         |                             |              |                                                              |  |                                              |                     |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------|--------|-------------------------|--|--|---------|-----------------------------|--------------|--------------------------------------------------------------|--|----------------------------------------------|---------------------|--|
| <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="https://nadc.nebraska.gov">https://nadc.nebraska.gov</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <h2 style="margin: 0;">STATEMENT<br/>OF<br/>FINANCIAL<br/>INTERESTS</h2> <div style="border: 2px solid black; padding: 5px; display: inline-block; margin: 10px 0;"> <b>Calendar Year 2023</b> </div> <p style="margin: 0;">NADC FORM C-1</p>                                                    | <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">           POSTMARK<br/>DATE           <div style="float: right; font-size: 1.2em; font-family: cursive;">1/25/24</div> <div style="clear: both;"></div> </div> <div style="border: 1px solid black; padding: 5px;"> <div style="text-align: center; font-size: 0.8em; margin-bottom: 5px;">OFFICE USE ONLY</div> <div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">             RECEIVED<br/> <i>Ameren</i><br/>             JAN 31 2024           </div> <div style="float: right; font-size: 1.5em; font-family: cursive;">5</div> </div> <div style="text-align: center; font-size: 0.7em; margin-top: 5px;">             NEBRASKA ACCOUNTABILITY<br/>             DISCLOSURE COMMISSION           </div> </div> |                                                              |                                                                                                                                                                                                                                                                                                  |               |                     |        |                         |  |  |         |                             |              |                                                              |  |                                              |                     |  |
| BEFORE COMPLETING<br>READ FILING REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                              |                                                                                                                                                                                                                                                                                                  |               |                     |        |                         |  |  |         |                             |              |                                                              |  |                                              |                     |  |
| <ul style="list-style-type: none"> <li>This statement must cover all financial interests for the entire "calendar year" as noted above and not just as of year-end.</li> <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 \$5,000.</li> </ul>                                                     |                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                              |                                                                                                                                                                                                                                                                                                  |               |                     |        |                         |  |  |         |                             |              |                                                              |  |                                              |                     |  |
| <b>ITEM 1   YOUR NAME, ADDRESS AND PHONE NUMBER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                              |                                                                                                                                                                                                                                                                                                  |               |                     |        |                         |  |  |         |                             |              |                                                              |  |                                              |                     |  |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Name</td> <td style="width: 30%;"> <div style="display: flex; justify-content: space-between;"> <span><u>Kapustka</u></span> <span><u>Laura</u></span> <span><u>L.</u></span> </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <span>LAST</span> <span>FIRST</span> <span>MIDDLE</span> </div> </td> <td style="width: 10%;">Telephone No.</td> <td style="width: 50%;"><u>402-657-4558</u></td> </tr> <tr> <td>E-mail</td> <td colspan="3"><u>llkapus@nppd.com</u></td> </tr> <tr> <td>Address</td> <td><u>1788 Stoneridge Lane</u></td> <td><u>Wahoo</u></td> <td> <u>NE</u>      <u>68066</u><br/> <small>STATE      ZIP CODE</small> </td> </tr> <tr> <td></td> <td><small>STREET ADDRESS OR RURAL ROUTE</small></td> <td><small>CITY</small></td> <td></td> </tr> </table> |                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Name                                                         | <div style="display: flex; justify-content: space-between;"> <span><u>Kapustka</u></span> <span><u>Laura</u></span> <span><u>L.</u></span> </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <span>LAST</span> <span>FIRST</span> <span>MIDDLE</span> </div> | Telephone No. | <u>402-657-4558</u> | E-mail | <u>llkapus@nppd.com</u> |  |  | Address | <u>1788 Stoneridge Lane</u> | <u>Wahoo</u> | <u>NE</u> <u>68066</u><br><small>STATE      ZIP CODE</small> |  | <small>STREET ADDRESS OR RURAL ROUTE</small> | <small>CITY</small> |  |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <div style="display: flex; justify-content: space-between;"> <span><u>Kapustka</u></span> <span><u>Laura</u></span> <span><u>L.</u></span> </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <span>LAST</span> <span>FIRST</span> <span>MIDDLE</span> </div> | Telephone No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <u>402-657-4558</u>                                          |                                                                                                                                                                                                                                                                                                  |               |                     |        |                         |  |  |         |                             |              |                                                              |  |                                              |                     |  |
| E-mail                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <u>llkapus@nppd.com</u>                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                              |                                                                                                                                                                                                                                                                                                  |               |                     |        |                         |  |  |         |                             |              |                                                              |  |                                              |                     |  |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <u>1788 Stoneridge Lane</u>                                                                                                                                                                                                                                                                      | <u>Wahoo</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <u>NE</u> <u>68066</u><br><small>STATE      ZIP CODE</small> |                                                                                                                                                                                                                                                                                                  |               |                     |        |                         |  |  |         |                             |              |                                                              |  |                                              |                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <small>STREET ADDRESS OR RURAL ROUTE</small>                                                                                                                                                                                                                                                     | <small>CITY</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                              |                                                                                                                                                                                                                                                                                                  |               |                     |        |                         |  |  |         |                             |              |                                                              |  |                                              |                     |  |
| <b>ITEM 2   OCCASION FOR FILING (Check Appropriate Box)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                              |                                                                                                                                                                                                                                                                                                  |               |                     |        |                         |  |  |         |                             |              |                                                              |  |                                              |                     |  |
| <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> A candidate for elective office           <input checked="" type="checkbox"/> Annual officeholder's or state employee's report           <input type="checkbox"/> Newly appointed to office or position         </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                              |                                                                                                                                                                                                                                                                                                  |               |                     |        |                         |  |  |         |                             |              |                                                              |  |                                              |                     |  |
| <b>ITEM 3   OFFICE HELD &amp; TERM OF OFFICE (Incumbent elected/appointed officials and state employees. See 1B of instructions)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                              |                                                                                                                                                                                                                                                                                                  |               |                     |        |                         |  |  |         |                             |              |                                                              |  |                                              |                     |  |
| List the office or position you currently hold which requires this filing.<br>Office or Position: <u>Treasurer</u> Term: <u>04/2021</u><br><div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <span>BEGINS</span> <span>ENDS</span> </div> Name of City, County, District, or State Agency: <u>Nebraska Public Power District</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                              |                                                                                                                                                                                                                                                                                                  |               |                     |        |                         |  |  |         |                             |              |                                                              |  |                                              |                     |  |
| <b>ITEM 4   OFFICE SOUGHT (Candidates only. See 1A of instructions)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                              |                                                                                                                                                                                                                                                                                                  |               |                     |        |                         |  |  |         |                             |              |                                                              |  |                                              |                     |  |
| List the office sought which requires this filing.<br>Office: _____<br><br>Name of City, County, District, or State Office: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                              |                                                                                                                                                                                                                                                                                                  |               |                     |        |                         |  |  |         |                             |              |                                                              |  |                                              |                     |  |
| <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.<br><br>This statement covers the preceding calendar year January 1 through December 31, <u>2023</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                              |                                                                                                                                                                                                                                                                                                  |               |                     |        |                         |  |  |         |                             |              |                                                              |  |                                              |                     |  |

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| <b>ITEM 6 SOURCES OF INCOME OF OVER \$1,000</b>                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                        |
| 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. |
| <b>Also include your Government position if you were paid more than \$1,000.</b>                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                        |
| 1.) Nebraska Public Power District                                                                                                                                                                                                                                                                                                                                                                                                                     | 1a.) Exec. VP & CFO                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                        |
| 2.)                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2a.)                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                        |
| 3.)                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3a.)                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                        |
| 4.)                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 4a.)                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                        |
| <p>*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.</p>                                                                                                                                                                                                 |                                                                                                                                                                                        |
| <b>ITEM 7 BUSINESSES WITH WHICH YOU ARE ASSOCIATED Including Non Profits (See definitions)</b>                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                        |
| 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 <b>not</b> report business associations which are otherwise listed under Item 6. |                                                                                                                                                                                        |
| Name and Address of Business or Organization.                                                                                                                                                                                                                                                                                                                                                                                                          | Nature of Association                                                                                                                                                                  |
| <b>If you have nothing to report, write NONE</b>                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                        |
| 1.) Southwest Power Ppp;<br>201 Worthen Drive<br>Little Rock, AR 72223-4936                                                                                                                                                                                                                                                                                                                                                                            | 1a.) Member of Finance Committee                                                                                                                                                       |
| 2.) Timber Ridge Estates Homeowners Association<br>Lots 1 through 23, inclusive, Timber Ridge Estates<br>Sauders County, Nebraska                                                                                                                                                                                                                                                                                                                      | 2a.) Treasurer of Board<br>a subdivision oas surveyed and platted in a part of Section 16, Township 14, Range 7 East of the 6th P.M.                                                   |
| 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>                           |                                                                                           |
| 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.                                                                                                                                                    |                                                                                                                                                                              |                                                                                           |
| Location of Property<br>(Description or Address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              | Nature of Property<br>(such as: agricultural, commercial, industrial, residential-rental) |
| If you have nothing to report, write NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                              |                                                                                           |
| 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                                                                                   |
| If you have nothing to report, write NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                              |                                                                                           |
| First National Bank of Omaha<br>134 S. 13 <sup>th</sup> Street, Ste. 100<br>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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                              |                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                              |                                                                                           |
| (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. |                                                                                                                                                                              |                                                                                           |
| If you have nothing to report, write NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                              |                                                                                           |
| NPPD 401k<br>NPPD 457b<br>LES 401k<br>LES 457b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                              |                                                                                           |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------------------------------|
| <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                                                                                                                                                                                                                                                                                                                |                                                                                                                                                         |                                  |                                                            |
| NONE                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                         |                                  |                                                            |
| <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<br>(See Key Below) | Description of Gift and Circumstances or Occasion for Gift |
| If you have nothing to report, write NONE                                                                                                                                                                                                                                                                                                                |                                                                                                                                                         |                                  |                                                            |
|                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                         | Choose Value:                    |                                                            |
|                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                         | Choose Value:                    |                                                            |
|                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                         | Choose Value:                    |                                                            |
|                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                         | Choose Value:                    |                                                            |
|                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                         | Choose Value:                    |                                                            |
|                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                         | Choose Value:                    |                                                            |
|                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                         | Choose Value:                    |                                                            |
|                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                         | Choose Value:                    |                                                            |
| <p>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:</p> <p>A) \$100.01 to \$200; B) \$200.01 to \$500; C) \$500.01 to \$1,000; D) \$1,000.01 or more.</p> |                                                                                                                                                         |                                  |                                                            |
| <b>ITEM 12</b>                                                                                                                                                                                                                                                                                                                                           | <b>SUPPLEMENTAL INFORMATION (please attach any supplemental info and note below to see attached)</b>                                                    |                                  |                                                            |
| <b>ITEM 13</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.                                                                                                                                                                                              |                                                                                                                                                         |                                  |                                                            |
|                                                                                                                                                                                                                                                                       |                                                                                                                                                         | 1/25/2024                        |                                                            |
| (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.