

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |                                                                                                                                                                                                                                                                                                   |                                   |        |                                  |  |         |                                                                                                                                                                                                                                                                                                                                                    |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------|----------------------------------|--|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <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; margin: 10px auto; width: 80%;"> <b>Calendar Year 2023</b> </div> <p style="margin: 0;">NADC FORM C-1</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <div style="border: 1px solid black; padding: 2px;">           POSTMARK<br/>DATE <span style="font-size: 1.2em;">2/2/24</span> </div> <div style="border: 1px solid black; padding: 5px; text-align: center; margin-top: 10px;">             OFFICE USE ONLY           </div> <div style="text-align: center; margin-top: 20px;"> <span style="color: #00AEEF; font-weight: bold; font-size: 1.2em;">RECEIVED</span><br/><br/> <span style="color: #00AEEF; font-weight: bold; font-size: 1.2em;">FEB 08 2024</span><br/><br/> <span style="color: #00AEEF; font-weight: bold; font-size: 0.8em;">NEBRASKA ACCOUNTABILITY<br/>DISCLOSURE COMMISSION</span> </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: 40%;"> <div style="display: flex; justify-content: space-between;"> <span><u>Streeter</u></span> <span><u>Ricky</u></span> <span><u>Lee</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: 50%;">           Telephone No. <u>308-991-7328</u> </td> </tr> <tr> <td>E-mail</td> <td colspan="2"><u>ricksbodyshop20@gmail.com</u></td> </tr> <tr> <td>Address</td> <td colspan="2"> <div style="display: flex; justify-content: space-between;"> <span><u>816 Miller Street</u></span> <span><u>Holdrege</u></span> <span><u>NE 68549</u></span> </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <span>STREET ADDRESS OR RURAL ROUTE</span> <span>CITY</span> <span>STATE ZIP CODE</span> </div> </td> </tr> </table> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Name | <div style="display: flex; justify-content: space-between;"> <span><u>Streeter</u></span> <span><u>Ricky</u></span> <span><u>Lee</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>308-991-7328</u> | E-mail | <u>ricksbodyshop20@gmail.com</u> |  | Address | <div style="display: flex; justify-content: space-between;"> <span><u>816 Miller Street</u></span> <span><u>Holdrege</u></span> <span><u>NE 68549</u></span> </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <span>STREET ADDRESS OR RURAL ROUTE</span> <span>CITY</span> <span>STATE ZIP CODE</span> </div> |  |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <div style="display: flex; justify-content: space-between;"> <span><u>Streeter</u></span> <span><u>Ricky</u></span> <span><u>Lee</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>308-991-7328</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      |                                                                                                                                                                                                                                                                                                   |                                   |        |                                  |  |         |                                                                                                                                                                                                                                                                                                                                                    |  |
| E-mail                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <u>ricksbodyshop20@gmail.com</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |                                                                                                                                                                                                                                                                                                   |                                   |        |                                  |  |         |                                                                                                                                                                                                                                                                                                                                                    |  |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <div style="display: flex; justify-content: space-between;"> <span><u>816 Miller Street</u></span> <span><u>Holdrege</u></span> <span><u>NE 68549</u></span> </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <span>STREET ADDRESS OR RURAL ROUTE</span> <span>CITY</span> <span>STATE ZIP CODE</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |                                                                                                                                                                                                                                                                                                   |                                   |        |                                  |  |         |                                                                                                                                                                                                                                                                                                                                                    |  |
| <b>ITEM 2 OCCASION FOR FILING (Check Appropriate Box)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |                                                                                                                                                                                                                                                                                                   |                                   |        |                                  |  |         |                                                                                                                                                                                                                                                                                                                                                    |  |
| <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> A candidate for elective office<br/> <input checked="" type="checkbox"/> Annual officeholder's or state employee's report         </div> <div> <input type="checkbox"/> Newly appointed to office or position         </div> </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>Phelps County Commissioner</u> Term: <u>1-21-</u> <u>1-25</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>Phelps County</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |                                                                                                                                                                                                                                                                                                   |                                   |        |                                  |  |         |                                                                                                                                                                                                                                                                                                                                                    |  |
| <b>ITEM 4 OFFICE SOUGHT (Candidates only. See 1A of instructions)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |                                                                                                                                                                                                                                                                                                   |                                   |        |                                  |  |         |                                                                                                                                                                                                                                                                                                                                                    |  |
| List the office sought which requires this filing.<br>Office: <u>Phelps County Commissioner</u><br>Name of City, County, District, or State Office: <u>Holdrege Phelps #6</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |                                                                                                                                                                                                                                                                                                   |                                   |        |                                  |  |         |                                                                                                                                                                                                                                                                                                                                                    |  |
| <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 <b>preceding calendar year</b> January 1 through December 31, <u>2023</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |                                                                                                                                                                                                                                                                                                   |                                   |        |                                  |  |         |                                                                                                                                                                                                                                                                                                                                                    |  |

**ITEM 6 SOURCES OF INCOME OF OVER \$1,000**

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

Name and address of any source\* (including an individual, business, body of government, political subdivision or body corporate) from which income of over \$1,000 was received.

List the nature of the source's business and the nature of the services you rendered or the circumstances under which income was received. NOTE: Do not list the amount of the income.

Also include your Government position if you were paid more than \$1,000.

1.) Streets Inc 1a.)

224 W 4th Ave  
Holdrege NE 68549

2.) Phelps County 2a.)

715 5th Ave  
Holdrege NE 68549

3.) 3a.)

4.) 4a.)

\*NOTE: IF INCOME RESULTED FROM EMPLOYMENT BY, OPERATION OF OR PARTICIPATION IN A PROPRIETORSHIP, PARTNERSHIP, CORPORATION OR OTHER PERSON, LIST THE SAME AS THE SOURCE OF INCOME, BUT NOT THE PATRONS, CUSTOMERS, PATIENTS, OR CLIENTS THEREOF.

**ITEM 7 BUSINESSES WITH WHICH YOU ARE ASSOCIATED Including Non Profits (See definitions)**

Name and address of all businesses, organizations, or associations (profit and non-profit) with which you held a position of officer, director, limited liability company member, partner, or stockholder and any entity in which you held a position of trustee. Such reporting is required based on the position held, not on whether income was received. You need not report business associations which are otherwise listed under Item 6.

Name and Address of Business or Organization.

Nature of Association

If you have nothing to report, write NONE

1.) Streets Inc 1a.)

224 4th Ave  
Holdrege NE 68549

2.) Phelps County Senior Citizen 2a.)

426 Garfield St.  
Holdrege NE 68549

3.) MATS 3a.)

1408 E 29th Street  
Kearney NE 68548

4.) South Central Area on Aging 4a.)

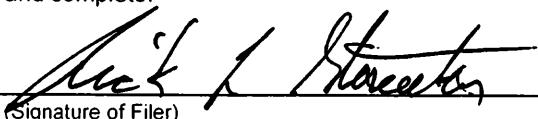
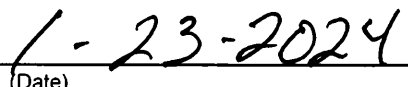
620 E 20th Street  
Kearney NE 68548

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>                           |                                                                                                                                                            |
| <p>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.</p>                                                                                                                                             |                                                                                                                                                                              |                                                                                                                                                            |
| Location of Property<br>(Description or Address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              | Nature of Property<br>(such as: agricultural, commercial, industrial, residential-rental)                                                                  |
| <b>If you have nothing to report, write NONE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              |                                                                                                                                                            |
| 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                                                                                                                                                    |
| <b>If you have nothing to report, write NONE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              |                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                              | <p>First State Bank<br/> 401 East Ave<br/> Holdrege NE 68449<br/> First National Bank<br/> Kearney, NE 68848<br/> Exchange Bank<br/> Kearney, NE 68848</p> |
| (b) List the names of the issuers of all stocks, bonds, and government securities, not otherwise listed under Items 6 or 7.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                              |                                                                                                                                                            |
| <b>If you have nothing to report, write NONE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              |                                                                                                                                                            |
| 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. |                                                                                                                                                                              |                                                                                                                                                            |
| <b>If you have nothing to report, write NONE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              |                                                                                                                                                            |
| None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                              |                                                                                                                                                            |

|                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                         |                                                                                      |                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------------------------------|
| <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                                                                                                                                                                                                                                                                                                                |                                                                                                                                                         |                                                                                      |                                                            |
|                                                                                                                                                                                                                                                                                                                                                          | None                                                                                                                                                    | 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.                                                                                                                                                                                              |                                                                                                                                                         |                                                                                      |                                                            |
|                                                                                                                                                                                                                                                                       |                                                                                                                                                         |  |                                                            |
| (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.