

NEBRASKA ACCOUNTABILITY AND DISCLOSURE COMMISSION 1225 L St., Suite 400 P.O. Box 95086 Lincoln, NE 68509 (402) 471-2522 https://nadc.nebraska.gov	STATEMENT OF FINANCIAL INTERESTS	POSTMARK DATE	email 2/26/24
		OFFICE USE ONLY	
BEFORE COMPLETING READ FILING REQUIREMENTS	Calendar Year 2023	S	
NADC FORM C-1			

- This statement must cover all financial interests for the entire "calendar year" as noted above and not just as of year-end.
- Candidates for designated offices and holders of designated offices and positions must file this statement with the Commission. See Sections 1A and 1B of the instructions.
- Candidates (including incumbents) subject to this filing requirement must file this statement in order to have their names appear on the ballot. (See Instructions).
- Designated officeholders and holders of designated positions must file this statement with the Commission annually.
- Dollar values need not be report for any item, except Item 11.
- Persons who fail to file as required are subject to a civil penalty of up to \$5,000.

ITEM 1 YOUR NAME, ADDRESS AND PHONE NUMBER

Name Via Troy Robert Telephone No. 513-226-3224
LAST FIRST MIDDLE

E-mail trvia@oppd.com

Address 19664 Pasadena Street Omaha NE 68130
STREET ADDRESS OR RURAL ROUTE CITY STATE ZIP CODE

ITEM 2 OCCASION FOR FILING (Check Appropriate Box)

- ☐ A candidate for elective office
- ☒ Annual officeholder's or state employee's report ☐ Newly appointed to office or position

ITEM 3 OFFICE HELD & TERM OF OFFICE (Incumbent elected/appointed officials and state employees. See 1B of instructions)

List the office or position you currently hold which requires this filing.

Office or Position: COO and VP Utility Operations Term: 11-21-21
BEGINS ENDS

Name of City, County, District, or State Agency: Omaha Public Power District

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

List the office sought which requires this filing.

Office: NA

Name of City, County, District, or State Office: NA

ITEM 5 PERIOD COVERED BY THIS STATEMENT

This statement must cover all financial interests for the entire "preceding calendar year" and not just as of year-end.

This statement covers the preceding calendar year January 1 through December 31, 2023

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.) <u>OPPD</u> <u>446 S 16th Street Mall</u> <u>Omaha NE 68130</u>	1a.) <u>Electric Utility: Wages and Benefits</u>
2.) _____ _____ _____	2a.) _____ _____ _____
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.) <u>NONE</u> _____ _____	1a.) _____ _____ _____
2.) _____ _____ _____	2a.) _____ _____ _____
3.) _____ _____ _____	3a.) _____ _____ _____
4.) _____ _____ _____	4a.) _____ _____ _____
5.) _____ _____ _____	5a.) _____ _____ _____
6.) _____ _____ _____	6a.) _____ _____ _____
7.) _____ _____ _____	7a.) _____ _____ _____

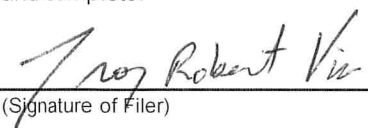
ITEM 8	REAL PROPERTY OF THE FILER IN NEBRASKA (Real property valued at less than \$1,000 and your personal residence need <i>not</i> be reported.)	
List all real property in Nebraska in your name or in which you have a direct ownership interest. The description required must be sufficient to identify the location of the property. Exceptions: You need not report real property owned by a business listed in Item 6 or 7, your personal residence or real property valued at less than \$1,000. Personal residence refers to your principal dwelling-house and adjacent land used for house-hold purposes, such as lawns and gardens.		
Location of Property (Description or Address)		Nature of Property (such as: agricultural, commercial, industrial, residential-rental)
If you have nothing to report, write NONE		
NONE		NONE
ITEM 9	OTHER FINANCIAL INTERESTS AND PROPERTY HELD DURING THE PERIOD OF THIS STATEMENT WHICH EXCEEDED A FAIR MARKET VALUE OF \$1,000 AT ANY TIME DURING THE REPORTING PERIOD	
(a) List the names and addresses of the institutions in which you had checking and savings accounts and certificates of deposit.		
Financial Institution		Address
If you have nothing to report, write NONE		
Bank of America Wells Fargo OPPD Health Savings Account Omaha Public Power District Pension Plan Charles Schwab - managed by Fisher Investments		100 N. Tryon Street Charlotte NC 28255 18030 Plaza Omaha NE 68135 444 S. 16th St. Omaha NE 68102 SAME 16811 Burke Street Omaha NE 68118
(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		
SEE ATTACHED for details Charles Schwab - managed by Fisher Investments Merrill Lynch OPPD 401/457 through Fidelity Investments		
(c) Describe other property owned or held for the production of income not otherwise disclosed in Items 6, 7, 8 or 9(a)(b). Include leaseholds and other interests in real estate, promissory notes and other obligations owed to you, beneficial interests in trusts and estates, cash value life insurance, IRAs, deferred income and retirement plans. Exception: Do not include accounts receivable, inventory, fixtures and equipment owned or used by a business listed in Items 6 & 7 or household goods, personal automobiles and other tangible personal property unless such property was held primarily for sale or exchange.		
If you have nothing to report, write NONE		
NONE		

ITEM 10	CREDITORS TO WHOM \$1,000 OR MORE WAS OWED OR GUARANTEED BY YOU OR A MEMBER OF YOUR IMMEDIATE FAMILY.		
Exception: Loans from a relative and land contracts which have been recorded with the County Clerk or Register of Deeds need not be reported. Accounts payable, debts arising out of retail installment transactions or loans made by a financial institution in the ordinary course of business need not be reported.			
Name		Address	
If you have nothing to report, write NONE			
NONE			

ITEM 11	SOURCES OF GIFTS OF A VALUE OF MORE THAN \$100 RECEIVED EXCEPT GIFTS FROM RELATIVES. (See definitions) If you have nothing to report, write NONE		
Name and address of Donor	Occupation or nature of business of Donor	Value of Gift (See Key Below)	Description of Gift and Circumstances or Occasion for Gift
If you have nothing to report, write NONE			
NONE		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	

The monetary value of each gift shall be categorized based on the good faith estimate of the filer. For each reported gift insert in the Value column the letter which corresponds to the value category of the gift. The value categories are:
A) \$100.01 to \$200; B) \$200.01 to \$500; C) \$500.01 to \$1,000; D) \$1,000.01 or more.

ITEM 12	SUPPLEMENTAL INFORMATION (please attach any supplemental info and note below to see attached)

ITEM 13	SIGNATURE OF FILER AND DATE
I hereby state that I have used all reasonable diligence in the preparation of this Statement and that to the best of my knowledge it is true and complete.	
 (Signature of Filer)	2/23/24 (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.

Fidelity Holdings for OPPD Retirement: SELF-DIRECTED

Wellington Mid Cap
Fid 500
TRP Inst Sm Cap Stk
Target 2035 Fund
AF New Perspect R6
AF Wash Mutl Inv R6

Merrill Lynch Holdings Investments (SELF-DIRECTED)

Amazon (AMZN)
Apple (APPL)
Bank of America (BAC)
Dominion (D)
Eli Lilly (LLY)
Invesco QQQ
Johnson & Johnson (JNJ)
Nextera (NEE)
Pfizer (PFE)
SPDR S&P 500 (SPY)
Vanguard 500 (VOO)
Vanguard Indes (VOT)
T Rowe Price Blue Chip (TRBCX)
T Rowe Price Integr US (PRDSX)

Fisher Managed Investments:

ABBNY	CARR	SMCAY
ABT	EADSY	V
ADBE	EXPE	VGT
AMD	FDN	WYNN
GOOGL	HESAY	AAPL
AMZN	HMC	BSX
BUD	IGV	F
ASML	IR	
AZN	IXJ	
BBVA	MRVL	
SAN	MS	
BAC	NVS	
BHP	SBGSY	
BLK	SDZNY	
BNPQY		
BA		
BKNG		

BSX
BP
AVGO
COF
CAT
CVX
C
COP
COST
CCI
CSX
CMI
DHR
DE
DHLGY
DIS
EW
XOM
FANUY
F
FCX
GS
GSK
HLN
HD
ITW
ING
ISNPY
INTU
ISRG
JNJ
JCI
JPM
PPRUY
LRCX
LVS
MA
MDT
MRK
META
MSFT
MRAAY
NSRGY
NFLX

NKE
NVDA
ORCL
PEP
PG
RIO
RHHBY
RTX
CRM
SCHW
NOW
SHEL
SONY
SBUX
SYK
TSM
TMO
TOELY
TTE
TM
UL
UNP
UNH
VLTO
V
VWAPY
WMT
ACLY
SHOP
SQ
DOCU
ZM
SLB
TGT
MMM
PYPL
UBER
HES