

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 Calendar Year 2024 NADC FORM C-1	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">POSTMARK DATE</td> <td style="width: 50%; text-align: center; padding: 2px;"> </td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 5px;">OFFICE USE ONLY</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 10px;"> </td> </tr> </table>	POSTMARK DATE		OFFICE USE ONLY			
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BEFORE COMPLETING READ FILING REQUIREMENTS								

- 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 Reida Frank J Telephone No. 402-306-8609
LAST FIRST MIDDLE

E-mail fjreida@gmail.com

Address 1122 Turner Blvd Omaha NE 68105
STREET ADDRESS OR RURAL ROUTE CITY STATE ZIP CODE

ITEM 2 OCCASION FOR FILING (Check Appropriate Box)

- ☐ A candidate for elective office
 ☒ Final Report
☐ 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 IB of instructions)

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

Office or Position: Board Member Term: 4-10-2019 / 2-15-2024
BEGINS ENDS

Name of City, County, District, or State Agency: NE Power Review Board

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

List the office sought which requires this filing.

Office: N/A

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

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, 2024 through 2-15-2024

ITEM 6 REAL PROPERTY OF THE FILER IN NEBRASKA (Real property owned at less than \$1,000 and your personal residence ... not 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, 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	
1122 Turner Blvd Omaha, NE 68105	Personal Residence
All other real property is held by Reida Residential Properties, LLC, or, a subsidiary LLC thereof	Business Real Estate

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	
NE Energy Federal Credit Union	PO. Box 499 Columbus, NE 68602
US Bank	1700 Farnam Omaha, NE 68102
Robert's Dairy Federal CU	290 Cum. ng Omaha, NE 68102
Bank of the West	4444 Farnam Omaha, NE 68105

(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	
Self Directed 401K - Fidelity Investments	First Natl. Bank 401K
American Super Conductor	TRS 2025 Targeted Portfolio
Berkshire Hathaway	Maine: Mechanical 401K
Duke Energy	John Hancock 15
TD3 Uniphase	Relaxed Active Strategic Fund
Alphabet (Google)	
Spectra Energy	
NM Mutual Life Insurance Policy	
AG - JPM Equity Income	
PEP Renewable Sec. IS	

(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 or other tangible personal property unless such property was held primarily for sale or exchange.

If you have nothing to report, write NONE	
American Century Investments?	Mutual of Omaha - Annuity
Growth: Select Mutual Funds	Fidelity Investments?
Pioneer Investments?	Magellan, Select Gold, Growth
Equity Income Fund A	Income, Asset mgr, and
Jackson National: Annuity	IIP Equity Income Pt 2
City of Omaha: Retirement Fund	ING: Ing Fixed
	VOYA

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: list the amount of the income.

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

1.) NE Power Review Board1a) Board member ?
Chairman2.) Reida Residential
Properties, LLC
1122 Turner Blvd
Omaha, NE 681052a) President manager ?
50% owner3.) Leadership Training
Institute
1815 North 169 Plz
Omaha, NE3a) Trainer
Det Carnegie Courier4.) City of Omaha
1819 Farnam #1110
Omaha, NE 681834a) MEP Plans Examiner
Permits & Inspections

*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 company member, partner, or stockholder and any entity in which you held a position of trustee. Such reporting is required based on the position 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.) City of Omaha
1819 Farnam #1110
Omaha, NE 681831a) Appointed member of
the Board of
Engineers

2.)

2a)

3.)

3a)

4.)

4a)

5.)

5a)

6.)

6a)

7.)

7a)

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			
US Bank 1700 Fernom Omaha, NE 68102		VISA Credit Card	
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.			
		2-16-2024	
(Signature of Filer)		(Date)	

Criminal Penalties: Any person who files a statement knowing that information is false shall be guilty of a Class IV Felony, See §49-14,134, Nebraska Revised Statutes.