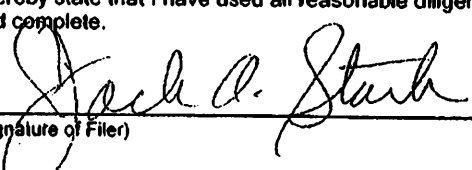
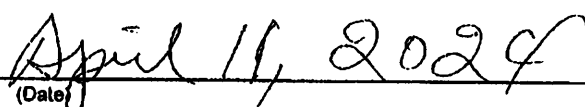


AMENDED

EM 4-11-24

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                     |                                                                                                                         |                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| <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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>STATEMENT<br/>OF<br/>FINANCIAL<br/>INTERESTS</b>                                                                                                 | POSTMARK<br>DATE                                                                                                        | <i>email 3/1/24</i>                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                     | OFFICE USE ONLY                                                                                                         |                                            |
| BEFORE COMPLETING<br>READ FILING REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Calendar Year 2023</b>                                                                                                                           | <b>RECEIVED</b> S <del>S</del><br><br><b>APR 11 2024</b><br><br>NEBRASKA ACCOUNTABILITY<br>and<br>DISCLOSURE COMMISSION |                                            |
| <b>NADC FORM C-1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                     |                                                                                                                         |                                            |
| <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</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>YOUR NAME, ADDRESS AND PHONE NUMBER</b>                                                                                                          |                                                                                                                         |                                            |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <u>Stark</u>                                                                                                                                        | <u>Jack</u>                                                                                                             | <u>A</u> Telephone No. <u>402-315-9966</u> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | LAST                                                                                                                                                | FIRST                                                                                                                   | MIDDLE                                     |
| E-mail                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <u>mblair@blaircpafirm.com</u>                                                                                                                      |                                                                                                                         |                                            |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <u>306 Heavenly Drive</u>                                                                                                                           | <u>Omaha</u>                                                                                                            | <u>NE</u> <u>68154</u>                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | STREET ADDRESS OR RURAL ROUTE                                                                                                                       | CITY                                                                                                                    | STATE ZIP CODE                             |
| <b>ITEM 2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>OCCASION FOR FILING (Check Appropriate Box)</b>                                                                                                  |                                                                                                                         |                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> A candidate for elective office                                                                                            |                                                                                                                         |                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input checked="" type="checkbox"/> Annual officeholder's or state employee's report <input type="checkbox"/> Newly appointed to office or position |                                                                                                                         |                                            |
| <b>ITEM 3</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                     |                                                                                                                         |                                            |
| Office or Position:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                     | <u>Board of Regents - University of Nebraska-2</u>                                                                      | Term: <u>1/7/2021</u> <u>1/7/2027</u>      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                     |                                                                                                                         | BEGINS ENDS                                |
| Name of City, County, District, or State Agency: <u>Nebraska</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                     |                                                                                                                         |                                            |
| <b>ITEM 4</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>OFFICE SOUGHT (Candidates only. See 1A of instructions)</b>                                                                                      |                                                                                                                         |                                            |
| List the office sought which requires this filing.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                     |                                                                                                                         |                                            |
| Office: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                     |                                                                                                                         |                                            |
| Name of City, County, District, or State Office: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                     |                                                                                                                         |                                            |
| <b>ITEM 5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                     |                                                                                                                         |                                            |
| This statement covers the preceding calendar year January 1 through December 31, <u>2023</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                     |                                                                                                                         |                                            |

|                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                         |                                                                                                |                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| <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 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                                                                                           |                                                            |
| <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:                                                                                  |                                                            |
| 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:<br>A) \$100.01 to \$200; B) \$200.01 to \$500; C) \$500.01 to \$1,000; D) \$1,000.01 or more. |                                                                                                                                                         |                                                                                                |                                                            |
| <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.                                                                                                                                                                                   |                                                                                                                                                         |                                                                                                |                                                            |
| <br>(Signature of Filer)                                                                                                                                                                                                                                   |                                                                                                                                                         | <br>(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.