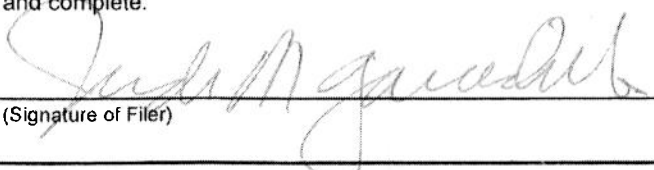
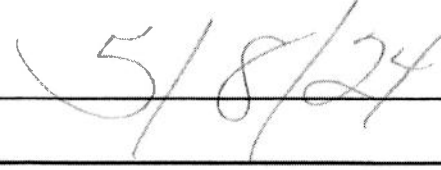


- Amended -

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	EM 5/20/24
		OFFICE USE ONLY	
BEFORE COMPLETING READ FILING REQUIREMENTS	Calendar Year 2023	RECEIVED MAY 20 2024 NEBRASKA ACCOUNTABILITY and DISCLOSURE COMMISSION	
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: <u>gaiashkibos Judi M</u> Telephone No. <u>402-471-3425</u> LAST FIRST MIDDLE			
E-mail: <u>judi.gaiashkibos@nebraska.gov</u>			
Address: <u>2225 Lake St. Lincoln, Ne. 68502</u> 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: <u>NeIA Executive Director</u> Term: <u>1995-present</u> BEGINS ENDS			
Name of City, County, District, or State Agency: <u>Nebraska Commission on Indian Affairs</u> #76			
ITEM 4 OFFICE SOUGHT (Candidates only. See 1A of instructions)			
List the office sought which requires this filing. Office: <u>NA</u>			
Name of City, County, District, or State Office: <u>NA</u>			
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, <u>2023</u>			

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			
Wells Fargo - Mortgage American - Nat'l Banknote		4000 S. 27th St. Lincoln, Ne. 68502 Omaha	
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)		(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.