

AMENDED

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------|--------------|-------|-------------------|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------------------------|--------|--|--|
| <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><br><br><div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>Calendar Year 2023</b> </div><br><br><b>NADC FORM C-1</b> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">POSTMARK<br/>DATE</td> <td style="width: 50%; padding: 2px;"><del>5/15/23</del></td> </tr> <tr> <td colspan="2" style="padding: 2px;">EM 5-22-24</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 2px;">OFFICE USE ONLY</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 10px;"> <div style="color: lightblue; font-size: 1.2em;">RECEIVED</div> <div style="color: lightblue; font-size: 1.2em;">MAY 22 2024</div> <div style="color: lightblue; font-size: 0.8em;">NEBRASKA ACCOUNTABILITY<br/>DISCLOSURE COMMISSION</div> </td> </tr> </table> | POSTMARK<br>DATE | <del>5/15/23</del> | EM 5-22-24   |       | OFFICE USE ONLY   |              | <div style="color: lightblue; font-size: 1.2em;">RECEIVED</div> <div style="color: lightblue; font-size: 1.2em;">MAY 22 2024</div> <div style="color: lightblue; font-size: 0.8em;">NEBRASKA ACCOUNTABILITY<br/>DISCLOSURE COMMISSION</div> |          |                               |        |  |  |
| POSTMARK<br>DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <del>5/15/23</del>                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |                    |              |       |                   |              |                                                                                                                                                                                                                                             |          |                               |        |  |  |
| EM 5-22-24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |                    |              |       |                   |              |                                                                                                                                                                                                                                             |          |                               |        |  |  |
| OFFICE USE ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |                    |              |       |                   |              |                                                                                                                                                                                                                                             |          |                               |        |  |  |
| <div style="color: lightblue; font-size: 1.2em;">RECEIVED</div> <div style="color: lightblue; font-size: 1.2em;">MAY 22 2024</div> <div style="color: lightblue; font-size: 0.8em;">NEBRASKA ACCOUNTABILITY<br/>DISCLOSURE COMMISSION</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%;"> <tr> <td style="width: 15%;">Name</td> <td style="width: 35%;">Pedersen</td> <td style="width: 15%;">Boyd</td> <td style="width: 10%;">L</td> <td style="width: 25%;">Telephone No.</td> <td style="width: 20%;">402-887-4653</td> </tr> <tr> <td></td> <td>LAST</td> <td>FIRST</td> <td>MIDDLE</td> <td></td> <td></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Name             | Pedersen           | Boyd         | L     | Telephone No.     | 402-887-4653 |                                                                                                                                                                                                                                             | LAST     | FIRST                         | MIDDLE |  |  |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Pedersen                                                                                                                                                                                            | Boyd                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | L                | Telephone No.      | 402-887-4653 |       |                   |              |                                                                                                                                                                                                                                             |          |                               |        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | LAST                                                                                                                                                                                                | FIRST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | MIDDLE           |                    |              |       |                   |              |                                                                                                                                                                                                                                             |          |                               |        |  |  |
| E-mail: <u>boyd@boydselectricinc.co</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |                    |              |       |                   |              |                                                                                                                                                                                                                                             |          |                               |        |  |  |
| <table style="width: 100%;"> <tr> <td style="width: 60%;">Address</td> <td style="width: 20%;">Clearwater</td> <td style="width: 10%;">NE</td> <td style="width: 10%;">68726</td> </tr> <tr> <td>51976 Highway 275</td> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> </tr> <tr> <td colspan="4">STREET ADDRESS OR RURAL ROUTE</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Address          | Clearwater         | NE           | 68726 | 51976 Highway 275 | CITY         | STATE                                                                                                                                                                                                                                       | ZIP CODE | STREET ADDRESS OR RURAL ROUTE |        |  |  |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Clearwater                                                                                                                                                                                          | NE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 68726            |                    |              |       |                   |              |                                                                                                                                                                                                                                             |          |                               |        |  |  |
| 51976 Highway 275                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | CITY                                                                                                                                                                                                | STATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ZIP CODE         |                    |              |       |                   |              |                                                                                                                                                                                                                                             |          |                               |        |  |  |
| STREET ADDRESS OR RURAL ROUTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |                    |              |       |                   |              |                                                                                                                                                                                                                                             |          |                               |        |  |  |
| <b>ITEM 2   OCCASION FOR FILING (Check Appropriate Box)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |                    |              |       |                   |              |                                                                                                                                                                                                                                             |          |                               |        |  |  |
| <input type="checkbox"/> A candidate for elective office<br><input checked="" type="checkbox"/> Annual officeholder's or state employee's report <input type="checkbox"/> Newly appointed to office or position                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |                    |              |       |                   |              |                                                                                                                                                                                                                                             |          |                               |        |  |  |
| <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>Board Member</u> Term: <u>1/1/2023-12/31/2025</u><br><div style="text-align: right; margin-right: 50px;">           BEGINS      ENDS         </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |                    |              |       |                   |              |                                                                                                                                                                                                                                             |          |                               |        |  |  |
| Name of City, County, District, or State Agency: <u>Nebraska State Electrical Board</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |                    |              |       |                   |              |                                                                                                                                                                                                                                             |          |                               |        |  |  |
| <b>ITEM 4   OFFICE SOUGHT (Candidates only. See 1A of Instructions)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |                    |              |       |                   |              |                                                                                                                                                                                                                                             |          |                               |        |  |  |
| List the office sought which requires this filing.<br>Office: _____<br><br>Name of City, County, District, or State Office: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |                    |              |       |                   |              |                                                                                                                                                                                                                                             |          |                               |        |  |  |
| <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 preceding calendar year January 1 through December 31, <u>2023</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |                    |              |       |                   |              |                                                                                                                                                                                                                                             |          |                               |        |  |  |

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| <b>ITEM 6 SOURCES OF INCOME OF OVER \$1,000</b>                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                        |
| 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.) Boyd's Electrical Service, Inc.<br>61976 Highway 275<br>Clearwater, NE 68726                                                                                                                                                                                                                                                                                                                                                                | 1a.) Electrical Contractor                                                                                                                                                             |
| 2.) Boyd's Network Solutions LLC<br>51976 Highway 275<br>Clearwater, NE 68726                                                                                                                                                                                                                                                                                                                                                                   | 2a.) Data Networking Contractor                                                                                                                                                        |
| 3.) BES Express<br>51976 Highway 275<br>Clearwater, NE 68726                                                                                                                                                                                                                                                                                                                                                                                    | 3a.) Private Trucking Company                                                                                                                                                          |
| 4.) BCP Enterprises LL<br>51976 Highway 275<br>Clearwater, NE 68726                                                                                                                                                                                                                                                                                                                                                                             | 4a.) Rental Properties                                                                                                                                                                 |
| *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.                                                                                                                                                                                                 |                                                                                                                                                                                        |
| <b>ITEM 7 BUSINESSES WITH WHICH YOU ARE ASSOCIATED Including Non Profits (See definitions)</b>                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                        |
| 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.) Antelope County Historical Society<br>401 L Street<br>Neligh, NE 68756                                                                                                                                                                                                                                                                                                                                                                      | 1a.) Board Member                                                                                                                                                                      |
| 2.) Nebraska Owner's Insurance Company<br>6120 S 58 <sup>th</sup> Street, Suite B<br>Lincoln, NE 68516                                                                                                                                                                                                                                                                                                                                          | 2a.) Investor                                                                                                                                                                          |
| 3.) Neligh Church of Christ<br>101 E 8 <sup>th</sup> Street<br>Neligh, NE 68756                                                                                                                                                                                                                                                                                                                                                                 | 3a.) Trustee                                                                                                                                                                           |
| 4.) Antelope County Shooter Club<br>51976 Highway 275<br>Clearwater, NE 68726                                                                                                                                                                                                                                                                                                                                                                   | 4a.) Secretary                                                                                                                                                                         |
| 5.)                                                                                                                                                                                                                                                                                                                                                                                                                                             | 5a.)                                                                                                                                                                                   |
| 6.)                                                                                                                                                                                                                                                                                                                                                                                                                                             | 6a.)                                                                                                                                                                                   |
| 7.)                                                                                                                                                                                                                                                                                                                                                                                                                                             | 7a.)                                                                                                                                                                                   |

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| <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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                              |                                                                                                                                                                                                                               |
| 1003 W 11 <sup>th</sup> Street, Neligh, NE 68756<br>320 E Hwy 275, Neligh, NE 68756<br>212 E Hwy 275, Neligh, NE 68756<br>305 E 2 <sup>nd</sup> Street, Neligh, NE 68756<br>106 J Street, Neligh, NE 68756<br>144 N Cedar Street, Alinsworth, NE 69210<br>Cabin 12 Trail 12, Sherman Lake Reservoir, Loup City, NE 68853<br>1202 Highway 2, Phillips, NE 68866                                                                                                                                                                                                                                                                                  |                                                                                                                                                                              | Rental<br>Rental<br>Rental<br>Rental<br>Rental<br>Rental<br>Recreation<br>Electrical Sop                                                                                                                                      |
| <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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                              |                                                                                                                                                                                                                               |
| Heritage Bank<br>Pinnacle Bank<br>LPL Financeial<br>Nationwide Trust Company FSB<br>Northwestern Mutual                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                              | 305 M Street, Neligh, NE 68756<br>324 Main Street, Neligh, NE 68756<br>8525 Executive Woods Dr., Ste 400, Lincoln, NE 68512<br>3400 Southpark Pl, Ste A, Grove City, OH 43123<br>720 East Wisconsin Ave., Milwaukee, WI 53201 |
| (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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                              |                                                                                                                                                                                                                               |
| State Farm Insurance, PO Box 2364, Bloomington, IL 61702-2364                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                              |                                                                                                                                                                                                                               |
| (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 <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 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                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                         | 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                                                                                                                                                                                                                                                                                                                                          | None                                                                                                                                                    | Choose Value:                    | 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.                                                                                                                                                                                   |                                                                                                                                                         |                                  |                                                            |

*Don L Pedersen*

(Signature of Filer)

*5/6/2024*

(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.