

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                          |                                                                |                                                                                      |                                    |                                                                                                                                                                                                                                                                             |              |  |      |       |        |  |  |        |                                |  |  |  |  |         |                |  |         |    |       |  |                               |  |      |       |          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--|------|-------|--------|--|--|--------|--------------------------------|--|--|--|--|---------|----------------|--|---------|----|-------|--|-------------------------------|--|------|-------|----------|
| <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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <h2 style="margin: 0;">STATEMENT<br/>OF<br/>FINANCIAL<br/>INTERESTS</h2> <div style="border: 2px solid black; padding: 5px; display: inline-block; margin: 10px 0;"> <b>Calendar Year 2024</b> </div> <p style="margin: 0;">NADC FORM C-1</p> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">POSTMARK<br/>DATE</td> <td style="width: 50%; text-align: center; padding: 2px;">1/29/25</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 5px;">OFFICE USE ONLY</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 10px;"> <div style="color: #00AEEF; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="color: #00AEEF; font-weight: bold; font-size: 1.2em;">FEB 05 2025</div> <div style="color: #00AEEF; font-size: 0.8em;">NEBRASKA ACCOUNTABILITY<br/>DISCLOSURE COMMISSION</div> </td> </tr> </table> | POSTMARK<br>DATE                                         | 1/29/25                                                        | OFFICE USE ONLY                                                                      |                                    | <div style="color: #00AEEF; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="color: #00AEEF; font-weight: bold; font-size: 1.2em;">FEB 05 2025</div> <div style="color: #00AEEF; font-size: 0.8em;">NEBRASKA ACCOUNTABILITY<br/>DISCLOSURE COMMISSION</div> |              |  |      |       |        |  |  |        |                                |  |  |  |  |         |                |  |         |    |       |  |                               |  |      |       |          |
| POSTMARK<br>DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1/29/25                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                          |                                                                |                                                                                      |                                    |                                                                                                                                                                                                                                                                             |              |  |      |       |        |  |  |        |                                |  |  |  |  |         |                |  |         |    |       |  |                               |  |      |       |          |
| OFFICE USE ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                          |                                                                |                                                                                      |                                    |                                                                                                                                                                                                                                                                             |              |  |      |       |        |  |  |        |                                |  |  |  |  |         |                |  |         |    |       |  |                               |  |      |       |          |
| <div style="color: #00AEEF; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="color: #00AEEF; font-weight: bold; font-size: 1.2em;">FEB 05 2025</div> <div style="color: #00AEEF; 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: 10%;">Name</td> <td style="width: 30%;">Smith</td> <td style="width: 10%;">Greg</td> <td style="width: 10%;">J</td> <td style="width: 20%;">Telephone No.</td> <td style="width: 20%;">308-749-2328</td> </tr> <tr> <td></td> <td>LAST</td> <td>FIRST</td> <td>MIDDLE</td> <td></td> <td></td> </tr> <tr> <td>E-mail</td> <td colspan="5">hilltopranch@neb-sandhills.net</td> </tr> <tr> <td>Address</td> <td colspan="2">81998 Gates Rd</td> <td>Milburn</td> <td>NE</td> <td>68813</td> </tr> <tr> <td></td> <td colspan="2">STREET ADDRESS OR RURAL ROUTE</td> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> </tr> </table>                                                                                                                                                                   |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Name                                                     | Smith                                                          | Greg                                                                                 | J                                  | Telephone No.                                                                                                                                                                                                                                                               | 308-749-2328 |  | LAST | FIRST | MIDDLE |  |  | E-mail | hilltopranch@neb-sandhills.net |  |  |  |  | Address | 81998 Gates Rd |  | Milburn | NE | 68813 |  | STREET ADDRESS OR RURAL ROUTE |  | CITY | STATE | ZIP CODE |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Smith                                                                                                                                                                                                                                         | Greg                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | J                                                        | Telephone No.                                                  | 308-749-2328                                                                         |                                    |                                                                                                                                                                                                                                                                             |              |  |      |       |        |  |  |        |                                |  |  |  |  |         |                |  |         |    |       |  |                               |  |      |       |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | LAST                                                                                                                                                                                                                                          | FIRST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | MIDDLE                                                   |                                                                |                                                                                      |                                    |                                                                                                                                                                                                                                                                             |              |  |      |       |        |  |  |        |                                |  |  |  |  |         |                |  |         |    |       |  |                               |  |      |       |          |
| E-mail                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | hilltopranch@neb-sandhills.net                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                          |                                                                |                                                                                      |                                    |                                                                                                                                                                                                                                                                             |              |  |      |       |        |  |  |        |                                |  |  |  |  |         |                |  |         |    |       |  |                               |  |      |       |          |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 81998 Gates Rd                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Milburn                                                  | NE                                                             | 68813                                                                                |                                    |                                                                                                                                                                                                                                                                             |              |  |      |       |        |  |  |        |                                |  |  |  |  |         |                |  |         |    |       |  |                               |  |      |       |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | STREET ADDRESS OR RURAL ROUTE                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | CITY                                                     | STATE                                                          | ZIP CODE                                                                             |                                    |                                                                                                                                                                                                                                                                             |              |  |      |       |        |  |  |        |                                |  |  |  |  |         |                |  |         |    |       |  |                               |  |      |       |          |
| <b>ITEM 2 OCCASION FOR FILING (Check Appropriate Box)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                          |                                                                |                                                                                      |                                    |                                                                                                                                                                                                                                                                             |              |  |      |       |        |  |  |        |                                |  |  |  |  |         |                |  |         |    |       |  |                               |  |      |       |          |
| <table style="width: 100%;"> <tr> <td><input type="checkbox"/> A candidate for elective office</td> <td><input type="checkbox"/> Newly appointed to office or position</td> </tr> <tr> <td><input checked="" type="checkbox"/> Annual officeholder's or state employee's report</td> <td><input type="checkbox"/> Amendment</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> A candidate for elective office | <input type="checkbox"/> Newly appointed to office or position | <input checked="" type="checkbox"/> Annual officeholder's or state employee's report | <input type="checkbox"/> Amendment |                                                                                                                                                                                                                                                                             |              |  |      |       |        |  |  |        |                                |  |  |  |  |         |                |  |         |    |       |  |                               |  |      |       |          |
| <input type="checkbox"/> A candidate for elective office                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Newly appointed to office or position                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                          |                                                                |                                                                                      |                                    |                                                                                                                                                                                                                                                                             |              |  |      |       |        |  |  |        |                                |  |  |  |  |         |                |  |         |    |       |  |                               |  |      |       |          |
| <input checked="" type="checkbox"/> Annual officeholder's or state employee's report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Amendment                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                          |                                                                |                                                                                      |                                    |                                                                                                                                                                                                                                                                             |              |  |      |       |        |  |  |        |                                |  |  |  |  |         |                |  |         |    |       |  |                               |  |      |       |          |
| <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>Secretary</u> Term: <u>Jan 23</u> <u>Dec 28</u><br><div style="text-align: right; margin-right: 50px;">BEGINS ENDS</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                          |                                                                |                                                                                      |                                    |                                                                                                                                                                                                                                                                             |              |  |      |       |        |  |  |        |                                |  |  |  |  |         |                |  |         |    |       |  |                               |  |      |       |          |
| Name of City, County, District, or State Agency: <u>Custer Public Power District</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 <b>preceding calendar year</b> January 1 through December 31, <u>2024</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                          |                                                                |                                                                                      |                                    |                                                                                                                                                                                                                                                                             |              |  |      |       |        |  |  |        |                                |  |  |  |  |         |                |  |         |    |       |  |                               |  |      |       |          |

Income includes money or any other form of recompense constituting income under the Internal Revenue Code. (See definitions)

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.

|                       |                         |
|-----------------------|-------------------------|
| 1.) Hilltop Ranch LLC | 1a.) Ranching & Farming |
|-----------------------|-------------------------|

- \*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.

Name and address of all businesses, organizations, or associations (profit and non-profit) with which you held a position of officer, director, limited liability

| Name and Address of Business or Organization. | Nature of Association |
|-----------------------------------------------|-----------------------|
|                                               |                       |
|                                               |                       |
|                                               |                       |
|                                               |                       |
|                                               |                       |
|                                               |                       |
|                                               |                       |
|                                               |                       |
|                                               |                       |
|                                               |                       |
|                                               |                       |
|                                               |                       |
|                                               |                       |
|                                               |                       |
|                                               |                       |
|                                               |                       |
|                                               |                       |
|                                               |                       |
|                                               |                       |
|                                               |                       |
|                                               |                       |
|                                               |                       |
|                                               |                       |
|                                               |                       |
|                                               |                       |
|                                               |                       |
|                                               |                       |
|                                               |                       |
|                                               |                       |
|                                               |                       |
|                                               |                       |
|                                               |                       |
|                                               |                       |
|                                               |                       |
|                                               |                       |
|                                               |                       |
|                                               |                       |
|                                               |                       |
|                                               |                       |
|                                               |                       |
|                                               |                       |
|                                               |                       |
|                                               |                       |
|                                               |                       |
|                                               |                       |
|                                               |                       |
|                                               |                       |
|                                               |                       |
|                                               |                       |
|                                               |                       |
|                                               |                       |
|                                               |                       |
|                                               |                       |
|                                               |                       |
|                                               |                       |
|                                               |                       |
|                                               |                       |
|                                               |                       |

### Nature of Association

1.) NONE 1a.)

- |     |      |      |  |
|-----|------|------|--|
| 1.) | NONE | 1a.) |  |
|     |      |      |  |
|     |      |      |  |
|     |      |      |  |
| 2.) |      | 2a.) |  |
|     |      |      |  |
|     |      |      |  |
|     |      |      |  |
| 3.) |      | 3a.) |  |
|     |      |      |  |
|     |      |      |  |
|     |      |      |  |
| 4.) |      | 4a.) |  |
|     |      |      |  |
|     |      |      |  |
|     |      |      |  |
| 5.) |      | 5a.) |  |
|     |      |      |  |
|     |      |      |  |
|     |      |      |  |
| 6.) |      | 6a.) |  |
|     |      |      |  |
|     |      |      |  |
|     |      |      |  |
| 7.) |      | 7a.) |  |
|     |      |      |  |
|     |      |      |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              |                                                                                           |
| Located in Milburn Township in Custer Co NE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                              | Ranching & Farming                                                                        |
| <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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              |                                                                                           |
| Ne State Bank<br><br>Broken Bow Ne<br><br>Custer Federal<br><br>Broken Bow NE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                              |                                                                                           |
| (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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              |                                                                                           |
| Bluestone Wealth Advisors<br>2217 1 <sup>st</sup> Avenue<br>Kearney NE 68847                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                              |                                                                                           |
| (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 <b>not</b> 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                                                                              |                                                            |
| <b>If you have nothing to report, write NONE</b>                                                                                                                                                                                                                                                                                                         |                                                                                                                                                         |                                                                                      |                                                            |
| 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 |
| <b>If you have nothing to report, write NONE</b>                                                                                                                                                                                                                                                                                                         |                                                                                                                                                         |                                                                                      |                                                            |
| NONE                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                         | Choose Value:                                                                        |                                                            |
|                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                         | Choose Value:                                                                        |                                                            |
|                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                         | Choose Value:                                                                        |                                                            |
|                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                         | Choose Value:                                                                        |                                                            |
|                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                         | Choose Value:                                                                        |                                                            |
|                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                         | Choose Value:                                                                        |                                                            |
|                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                         | Choose Value:                                                                        |                                                            |
|                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                         | Choose Value:                                                                        |                                                            |
| <p>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:</p> <p>A) \$100.01 to \$200; B) \$200.01 to \$500; C) \$500.01 to \$1,000; D) \$1,000.01 or more.</p> |                                                                                                                                                         |                                                                                      |                                                            |
| <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.                                                                                                                                                                                              |                                                                                                                                                         |                                                                                      |                                                            |
|                                                                                                                                                                                                                                                                       |                                                                                                                                                         |  |                                                            |
| (Signature of Filer)                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                         | (Date)                                                                               |                                                            |

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