

NEBRASKA ACCOUNTABILITY AND DISCLOSURE COMMISSION 1225 L St., Suite 400 P.O. Box 95086 Lincoln, NE 68509 (402) 471-2522 https://nadc.nebraska.gov	STATEMENT OF FINANCIAL INTERESTS Left Office/Position NADC FORM C-1	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; font-size: small;">POSTMARK DATE</td> <td style="width: 80%; text-align: center;">1/24/2025</td> </tr> <tr> <td></td> <td style="text-align: center;">EM S</td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">OFFICE USE ONLY</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 10px;"> RECEIVED JAN 29 2025 NEBRASKA ACCOUNTABILITY and DISCLOSURE COMMISSION </td> </tr> </table>	POSTMARK DATE	1/24/2025		EM S	OFFICE USE ONLY		RECEIVED JAN 29 2025 NEBRASKA ACCOUNTABILITY and DISCLOSURE COMMISSION					
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RECEIVED JAN 29 2025 NEBRASKA ACCOUNTABILITY and DISCLOSURE COMMISSION														
BEFORE COMPLETING READ FILING REQUIREMENTS														
- Holders of designated offices and positions must file this statement with the Commission within 30 days after leaving the office or position. See the instructions on page 5 for more information. - Dollar values need not be reported for any item, except Item 11. - All items must be filled out or marked none. - Persons who fail to file as required are subject to a civil penalty of up to \$5,000.														
ITEM 1 YOUR NAME, ADDRESS AND PHONE NUMBER														
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; font-size: small;">Name</td> <td style="width: 35%; border-bottom: 1px solid black;">Weller</td> <td style="width: 15%; border-bottom: 1px solid black;">Curtis</td> <td style="width: 10%; border-bottom: 1px solid black;">L</td> <td style="width: 25%; font-size: small;">Telephone No.</td> <td style="width: 20%; border-bottom: 1px solid black;">402-467-5406</td> </tr> <tr> <td></td> <td style="font-size: small;">LAST</td> <td style="font-size: small;">FIRST</td> <td style="font-size: small;">MIDDLE</td> <td></td> <td></td> </tr> </table>			Name	Weller	Curtis	L	Telephone No.	402-467-5406		LAST	FIRST	MIDDLE		
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; font-size: small;">E-mail</td> <td style="width: 85%; border-bottom: 1px solid black;">cubfanno1@gmail.com</td> </tr> </table>			E-mail	cubfanno1@gmail.com										
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; font-size: small;">Address</td> <td style="width: 45%; border-bottom: 1px solid black;">3800 Orchard Street</td> <td style="width: 15%; border-bottom: 1px solid black;">Lincoln</td> <td style="width: 10%; border-bottom: 1px solid black;">NE</td> <td style="width: 15%; border-bottom: 1px solid black;">68503</td> </tr> <tr> <td></td> <td style="font-size: small;">STREET ADDRESS OR RURAL ROUTE</td> <td style="font-size: small;">CITY</td> <td style="font-size: small;">STATE</td> <td style="font-size: small;">ZIP CODE</td> </tr> </table>			Address	3800 Orchard Street	Lincoln	NE	68503		STREET ADDRESS OR RURAL ROUTE	CITY	STATE	ZIP CODE		
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ITEM 2 OCCASION FOR FILING														
Left office or position														
ITEM 3 OFFICE HELD & TERM OF OFFICE (Incumbent elected/appointed officials and state employees. See IB of instructions)														
If you have left office, list the office you held. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 65%; font-size: small;">Office or Position:</td> <td style="width: 20%; border-bottom: 1px solid black;">Director, The Food Processing Center</td> <td style="width: 15%; font-size: small;">Term:</td> <td style="width: 20%; border-bottom: 1px solid black;">July 2016 - June 2024</td> </tr> <tr> <td></td> <td></td> <td style="font-size: small;">BEGINS</td> <td style="font-size: small;">ENDS</td> </tr> </table>			Office or Position:	Director, The Food Processing Center	Term:	July 2016 - June 2024			BEGINS	ENDS				
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; font-size: small;">Name of City, County, District, or State Agency:</td> <td style="width: 60%; border-bottom: 1px solid black;">University of Nebraska-Lincoln</td> </tr> </table>			Name of City, County, District, or State Agency:	University of Nebraska-Lincoln										
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ITEM 4 OFFICE SOUGHT (Not applicable for Left Office or Position filing)														
Leave Item 4 blank.														
ITEM 5 PERIOD COVERED BY THIS STATEMENT														
This statement must cover all financial interests from the beginning of the calendar year up to and including the date you left office. Left office, this statement covers the period January 1, <u>2024</u> to <u>June 30, 2024</u> (DATE YOU LEFT OFFICE OR POSITION)														

ITEM 6 SOURCES OF INCOME OF OVER \$1,000

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

Name and address of any source* (including an individual, business, body of government, political subdivision or body corporate) from which income of over \$1,000 was received.

List the nature of the source's business and the nature of the services you rendered or the circumstances under which income was received. NOTE: Do not list the amount of the income.

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

- | | |
|---|---|
| 1.) University of Nebraska-Lincoln
202 Agricultural Hall
Lincoln, NE 68583-0708 | 1a.) Higher education: director of center providing services to food manufacturers and faculty member of food engineering |
| 2.) see attachment | 2a.) |
| 3.) | 3a.) |
| 4.) | 4a.) |

*NOTE: IF INCOME RESULTED FROM EMPLOYMENT BY, OPERATION OF OR PARTICIPATION IN A PROPRIETORSHIP, PARTNERSHIP, CORPORATION OR OTHER PERSON, LIST THE SAME AS THE SOURCE OF INCOME, BUT NOT THE PATRONS, CUSTOMERS, PATIENTS, OR CLIENTS THEREOF.

ITEM 7 BUSINESSES WITH WHICH YOU ARE ASSOCIATED Including Non Profits (See definitions)

Name and address of all businesses, organizations, or associations (profit and non-profit) with which you held a position of officer, director, limited liability company member, partner, or stockholder and any entity in which you held a position of trustee. Such reporting is required based on the position held, not on whether income was received. You need not report business associations which are otherwise listed under Item 6.

Name and Address of Business or Organization.

Nature of Association

If you have nothing to report, write NONE

- | | |
|--|-------------------------------------|
| 1.) Halal Transactions of Omaha
11636 W Center Road
Omaha, NE 68144 | 1a.) Member, Impartiality Committee |
| 2.) St. Andrew's Evangelical Lutheran Church
1015 Lancaster Lane
Lincoln, NE 68505 | 2a.) Treasurer |
| 3.) 3-A Sanitary Standards, Inc.
6888 Elm Street, Suite 2D
McLean, VA 22101 | 3a.) ex officio Board Member |
| 4.) | 4a.) |
| 5.) | 5a.) |
| 6.) | 6a.) |
| 7.) | 7a.) |

ITEM 8	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.)	
List all real property in Nebraska in your name or in which you have a direct ownership interest. The description required must be sufficient to identify the location of the property. Exceptions: You need not report real property owned by a business listed in Item 6 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.		
Location of Property (Description or Address)		Nature of Property (such as: agricultural, commercial, industrial, residential-rental)
If you have nothing to report, write NONE		
420 South 90 th Street, Lincoln, NE 68520		Lot on which to build retirement residence
ITEM 9	OTHER FINANCIAL INTERESTS AND PROPERTY HELD DURING THE PERIOD OF THIS STATEMENT WHICH EXCEEDED A FAIR MARKET VALUE OF \$1,000 AT ANY TIME DURING THE REPORTING PERIOD	
(a) List the names and addresses of the institutions in which you had checking and savings accounts and certificates of deposit.		
Financial Institution		Address
If you have nothing to report, write NONE		
Wells Fargo US Bank Capital One 360 University of Nebraska Federal Credit Union Mission Investment Fund		2301 N 48th St, Lincoln, NE 68504 100 N 56th St, Lincoln, NE 68504 PO Box 60, St. Cloud, MN 56302 1720 P St, Lincoln, NE 68508 8765 W Higgins Rd, Chicago, IL 60631
(b) List the names of the issuers of all stocks, bonds, and government securities, not otherwise listed under Items 6 or 7.		
If you have nothing to report, write NONE		
Union Pacific, Raytheon Technologies, Otis Worldwide, Carrier Global, First Trust Nasdaq Food & Beverage ETF, Vanguard Wellesley Income Fund, Walt Disney, BNY Mellon Municipal Bond Fund, E*Trade Cash		
(c) Describe other property owned or held for the production of income not otherwise disclosed in Items 6, 7, 8 or 9(a)(b). Include leaseholds and other interests in real estate, promissory notes and other obligations owed to you, beneficial interests in trusts and estates, cash value life insurance, IRAs, deferred income and retirement plans. Exception: Do not include accounts receivable, inventory, fixtures and equipment owned or used by a business listed in Items 6 & 7 or household goods, personal automobiles and other tangible personal property unless such property was held primarily for sale or exchange.		
If you have nothing to report, write NONE		
Life Insurance Cash Value (Country Life, Pekin Life), IRA (Fidelity, TIAA-CREF, Vanguard, Columbia, RiverSource)		

ITEM 10	CREDITORS TO WHOM \$1,000 OR MORE WAS OWED OR GUARANTEED BY YOU OR A MEMBER OF YOUR IMMEDIATE FAMILY.		
Exception: Loans from a relative and land contracts which have been recorded with the County Clerk or Register of Deeds need not be reported. Accounts payable, debts arising out of retail installment transactions or loans made by a financial institution in the ordinary course of business need not be reported.			
Name		Address	
If you have nothing to report, write NONE			
JP Morgan Chase Bank NA Volkswagen Credit NewRez LLC		PO Box 901033, Fort Worth, TX 76101 PO Box 3, Hillsboro, OR 97123-0003 601 Office Center Drive, Suite 100, Fort Washington, PA 19034	

ITEM 11	SOURCES OF GIFTS OF A VALUE OF MORE THAN \$100 RECEIVED EXCEPT GIFTS FROM RELATIVES. (See definitions) If you have nothing to report, write NONE		
Name and address of Donor	Occupation or nature of business of Donor	Value of Gift (See Key Below)	Description of Gift and Circumstances or Occasion for Gift
If you have nothing to report, write NONE			
None	None	A	None
None	None	B	None
None	None	C	None
None	None	D	None
		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	

The monetary value of each gift shall be categorized based on the good faith estimate of the filer. For each reported gift insert in the Value column the letter which corresponds to the value category of the gift. The value categories are:
 A) \$100.01 to \$200; B) \$200.01 to \$500; C) \$500.01 to \$1,000; D) \$1,000.01 or more.

ITEM 12	SUPPLEMENTAL INFORMATION (please attach any supplemental info and note below to see attached)
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ITEM 13	SIGNATURE OF FILER AND DATE
I hereby state that I have used all reasonable diligence in the preparation of this Statement and that to the best of my knowledge it is true and complete.	
 (Signature of Filer)	01/24/2025 (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.

Attachment that Accompanies the NADC C-1 Filing

Item 6. Sources of Income of Over \$1,000

The University of Nebraska Foundation provides significant financial support to the University. For federal income tax purposes, the IRS requires resulting reportable income to the undersigned, if any, to be reported as taxable income from the University to the undersigned. This NADC form instructs filers to use the federal income tax definition of income, and for this reason the Foundation is not listed as a separate source of income. This statement supplements the information required on this form in the interest of full disclosure.