

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                          |                                                                |                                                                                      |                                    |                                                                                                                                                                                                                                                                                      |      |       |          |        |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------|----------|--------|--|
| <b>NEBRASKA<br/>ACCOUNTABILITY AND<br/>DISCLOSURE COMMISSION</b><br>1225 L St., Suite 400<br>P.O. Box 95086<br>Lincoln, NE 68509<br>(402) 471-2522<br><a href="https://nadc.nebraska.gov">https://nadc.nebraska.gov</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>STATEMENT<br/>OF<br/>FINANCIAL<br/>INTERESTS</b><br><br><div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>Calendar Year 2024</b> </div><br><br><b>NADC FORM C-1</b> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 2px;">POSTMARK<br/>DATE</td> <td style="padding: 2px; text-align: center;">2/19/25</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: blue; font-weight: bold; font-size: 1.2em;">RECEIVED</div><br/><br/> <div style="color: blue; font-weight: bold; font-size: 1.2em;">FEB 21 2025</div><br/><br/> <div style="color: blue; font-size: 0.8em;">NEBRASKA ACCOUNTABILITY<br/>AND DISCLOSURE COMMISSION</div> </td> </tr> </table> | POSTMARK<br>DATE                                         | 2/19/25                                                        | OFFICE USE ONLY                                                                      |                                    | <div style="color: blue; font-weight: bold; font-size: 1.2em;">RECEIVED</div><br><br><div style="color: blue; font-weight: bold; font-size: 1.2em;">FEB 21 2025</div><br><br><div style="color: blue; font-size: 0.8em;">NEBRASKA ACCOUNTABILITY<br/>AND DISCLOSURE COMMISSION</div> |      |       |          |        |  |
| POSTMARK<br>DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 2/19/25                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                          |                                                                |                                                                                      |                                    |                                                                                                                                                                                                                                                                                      |      |       |          |        |  |
| OFFICE USE ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                          |                                                                |                                                                                      |                                    |                                                                                                                                                                                                                                                                                      |      |       |          |        |  |
| <div style="color: blue; font-weight: bold; font-size: 1.2em;">RECEIVED</div><br><br><div style="color: blue; font-weight: bold; font-size: 1.2em;">FEB 21 2025</div><br><br><div style="color: blue; font-size: 0.8em;">NEBRASKA ACCOUNTABILITY<br/>AND 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 reported for any item, except Item 11.</li> <li>Persons who fail to file as required are subject to a civil penalty of up to \$5,000.</li> </ul> |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                          |                                                                |                                                                                      |                                    |                                                                                                                                                                                                                                                                                      |      |       |          |        |  |
| <b>ITEM 1 YOUR NAME, ADDRESS AND PHONE NUMBER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                          |                                                                |                                                                                      |                                    |                                                                                                                                                                                                                                                                                      |      |       |          |        |  |
| <table style="width: 100%;"> <tr> <td style="width: 15%;">Name</td> <td style="width: 30%;"><u>Crisp</u></td> <td style="width: 15%;"><u>Bryan</u></td> <td style="width: 15%;"><u>L</u></td> <td style="width: 25%;">Telephone No. <u>308-546-2254</u></td> </tr> <tr> <td></td> <td style="text-align: center;">LAST</td> <td style="text-align: center;">FIRST</td> <td style="text-align: center;">MIDDLE</td> <td></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Name                                                     | <u>Crisp</u>                                                   | <u>Bryan</u>                                                                         | <u>L</u>                           | Telephone No. <u>308-546-2254</u>                                                                                                                                                                                                                                                    |      | LAST  | FIRST    | MIDDLE |  |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <u>Crisp</u>                                                                                                                                                                                        | <u>Bryan</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <u>L</u>                                                 | Telephone No. <u>308-546-2254</u>                              |                                                                                      |                                    |                                                                                                                                                                                                                                                                                      |      |       |          |        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | LAST                                                                                                                                                                                                | FIRST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | MIDDLE                                                   |                                                                |                                                                                      |                                    |                                                                                                                                                                                                                                                                                      |      |       |          |        |  |
| E-mail <u>handyman@nebnet.net</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                          |                                                                |                                                                                      |                                    |                                                                                                                                                                                                                                                                                      |      |       |          |        |  |
| <table style="width: 100%;"> <tr> <td style="width: 60%;">Address <u>84590 Washboard Rd</u></td> <td style="width: 20%;"><u>Miller</u></td> <td style="width: 10%;"><u>NE</u></td> <td style="width: 10%;"><u>69152</u></td> </tr> <tr> <td style="text-align: center;">STREET ADDRESS OR RURAL ROUTE</td> <td style="text-align: center;">CITY</td> <td style="text-align: center;">STATE</td> <td style="text-align: center;">ZIP CODE</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Address <u>84590 Washboard Rd</u>                        | <u>Miller</u>                                                  | <u>NE</u>                                                                            | <u>69152</u>                       | STREET ADDRESS OR RURAL ROUTE                                                                                                                                                                                                                                                        | CITY | STATE | ZIP CODE |        |  |
| Address <u>84590 Washboard Rd</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <u>Miller</u>                                                                                                                                                                                       | <u>NE</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <u>69152</u>                                             |                                                                |                                                                                      |                                    |                                                                                                                                                                                                                                                                                      |      |       |          |        |  |
| 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>County Commissioner</u> Term: <u>Jan 25</u> <u>Jan 29</u><br><div style="text-align: right; margin-right: 50px;">BEGINS      ENDS</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                          |                                                                |                                                                                      |                                    |                                                                                                                                                                                                                                                                                      |      |       |          |        |  |
| Name of City, County, District, or State Agency: <u>Hooker County</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                          |                                                                |                                                                                      |                                    |                                                                                                                                                                                                                                                                                      |      |       |          |        |  |
| <b>ITEM 4 OFFICE SOUGHT (Candidates only. See 1A of instructions)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                          |                                                                |                                                                                      |                                    |                                                                                                                                                                                                                                                                                      |      |       |          |        |  |
| List the office sought which requires this filing.<br>Office: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                          |                                                                |                                                                                      |                                    |                                                                                                                                                                                                                                                                                      |      |       |          |        |  |
| Name of City, County, District, or State Office: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                          |                                                                |                                                                                      |                                    |                                                                                                                                                                                                                                                                                      |      |       |          |        |  |
| <b>ITEM 5 PERIOD COVERED BY THIS STATEMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                          |                                                                |                                                                                      |                                    |                                                                                                                                                                                                                                                                                      |      |       |          |        |  |
| This statement must cover all financial interests for the entire "preceding calendar year" and not just as of year-end.<br><br>This statement covers the preceding calendar year January 1 through December 31, <u>2024</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                          |                                                                |                                                                                      |                                    |                                                                                                                                                                                                                                                                                      |      |       |          |        |  |

**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.) Handyman Hardware  
PO Box 403  
Muller NE 69152
- 2.) Hooker (only)  
Box 184  
Muller NE 69152
- 3.) \_\_\_\_\_
- 4.) \_\_\_\_\_

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

- 1a.) \_\_\_\_\_
- 2a.) \_\_\_\_\_
- 3a.) \_\_\_\_\_
- 4a.) \_\_\_\_\_
- 5a.) \_\_\_\_\_
- 6a.) \_\_\_\_\_
- 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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              |                                                                                           |
| NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                              |                                                                                           |
| <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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              |                                                                                           |
| Dayspring Bank                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                              | Box 3<br>Mullen NE 69152                                                                  |
| (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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              |                                                                                           |
| NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                              |                                                                                           |
| (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 |
| If you have nothing to report, write NONE                   |         |
| <div style="text-align: center; font-size: 2em;">NONE</div> |         |

**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<br>(See Key Below) | Description of Gift and Circumstances or Occasion for Gift |
|-------------------------------------------|-------------------------------------------|----------------------------------|------------------------------------------------------------|
| If you have nothing to report, write NONE |                                           |                                  |                                                            |
| NONE                                      |                                           | Choose Value:                    |                                                            |
|                                           |                                           | Choose Value:                    |                                                            |
|                                           |                                           | Choose Value:                    |                                                            |
|                                           |                                           | Choose Value:                    |                                                            |
|                                           |                                           | Choose Value:                    |                                                            |
|                                           |                                           | Choose Value:                    |                                                            |
|                                           |                                           | Choose Value:                    |                                                            |
|                                           |                                           | Choose Value:                    |                                                            |

The monetary value of each gift shall be categorized based on the good faith estimate of the filer. For each reported gift insert in the Value column the letter which corresponds to the value category of the gift. The value categories are:

A) \$100.01 to \$200; B) \$200.01 to \$500; C) \$500.01 to \$1,000; D) \$1,000.01 or more.

**ITEM 12 SUPPLEMENTAL INFORMATION (please attach any supplemental info and note below to see attached)**

**ITEM 13 SIGNATURE OF FILER AND DATE**

I hereby state that I have used all reasonable diligence in the preparation of this Statement and that to the best of my knowledge it is true and complete.

|                                                                                                             |                                                        |
|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| <br>(Signature of Filer) | <div style="font-size: 1.5em;">2-13-25</div><br>(Date) |
|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|

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