

NEBRASKA ACCOUNTABILITY AND DISCLOSURE COMMISSION 1225 L St., Suite 400 P.O. Box 95086 Lincoln, NE 68509 (402) 471-2522 https://nadc.nebraska.gov	STATEMENT OF FINANCIAL INTERESTS	POSTMARK DATE	
BEFORE COMPLETING READ FILING REQUIREMENTS	Left Office/Position	OFFICE USE ONLY	
NADC FORM C-1		 RECEIVED FEB 24 2025 NEBRASKA ACCOUNTABILITY DISCLOSURE COMMISSION	

- 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

Name Mollhoff Janece Mari Telephone No. 402-871-8260
LAST FIRST MIDDLE
 E-mail janeceforoppd@gmail.com
 Address 2354 Euclid St. Ashland NE 68003
STREET ADDRESS OR RURAL ROUTE CITY STATE ZIP CODE

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.

Office or Position: OPPD Board of Directors Term: 2019 2024
BEGINS ENDS

Name of City, County, District, or State Agency: Subdivision 7

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, 2024 to January 6, 2025
(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.) OPPD Board of Directors

1a.) Director

444 S. 16th St. Mall

Omaha, NE 68102-2247

2.) Defense Finance and Accounting Service

2a.) Military retirement

899 E. 56th St

Indianapolis, IN 46249

3.) Social Security Administration

3a.) Social Security Benefit

601 E. 12th St.

Kanss City, MO 64106

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.) None

1a.)

2.)

2a.)

3.)

3a.)

4.)

4a.)

5.)

5a.)

6.)

6a.)

7.)

7a.)

Commonwealth Financial Network Roth IRA/IRA 29 Sawyer Rd, Waltham, MA 024

- Advisory Retirement Sweep Program
- Fidelity Cons Income Bond CI Z
- Fidelity Global Ex U.S. Index Fund
- Fidelity Large-Cap Growth Index Fund
- Fidelity Large-Cap Value Index Fund
- Fidelity Mid-Cap Index Fund
- Fidelity Small-Cap Index Fund
- Fidelity U.S. Bond Index Fund

- Advisory Retirement Sweep Program
- Boston Trust Walden Small-Cap Fund
- Brown Advisory Sustainable Bond Fund Institutional Shares
- Brown Advisory Sustainable Growth Fund Institutional Shares
- Calvert Green Bond Fund CI I
- Calvert U.S. Large-Cap Value Responsible Index Fund CI I
- Goldman Sachs International Equity Esg Fund Institutional CI
- Hartford Schroders Emerging Markets Equity Fund CI Y
- Parnassus Mid-Cap Fund Institutional Shares
- PIMCO Low Duration Esg Fund Institutional CI
- Parnassus Core Equity Fund - Institutional Shares
- Advisory Retirement Sweep Program
- Rbc Bluebay High-Yield Bond Fund CI I
- Nuveen Core Impact Bond Fund R6 CI

Securian Minnesota Life Annuity Services 400 Robert Street N, St Paul, MN 55101

Barclays All Caps Trailblazer 5 Indexed Account 1-year Ptp
S7P 500 Indexed Account 1-year Ptp with Capital

ITEM 10	CREDITORS TO WHOM \$1,000 OR MORE WAS OWED OR GUARANTEED BY YOU OR A MEMBER OF YOUR IMMEDIATE FAMILY.
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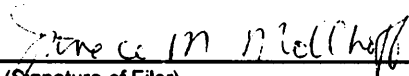
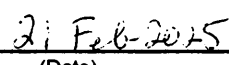
Exception: Loans from a relative and land contracts which have been recorded with the County Clerk or Register of Deeds need **not** be reported. Accounts payable, debts arising out of retail installment transactions or loans made by a financial institution in the ordinary course of business need **not** be reported.

Name	Address
If you have nothing to report, write NONE	
None	

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
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Name and address of Donor	Occupation or nature of business of Donor	Value of Gift (See Key Below)	Description of Gift and Circumstances or Occasion for Gift
If you have nothing to report, write NONE			
None		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	

5m

		Choose Value:	
		Choose Value:	
The monetary value of each gift shall be categorized based on the good faith estimate of the filer. For each reported gift insert in the Value column the letter which corresponds to the value category of the gift. The value categories are: A) \$100.01 to \$200; B) \$200.01 to \$500; C) \$500.01 to \$1,000; D) \$1,000.01 or more.			
ITEM 12 SUPPLEMENTAL INFORMATION (please attach any supplemental info and note below to see attached)			
ITEM 13 SIGNATURE OF FILER AND DATE			
I hereby state that I have used all reasonable diligence in the preparation of this Statement and that to the best of my knowledge it is true and complete.			
			
(Signature of Filer)		(Date)	

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