

Stejskal, James

From: Lisa Fricke <fricke.lisa@gmail.com>
Sent: Monday, March 31, 2025 2:08 PM
To: Lorenz, Susan; Stejskal, James
Subject: Re: Emailing: Fricke Ramona 2024 C-1 Member01.pdf
Attachments: Fricke Ramona 2024 C-1 Member01.pdf

RECEIVED

MAR 31 2025

NEBRASKA ACCOUNTABILITY
and
DISCLOSURE COMMISSION

Hi, Susan,

I tried three different ways to physically add needed additional information and it would take.]
So if you would please update this information on your end, I would greatly appreciate it.

Ramona Lisa Fricke

Update item #10 to the following:

\$9,400 for new furnace

Thank you so much Susan

> On Mar 31, 2025, at 10:55 AM, Lorenz, Susan <susan.lorenz@nebraska.gov> wrote:

>

> Dear Ms. Fricke:

>

> Your Statement of Financial Interests filed with this office contains an error or an omission.

>

> Your Position: Member, Nebraska State Board of Education, District #2.

>

> Date of Filing: March 10, 2025.

>

> Error or Omission: Items 10 of your statement was left blank.

>

> Action Required: Complete the required information on Item 10.

>

> If you have nothing to report, please write "None".

>

> You may e-mail your Amended statement at nadc@nebraska.gov to complete and submit this required form.

>

> If you have any questions, please feel free to contact me.

>

> Sincerely,

>

> Susan Lorenz

> NADC

>

> Your message is ready to be sent with the following file or link attachments:

> Fricke Ramona 2024 C-1 Member01.pdf

> Note: To protect against computer viruses, e-mail programs may prevent sending or receiving certain types of file attachments. Check your e-mail security settings to determine how attachments are handled.

NEBRASKA ACCOUNTABILITY AND DISCLOSURE COMMISSION 1225 L St., Suite 400 P.O. Box 95086 Lincoln, NE 68509 (402) 471-2522 https://nadc.nebraska.gov	STATEMENT OF FINANCIAL INTERESTS Left Office/Position NADC FORM C-1	POSTMARK DATE <u>3/6/25</u>
BEFORE COMPLETING READ FILING REQUIREMENTS		OFFICE USE ONLY RECEIVED MAR 10 2025 NEBRASKA ACCOUNTABILITY and 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 Fricke (Ramona) Lisa Telephone No 402-670-2474
LAST FIRST MIDDLE

E-mail fricke.lisa@gmail.com

Address 13584 Margo St., Omaha, NE 68138
STREET ADDRESS OR RURAL ROUTE CITY STATE ZIP CODE

ITEM 2 OCCASION FOR FILING

Left office or position December 2024 last Board meeting

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 NE State Board of Ed

* Took office Jan. 2017
 Term: 2017-2024

Name of City, County, District, or State Agency: District 2

BEGINS ENDS
 * Left office Dec. 2024

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

* Last mtg. was Dec. 2024

Left office, this statement covers the period January 1, 2024 to 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) Social Security

1a)

2) Retirement Benefit
NPER3

2a)

3)

3a)

4)

4a)

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

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

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

Name and Address of Business or Organization

Nature of Association

NONE**If you have nothing to report, write NONE**

1)

1a)

2)

2a)

3)

3a)

4)

4a)

5)

5a)

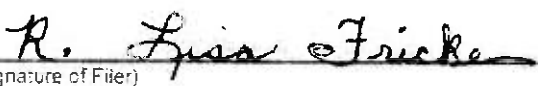
6)

6a)

7)

7a)

ITEM 8	REAL PROPERTY OF THE FILER IN NEBRASKA (Real property valued at less than \$1,000 and your personal residence need <i>not</i> be reported.)	
List all real property in Nebraska in your name or in which you have a direct ownership interest. The description required must be sufficient to identify the location of the property. Exceptions: You need not report real property owned by a business listed in Item 6 or 7, your personal residence or real property valued at less than \$1,000. Personal residence refers to your principal dwelling-house and adjacent land used for house-hold purposes, such as lawns and gardens.		
Location of Property (Description or Address)		Nature of Property (such as: agricultural, commercial, industrial, residential, rental)
If you have nothing to report, write NONE		
13584 Margo St. Omaha, NE 68138		Personal residence
ITEM 9	OTHER FINANCIAL INTERESTS AND PROPERTY HELD DURING THE PERIOD OF THIS STATEMENT WHICH EXCEEDED A FAIR MARKET VALUE OF \$1,000 AT ANY TIME DURING THE REPORTING PERIOD	
(a) List the names and addresses of the institutions in which you had checking and savings accounts and certificates of deposit.		
Financial Institution		Address
If you have nothing to report, write NONE		
- First Interstate Bank - Cobalt Credit Union -		L St Location - 123rd + L - Omaha 72nd + Highway 370 Papillion, NE
(b) List the names of the issuers of all stocks, bonds, and government securities, not otherwise listed under Items 6 or 7.		
If you have nothing to report, write NONE		
- 20th Century Mutual Funds - Edward Jones - mutual Funds, stocks, money market, IRAs - Pioneer Fund IRA		
(c) Describe other property owned or held for the production of income not otherwise disclosed in Items 6, 7, 8 or 9(a)(b). include leaseholds and other interests in real estate, promissory notes and other obligations owed to you, beneficial interests in trusts and estates, cash value life insurance, IRAs, deferred income and retirement plans. Exception: Do not include accounts receivable, inventory, fixtures and equipment owned or used by a business listed in Items 6 & 7 or household goods, personal automobiles and other tangible personal property unless such property was held primarily for sale or exchange.		
If you have nothing to report, write NONE		
NE A Life Insurance - Term Life		

ITEM 10	CREDITORS TO WHOM \$1,000 OR MORE WAS OWED OR GUARANTEED BY YOU OR A MEMBER OF YOUR IMMEDIATE FAMILY.		
Exception: Loans from a relative and land contracts which have been recorded with the County Clerk or Register of Deeds need not be reported. Accounts payable, debts arising out of retail installment transactions or loans made by a financial institution in the ordinary course of business need not be reported.			
Name		Address	
If you have nothing to report, write NONE			
ITEM 11	SOURCES OF GIFTS OF A VALUE OF MORE THAN \$100 RECEIVED EXCEPT GIFTS FROM RELATIVES.		
(See definitions) If you have nothing to report, write NONE			
Name and address of Donor	Occupation or nature of business of Donor	Value of Gift (See Key Below)	Description of Gift and Circumstances or Occasion for Gift
If you have nothing to report, write NONE			
<u>NONE</u>		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.			
 (Signature of Filer)		March 5, 2025 (Date)	

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