

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                          |                                                                     |                                                                |                                                                                      |                                    |                 |            |  |      |       |        |  |  |        |                                               |  |  |  |  |         |                                                                       |  |  |  |  |  |                               |  |      |       |          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------|-----------------|------------|--|------|-------|--------|--|--|--------|-----------------------------------------------|--|--|--|--|---------|-----------------------------------------------------------------------|--|--|--|--|--|-------------------------------|--|------|-------|----------|
| <p style="text-align: center;"><b>NEBRASKA<br/>ACCOUNTABILITY AND<br/>DISCLOSURE COMMISSION</b></p> <p style="text-align: center;">P.O. Box 95086<br/>Lincoln, NE 68509<br/>(402) 471-2522<br/><a href="https://nadc.nebraska.gov">https://nadc.nebraska.gov</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <h2 style="margin: 0;">STATEMENT<br/>OF<br/>FINANCIAL<br/>INTERESTS</h2> <div style="border: 2px solid black; padding: 5px; margin: 10px auto; width: 80%;"> <h3 style="margin: 0;">Calendar Year 2025</h3> </div> <p style="margin: 0;">NADC FORM C-1</p> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 2px;">POSTMARK<br/>DATE</td> <td style="width: 80%;"></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 2px;">OFFICE USE ONLY</td> </tr> <tr> <td colspan="2" style="height: 100px;"></td> </tr> </table> | POSTMARK<br>DATE                                                    |                                                                |                                                                                      |                                    | OFFICE USE ONLY |            |  |      |       |        |  |  |        |                                               |  |  |  |  |         |                                                                       |  |  |  |  |  |                               |  |      |       |          |
| POSTMARK<br>DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                          |                                                                     |                                                                |                                                                                      |                                    |                 |            |  |      |       |        |  |  |        |                                               |  |  |  |  |         |                                                                       |  |  |  |  |  |                               |  |      |       |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                          |                                                                     |                                                                |                                                                                      |                                    |                 |            |  |      |       |        |  |  |        |                                               |  |  |  |  |         |                                                                       |  |  |  |  |  |                               |  |      |       |          |
| OFFICE USE ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                          |                                                                     |                                                                |                                                                                      |                                    |                 |            |  |      |       |        |  |  |        |                                               |  |  |  |  |         |                                                                       |  |  |  |  |  |                               |  |      |       |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                          |                                                                     |                                                                |                                                                                      |                                    |                 |            |  |      |       |        |  |  |        |                                               |  |  |  |  |         |                                                                       |  |  |  |  |  |                               |  |      |       |          |
| <p style="text-align: center;">BEFORE COMPLETING<br/>READ FILING REQUIREMENTS</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                          |                                                                     |                                                                |                                                                                      |                                    |                 |            |  |      |       |        |  |  |        |                                               |  |  |  |  |         |                                                                       |  |  |  |  |  |                               |  |      |       |          |
| <ul style="list-style-type: none"> <li>This statement must cover all financial interests for the entire "calendar year" as noted above and not just as of year-end.</li> <li>Candidates for designated offices and holders of designated offices and positions must file this statement with the Commission. See Sections 1A and 1B of the instructions.</li> <li>Candidates (including incumbents) subject to this filing requirement must file this statement in order to have their names appear on the ballot. (See Instructions).</li> <li>Designated officeholders and holders of designated positions must file this statement with the Commission annually.</li> <li>Dollar values need not be report for any item, except Item 11.</li> <li>Persons who fail to file as required are subject to a civil penalty of up to \$5,000.</li> </ul> |                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                          |                                                                     |                                                                |                                                                                      |                                    |                 |            |  |      |       |        |  |  |        |                                               |  |  |  |  |         |                                                                       |  |  |  |  |  |                               |  |      |       |          |
| <b>ITEM 1   YOUR NAME, ADDRESS AND PHONE NUMBER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                          |                                                                     |                                                                |                                                                                      |                                    |                 |            |  |      |       |        |  |  |        |                                               |  |  |  |  |         |                                                                       |  |  |  |  |  |                               |  |      |       |          |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Name</td> <td style="width: 30%;">Messlerie</td> <td style="width: 30%;">Shawn</td> <td style="width: 30%;">Eugene</td> <td style="width: 10%;">Telephone No.</td> <td style="width: 20%;">4026405584</td> </tr> <tr> <td></td> <td>LAST</td> <td>FIRST</td> <td>MIDDLE</td> <td></td> <td></td> </tr> <tr> <td>E-mail</td> <td colspan="5">mess9432@gmail.com<br/>smesslerie@colfaxne.com</td> </tr> <tr> <td>Address</td> <td colspan="5">426 N Main Street Po Box 67                      Leigh Nebraska 68643</td> </tr> <tr> <td></td> <td colspan="2">STREET ADDRESS OR RURAL ROUTE</td> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> </tr> </table>                                                                                                     |                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                          | Name                                                                | Messlerie                                                      | Shawn                                                                                | Eugene                             | Telephone No.   | 4026405584 |  | LAST | FIRST | MIDDLE |  |  | E-mail | mess9432@gmail.com<br>smesslerie@colfaxne.com |  |  |  |  | Address | 426 N Main Street Po Box 67                      Leigh Nebraska 68643 |  |  |  |  |  | STREET ADDRESS OR RURAL ROUTE |  | CITY | STATE | ZIP CODE |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Messlerie                                                                                                                                                                                                                                                  | Shawn                                                                                                                                                                                                                                                                                                                                                                                    | Eugene                                                              | Telephone No.                                                  | 4026405584                                                                           |                                    |                 |            |  |      |       |        |  |  |        |                                               |  |  |  |  |         |                                                                       |  |  |  |  |  |                               |  |      |       |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | LAST                                                                                                                                                                                                                                                       | FIRST                                                                                                                                                                                                                                                                                                                                                                                    | MIDDLE                                                              |                                                                |                                                                                      |                                    |                 |            |  |      |       |        |  |  |        |                                               |  |  |  |  |         |                                                                       |  |  |  |  |  |                               |  |      |       |          |
| E-mail                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | mess9432@gmail.com<br>smesslerie@colfaxne.com                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                          |                                                                     |                                                                |                                                                                      |                                    |                 |            |  |      |       |        |  |  |        |                                               |  |  |  |  |         |                                                                       |  |  |  |  |  |                               |  |      |       |          |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 426 N Main Street Po Box 67                      Leigh Nebraska 68643                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                          |                                                                     |                                                                |                                                                                      |                                    |                 |            |  |      |       |        |  |  |        |                                               |  |  |  |  |         |                                                                       |  |  |  |  |  |                               |  |      |       |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 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 checked="" 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 checked="" 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 checked="" 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 IB of instructions)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                          |                                                                     |                                                                |                                                                                      |                                    |                 |            |  |      |       |        |  |  |        |                                               |  |  |  |  |         |                                                                       |  |  |  |  |  |                               |  |      |       |          |
| <p>List the office or position you currently hold which requires this filing.</p> <p>Office or Position:   <u>Sheriff</u>                      Term:       <u>2027</u>                      <u>2031</u></p> <p style="text-align: right; margin-right: 100px;">BEGINS                      ENDS</p> <p>Name of City, County, District, or State Agency:   <u>Colfax</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                          |                                                                     |                                                                |                                                                                      |                                    |                 |            |  |      |       |        |  |  |        |                                               |  |  |  |  |         |                                                                       |  |  |  |  |  |                               |  |      |       |          |
| <b>ITEM 4   OFFICE SOUGHT (Candidates only. See 1A of instructions)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                          |                                                                     |                                                                |                                                                                      |                                    |                 |            |  |      |       |        |  |  |        |                                               |  |  |  |  |         |                                                                       |  |  |  |  |  |                               |  |      |       |          |
| <p>List the office sought which requires this filing.</p> <p>Office:   <u>Sheriff</u></p> <p>Name of City, County, District, or State Office:   <u>Colfax</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                          |                                                                     |                                                                |                                                                                      |                                    |                 |            |  |      |       |        |  |  |        |                                               |  |  |  |  |         |                                                                       |  |  |  |  |  |                               |  |      |       |          |
| <b>ITEM 5   PERIOD COVERED BY THIS STATEMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                          |                                                                     |                                                                |                                                                                      |                                    |                 |            |  |      |       |        |  |  |        |                                               |  |  |  |  |         |                                                                       |  |  |  |  |  |                               |  |      |       |          |
| <p>This statement must cover all financial interests for the entire "preceding calendar year" and not just as of year-end.</p> <p style="text-align: center;">This statement covers the <b>preceding calendar year</b> January 1 through December 31,   <u>2025</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                          |                                                                     |                                                                |                                                                                      |                                    |                 |            |  |      |       |        |  |  |        |                                               |  |  |  |  |         |                                                                       |  |  |  |  |  |                               |  |      |       |          |

**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.) Colfax County  
411 E 11<sup>th</sup> Street  
Schuyler, Ne 68661

1a.) Sheriff

2.)

2a.)

3.)

3a.)

4.)

4a.)

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

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

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

Name and Address of Business or Organization.

Nature of Association

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

1.) None

1a.)

2.)

2a.)

3.)

3a.)

4.)

4a.)

5.)

5a.)

6.)

6a.)

7.)

7a.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>ITEM 8</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>REAL PROPERTY OF THE FILER IN NEBRASKA (Real property valued at less than \$1,000 and your personal residence need <i>not</i> be reported.)</b>                           |                                                                                           |
| 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.                                                                                                                                                    |                                                                                                                                                                              |                                                                                           |
| 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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              |                                                                                           |
| Citizens State Bank                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                              | 203 Main Street Leigh Ne 68643                                                            |
| Elkhorn Valley Bank                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                              | 404 S 25 <sup>th</sup> Street Norfolk Ne 68701                                            |
| (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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              |                                                                                           |
| Nebraska Public Retirement Systems NPERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                              |                                                                                           |
| (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 <b>not</b> 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 <b>not</b> be reported. |                                                                                                              |         |  |
| Name                                                                                                                                                                                                                                                                                                                                 |                                                                                                              | Address |  |
| <b>If you have nothing to report, write NONE</b>                                                                                                                                                                                                                                                                                     |                                                                                                              |         |  |
|                                                                                                                                                                                                                                                                                                                                      |                                                                                                              | None    |  |

|                                                  |                                                                                                                                                         |                                  |                                                            |
|--------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------------------------------|
| <b>ITEM 11</b>                                   | <b>SOURCES OF GIFTS OF A VALUE OF MORE THAN \$100 RECEIVED EXCEPT GIFTS FROM RELATIVES. (See definitions)</b> 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 |
| <b>If you have nothing to report, write NONE</b> |                                                                                                                                                         |                                  |                                                            |
|                                                  | None                                                                                                                                                    | Choose Value:                    |                                                            |
|                                                  |                                                                                                                                                         | Choose Value:                    |                                                            |
|                                                  |                                                                                                                                                         | Choose Value:                    |                                                            |
|                                                  |                                                                                                                                                         | Choose Value:                    |                                                            |
|                                                  |                                                                                                                                                         | Choose Value:                    |                                                            |
|                                                  |                                                                                                                                                         | Choose Value:                    |                                                            |
|                                                  |                                                                                                                                                         | Choose Value:                    |                                                            |

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.

|                |                                                                                                      |
|----------------|------------------------------------------------------------------------------------------------------|
| <b>ITEM 12</b> | <b>SUPPLEMENTAL INFORMATION (please attach any supplemental info and note below to see attached)</b> |
|----------------|------------------------------------------------------------------------------------------------------|

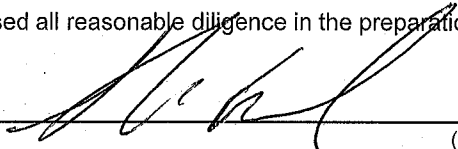
|                |                                                  |
|----------------|--------------------------------------------------|
| <b>ITEM 13</b> | <b>SIGNATURE OF FILER, ATTESTATION, AND DATE</b> |
|----------------|--------------------------------------------------|

Check one of the boxes, sign and date below.

☒ I am not an agent of a foreign principal from an adversary nation or a foreign terrorist organization, as such terms are defined in the Foreign Adversary and Terrorist Agent Registration Act.

☐ I am an agent of a foreign principal from an adversary nation or a foreign terrorist organization, as such terms are defined in the Foreign Adversary and Terrorist Agent Registration Act.

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.



01-21-26

(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.