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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------|-------|--------|--|--------|------------------------------|--|--|--|---------|------------------|--|--|--|--|---------------|--|-----------|--------------|--|-------------------------------|--|------|-------------------|
| <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: 50%; padding: 2px;">POSTMARK<br/>DATE</td> <td style="width: 50%; text-align: center; padding: 2px;">1/29/26</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 5px;">OFFICE USE ONLY</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 10px;"> <div style="font-size: 2em; opacity: 0.5;">NF</div> <div style="margin-left: 20px;"> <p style="margin: 0;"><b>RECEIVED</b></p> <p style="margin: 0;">FEB 04 2026</p> <p style="margin: 0; font-size: 0.8em;">NEBRASKA ACCOUNTABILITY<br/>and<br/>DISCLOSURE COMMISSION</p> </div> </td> </tr> </table> | POSTMARK<br>DATE                                                    | 1/29/26                                                        | OFFICE USE ONLY                                                           |                                    | <div style="font-size: 2em; opacity: 0.5;">NF</div> <div style="margin-left: 20px;"> <p style="margin: 0;"><b>RECEIVED</b></p> <p style="margin: 0;">FEB 04 2026</p> <p style="margin: 0; font-size: 0.8em;">NEBRASKA ACCOUNTABILITY<br/>and<br/>DISCLOSURE COMMISSION</p> </div> |  |      |       |        |  |        |                              |  |  |  |         |                  |  |  |  |  |               |  |           |              |  |                               |  |      |                   |
| POSTMARK<br>DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1/29/26                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                     |                                                                |                                                                           |                                    |                                                                                                                                                                                                                                                                                   |  |      |       |        |  |        |                              |  |  |  |         |                  |  |  |  |  |               |  |           |              |  |                               |  |      |                   |
| OFFICE USE ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                     |                                                                |                                                                           |                                    |                                                                                                                                                                                                                                                                                   |  |      |       |        |  |        |                              |  |  |  |         |                  |  |  |  |  |               |  |           |              |  |                               |  |      |                   |
| <div style="font-size: 2em; opacity: 0.5;">NF</div> <div style="margin-left: 20px;"> <p style="margin: 0;"><b>RECEIVED</b></p> <p style="margin: 0;">FEB 04 2026</p> <p style="margin: 0; font-size: 0.8em;">NEBRASKA ACCOUNTABILITY<br/>and<br/>DISCLOSURE COMMISSION</p> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                     |                                                                |                                                                           |                                    |                                                                                                                                                                                                                                                                                   |  |      |       |        |  |        |                              |  |  |  |         |                  |  |  |  |  |               |  |           |              |  |                               |  |      |                   |
| <p>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>                                                                                                                                   |                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                     |                                                                |                                                                           |                                    |                                                                                                                                                                                                                                                                                   |  |      |       |        |  |        |                              |  |  |  |         |                  |  |  |  |  |               |  |           |              |  |                               |  |      |                   |
| <p><b>ITEM 1   YOUR NAME, ADDRESS AND PHONE NUMBER</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                     |                                                                |                                                                           |                                    |                                                                                                                                                                                                                                                                                   |  |      |       |        |  |        |                              |  |  |  |         |                  |  |  |  |  |               |  |           |              |  |                               |  |      |                   |
| <table style="width: 100%;"> <tr> <td style="width: 10%;">Name</td> <td style="width: 20%;"><u>Betty</u></td> <td style="width: 20%;"><u>Lisa</u></td> <td style="width: 20%;"><u>Marie</u></td> <td style="width: 30%;">Telephone No. <u>308-830-3260</u></td> </tr> <tr> <td></td> <td style="text-align: center;">LAST</td> <td style="text-align: center;">FIRST</td> <td style="text-align: center;">MIDDLE</td> <td></td> </tr> <tr> <td>E-mail</td> <td colspan="4"><u>lisabetty@hotmail.com</u></td> </tr> <tr> <td>Address</td> <td colspan="4"><u>1031 R Rd</u></td> </tr> <tr> <td></td> <td colspan="2" style="text-align: center;"><u>Minden</u></td> <td style="text-align: center;"><u>NE</u></td> <td style="text-align: center;"><u>68959</u></td> </tr> <tr> <td></td> <td colspan="2" style="text-align: center;">STREET ADDRESS OR RURAL ROUTE</td> <td style="text-align: center;">CITY</td> <td style="text-align: center;">STATE    ZIP CODE</td> </tr> </table> |                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Name                                                                | <u>Betty</u>                                                   | <u>Lisa</u>                                                               | <u>Marie</u>                       | Telephone No. <u>308-830-3260</u>                                                                                                                                                                                                                                                 |  | LAST | FIRST | MIDDLE |  | E-mail | <u>lisabetty@hotmail.com</u> |  |  |  | Address | <u>1031 R Rd</u> |  |  |  |  | <u>Minden</u> |  | <u>NE</u> | <u>68959</u> |  | STREET ADDRESS OR RURAL ROUTE |  | CITY | STATE    ZIP CODE |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <u>Betty</u>                                                                                                                                                                                                                                               | <u>Lisa</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <u>Marie</u>                                                        | Telephone No. <u>308-830-3260</u>                              |                                                                           |                                    |                                                                                                                                                                                                                                                                                   |  |      |       |        |  |        |                              |  |  |  |         |                  |  |  |  |  |               |  |           |              |  |                               |  |      |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | LAST                                                                                                                                                                                                                                                       | FIRST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | MIDDLE                                                              |                                                                |                                                                           |                                    |                                                                                                                                                                                                                                                                                   |  |      |       |        |  |        |                              |  |  |  |         |                  |  |  |  |  |               |  |           |              |  |                               |  |      |                   |
| E-mail                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <u>lisabetty@hotmail.com</u>                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                     |                                                                |                                                                           |                                    |                                                                                                                                                                                                                                                                                   |  |      |       |        |  |        |                              |  |  |  |         |                  |  |  |  |  |               |  |           |              |  |                               |  |      |                   |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <u>1031 R Rd</u>                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                     |                                                                |                                                                           |                                    |                                                                                                                                                                                                                                                                                   |  |      |       |        |  |        |                              |  |  |  |         |                  |  |  |  |  |               |  |           |              |  |                               |  |      |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <u>Minden</u>                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <u>NE</u>                                                           | <u>68959</u>                                                   |                                                                           |                                    |                                                                                                                                                                                                                                                                                   |  |      |       |        |  |        |                              |  |  |  |         |                  |  |  |  |  |               |  |           |              |  |                               |  |      |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | STREET ADDRESS OR RURAL ROUTE                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | CITY                                                                | STATE    ZIP CODE                                              |                                                                           |                                    |                                                                                                                                                                                                                                                                                   |  |      |       |        |  |        |                              |  |  |  |         |                  |  |  |  |  |               |  |           |              |  |                               |  |      |                   |
| <p><b>ITEM 2   OCCASION FOR FILING (Check Appropriate Box)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                     |                                                                |                                                                           |                                    |                                                                                                                                                                                                                                                                                   |  |      |       |        |  |        |                              |  |  |  |         |                  |  |  |  |  |               |  |           |              |  |                               |  |      |                   |
| <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 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 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 type="checkbox"/> Annual officeholder's or state employee's report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Amendment                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                     |                                                                |                                                                           |                                    |                                                                                                                                                                                                                                                                                   |  |      |       |        |  |        |                              |  |  |  |         |                  |  |  |  |  |               |  |           |              |  |                               |  |      |                   |
| <p><b>ITEM 3   OFFICE HELD &amp; TERM OF OFFICE (Incumbent elected/appointed officials and state employees. See 1B of instructions)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                     |                                                                |                                                                           |                                    |                                                                                                                                                                                                                                                                                   |  |      |       |        |  |        |                              |  |  |  |         |                  |  |  |  |  |               |  |           |              |  |                               |  |      |                   |
| <p>List the office or position you currently hold which requires this filing.</p> <p>Office or Position: _____ Term: _____</p> <p style="text-align: right; margin-right: 50px;">BEGINS      ENDS</p> <p>Name of City, County, District, or State Agency: _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                     |                                                                |                                                                           |                                    |                                                                                                                                                                                                                                                                                   |  |      |       |        |  |        |                              |  |  |  |         |                  |  |  |  |  |               |  |           |              |  |                               |  |      |                   |
| <p><b>ITEM 4   OFFICE SOUGHT (Candidates only. See 1A of instructions)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                     |                                                                |                                                                           |                                    |                                                                                                                                                                                                                                                                                   |  |      |       |        |  |        |                              |  |  |  |         |                  |  |  |  |  |               |  |           |              |  |                               |  |      |                   |
| <p>List the office sought which requires this filing.</p> <p>Office: <u>Clerk of District Court</u></p> <p>Name of City, County, District, or State Office: <u>Kearney County</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                     |                                                                |                                                                           |                                    |                                                                                                                                                                                                                                                                                   |  |      |       |        |  |        |                              |  |  |  |         |                  |  |  |  |  |               |  |           |              |  |                               |  |      |                   |
| <p><b>ITEM 5   PERIOD COVERED BY THIS STATEMENT</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                     |                                                                |                                                                           |                                    |                                                                                                                                                                                                                                                                                   |  |      |       |        |  |        |                              |  |  |  |         |                  |  |  |  |  |               |  |           |              |  |                               |  |      |                   |
| <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.) Minden Exchange Bank & Trust Co. 1a.) Executive Secretary  
448 N Minden Ave  
Minden NE 68959

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.) Bethany Lutheran Church 1a.) Memorial committee treasurer  
Memorial Committee Treasurer  
437 E 4th Minden NE 68959

2.) Nebraskaland Diesel & Repair LLC 2a.) husbands sole proprietor business  
1031 R Rd  
Minden NE 68959

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 *not* 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**

none

**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**

Minden Exchange Bank &amp; Trust Co.

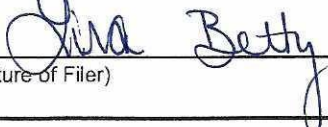
448 N Minden Ave  
Minden NE 68959

(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**

(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**Edward Jones  
Nationwide - IRA  
Vanguard - IRA

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                         |                                  |                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------------------------------|
| <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) If you have nothing to report, write NONE</b> |                                  |                                                            |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                         |                                  |                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                         |                                  |                                                            |
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| <p>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:</p> <p>A) \$100.01 to \$200; B) \$200.01 to \$500; C) \$500.01 to \$1,000; D) \$1,000.01 or more.</p>                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                         |                                  |                                                            |
| <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>                                                                                                        |                                  |                                                            |
| <p>Check one of the boxes, sign and date below.</p> <p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p>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.</p> |                                                                                                                                                         |                                  |                                                            |
| <br>(Signature of Filer)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                         | 1/14/2026<br>(Date)              |                                                            |

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