

NEBRASKA ACCOUNTABILITY AND DISCLOSURE COMMISSION 11 th Floor, State Capitol P.O. Box 95086 Lincoln, NE 68509 (402) 471-2522	STATEMENT OF FINANCIAL INTERESTS NADC FORM C-1	POSTMARK DATE	
		MICROFILM	
		NUMBER	
		OFFICE USE ONLY	
BEFORE COMPLETING READ FILING REQUIREMENTS			

- Candidates for designated offices and holders of designated offices and positions must file this statement. See Sections 1A and 18 of the instructions.
- Candidates (including incumbents) subject to this filing requirement must file with the Commission and with the appropriate election official (See Instructions).
- Designated officeholders and holders of designated positions must file this statement with the Commission annually.
- Dollar values need not be report for any item, except Item 11.
- Persons who fail to file as required are subject to a civil penalty of up to \$2,000.

ITEM 1 | YOUR NAME, ADDRESS AND PHONE NUMBER

Name	<u>Melton</u>	<u>Aimee</u>	<u>S</u>	Telephone No.	<u>402-932-9494</u>
	LAST	FIRST	MIDDLE		
Address	<u>1324 N. 129th Cir.</u>			<u>Omaha</u>	<u>NE 68154</u>
	STREET ADDRESS OR RURAL ROUTE			CITY	STATE ZIP CODE

ITEM 2 | OCCASION FOR FILING (Check Appropriate Box)

	A candidate for elective office	Left office or position
☒	Annual officeholder's or state employee's report Newly appointed to office or position	

ITEM 3 | OFFICE HELD & TERM OF OFFICE (Incumbent elected/appointed officials and state employees. See
IB of instructions)

List the office or position you currently hold which requires this filing. If you have left office, list the office you held.

Office or Position:	<u>City Council</u>	Term:	<u>2025</u>	<u>2029</u>
			BEGINS	ENDS

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

ITEM 4 | OFFICE SOUGHT (Candidates only. See 1A of instructions)

List the office sought which requires this filing.

Office: City Council

Name of City, County, District, or State Office: Omaha

ITEMS | PERIOD COVERED BY THIS STATEMENT

This statement must cover all financial interests for the entire "preceding calendar year" and not just as of year-end. If you have left office, this statement must cover all financial interests from the end of the calendar year for which you previously filed up to and including the date you left office.

☒ This statement covers the preceding calendar year January 1 through December 31, 2025

☐ Left office, this statement covers the period January 1, _____ to _____

(DATE YOU **LEFT** OFFICE OR POSITION)

Revised 2013

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.
List your Government position if you were paid more than \$1,000.	
1.) <u>City of Omaha</u> <u>1819 Farnam St.</u> <u>Omaha, NE 68183</u>	1a.) <u>elected city official</u>
2.) <u>Reagan, Melton & Delaney, LLP</u> <u>4530 Maass Road, Suite 101</u> <u>Bellevue, NE 68133</u>	2a.) <u>Attorney for the firm</u> 4a.) <u></u> <u></u> <u></u>
*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.) <u>Reagan, Melton & Delaney, LLP</u> <u>4530 Maass Road, Suite 101</u> <u>Bellevue, NE 68133</u>	1a.) <u>Partner in law firm</u>
3.) <u>Omaha Douglas County Building Commission</u> <u>1819 Farnam St.</u> <u>Omaha, NE 68183</u>	3a.) <u>Board Commissioner</u>
4.) <u>KMK Sales</u> <u>1324 N. 129th Cir.</u> <u>Omaha, NE 68154</u>	4a.) <u>Spouse's business</u> <u>Secretary of Corp.</u>
5.) <u></u> <u></u> <u></u>	Sa.) <u></u> <u></u> <u></u>
6.) <u></u>	6a.) <u></u>

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 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 estate 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)
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If you have nothing to report, write NONE

10364 Quail Crown Drive Naples, FL. 34119	residential
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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
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If you have nothing to report, write NONE

Five Points Bank	9718 Giles Road La Vista NE 68128
First Interstate Bank	615 N. 114th St. Omaha, NE 68154
Aksarben Lodging, LLP	Aksarben Village, Omaha, NE 68124
(spouse)	1823 Harney Street, Suite 301 Omaha, NE 68102
Center 60Hospitality, LLC (spouse)	

(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

Raymond James

(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

None

ITEM 10 CREDITORS TO WHOM \$1,000 OR MORE WAS OWED OR GUARANTEED BY YOU OR A MEMBER OF YOUR IMMEDIATE FAMILY.

Exception: Loans from a relative and land contracts which have been recorded with the County Clerk or Register of Deeds need **not** be reported. Accounts payable, debts arising out of retail installment transactions or loans made by a financial institution in the ordinary course of business need **not** be reported.

Name	Address
If you have nothing to report, write NONE	
CitiBank Chase Hyundai Motor Finance Cobalt Bank Bank of America Comeity/Ulta Five Points Bank SoFi NEL NET 	388 Greenwich St. New York, New York PO Box 17198 Wilmington, DE 19850 PO Box 650805 Dallas, TX 75265 7148 Towne Center Pkwy, Papillion, NE 68046 100Tryon St Charlotte NC 28255 PO Box 182120 Columbus, OH 43218 9718 Giles Rd. La Vista, NE 68128 2750 E Cottonwood Parkway Cottonwood Heights, Utah PO Box 8256 Lincoln, NE 68501

ITEM 11 SOURCES OF GIFTS OF A VALUE OF MORE THAN \$100 RECEIVED EXCEPT GIFTS FROM RELATIVES. (See definitions) If you have nothing to report, write NONE

Name and address of Donor	Occupation or nature of business of Donor	Value of Gift (See Key Below)	Description of Gift and Circumstances or Occasion for Gift
If you have nothing to report, write NONE			
Community Leaders of America PO Box 2262 Springfield, VA 22152	Conference for Municipal Community Leaders	B	Hotel expense for 2 nights in Sioux City, SD
		Choose Value:	
		Choose Value:	
		Choose Value:	

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

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

ITEM 12 SIGNATURE OF FILER AND DATE.

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


(Signature of Filer)

I – March 2, 2026

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.