

NEBRASKA ACCOUNTABILITY AND DISCLOSURE COMMISSION P.O. Box 95086 Lincoln, NE 68509 (402) 471-2522 https://nadc.nebraska.gov	STATEMENT OF FINANCIAL INTERESTS Calendar Year 2025 NADC FORM C-1	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">POSTMARK DATE</td> <td style="width: 50%; text-align: center; padding: 2px;">2M</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 2px;">OFFICE USE ONLY</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 10px;"> RECEIVED FEB 23 2026 NEBRASKA ACCOUNTABILITY and DISCLOSURE COMMISSION </td> </tr> </table>	POSTMARK DATE	2M			OFFICE USE ONLY		RECEIVED FEB 23 2026 NEBRASKA ACCOUNTABILITY and DISCLOSURE COMMISSION																							
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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.) College of Saint Mary 7000 Mercy Road Omaha, NE	1a.) Employed full-time as a professor
2.) Oakville Winegrowers 7855 St. Helena Hwy Box 101 Oakville, CA	2a.) Contract writing work
3.) Duck Duck Bottle Shop 4915 Underwood Ave Omaha NE	3a.) Consulting on a new wine shop
4.) Nebraska Wesleyan University 5000 St. Paul Ave Lincoln, NE	4a.) Adjunct Instructor
*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.) Meadowlark Running Co. LLC 1136 S 35 th Ave Omaha, NE	1a.) Founder-business
2.) Gudgel Ranch Wine, LLC 1136 S 35 th Ave Omaha, NE	2a.) Founder-business
3.) vinNEBRASKA Foundation www.vinnebraska.com	3a.) Board President, non-profit foundation
4.) Fulbright Association of Nebraska 1730 Rhode Island Ave NW Ste 404 Washington D.C.	4a.) Board VP
5.) Omaha Performing Arts 1200 Douglas St Omaha, NE	5a.) VP of Engagement, Presenters Circle Board of Directors
6.)	6a.)
7.)	7a.)

ITEM 8	REAL PROPERTY OF THE FILER IN NEBRASKA (Real property valued at less than \$1,000 and your personal residence need <i>not</i> be reported.)	
List all real property in Nebraska in your name or in which you have a direct ownership interest. The description required must be sufficient to identify the location of the property. Exceptions: You need not report real property owned by a business listed in Item 6 or 7, your personal residence or real property valued at less than \$1,000. Personal residence refers to your principal dwelling-house and adjacent land used for house-hold purposes, such as lawns and gardens.		
Location of Property (Description or Address)		Nature of Property (such as: agricultural, commercial, industrial, residential-rental)
If you have nothing to report, write NONE		
NA		NA
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		
Wells Fargo Sandhills State Bank Security National Bank		4425 Center St. Omaha, NE 132 N Main St. Valentine, NE 3500 Farnam St. Omaha, NE
(b) List the names of the issuers of all stocks, bonds, and government securities, not otherwise listed under Items 6 or 7.		
If you have nothing to report, write NONE		
E-trade (stocks valued under \$1,000)		
(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		
Life Insurance: Primerica Roth IRA: Primerica IRA: College of Saint Mary Lincoln Public Schools: Partial Pension (10 years of service)		

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.			
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If you have nothing to report, write NONE			
NA		NA	

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			
Barb Weitz, Rick McFayden	Individual	D	Campaign contribution
Sherri Magnett, Dave Thrasher, Tamara Sloan	Individual	C	Campaign Contribution
Patty Zieg, Blake Carter, Chuck Browder, Travis Mullins, Will Reimer, Brian Fahey, Dan Morgan, Kyle Whitehead	Individual	B	Campaign Contribution
Sue Evans,	Individual	A	Campaign Contribution
		Choose Value:	
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The monetary value of each gift shall be categorized based on the good faith estimate of the filer. For each reported gift insert in the Value column the letter which corresponds to the value category of the gift. The value categories are: A) \$100.01 to \$200; B) \$200.01 to \$500; C) \$500.01 to \$1,000; D) \$1,000.01 or more.			

ITEM 12	SUPPLEMENTAL INFORMATION (please attach any supplemental info and note below to see attached)

ITEM 13	SIGNATURE OF FILER, ATTESTATION, AND DATE
Check one of the boxes, sign and date below. ☒ I am not an agent of a foreign principal from an adversary nation or a foreign terrorist organization, as such terms are defined in the Foreign Adversary and Terrorist Agent Registration Act. ☐ I am an agent of a foreign principal from an adversary nation or a foreign terrorist organization, as such terms are defined in the Foreign Adversary and Terrorist Agent Registration Act. I hereby state that I have used all reasonable diligence in the preparation of this Statement and that to the best of my knowledge it is true and complete.	
(Signature of Filer)	(Date)

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

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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.) College of Saint Mary
7000 Mercy Road
Omaha, NE

1a.) Employed full-time as a professor

2.) Oakville Winegrowers
7855 St. Helena Hwy Box 101
Oakville, CA

2a.) Contract writing work

3.) Duck Duck Bottle Shop
4915 Underwood Ave
Omaha NE

3a.) Consulting on a new wine shop

4.) Nebraska Wesleyan University
5000 St. Paul Ave
Lincoln, NE

4a.) Adjunct Instructor

*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.

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Name and Address of Business or Organization.

Nature of Association

If you have nothing to report, write NONE

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1a.) Founder-business

2.) Gudgel Ranch Wine, LLC
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2a.) Founder-business

3.) vinNEBRASKA Foundation
www.vinnebraska.com

3a.) Board President, non-profit foundation

4.) Fulbright Association of Nebraska
1730 Rhode Island Ave NW Ste 404
Washington D.C.

4a.) Board VP

5.) Omaha Performing Arts
1200 Douglas St
Omaha, NE

5a.) VP of Engagement, Presenters Circle Board of Directors

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Sherri Magnett, Dave Thrasher, Tamara Sloan	Individual	C	Campaign Contribution
Patty Zieg, Blake Carter, Chuck Browder, Travis Mullins, Will Reimer, Brian Fahey, Dan Morgan, Kyle Whitehead	Individual	B	Campaign Contribution
Sue Evans,	Individual	A	Campaign Contribution
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(Signature of Filer)	(Date)

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

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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.

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- 1.) College of Saint Mary
7000 Mercy Road
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- 2.) Oakville Winegrowers
7855 St. Helena Hwy Box 101
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- 1a.) Employed full-time as a professor
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*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.

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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

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ITEM 12	SUPPLEMENTAL INFORMATION (please attach any supplemental info and note below to see attached)

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Check one of the boxes, sign and date below. ☒ I am not an agent of a foreign principal from an adversary nation or a foreign terrorist organization, as such terms are defined in the Foreign Adversary and Terrorist Agent Registration Act. ☐ I am an agent of a foreign principal from an adversary nation or a foreign terrorist organization, as such terms are defined in the Foreign Adversary and Terrorist Agent Registration Act. I hereby state that I have used all reasonable diligence in the preparation of this Statement and that to the best of my knowledge it is true and complete.	
(Signature of Filer) (Date)	

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- Persons who fail to file as required are subject to a civil penalty of up to \$5,000.

ITEM 1 YOUR NAME, ADDRESS AND PHONE NUMBER

Name	Gudgel	Mark	R	Telephone No.	402 730 7530
	LAST	FIRST	MIDDLE		
E-mail	mark4oppd@gmail.com				
Address	1136 S 35 th Ave		Omaha	NE	68105
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Name and address of Donor	Occupation or nature of business of Donor	Value of Gift (See Key Below)	Description of Gift and Circumstances or Occasion for Gift
If you have nothing to report, write NONE			
Barb Weitz, Rick McFayden	Individual	D	Campaign contribution
Sherri Magnett, Dave Thrasher, Tamara Sloan	Individual	C	Campaign Contribution
Patty Zieg, Blake Carter, Chuck Browder, Travis Mullins, Will Reimer, Brian Fahey, Dan Morgan, Kyle Whitehead	Individual	B	Campaign Contribution
Sue Evans,	Individual	A	Campaign Contribution
		Choose Value:	
		Choose Value:	
		Choose Value:	
The monetary value of each gift shall be categorized based on the good faith estimate of the filer. For each reported gift insert in the Value column the letter which corresponds to the value category of the gift. The value categories are: A) \$100.01 to \$200; B) \$200.01 to \$500; C) \$500.01 to \$1,000; D) \$1,000.01 or more.			
ITEM 12	SUPPLEMENTAL INFORMATION (please attach any supplemental info and note below to see attached)		
ITEM 13	SIGNATURE OF FILER, ATTESTATION, AND DATE		
Check one of the boxes, sign and date below. ☒ I am not an agent of a foreign principal from an adversary nation or a foreign terrorist organization, as such terms are defined in the Foreign Adversary and Terrorist Agent Registration Act. ☐ I am an agent of a foreign principal from an adversary nation or a foreign terrorist organization, as such terms are defined in the Foreign Adversary and Terrorist Agent Registration Act. I hereby state that I have used all reasonable diligence in the preparation of this Statement and that to the best of my knowledge it is true and complete.			
(Signature of Filer)		(Date)	

1/12/26 TO

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 1/5/26	MICROFILM NUMBER
		OFFICE USE ONLY	
		RECEIVED JAN 12 2026 NEBRASKA ACCOUNTABILITY and DISCLOSURE COMMISSION	

- Individuals listed under Sections 1-A & B of the General Information - Filing Requirements on page 5 must file this form.
- Dollar values need not be reported for any item, except for Item 11.
- File with the Nebraska Accountability and Disclosure Commission and with the election commissioner or clerk of the county of your residence.
- Persons who fail to file this report or otherwise do not comply with the reporting provisions of the law are subject to penalties.

ITEM 1 YOUR NAME, ADDRESS AND PHONE NUMBER

Name	<u>GUDGEL</u> <u>MARK</u>	Telephone No.	<u>402 730 7530</u>
	LAST FIRST MIDDLE		
Address	<u>1136 S 35th Ave</u>	<u>OMAHA</u>	<u>NE 68105</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 (for incumbent elected or appointed officials and state employees)

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: _____ Term: _____

BEGINS ENDS

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

ITEM 4 OFFICE SOUGHT (for candidate only)

List the office sought which requires this filing.

Office: OPPD BOARD OF DIRECTORS

Name of City, County, District, or State Office: OMAHA, DOUGLAS, SUBDISTRICT 2

ITEM 5 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, _____

☐ Left office, this statement covers the period January 1, _____ to _____
(DATE YOU LEFT OFFICE OR POSITION)

ITEM 6 SOURCES OF INCOME OF OVER \$1,000

Income includes money or any other form of recompense constituting income under the Internal Revenue Code. (See definitions)

Name and address of any source* (including an individual, business, body of government, political subdivision or body corporate) from whom 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.

- | | | | |
|-----|---|------|---|
| 1.) | <u>COLLEGE OF SAINT Mary</u>
<u>700 mercy road</u>
<u>Omaha NE</u> | 1a.) | <u>Employed full time as a professor.</u> |
| 2.) | <u>Oakville Winegravers</u>
<u>7 PES St Helena Hwy Box 101</u>
<u>Danville CA</u> | 2a.) | <u>Writing a book for them.</u> |
| 3.) | <u>DUCK DUCK BOTTLE SHOP</u>
<u>4915 Underwood Ave</u>
<u>Omaha NE</u> | 3a.) | <u>consulting on a wine list.</u> |
| 4.) | <u>NEBRASKA Wesleyan UNIVERSITY</u>
<u>600 St Paul Ave</u>
<u>Lincoln NE</u> | 4a.) | <u>Adjunct instructor.</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 BUSINESS ASSOCIATIONS (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

- | | | | |
|-----|---|------|--|
| 1.) | <u>Meadowlark Running Co</u>
<u>1136 S 35 Ave</u>
<u>Omaha NE</u> | 1a.) | <u>Founder - business</u> |
| 2.) | <u>Gudger Ranch Wine</u>
<u>1136 S 35 Ave</u>
<u>Omaha NE</u> | 2a.) | <u>Founder - business</u> |
| 3.) | <u>VINNEBRASKA Foundation</u>
<u>www.vinnebraska.com</u> | 3a.) | <u>Board President</u> |
| 4.) | <u>Fullbright Association - NEBRASKA</u>
<u>1730 Rhode Island Ave NW Ste 404</u>
<u>Washington DC 20036</u> | 4a.) | <u>VP of Board</u> |
| 5.) | <u>Omaha Performing Arts</u>
<u>1200 Douglas St</u>
<u>Omaha NE</u> | 5a.) | <u>VP of Engagement - Presenters Board</u> |
| 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 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)
NA	NA

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
Wells Fargo	4425 Center St. Omaha, NE
Sandhills State Bank	132 N Main St. Valentine, NE
Security National Bank	3600 Farnam St. Omaha, NE

(b) List the names of the issuers of all stocks, bonds, and government securities, not otherwise listed under Items 6 or 7.

E-trade (stocks only)

(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.

LIFE INSURANCE - Primerica

Roth IRA - Primerica

IRA - College of St. Mary

Lincoln Public Schools - partial Pension

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
NA - per phone call	NA

ITEM 11 SOURCES OF GIFTS OF A VALUE OF MORE THAN \$100 RECEIVED EXCEPT GIFTS FROM RELATIVES. (See definitions)

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
Barb White	Individual	Choose Value: D	CAMPAIN (W DONOR)
Rick McFayden	}	Choose Value: D	
Sherril Magrath		Choose Value: C	
DAVE THRASHER		Choose Value: C	
Tamara Sloan		Choose Value: C	
Portia Wieg		Choose Value: B	
Blake Carter		Choose Value: B	
Chuck Brando		Choose Value: B	
Travis Mullins		Choose Value: B	
Will Reimer	Y	Choose Value: B	

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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)

(Date)

1-5-26

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

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Name	Address

ITEM 11 SOURCES OF GIFTS OF A VALUE OF MORE THAN \$100 RECEIVED EXCEPT GIFTS FROM RELATIVES. (See definitions)

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
Brian Fahay	Individual	Choose Value: B	CAMPAIGN DONATION
Sue Evans	}	Choose Value: A	}
Dan Morgan		Choose Value: B	
Kyle Whitehead		Choose Value: B	
		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	

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

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(Signature of Filer)

(Date)

1-5-26

NEBRASKA
ACCOUNTABILITY AND
DISCLOSURE COMMISSION
11th Floor, State Capitol
P.O. Box 95086
Lincoln, NE 68509
(402) 471-2522

BEFORE COMPLETING
READ FILING REQUIREMENTS

STATEMENT OF FINANCIAL INTERESTS

NADC FORM C-1

POSTMARK
DATE 1/6/26

MICROFILM
NUMBER

OFFICE USE ONLY

RECEIVED

FEB 13 2026

NEBRASKA ACCOUNTABILITY
and
DISCLOSURE COMMISSION

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Name GUDGEL MARK Telephone No. 402 730 7530
LAST FIRST MIDDLE
Address 1136 S 35th Ave OMAHA NE 68105
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 (for Incumbent elected or appointed officials and state employees)

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BEGINS ENDS

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

ITEM 4 OFFICE BOUGHT (for candidate only)

List the office bought which requires this filing.

Office: OPPD BOARD OF DIRECTORS

Name of City, County, District, or State Office: OMAHA, DOUGLAS, SUBDISTRICT 2

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

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(DATE YOU LEFT OFFICE OR POSITION)