

Sign, date, and return your Amended statement to me or nadc@nebraska.gov to complete this required form.

Thank you for your help with this matter,

Susan Lorenz
NADC

Jane M. Parsons
2025-21 Supplement

Otoe County Commissioner

Em 4-10-26

Filer name and Office or Position:

NADC Form C-1, ITEM 13 SIGNATURE OF FILER, ATTESTATION, AND DATE

Check (X) 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)

4/9/26

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.

