

Amended 2/16/26

NEBRASKA ACCOUNTABILITY AND DISCLOSURE COMMISSION P.O. Box 95088 Lincoln, NE 68509 (402) 471-2622 https://nadc.nebraska.gov	STATEMENT OF FINANCIAL INTERESTS Calendar Year 2025 NADC FORM C-1	POSTMARK DATE 2/4/26 OFFICE USE ONLY RECEIVED APR 10 2026 NEBRASKA ACCOUNTABILITY and DISCLOSURE COMMISSION
BEFORE COMPLETING READ FILING REQUIREMENTS	• This statement must cover all financial interests for the entire "calendar year" as noted above and not just as of year-end. • Candidates for designated offices and holders of designated offices and positions must file this statement with the Commission Sections 1A and 1B of the instructions. • Candidates (including incumbents) subject to this filing requirement must file this statement in order to have their names appear on the ballot. (See instructions). • Designated officeholders and holders of designated positions must file this statement with the Commission annually. • Certain values need not be reported for any item, except item 11. • 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		
Last Name: <u>Lunz</u> First Name: <u>Lisa</u> Middle Name: <u>A</u>	Telephone No. <u>402 375 0743</u>	
E-mail: <u>jllunz88@gmail.com</u>		
Address: <u>8617D Hwy 9</u> <u>Wakefield</u> <u>NE</u> <u>68784</u> STREET ADDRESS OR RURAL ROUTE CITY STATE ZIP+4		
ITEM 2 OCCASION FOR FILING (Check Appropriate Box)		
☐ A candidate for elective office ☐ Newly appointed to office or position ☒ Annual officer holder's or state employee's report ☐ Amendment		
ITEM 3 OFFICE HELD & TERM OF OFFICE (Incumbent elected/appointed officials and state employees. See 1B of Instructions)		
List the office or position you currently hold which requires this filing. <u>EQC</u> Office or Position: <u>Dixon County Supervisor, Corn Board, Next Gen</u> Name of City, County, District, or State Agency: <u>See attached sheet</u>		
BEGINS _____ ENDS _____		
ITEM 4 OFFICE SOUGHT (Candidates only. See 1A of Instructions)		
List the office sought which requires this filing. Office: _____ Name of City, County, District, or State Office: _____		
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. This statement covers the preceding calendar year January 1 through December 31, <u>2025</u>		

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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	
Elkhorn Valley Bank	Wynne, NE

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			
None		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	

The monetary value of each gift shall be categorized based on the good faith estimate of the filer. For each reported gift insert in the value column the letter which corresponds to the value category of the gift. The value categories are:
A) \$100.01 to \$200; B) \$200.01 to \$500; C) \$500.01 to \$1,000; D) \$1,000.01 or more.

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.

Lisa Gung
(Signature of Filer)

1-31-26
(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.