

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                     |                                                                           |                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------|
| <b>NEBRASKA</b><br><br><b>ACCOUNTABILITY AND DISCLOSURE COMMISSION</b><br><br>1225 L Street, Suite 400<br><br>P.O. Box 95086<br>Lincoln, NE 68509<br>(402) 471-2522<br><a href="http://www.nadc.nebraska.gov">www.nadc.nebraska.gov</a>                                                                                                                                                                                                                                                            | <b>CAMPAIGN STATEMENT</b><br><br><b>INDEPENDENT COMMITTEES</b><br><br><br><br><b>NADC FORM B-4</b><br><b>Electronic Version 1.0</b> | POSTMARK<br>DATE                                                          |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                     | MICROFILM<br>NUMBER                                                       |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                     | OFFICE USE ONLY                                                           |                |
| <ul style="list-style-type: none"> <li>• All political committees must file periodic Campaign Statements.</li> <li>• Attach all schedules (A-D) and type or print all information.</li> <li>• Late filing fee for filing this statement after the date it is due is \$25 for each day the statement remains unfiled, not to exceed \$750.</li> <li>• Persons who fail to file this report or otherwise do not comply with the reporting provisions of the law are subject to penalties.</li> </ul> |                                                                                                                                     |                                                                           |                |
| <b>ITEM 1 NAME OF COMMITTEE AND COMMITTEE TREASURER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                     |                                                                           |                |
| Committee Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                     | LINCOLN INDEPENDENT BUSINESS ASSOCIATION PAC Telephone No: (402) 486-1040 |                |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 620 NORTH 48TH STREET LINCOLN NE 68504                                                                                              |                                                                           |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | STREET ADDRESS OR RURAL ROUTE CITY STATE ZIPCODE                                                                                    |                                                                           |                |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 620 NORTH 48TH STREET LINCOLN NE 68504                                                                                              |                                                                           |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | MAILING ADDRESS (if different from street address) CITY STATE ZIPCODE                                                               |                                                                           |                |
| Treasurer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ROBERT BRYANT                                                                                                                       | BOB.BRYANT@BKA-CPA.COM                                                    |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                     | Email                                                                     |                |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 533 S 27TH ST # 104, LINCOLN, NE 68512                                                                                              | Telephone No.                                                             | (402) 423-0404 |
| <b>ITEM 2 DATE OF ELECTION FOR WHICH STATEMENT IS FILED:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                     | April 8 2025<br>MONTH DAY YEAR                                            |                |
| <b>ITEM 3 NATURE OF FILING</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                     |                                                                           |                |
| <b>2025 LINCOLN ELECTIONS - 2ND PRIMARY CAMPAIGN STATEMENT (FORM B-4)</b>                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                     |                                                                           |                |
| THIS STATEMENT COVERS A PERIOD                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                     | March 5 2025                                                              | March 24 2025  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                     | MONTH DAY YEAR                                                            | MONTH DAY YEAR |
| <b>ITEM 4 NATURE OF COMMITTEE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                     |                                                                           |                |
| PAC-Separate Segregated Political Fund                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                     |                                                                           |                |
| <b>ITEM 5 VERIFICATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                     |                                                                           |                |
| I, Entered by NADC Admin state that I have used all reasonable diligence in the preparation of this Campaign Statement,<br>User<br>(NAME OF TREASURER)                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                     |                                                                           |                |
| and to my knowledge it is true, correct and complete.                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                     |                                                                           |                |

The following summary sections require the reporting of total receipts and expenditures of the committee and the balance of cash on hand at the beginning and end of the reporting period. All receipts and expenditures must be reported here including in-kind contributions and expenditures, independent expenditures, pledges and loans. Schedules A through C require additional disclosures as specified for each schedule.

### SUMMARY OF RECEIPTS

|                                                                                                                                                                |        |        |            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------|------------|
| 1. PREVIOUS RECEIPTS REPORTED FOR THIS ELECTION PERIOD.....<br>(Use previous Line 9 <b>OR</b> for first statement of an election year or an Annual enter zero) |        |        | \$1,000.00 |
| 2. CASH RECEIPTS THIS PERIOD                                                                                                                                   |        |        |            |
| (a) Contributions.....                                                                                                                                         | \$0.00 |        |            |
| (b) Loans (Schedule C, Section 2).....                                                                                                                         | \$0.00 |        |            |
| (c) Other (Dividends, Interest).....                                                                                                                           | \$0.00 |        |            |
| TOTAL CASH RECEIPTS (Line 2, a thru c).....                                                                                                                    | \$0.00 |        |            |
| 3. DEDUCT LOAN REPAYMENTS (Schedule C, Section 2).....                                                                                                         | \$0.00 |        |            |
| 4. DEDUCT REFUNDS OF CONTRIBUTIONS PREVIOUSLY<br>REPORTED AS RECEIVED.....                                                                                     | \$0.00 |        |            |
| 5. NET CASH RECEIVED THIS PERIOD (Total Cash Receipts Minus Lines 3 & 4).....                                                                                  |        | \$0.00 |            |
| 6. IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD.....                                                                                                             |        | \$0.00 |            |
| 7. PLEDGES RECEIVED THIS PERIOD.....                                                                                                                           |        | \$0.00 |            |
| 8. NET RECEIPTS THIS PERIOD (Line 5 plus 6 & 7).....                                                                                                           |        |        | \$0.00     |
| 9. TOTAL RECEIPTS FOR THE ELECTION YEAR TO DATE (Line 1 plus Line 8).....                                                                                      |        |        | \$1,000.00 |

### SUMMARY OF EXPENDITURES

|                                                                                                                                                              |        |        |        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------|--------|
| 10. PREVIOUS EXPENDITURES REPORTED FOR THIS ELECTION YEAR.....<br>(Use previous Line 17, OR for first statement of an election year or an Annual enter zero) |        |        | \$0.00 |
| 11. CASH EXPENDITURES and ACCRUALS THIS PERIOD                                                                                                               |        |        |        |
| (a) Expenditures to or for the benefit of Nebraska (non-federal) candidates and<br>ballot questions (Schedule B, Section 1, line 2).....                     | \$0.00 |        |        |
| (b) Funds disbursed for federal & out-of-state elections<br>(Schedule B, Section 2, Line (3), Column B ).....                                                | \$0.00 |        |        |
| (c) Administrative/Operating Expenses.....                                                                                                                   | \$0.00 |        |        |
| TOTAL CASH EXPENDITURES and ACCRUALS (Line 11, a thru c).....                                                                                                | \$0.00 |        |        |
| 12. DEDUCT PREVIOUSLY REPORTED MONETARY EXPENDITURES TO CAND./COMM. WHICH<br>WERE RETURNED DURING THIS PERIOD.....                                           | \$0.00 |        |        |
| 13. NET CASH EXPENDITURES THIS PERIOD (Line 11 minus Line 12).....                                                                                           |        | \$0.00 |        |
| 14. NON-CASH IN-KIND EXPENDITURES THIS PERIOD (No Cash payment(s) made by the PAC.<br>Also include amount from Line 6 above).....                            |        | \$0.00 |        |
| 15. NEW PLEDGES MADE THIS PERIOD.....                                                                                                                        |        | \$0.00 |        |
| 16. TOTAL EXPENDITURES THIS PERIOD (Line 13 Plus Lines 14 & 15).....                                                                                         |        |        | \$0.00 |
| 17. TOTAL EXPENDITURES FOR THE ELECTION YEAR TO DATE (Line 10 + Line 16).....                                                                                |        |        | \$0.00 |

### CASH BALANCE SUMMARY

|                                                                                             |            |
|---------------------------------------------------------------------------------------------|------------|
| 18. CASH ON HAND AT BEGINNING OF PERIOD (From Prior Report Line 26).....                    | \$1,826.77 |
| 19. CASH RECEIVED IN PAYMENT OF PLEDGES, LOANS AND OTHER RECEIVABLES.....                   | \$0.00     |
| 20. CASH RECEIPTS THIS PERIOD (From Line 5 Above).....                                      | \$0.00     |
| 21. SUBTOTAL (Lines 18 , 19 & 20).....                                                      | \$1,826.77 |
| 22. CASH EXPENDITURES THIS PERIOD (From Line 13).....                                       | \$0.00     |
| 23. SUBTOTAL (Line 21 Minus Line 22).....                                                   | \$1,826.77 |
| 24. PAYMENTS ON PREVIOUSLY UNPAID PLEDGES.....                                              | \$0.00     |
| 25. ADJUSTMENTS FOR CASH RECEIPTS (OR EXPENDITURES) NOT INCLUDED ELSEWHERE.....             | \$0.00     |
| 26. CASH ON HAND AT CLOSE OF THIS PERIOD (Line 23 Minus Line 24 Plus or Minus Line 25)..... | \$1,826.77 |
| 27. VALUE OF INVESTMENTS HELD BY COMMITTEE AT CLOSE OF PERIOD.....                          | \$0.00     |
| 28. TOTAL CASH AND EQUIVALENTS AT CLOSE OF THIS PERIOD (Line 26 Plus Line 27).....          | \$1,826.77 |

## SCHEDULE A - Contributions of More Than \$250 Received During A Calendar Year

List all persons who contributed an aggregate total of more than \$250 during the election year (e.g., an individual who gave \$150 during the Primary Election and \$125 during the General Election **must be listed since their total contributions during the election year exceed \$250**). All contributions from the same donor must be listed under the same name. In the first column list the name and address of each person who has contributed a cumulative total of more than \$250 during the election year. In the next column, list the date of each contribution which has not been previously reported. If you are filing your first Campaign Statement of the Election Year or an Annual statement, Column A will be zero. If you are filing a second or any subsequent campaign statement during the election year, under Column A: list the total amount of contributions previously reported from each person during the election year; and, for newly listed persons, list all their previously unreported contributions (e.g., an individual gave \$125 this period and had previously made contributions of \$100 and \$50 earlier in the election year, \$100 and \$50 would each be listed under Column A. In Columns B, C, and D, list each contribution received during this period. In Column E, list the total contributions received from each of the persons listed for the election year to date.

| Name, Street Address, City and State of Each Contributor Giving a Cumulative Total of more than \$250 During the <b>Calendar Year</b> | Date of Each Contribution <b>Not Previously Listed</b> | Previous Contributions During the <b>Calendar Year</b> | Cash Contributions This Period | In-Kind Contributions This Period | Unpaid Pledges This Period | Total Contributions <b>Calendar Year to Date</b> |
|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------|--------------------------------|-----------------------------------|----------------------------|--------------------------------------------------|
|                                                                                                                                       |                                                        | A +                                                    | B +                            | C +                               | D =                        | E                                                |

NOTE: BRIEFLY DESCRIBE IN-KIND CONTRIBUTIONS IN THE FIRST COLUMN. LIST AN IN-KIND PAYEE ON SCHEDULE C, SECTION 3.

### - REFERENCE POLITICAL ACTION COMMITTEE TREASURER'S GUIDE FOR EXAMPLES -

|                                                            |  |          |  |  |  |          |
|------------------------------------------------------------|--|----------|--|--|--|----------|
| BRUCE BAILEY<br>1609 N STREET, LINCOLN, NE<br>68508        |  | \$600.00 |  |  |  | \$600.00 |
| PAM DINGMAN<br>1763 SURFSIDE DR, #21, LINCOLN,<br>NE 68528 |  | \$300.00 |  |  |  | \$300.00 |
| Totals for Schedule A                                      |  | \$900.00 |  |  |  | \$900.00 |

**\*REMINDER:**

All contributors giving more than \$250 during the calendar year must be listed, including those shown on previous Campaign Statements filed for this election.

## Schedule B Section 1 - Allocated Cumulative Expenditure for Nebraska State and Local Candidates and Ballot Questions\*

Do not include expenditures made in connection with campaigns for federal office. Expenditures in support or opposition to candidates for federal office should be listed on Schedule B, Section 2.

Indicate the total amount of expenditures, for or against each Nebraska candidate or ballot question (B.Q.) or other allowed committee (including a political party), during this reporting period and the total for the calendar year to date. An expenditure made in support of more than one candidate or ballot question must be apportioned reasonably among the candidates or ballot questions supported or opposed. "Expenditure" for the purpose of this schedule includes direct and in-kind contributions, loans, independent expenditures, and all other expenditures made in support of or in opposition to Nebraska state and local candidates and ballot questions. List in-kind and independent expenditures when the obligation to pay has been incurred (even if the vendor has not been paid). If the amount owed is not known, make an estimate now and file an amendment later when the actual amount is known. Other payees (resulting from in-kind and independent expenditures) receiving more than \$250 must be fully disclosed on Schedule C, Section 3.

| Committee Name and<br>Street Address<br><b>OR</b> (for independent<br>expenditures) the Candidate<br>Name & Office or Ballot Question<br>(include brief description in box, if<br>applicable) | Support<br>or<br>Oppose | Nature | Date of<br>Expenditures<br>this Period | Total at<br>Close of Last<br>Period | Cash<br>Expenditures<br>this period | Other<br>Expenditures<br>this period | Total for the<br>Calendar<br>Year to Date |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------|----------------------------------------|-------------------------------------|-------------------------------------|--------------------------------------|-------------------------------------------|
| *REMINDER: All expenditures for candidates, ballot questions, and other committees (e.g. political parties) must be included regardless of amount.                                            |                         |        |                                        |                                     |                                     |                                      |                                           |
| <b>**Briefly describe In-Kind and Independent Expenditures in the first column box. Disclose the related payee on Schedule C, Section 3.</b>                                                  |                         |        |                                        |                                     |                                     |                                      |                                           |
| Totals for Schedule B Section 1                                                                                                                                                               |                         |        |                                        |                                     |                                     |                                      | \$0.00                                    |

## Schedule B Section 2

### Funds disbursed to candidates and committees outside Nebraska and Candidates for federal office.

Indicate the **total** amount of funds disbursed, in support of or in opposition to all federal candidates (including Nebraska candidates for federal office) and all candidates and committees in states other than Nebraska. Include any independent expenditure made in such elections.

**\*REMINDER:** Do not list individual candidate or committee names.

| Name of State  | Total at close of last period<br>A | Total for this period<br>+ B | Total<br>= C |
|----------------|------------------------------------|------------------------------|--------------|
| FEDERAL        |                                    |                              | \$0.00       |
| ALABAMA        |                                    |                              | \$0.00       |
| ALASKA         |                                    |                              | \$0.00       |
| ARIZONA        |                                    |                              | \$0.00       |
| ARKANSAS       |                                    |                              | \$0.00       |
| CALIFORNIA     |                                    |                              | \$0.00       |
| COLORADO       |                                    |                              | \$0.00       |
| CONNECTICUT    |                                    |                              | \$0.00       |
| DELAWARE       |                                    |                              | \$0.00       |
| FLORIDA        |                                    |                              | \$0.00       |
| GEORGIA        |                                    |                              | \$0.00       |
| HAWAII         |                                    |                              | \$0.00       |
| IDAHO          |                                    |                              | \$0.00       |
| ILLINOIS       |                                    |                              | \$0.00       |
| INDIANA        |                                    |                              | \$0.00       |
| IOWA           |                                    |                              | \$0.00       |
| KANSAS         |                                    |                              | \$0.00       |
| KENTUCKY       |                                    |                              | \$0.00       |
| LOUISIANA      |                                    |                              | \$0.00       |
| MAINE          |                                    |                              | \$0.00       |
| MARYLAND       |                                    |                              | \$0.00       |
| MASSACHUSETTS  |                                    |                              | \$0.00       |
| MICHIGAN       |                                    |                              | \$0.00       |
| MINNESOTA      |                                    |                              | \$0.00       |
| MISSISSIPPI    |                                    |                              | \$0.00       |
| MISSOURI       |                                    |                              | \$0.00       |
| MONTANA        |                                    |                              | \$0.00       |
| NEVADA         |                                    |                              | \$0.00       |
| NEW HAMPSHIRE  |                                    |                              | \$0.00       |
| NEW JERSEY     |                                    |                              | \$0.00       |
| NEW MEXICO     |                                    |                              | \$0.00       |
| NEW YORK       |                                    |                              | \$0.00       |
| NORTH CAROLINA |                                    |                              | \$0.00       |
| NORTH DAKOTA   |                                    |                              | \$0.00       |
| OHIO           |                                    |                              | \$0.00       |
| OKLAHOMA       |                                    |                              | \$0.00       |
| OREGON         |                                    |                              | \$0.00       |
| PENNSYLVANIA   |                                    |                              | \$0.00       |
| RHODE ISLAND   |                                    |                              | \$0.00       |
| SOUTH CAROLINA |                                    |                              | \$0.00       |
| SOUTH DAKOTA   |                                    |                              | \$0.00       |

|                                                                                                                                                                        |  |  |        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--------|
| TENNESSEE                                                                                                                                                              |  |  | \$0.00 |
| TEXAS                                                                                                                                                                  |  |  | \$0.00 |
| UTAH                                                                                                                                                                   |  |  | \$0.00 |
| VERMONT                                                                                                                                                                |  |  | \$0.00 |
| VIRGINIA                                                                                                                                                               |  |  | \$0.00 |
| WASHINGTON                                                                                                                                                             |  |  | \$0.00 |
| WEST VIRGINIA                                                                                                                                                          |  |  | \$0.00 |
| WISCONSIN                                                                                                                                                              |  |  | \$0.00 |
| WYOMING                                                                                                                                                                |  |  | \$0.00 |
| (1) Total disbursements for state and local elections outside Nebraska                                                                                                 |  |  | \$0.00 |
| (2) Total disbursements for federal candidates                                                                                                                         |  |  | \$0.00 |
| (3) Total of all disbursements for state and local elections outside Nebraska and for federal candidates (line 1 plus line 2) (To Summary of Expenditures, line 11(b)) |  |  | \$0.00 |

### Schedule B - Section 3: Expenditures of More Than \$250 this Period for Administrative Expenses

List the name and address of each payee, to whom cash expenditures totaling more than \$250 were made during the reporting period, which is not otherwise reported on Sections 1 or 2 of this Schedule. List each date, description, and payment made to the payee during the period. If the person providing the goods or services is different from the payee, list that person's name and street address on Schedule C, Section 3.

| Name, Street Address,<br>City, State and Zipcode of Payee | Purpose / Description of Each<br>Expenditure | Date of Each<br>Expenditure | Amount |
|-----------------------------------------------------------|----------------------------------------------|-----------------------------|--------|
| TOTAL for Schedule B Section 3                            |                                              |                             |        |

**Schedule C Section 1 - RECEIVABLES: Loans Made, Pledges Received etc.**

List all Receivables owed to the committee. List the name and address of the person who owes money to the PAC. Provide a sufficient description such as Loan made to candidate, Pledge received from company, etc. List all Pledges received from Schedule A and list all Loans made from Schedule B Section 1.

| <b>Name and Address</b> | <b>Date</b> | <b>Description</b> | <b>Previous<br/>Balances +</b> | <b>New<br/>Receivables-</b> | <b>Cash<br/>Receipts -</b> | <b>Amounts<br/>Forgiven =</b> | <b>Ending<br/>Balances</b> |
|-------------------------|-------------|--------------------|--------------------------------|-----------------------------|----------------------------|-------------------------------|----------------------------|
|-------------------------|-------------|--------------------|--------------------------------|-----------------------------|----------------------------|-------------------------------|----------------------------|

## SCHEDULE C Section 2 - PAYABLES: Loans Received, Pledges Made, Unpaid Independent Expenditure Payees, etc.

List all Payables owed by the PAC. List all Pledges made from Schedule B Section 1. List the name and address of the person to whom the PAC owes money. Provide a sufficient description such as Loan received from business, Pledge made to candidate, Independent Exp. etc.

| Name and Address | Date | Description | Previous Balances + | New Payables - | Cash Payments - | Amounts Forgiven = | Ending Balances |
|------------------|------|-------------|---------------------|----------------|-----------------|--------------------|-----------------|
|------------------|------|-------------|---------------------|----------------|-----------------|--------------------|-----------------|

### SCHEDULE C Section 3 – Miscellaneous Transactions and Payee Disclosure

List all transactions and payees not otherwise reported, described or disclosed on another schedule. Include all applicable details. For payees related to a transaction on another schedule, be sure to reference that related transaction in the description box (for example "Radio and TV advertising purchased opposing Jimmy James for Legislature"). If a payee listed here acted as an agent and paid another vendor for products or services on behalf of the PAC, those additional payees must also be listed with a description including "paid for by" 'agent name'. For example, the PAC paid Person A listed on this schedule and Person A paid Person B to provide goods or services for the PAC, then Person B should also be listed and the description for Person B should include "Paid for by Person A"

| Name, Street Address, City, State, Zip<br>(If Applicable) | Nature | Description<br>(include additional parties if applicable) | Date | Amount |
|-----------------------------------------------------------|--------|-----------------------------------------------------------|------|--------|
|-----------------------------------------------------------|--------|-----------------------------------------------------------|------|--------|