

NEBRASKA ACCOUNTABILITY AND DISCLOSURE COMMISSION 1225 L Street, Suite 400 P.O. Box 95086 Lincoln, NE 68509 (402) 471-2522 www.nadc.nebraska.gov		REGISTRATION OF A SUPPLEMENTAL FILER NADC FORM SF-1		POSTMARK DATE		11/13/2024		
				MICROFILM NUMBER				
				OFFICE USE ONLY				
BEFORE COMPLETING THIS FORM READ THE GENERAL INFORMATION FILING REQUIREMENTS ON PAGE 4								
- Nebraska Business: Select Business "Nebraska Business" if you are a corporation, labor organization, limited liability company, limited liability partnership, industry, trade or professional association doing business in Nebraska, or if you are organized under Nebraska law. - Out of State Business: Select Business "Out of State Business" if you are a corporation, labor organization, or an industry, trade or professional association which is not doing business in Nebraska. - Individual: Select "Individual" if you are required to file on behalf of an individual person (yourself, or someone else who is not a committee, business or entity). - Other Entity: All others select "Other Entity".								
ITEM 1		NATURE OF FILING (Check Appropriate Box)						
		☒ This is an initial filing			☐ This is an amendment(complete Item 2 and other items to be amended)			
ITEM 2		SUPPLEMENTAL FILER INFORMATION						
THIS ADDRESS WILL BE USED BY THE COMMISSION FOR CORRESPONDING WITH THE FILER								
Supplemental Filer Type:		Nebraska Business Supplemental Filer			Registration Date: 11/13/2024			
Business Name:		YOUR NEBRASKA						
Address:		7601 PACIFIC STREET		OMAHA	NE	68114		
		STREET ADDRESS		CITY	STATE	ZIP CODE		
Mailing Address:		7601 PACIFIC STREET		OMAHA	NE	68114		
		STREET ADDRESS		CITY	STATE	ZIP CODE		
TelePhone No:		(000) 000-0000		Email Address: TOM@YOURNEBRASKA.ORG				
ITEM 3		NATURE OF COMMITTEE (Check Appropriate Box)						
		☐ Individual Supplemental Filer			☒ Nebraska Business Supplemental Filer			
		☐ Other Entity Supplemental Filer			☐ Out of State Business Supplemental Filer			
ITEM 4		NAME, ADDRESS AND TELEPHONE NUMBER OF THE OFFICERS AND MEMBERS OF THE FILER						
Position		Name		Address	City	State	Zip code	Telephone No.
Primary Agent		TOM ARNSPERGER		7601 PACIFIC STREET	OMAHA	NE	68114	(000) 000-0000
ITEM 5		SIGNATURE OF FILER AND DATE						
Entered by NADC Admin User					11/13/2024			
(Signature of Filer)		(e - Signature Title)			Date			