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| <p align="center"><b>NEBRASKA</b></p> <p align="center"><b>ACCOUNTABILITY AND DISCLOSURE COMMISSION</b></p> <p align="center">1225 L Street, Suite 400</p> <p align="center">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></p> <p align="center">BEFORE COMPLETING THIS FORM<br/>READ THE INSTRUCTIONS ON<br/>REVERSE SIDE</p> | <p align="center"><b>STATEMENT<br/>OF<br/>DISSOLUTION<br/>OF A<br/>POLITICAL COMMITTEE</b></p> <p align="center"><b>NADC FORM A-2</b></p> | POSTMARK<br>DATE    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                           | MICROFILM<br>NUMBER |  |
|                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                           | OFFICE USE ONLY     |  |

- All political committees must file a Statement of Dissolution of a political Committee in order to dissolve.
- A final Campaign Statement may be required to be filed with this form. (See Filing Requirements A.2. on reverse side)
- A political committee may only dissolve if it has paid all debts and disposed of unexpected funds.
- A candidate committee of a person who is an incumbent officeholder may **not** dissolve unless certain criteria are met.
- No contributions may be received or expenditures made after dissolution. Exceptions may apply to certain committees.

|               |                                      |       |                              |
|---------------|--------------------------------------|-------|------------------------------|
| <b>ITEM 1</b> | <b>NAME AND ADDRESS OF COMMITTEE</b> |       |                              |
| Name:         | BUILDING OMAHA'S FUTURE              |       | Telephone No: (402) 669-2672 |
| Address:      | 409 S 17TH STREET #500               | OMAHA | NE 68102                     |
|               | STREET ADDRESS OR RURAL ROUTE        | CITY  | STATE ZIPCODE                |

|                                                                                                                                                                                                                                                                                                           |                            |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--|--|
| <b>ITEM 2</b>                                                                                                                                                                                                                                                                                             | <b>NATURE OF COMMITTEE</b> |  |  |
| <input type="checkbox"/> Candidate Committee-Office Sought<br><input checked="" type="checkbox"/> Ballot Question Committee-Ballot Issue<br><input type="checkbox"/> Political Party Committee <input type="checkbox"/> Independent Committee <input type="checkbox"/> Separate Segregated Political Fund |                            |  |  |

|                                                                                                                                                    |                                     |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--|--|
| <b>ITEM 3</b>                                                                                                                                      | <b>FINANCIAL CAMPAIGN STATEMENT</b> |  |  |
| <input checked="" type="checkbox"/> Final Campaign Statement attached <input type="checkbox"/> No financial activity since last Campaign Statement |                                     |  |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                    |                                                      |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|------------------------------------------------------|--|
| <b>ITEM 4</b>                                                                                                                                                                                                                                                                                                                                                                                                            | <b>VERIFICATION ( This item must be completed before filing will be accepted.)</b> |                                                      |  |
| <p>The treasurer hereby states that all reasonable diligence has been used in the preparation of this statement, that to his or her knowledge this statement is true and complete, that all liabilities of the committee are paid, that additional contributions will not be received except as allowed by law, and that the committee's unexpended funds and other assets have been disposed of as provided by law.</p> |                                                                                    |                                                      |  |
| 1/29/2026<br>_____<br>(Date)                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                    | MICKEY ANDERSON<br>_____<br>(Signature of Treasurer) |  |

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>CANDIDATE (For Candidate Committee Only)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |
| <p>The candidate hereby states that to the best of his or her knowledge this statement is true and complete, that all liabilities of the committee and the candidate are paid, that additional contributions will not be received except as permitted by law, and that the committee's unexpended funds and other assets have been disposed of as provided by law. Furthermore, the candidate hereby states that if he or she is an incumbent officeholder, eligible for re-election to the same office, he or she either a) will not file for re-election to the same office or has withdrawn such filing; or b) will accept not contribution and make no expenditure until the year in which he or she next seeks re-election.</p> |                                   |
| _____<br>(Date)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | _____<br>(Signature of Candidate) |