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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------|-------|------------------------------|-------------|
| <div>NEBRASKA</div> <div>ACCOUNTABILITY AND DISCLOSURE COMMISSION</div> <div>1225 L Street, Suite 400</div> <div>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></div>                                                                                                                                                                                                                                                                                                                                                                      |                                                                     | <div>REPORT OF</div> <div>LATE</div> <div>CONTRIBUTION</div> |       | <div>POSTMARK DATE</div>     |             |
| <div>BEFORE COMPLETING THIS FORM<br/>READ THE INSTRUCTIONS ON<br/>REVERSE SIDE</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                     | <div>NADC FORM B-5</div>                                     |       | <div>MICROFILM NUMBER</div>  |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                     |                                                              |       | OFFICE USE ONLY              |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                     |                                                              |       | Filed By: BETH KRAMER        |             |
| <div><ul style="list-style-type: none"><li>A political committee receiving a contribution of \$1,000 or more during the 14 days immediately preceding an election must file this Report of Late Contribution within 2 days.</li><li>A Report of Late Contribution is filed on time if it is postmarked or personally delivered on or before the due date. <b>Late filing fees are \$100 per day for each of the first 10 days the report remains not filed. Beginning on the 11th day an additional daily late fee of 1% of the amount to be disclosed by the report is assessed, not to exceed 10%.</b></li></ul></div> |                                                                     |                                                              |       |                              |             |
| ITEM 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | NAME AND ADDRESS OF POLITICAL COMMITTEE FILING REPORT               |                                                              |       |                              |             |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | FRIENDS OF LINDSTROM                                                |                                                              |       | Telephone No. (402) 689-7750 |             |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2435 S. 130TH CIRCLE, SUITE 100                                     |                                                              | OMAHA | NE                           | 68144       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | STREET ADDRESS                                                      |                                                              | CITY  | STATE                        | ZIPCODE     |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | PO BOX 540104                                                       |                                                              | OMAHA | NE                           | 68154       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | MAILING ADDRESS (if different from street address)                  |                                                              | CITY  | STATE                        | ZIPCODE     |
| ITEM 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | NATURE OF COMMITTEE                                                 |                                                              |       |                              |             |
| Candidate Committee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |                                                              |       |                              |             |
| ITEM 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | FULL NAME AND ADDRESS OF CONTRIBUTOR                                |                                                              |       |                              |             |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | NOMI HEALTH, INC                                                    |                                                              |       | Telephone No.                |             |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1350 SANDHILL ROAD                                                  |                                                              | OREM  | UT                           | 84124       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | STREET ADDRESS                                                      |                                                              | CITY  | STATE                        | ZIPCODE     |
| ITEM 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | DATE, AMOUNT AND NATURE OF CONTRIBUTION                             |                                                              |       |                              |             |
| Nature of Contribution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                     | Monetary                                                     |       |                              |             |
| Date Received                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | May                                                                 | 2                                                            | 2022  | Amount                       | \$25,000.00 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Month                                                               | Day                                                          | Year  |                              |             |
| ITEM 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | OCCUPATION, EMPLOYER AND PRINCIPAL PLACE OF BUSINESS OF CONTRIBUTOR |                                                              |       |                              |             |
| Occupation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                     | Employer                                                     |       | Principal Place of Business  |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                     |                                                              |       |                              |             |