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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</div> <div>Lincoln, NE 68509</div> <div>(402) 471-2522</div> <div><a href="http://www.nadc.nebraska.gov">www.nadc.nebraska.gov</a></div>                                                                                                                                                                                                                                                                                                                         |                                                                     | <div>REPORT OF</div> <div>LATE</div> <div>CONTRIBUTION</div> <div>NADC FORM B-5</div> |       | POSTMARK DATE                  |            |
| MICROFILM NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                     |                                                                                       |       |                                |            |
| OFFICE USE ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                                                       |       |                                |            |
| BEFORE COMPLETING THIS FORM<br>READ THE INSTRUCTIONS ON<br>REVERSE SIDE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                     |                                                                                       |       | Filed By: BEAU JEFFERS BALLARD |            |
| <div><div><div>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.</div><div>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></div></div></div> |                                                                     |                                                                                       |       |                                |            |
| ITEM 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | NAME AND ADDRESS OF POLITICAL COMMITTEE FILING REPORT               |                                                                                       |       |                                |            |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | BALLARD FOR NEBRASKA                                                |                                                                                       |       | Telephone No. (402) 890-1373   |            |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 6801 NW 2ND STREET                                                  | LINCOLN                                                                               | NE    | 68521                          |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | STREET ADDRESS                                                      | CITY                                                                                  | STATE | ZIPCODE                        |            |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 6801 NW 2ND STREET                                                  | LINCOLN                                                                               | NE    | 68521                          |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | COPIC INSURANCE COMPANY                                             |                                                                                       |       | Telephone No.                  |            |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 7351 EAST LOWRY BOULEVARD, SUITE 400                                | DENVER                                                                                | CO    | 80230                          |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | STREET ADDRESS                                                      | CITY                                                                                  | STATE | ZIPCODE                        |            |
| ITEM 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DATE, AMOUNT AND NATURE OF CONTRIBUTION                             |                                                                                       |       |                                |            |
| Nature of Contribution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                     | Monetary                                                                              |       |                                |            |
| Date Received                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | May                                                                 | 3                                                                                     | 2024  | Amount                         | \$1,000.00 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Month                                                               | Day                                                                                   | Year  |                                |            |
| ITEM 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | OCCUPATION, EMPLOYER AND PRINCIPAL PLACE OF BUSINESS OF CONTRIBUTOR |                                                                                       |       |                                |            |
| Occupation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                     | Employer                                                                              |       | Principal Place of Business    |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                                                       |       |                                |            |