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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 LATE INDEPENDENT EXPENDITURE</div> <div>NADC FORM B-11</div>              | POSTMARK DATE     |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                          | MICROFILM NUMBER  |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                          | OFFICE USE ONLY   |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                          |                   |                              |
| BEFORE COMPLETING THIS FORM READ THE INSTRUCTIONS ON REVERSE SIDE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                          |                   |                              |
| <div><div>An independent committee including a segregated political fund making a late independent expenditure of \$1,000 or more during the 14 days immediately preceding an election must file this Report of Late Independent Expenditure within 2 days.</div><div>A Report of Late Independent Expenditure is filed on time if it is postmarked or personally delivered on or before the due date, or if it is sent by facsimile in such time as to cause it to be received by the Commission Office on the date on which the report is due. If this report is sent by facsimile, the sender should call the Commission Office immediately thereafter to ensure it was received. <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 late fee of 1% of the amount to be disclosed by the report is assessed, not to exceed 10%.</b></div></div> |                                                                                          |                   |                              |
| ITEM 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | NAME AND ADDRESS OF COMMITTEE FILING REPORT                                              |                   |                              |
| Committee Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | NEBRASKA UNITED                                                                          |                   | Telephone No: (402) 657-0653 |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 10319 S 208TH AVENUE                                                                     | GRETNA NE         | 68028                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | STREET ADDRESS                                                                           | CITY              | STATE ZIPCODE                |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                          |                   |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MAILING ADDRESS (if different from street address)                                       | CITY              | STATE ZIPCODE                |
| ITEM 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | FULL NAME AND ADDRESS OF RECIPIENT (Provider of Goods or Services)                       |                   |                              |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | FLYOVER STRATEGIES, LLC                                                                  |                   | Telephone No.                |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 200 S 31ST AVE APT 4209                                                                  | OMAHA NE          | 68131                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | STREET ADDRESS                                                                           | CITY              | STATE ZIPCODE                |
| ITEM 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DATE AND AMOUNT OF LATE INDEPENDENT EXPENDITURE                                          |                   |                              |
| Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | May 1 2026                                                                               | Amount            | \$16,785.79                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MONTH DAY YEAR                                                                           |                   |                              |
| ITEM 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | NAME OF CANDIDATE OR BALLOT QUESTION FOR WHICH EXPENDITURE WAS MADE AND DATE OF ELECTION |                   |                              |
| Candidate(s) or Ballot Question(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                          | Office Sought     | Support or Oppose            |
| SUANN WITT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                          | STATE LEGISLATURE | OPPOSE                       |
| ITEM 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VERIFICATION                                                                             |                   |                              |
| JAMES HOULIHAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                          | 5/4/2026          |                              |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                          | Date              |                              |