

NEBRASKA ACCOUNTABILITY AND DISCLOSURE COMMISSION 1225 L Street, Suite 400 P.O. Box 95086 Lincoln, NE 68509 (402) 471-2522 www.nadc.nebraska.gov	STATEMENT OF ORGANIZATION OF A POLITICAL COMMITTEE NADC FORM A-1	POSTMARK DATE	10/6/2025													
		MICROFILM NUMBER														
		OFFICE USE ONLY														
BEFORE COMPLETING THIS FORM READ THE GENERAL INFORMATION FILING REQUIREMENTS ON PAGE 4																
- A candidate for any elective office in Nebraska (state, county or local) must organize a candidate committee and file this Statement of Organization of a Political Committee within 10 days after raising, receiving, or spending more than \$5,000 in a calendar year (including personal funds) in support of his/her candidacy for office; or, within 2 days after raising, receiving, or spending more than \$5,000 in a calendar year (including personal funds) during the 30 days prior to the election for which the committee exists. - All other political committees which raise or spend more than \$5,000 in a calendar year must also file this Statement of Organization of a Political Committee according to the schedules in the preceding paragraph. - Penalty for filing this statement after the date it is due is \$25 for each day the statement remains not filed in violation of law, not to exceed \$750. For committees exceeding the \$5,000 threshold during the 30 days prior to the election for which the committee exists, the penalty for filing this statement after the due date is \$100 for each day the statement remains not filed in violation of law, not to exceed \$1,000. - A Statement of Organization must be accompanied by a filing fee of \$100. - Persons who fail to file this statement or otherwise do not comply with the reporting provisions of the law are subject to other penalties.																
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 COMMITTEE NAME, MAILING ADDRESS & TELEPHONE NUMBER																
THIS ADDRESS WILL BE USED BY THE COMMISSION FOR CORRESPONDING WITH THE COMMITTEE																
Committee Name: MAPES FOR OPPD Telephone No: (402) 990-9720																
Address: 12616 N 161ST AVENUE BENNINGTON NE 68007																
STREET ADDRESS CITY STATE																
Mailing Address: 12616 N 161ST AVENUE BENNINGTON NE 68007																
STREET ADDRESS CITY STATE ZIPCODE																
ITEM 3 NATURE OF COMMITTEE (Check Appropriate Box)																
☒ Candidate Committee ☐ Political Party Committee ☐ Ballot Question Committee* ☐ Independent Committee* ☐ Separate Segregated Political Fund*																
* If Ballot Question Committee, Independent Committee, or Separate Segregated Political Fund is checked above,Continuation to Form A-1", page 3, must also be completed.																
ITEM 4 CANDIDATES THE COMMITTEE SUPPORTS OR OPPOSES																
<table><tr><th>Name</th><th>Support</th><th>Oppose</th><th>Specific Office</th></tr><tr><td>CHRISTIAN MAPES</td><td></td><td></td><td>OMAHA PUBLIC POWER DISTRICT - BOARD OF DIRECTORS - 1</td></tr></table>							Name	Support	Oppose	Specific Office	CHRISTIAN MAPES			OMAHA PUBLIC POWER DISTRICT - BOARD OF DIRECTORS - 1		
Name	Support	Oppose	Specific Office													
CHRISTIAN MAPES			OMAHA PUBLIC POWER DISTRICT - BOARD OF DIRECTORS - 1													
ITEM 5 BALLOT QUESTIONS THE COMMITTEE SUPPORTS OR OPPOSES																
<table><tr><th>Question Title</th><th>Summary or Description of Each Ballot Question</th><th>Support</th><th>Oppose</th><th>Type (See Key)</th></tr><tr><td></td><td></td><td></td><td></td><td></td></tr></table>							Question Title	Summary or Description of Each Ballot Question	Support	Oppose	Type (See Key)					
Question Title	Summary or Description of Each Ballot Question	Support	Oppose	Type (See Key)												
NADC Form A-1 For Use Beginning January 1, 2015																

ITEM 6	DATE OF THE NEXT ELECTION FOR WHICH COMMITTEE IS SUPPORTING OR OPPOSING CANDIDATES OR BALLOT QUESTIONS			
	May122026 MonthDayYear			
ITEM 7	DATE THIS COMMITTEE RAISED, RECEIVED OR EXPENDED MORE THAN \$5,000 IN A CALENDAR YEAR			
	MonthDayYear			
ITEM 8	NAME, ADDRESS AND TELEPHONE NUMBER OF THE OFFICERS AND MEMBERS OF THE COMMITTEE			
Position		Name	Address (Street Address or Rural Route)	Zipcode
Treasurer		JAMES HOULIHAN	10319 S 208TH AVENUE	68028
				(402) 266-1548
Organizations which are Members (individual members need not be listed)				
Item 9	NAME AND ADDRESS OF ALL FINANCIAL INSTITUTIONS WHERE COMMITTEE FUNDS ARE KEPT			
A SEPERATE ACCOUNT MUST BE ESTABLISHED, AND ALL FUNDS RECEIVED AND ALL EXPENDITURES MADE MUST GO THROUGH THIS ACCOUNT				
NAME			ADDRESS	
PINNACLE BANK (Primary Account)			18081 BURT STREET STE 200 OMAHA, NE 68022	
I, Entered by NADC Admin User state that i am the of the				
(Name of Individual Signing)			(Candidate or Treasurer or Assistant Treasurer or Designated Filing Agent)	
MAPES FOR OPPD			committee filing this Statement of Organization of a Political Committee, that I	
(Name of Committee Filing Statement)				
am duly authorized to file the same on behalf of said committee, that i have caused the same to prepared, and knows the contents thereof, and to the best of my knowledge, the information contained herein is true, correct and complete.				
10/6/2025			Entered by NADC Admin User	
(Date)			(Signature)	
REMINDER: A \$100 filing fee is required				

CONTINUATION TO FORM A-1		THIS PAGE IS APPLICABLE TO INDEPENDENT COMMITTEES, INCLUDING SEPARATE SEGREGATED FUNDS AND BALLOT QUESTION COMMITTEES. IF YOUR COMMITTEE IS A SEPARATE SEGREGATED POLITICAL FUND, COMPLETE ITEMS 10, 11, AND 12. IF YOUR COMMITTEE IS A BALLOT QUESTION COMMITTEE OR AN INDEPENDENT COMMITTEE WHICH IS NOT A SEPARATE SEGREGATED POLITICAL FUND COMPLETE ITEMS10, 12 AND 13.		
ITEM 10		COMMITTEE ACRONYM (If Applicable)		
ITEM 11		NAME AND ADDRESS OF CORPORATION, LABOR ORGANIZATION, LIMITED LIABILITY COMPANY, LIMITED LIABILITY PARTNERSHIP OR INDUSTRY, TRADE OR PROFESSIONAL ASSOCIATION ESTABLISHING & ADMINISTERING SEPARATE SEGREGATED POLITICAL FUND.		
Name				
Corporation, Union, LLC, LLP or Other Association				
Address				
STREET ADDRESSCITYSTATEZIPCODE				
ITEM 12		NAME AND ADDRESS OF CONTROLLING INDIVIDUALS		
Identify the full name and address of the individuals who will determine which candidates or ballot questions the committee or fund will support or oppose, or a description of the manner in which such determinations are made.				
Note: Ballot Question committees may not make expenditures which are in support of or opposition to candidates.				
Full Name		Street Address		City
				State
				Zipcode
Description				
ITEM 13		NAME AND ADDRESS OF INDIVIDUALS WHO ORGANIZED COMMITTEE OR CAUSED SOLICITATION OF CONTRIBUTIONS TO BE MADE TO THE COMMITTEE. IF SUCH ORGANIZATION OR SOLICITATION WAS ON BEHALF OF ANY OTHER PERSON, ALSO INCLUDE THE NAME AND ADDRESS OF THAT PERSON.		
Full Name		Street Address		City
				State
				Zipcode