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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 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: NADC Admin         |            |
| <div><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></div> |                                                                     |                                                                 |      |                              |            |
| ITEM 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | NAME AND ADDRESS OF POLITICAL COMMITTEE FILING REPORT               |                                                                 |      |                              |            |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | HUG FOR CITY COUNCIL                                                |                                                                 |      | Telephone No. (402) 739-7100 |            |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 4471 GROVER STREET                                                  | OMAHA                                                           | NE   | 68105                        |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET ADDRESS                                                      |                                                                 | CITY | STATE                        | ZIPCODE    |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                     |                                                                 |      |                              |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | SELL PROPERTIES LLC                                                 |                                                                 |      | Telephone No.                |            |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 55578 FORRESTER VALLEY LN PO BOX 391                                | GLENWOOD                                                        | IA   | 51534                        |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET ADDRESS                                                      |                                                                 | CITY | STATE                        | ZIPCODE    |
| ITEM 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | DATE, AMOUNT AND NATURE OF CONTRIBUTION                             |                                                                 |      |                              |            |
| Nature of Contribution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     | Monetary                                                        |      |                              |            |
| Date Received                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | May                                                                 | 9                                                               | 2025 | Amount                       | \$1,500.00 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Month                                                               | Day                                                             | Year |                              |            |
| ITEM 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | OCCUPATION, EMPLOYER AND PRINCIPAL PLACE OF BUSINESS OF CONTRIBUTOR |                                                                 |      |                              |            |
| Occupation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                     | Employer                                                        |      | Principal Place of Business  |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                 |      |                              |            |