

NEBRASKA ACCOUNTABILITY AND DISCLOSURE COMMISSION 1225 L Street, Suite 400 P.O. Box 95086 Lincoln, NE 68509 (402) 471-2522 www.nadc.nebraska.gov BEFORE COMPLETING THIS FORM READ THE GENERAL INFORMATION FILING REQUIREMENTS ON PAGE 4		REGISTRATION OF A SUPPLEMENTAL FILER NADC FORM SF-1		POSTMARK DATE		10/8/2025		
				MICROFILM NUMBER				
				OFFICE USE ONLY				
• Nebraska Business: Select Business “Nebraska Business” if you are a corporation, labor organization, limited liability company, limited liability partnership, industry, trade or professional association doing business in Nebraska, or if you are organized under Nebraska law. • Out of State Business: Select Business “Out of State Business” if you are a corporation, labor organization, or an industry, trade or professional association which is not doing business in Nebraska. • Individual: Select “Individual” if you are required to file on behalf of an individual person (yourself, or someone else who is not a committee, business or entity). • Other Entity: All others select “Other Entity”.								
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		SUPPLEMENTAL FILER INFORMATION						
THIS ADDRESS WILL BE USED BY THE COMMISSION FOR CORRESPONDING WITH THE FILER								
Supplemental Filer Type:		Individual Supplemental Filer				Registration Date: 10/8/2025		
Filer Name:		KIM LOWE						
Address:		301 CENTENNIAL MALL SOUTH - 1ST FLOOR		LINCOLN	NE	68509		
		STREET ADDRESS		CITY	STATE	ZIP CODE		
Mailing Address:		301 CENTENNIAL MALL SOUTH - 1ST FLOOR		LINCOLN	NE	68509		
		STREET ADDRESS		CITY	STATE	ZIP CODE		
TelePhone No:		(402) 417-2571		Email Address:		NAME@DOMAIN.COM		
ITEM 3		NATURE OF COMMITTEE (Check Appropriate Box)						
		☒ Individual Supplemental Filer			☐ Nebraska Business Supplemental Filer			
		☐ Other Entity Supplemental Filer			☐ Out of State Business Supplemental Filer			
ITEM 4		NAME, ADDRESS AND TELEPHONE NUMBER OF THE OFFICERS AND MEMBERS OF THE FILER						
Position		Name		Address	City	State	Zip code	Telephone No.
Primary Agent		KIM LOWE		301 CENTENNIAL MALL SOUTH - 1ST FLOOR	LINCOLN	NE	68509	(402) 471-2571
ITEM 5		SIGNATURE OF FILER AND DATE						
Entered by NADC Admin User					10/8/2025			
(Signature of Filer)		(e - Signature Title)			Date			