

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		1/29/2025							
				MICROFILM NUMBER									
				OFFICE USE ONLY									
				Amended On: 1/29/2025 1:25:00 PM									
• 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:		Nebraska Business Supplemental Filer			Registration Date:			1/29/2025					
Business Name:		SHE'S ELECTABLE NEBRASKA LLC											
Address:		7601 PACIFIC STREET		OMAHA		NE		68114					
		STREET ADDRESS		CITY		STATE		ZIP CODE					
Mailing Address:		7601 PACIFIC STREET		OMAHA		NE		68114					
		STREET ADDRESS		CITY		STATE		ZIP CODE					
TelePhone No:		(402) 980-0290		Email Address:		JESSICA@WOMENWHORUNNE.ORG							
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		JESSICA LATHROP		6035 BINNEY STREET		OMAHA		NE		68104		(402) 980-0290	
ITEM 5		SIGNATURE OF FILER AND DATE											
Entered by NADC Admin User						1/29/2025							
(Signature of Filer)		(e - Signature Title)				Date							