

|                                                                                                                                                                                                                              |                                                                                         |                     |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|---------------------|-----------|
| NEBRASKA<br><br>ACCOUNTABILITY AND<br>DISCLOSURE COMMISSION<br><br>1225 L Street, Suite 400<br><br>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> | STATEMENT<br>OF<br>ORGANIZATION<br>OF A<br>POLITICAL COMMITTEE<br><br><br>NADC FORM A-1 | POSTMARK<br>DATE    | 3/30/2026 |
|                                                                                                                                                                                                                              |                                                                                         | MICROFILM<br>NUMBER |           |
|                                                                                                                                                                                                                              |                                                                                         | OFFICE USE ONLY     |           |
| BEFORE COMPLETING THIS<br>FORM READ THE GENERAL<br>INFORMATION FILING<br>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) |
|--------|-------------------------------------------|

|                                                               |                                                                                              |
|---------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> This is an initial filing | <input type="checkbox"/> 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:  | LEAD NEBRASKA PAC       |       | TelePhone No: | (402) 714-7387 |  |
| Address:         | 2200 S 24TH ST. STE 107 | OMAHA | NE            | 68105          |  |
|                  | STREET ADDRESS          | CITY  | STATE         |                |  |
| Mailing Address: |                         |       |               |                |  |
|                  | STREET ADDRESS          | CITY  | STATE         | ZIPCODE        |  |

|        |                                             |
|--------|---------------------------------------------|
| ITEM 3 | NATURE OF COMMITTEE (Check Appropriate Box) |
|--------|---------------------------------------------|

|                                                            |                                                              |                                                     |
|------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Candidate Committee               | <input type="checkbox"/> Political Party Committee           | <input type="checkbox"/> Ballot Question Committee* |
| <input checked="" type="checkbox"/> Independent Committee* | <input type="checkbox"/> 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 |
|--------|----------------------------------------------|

| Name              | Support | Oppose | Specific Office                                                           |
|-------------------|---------|--------|---------------------------------------------------------------------------|
| MAYRA PIEDRAHITA  | SUPPORT |        | DOUGLAS-SARPY LEARNING COMMUNITY - COORDINATING COUNCIL - 5               |
| RYAN J O'NEILL    | SUPPORT |        | GRAND ISLAND - MAYOR                                                      |
| VIRIDIANA ALMANZA | SUPPORT |        | OMAHA PUBLIC SCHOOLS - BOARD OF EDUCATION - 8                             |
| YANIRA GARCIA     | SUPPORT |        | REGIONAL METROPOLITAN TRANSIT AUTHORITY OF OMAHA - BOARD OF DIRECTORS - 3 |

|        |                                                    |
|--------|----------------------------------------------------|
| ITEM 5 | BALLOT QUESTIONS THE COMMITTEE SUPPORTS OR OPPOSES |
|--------|----------------------------------------------------|

| Question Title | Summary or Description of Each Ballot Question | Support | Oppose | Type (See Key) |
|----------------|------------------------------------------------|---------|--------|----------------|
|                |                                                |         |        |                |

|        |                                                                                                        |
|--------|--------------------------------------------------------------------------------------------------------|
| ITEM 6 | DATE OF THE NEXT ELECTION FOR WHICH COMMITTEE IS SUPPORTING OR OPPOSING CANDIDATES OR BALLOT QUESTIONS |
|        | <div>May122026</div> <div>MonthDayYear</div>                                                           |

|        |                                                                                       |
|--------|---------------------------------------------------------------------------------------|
| ITEM 7 | DATE THIS COMMITTEE RAISED, RECEIVED OR EXPENDED MORE THAN \$5,000 IN A CALENDAR YEAR |
|        | <div></div> <div>MonthDayYear</div>                                                   |

|           |                                                                                 |                                         |         |                |
|-----------|---------------------------------------------------------------------------------|-----------------------------------------|---------|----------------|
| ITEM 8    | NAME, ADDRESS AND TELEPHONE NUMBER OF THE OFFICERS AND MEMBERS OF THE COMMITTEE |                                         |         |                |
| Position  | Name                                                                            | Address (Street Address or Rural Route) | Zipcode | Telephone No.  |
| Treasurer | ROGER GARCIA                                                                    | 3635 OLIN AVE                           | 68105   | (402) 714-7387 |

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                       |
| DUNDEE BANK (Primary Account) | 302 S 38TH ST OMAHA, NE 68131 |

|                                                                  |                                                                                                                           |
|------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| I, <u>ROGER GARCIA</u><br>(Name of Individual Signing)           | state that i am the <u>TREASURER</u> of the<br>(Candidate or Treasurer or Assistant Treasurer or Designated Filing Agent) |
| <u>LEAD NEBRASKA PAC</u><br>(Name of Committee Filing Statement) | committee filing this Statement of Organization of a Political Committee, that I                                          |

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.

|                            |                                    |
|----------------------------|------------------------------------|
| <u>3/30/2026</u><br>(Date) | <u>ROGER GARCIA</u><br>(Signature) |
|----------------------------|------------------------------------|

REMINDER: A \$100 filing fee is required

|                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                       |       |         |           |                |      |       |         |              |               |       |    |       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------|-----------|----------------|------|-------|---------|--------------|---------------|-------|----|-------|
| <div>CONTINUATION<br/>TO<br/>FORM A-1</div>                                                                                                                                                                                       |                                                                                                                                                                                                                                                        | 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.                                                                                                                   |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                       |       |         |           |                |      |       |         |              |               |       |    |       |
| <table><tr><td>Full Name</td><td>Street Address</td><td>City</td><td>State</td><td>Zipcode</td></tr><tr><td>ROGER GARCIA</td><td>3635 OLIN AVE</td><td>OMAHA</td><td>NE</td><td>68105</td></tr></table>                           |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                       |       |         | Full Name | Street Address | City | State | Zipcode | ROGER GARCIA | 3635 OLIN AVE | OMAHA | NE | 68105 |
| Full Name                                                                                                                                                                                                                         | Street Address                                                                                                                                                                                                                                         | City                                                                                                                                                                                                                                                  | State | Zipcode |           |                |      |       |         |              |               |       |    |       |
| ROGER GARCIA                                                                                                                                                                                                                      | 3635 OLIN AVE                                                                                                                                                                                                                                          | OMAHA                                                                                                                                                                                                                                                 | NE    | 68105   |           |                |      |       |         |              |               |       |    |       |
| 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. |                                                                                                                                                                                                                                                       |       |         |           |                |      |       |         |              |               |       |    |       |
| <table><tr><td>Full Name</td><td>Street Address</td><td>City</td><td>State</td><td>Zipcode</td></tr><tr><td>ROGER GARCIA</td><td>3635 OLIN AVE</td><td>OMAHA</td><td>NE</td><td>68105</td></tr></table>                           |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                       |       |         | Full Name | Street Address | City | State | Zipcode | ROGER GARCIA | 3635 OLIN AVE | OMAHA | NE | 68105 |
| Full Name                                                                                                                                                                                                                         | Street Address                                                                                                                                                                                                                                         | City                                                                                                                                                                                                                                                  | State | Zipcode |           |                |      |       |         |              |               |       |    |       |
| ROGER GARCIA                                                                                                                                                                                                                      | 3635 OLIN AVE                                                                                                                                                                                                                                          | OMAHA                                                                                                                                                                                                                                                 | NE    | 68105   |           |                |      |       |         |              |               |       |    |       |