

NEBRASKA ACCOUNTABILITY AND DISCLOSURE COMMISSION 1225 L Street, Suite 400 P.O. Box 95086 Lincoln, NE 68509 (402) 471-2522 www.nadc.nebraska.gov	REPORT OF POLITICAL CONTRIBUTIONS OF A CORPORATION, UNION OR OTHER ENTITY NADC FORM B-7	POSTMARK DATE	
		MICROFILM NUMBER	
		OFFICE USE ONLY	
		Amended On: 1/22/2025 4:42:29 PM	
BEFORE COMPLETING THIS FORM READ THE INSTRUCTIONS ON PAGE 3			

- Any corporation (including a non-profit or professional corporation), labor organization, limited liability company, limited liability partnership, or industry, trade, or professional association, doing business in this state which makes a contribution or expenditure or provides personal services of more than \$250 as determined by fair market value for the purposes of influencing or attempting to influence the action of the voters for or against the nomination or election of one or more candidates or the qualification, passage or defeat of one or more ballot questions must file this form.
- File with the Nebraska Accountability and Disclosure Commission within 10 days after the end of the calendar month in which any reportable contribution or expenditure is made or personal services provided.
- This report is filed on time if it is postmarked or received on or before the due date. **Late filing fees are \$25 per day, not to exceed \$750.**

ITEM1	NAME, STREET ADDRESS AND NATURE OF CORPORATION, UNION OR OTHER ENTITY			
Nature				
Name	SECOND HOUSE COLLABORATIVE		Telephone No. (402) 202-7955	
Address	211 NORTH 14TH STREET SUITE 324	LINCOLN	NE	68508
	STREET ADDRESS	CITY	STATE	ZIPCODE
Address	211 NORTH 14TH STREET SUITE 324	LINCOLN	NE	68508
	MAILING ADDRESS (if different from street address)	CITY	STATE	ZIPCODE
ITEM 2	DIRECT CONTRIBUTIONS TO CANDIDATES OR POLITICAL COMMITTEES (Complete for all cash contributions and expenditures, pledges and loans of more than \$250 made directly to candidates or political committees)			
DATE	AMOUNT	RECIPIENT (Name of Candidate or Political Committee)		

ITEM 3	INDIRECT CONTRIBUTIONS (In-Kind, Personal Services and Independent Expenditures) Complete for all indirect contributions and expenditures which are more than \$250 in value except expenditures for the establishment or administration of a separate segregated political fund.					
Date	Value (Cost)	Nature	Description	Support or Oppose	Recipient Committee OR (for independent expenditures) the Candidate Name & Office or Ballot Question	Payee (if applicable)
9/6/2024	\$278.44	In-Kind Expenditure	PAYROLL		PROTECT OUR RIGHTS	
9/13/2024	\$304.87	In-Kind Expenditure	GOLDENROD PRINTING- RACK CARDS		SUPPORT OUR SCHOOLS - NEBRASKA	
9/13/2024	\$304.87	In-Kind Expenditure	NOT LISTED		PROTECT OUR RIGHTS	
9/13/2024	\$304.87	In-Kind Expenditure	GOLDENROD PRINTING- RACK CARDS		NEBRASKANS FOR PAID SICK LEAVE	
9/17/2024	\$3,333.34	In-Kind Expenditure	CHISM (STRATEGY)		SUPPORT OUR SCHOOLS - NEBRASKA	
9/19/2024	\$5,000.00	In-Kind Expenditure	BCOM SOLUTIONS (AD)		SUPPORT OUR SCHOOLS - NEBRASKA	
9/19/2024	\$5,000.00	In-Kind Expenditure	BATTLEAXE (ADS)		SUPPORT OUR SCHOOLS - NEBRASKA	
9/20/2024	\$291.26	In-Kind Expenditure	PAYROLL		NEBRASKANS FOR PAID SICK LEAVE	
9/20/2024	\$8,282.60	In-Kind Expenditure	UNIONIST PRINTING YARD SIGNS		PROTECT OUR RIGHTS	
9/20/2024	\$1,752.60	In-Kind Expenditure	PAYROLL		SUPPORT OUR SCHOOLS - NEBRASKA	
9/20/2024	\$291.26	In-Kind Expenditure	PAYROLL		NEBRASKANS FOR PAID SICK LEAVE	
9/25/2024	\$1,600.00	In-Kind Expenditure	GARRETT CONNELLY		NMM	
9/28/2024	\$9,720.00	In-Kind Expenditure	FAST SIGNS - YARD SIGNS		NMM	
9/30/2024	\$5,000.00	In-Kind Expenditure	BATTLEAXE - DIGITAL ADS		PROTECT OUR RIGHTS	
ITEM 4	EXPENDITURES FOR ESTABLISHMENT OR ADMINISTRATION OF A SEPARATE SEGREGATED POLITICAL FUND (See Definition - Separate Segregated Political Fund)					
A corporation, union, limited liability company, limited liability partnership or association may not make a contribution to its own fund except that it may make expenditures and provide personal services for the establishment and administration of its fund.						
Fund Name _____ Acronym _____						
Address _____						
STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____						
DATE	DESCRIPTION OF PERSONAL SERVICES PROVIDED OR OTHER EXPENSES FOR ESTABLISHMENT OR ADMINISTRATION OF FUND					

VERIFICATION STATEMENT

I Entered by NADC Admin User state that I am duly authorized to file this report, That I have used all reasonable diligence in its preparation and that to the best of my knowledge it is true and complete.

1/22/2025

(Date)

Entered by NADC Admin User

(Signature and Title)