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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</div> <div>Lincoln, NE 68509</div> <div>(402) 471-2522</div> <div><a href="http://www.nadc.nebraska.gov">www.nadc.nebraska.gov</a></div>                                                                                                                                                                                                                                                                                                                         |                                                                       | <div>REPORT OF</div> <div>LATE</div> <div>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: JEAN L STOTHERT    |            |
| <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> |                                                                       |                                                                                       |      |                              |            |
| ITEM 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | NAME AND ADDRESS OF POLITICAL COMMITTEE FILING REPORT                 |                                                                                       |      |                              |            |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | JEAN STOTHERT FOR OMAHA                                               |                                                                                       |      | Telephone No. (402) 689-7750 |            |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 440 REGENCY PARKWAY STE 100 OMAHA NE 68114                            |                                                                                       |      |                              |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | STREET ADDRESS CITY STATE ZIPCODE                                     |                                                                                       |      |                              |            |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | POB 241794 OMAHA NE 68124                                             |                                                                                       |      |                              |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | GUARANTEE TRUST LIFE INSURANCE COMPANY                                |                                                                                       |      | Telephone No.                |            |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1275 MILWANKEE AVENUE GLENVIEW IL 60025                               |                                                                                       |      |                              |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | STREET ADDRESS CITY STATE ZIPCODE                                     |                                                                                       |      |                              |            |
| ITEM 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DATE, AMOUNT AND NATURE OF CONTRIBUTION                               |                                                                                       |      |                              |            |
| Nature of Contribution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                       | Monetary                                                                              |      |                              |            |
| Date Received                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | May                                                                   | 9                                                                                     | 2025 | Amount                       | \$5,000.00 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Month                                                                 | Day                                                                                   | Year |                              |            |
| ITEM 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | OCCUPATION, EMPLOYER AND PRINCIPAL PLACE OF BUSINESS OF CONTRIBUTOR   |                                                                                       |      |                              |            |
| Occupation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       | Employer                                                                              |      | Principal Place of Business  |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                       |                                                                                       |      |                              |            |