

NEBRASKA ACCOUNTABILITY AND DISCLOSURE COMMISSION 1225 L Street, Suite 400 P.O. Box 95086 Lincoln, NE 68509 (402) 471-2522 www.nadc.nebraska.gov	REGISTRATION OF A SUPPLEMENTAL FILER NADC FORM SF-1	POSTMARK DATE	12/20/2021				
		MICROFILM NUMBER					
		OFFICE USE ONLY					
BEFORE COMPLETING THIS FORM READ THE GENERAL INFORMATION FILING REQUIREMENTS ON PAGE 4							
- 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: 12/20/2021		
Business Name:		I.B.E.W. LOCAL UNION NO. 22					
Address:	8946 L STREET	OMAHA	NE	68127			
	STREET ADDRESS	CITY	STATE	ZIP CODE			
Mailing Address:	8946 L STREET	OMAHA	NE	68127			
	STREET ADDRESS	CITY	STATE	ZIP CODE			
TelePhone No:	(140) 233-1814x7		Email Address: KSTEPHENSON@IBEW22.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	KAREN STEPHENSON	8946 L STREET	OMAHA	NE	68127	(402) 331-8147	
ITEM 5	SIGNATURE OF FILER AND DATE						
KAREN STEPHENSON		PRIMARY AGENT			12/20/2021		
(Signature of Filer)		(e - Signature Title)			Date		