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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<br/>Lincoln, NE 68509<br/>(402) 471-2522<br/><a href="http://www.nadc.nebraska.gov">www.nadc.nebraska.gov</a></div> | <div>REPORT OF</div> <div>POLITICAL CONTRIBUTIONS OF A</div> <div>CORPORATION, UNION OR OTHER ENTITY</div> <div>NADC FORM B-7</div> | POSTMARK DATE    |  |
|                                                                                                                                                                                                                                                     |                                                                                                                                     | MICROFILM NUMBER |  |
|                                                                                                                                                                                                                                                     |                                                                                                                                     | OFFICE USE ONLY  |  |
| 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.**

|         |                                                                       |       |       |                              |
|---------|-----------------------------------------------------------------------|-------|-------|------------------------------|
| ITEM 1  | NAME, STREET ADDRESS AND NATURE OF CORPORATION, UNION OR OTHER ENTITY |       |       |                              |
| Nature  |                                                                       |       |       |                              |
| Name    | HAWKINS CONSTRUCTION COMPANY                                          |       |       | Telephone No. (402) 221-7611 |
| Address | 2516 DEER PARK BOULEVARD.                                             | OMAHA | NE    | 68105                        |
|         | STREET ADDRESS                                                        | CITY  | STATE | ZIPCODE                      |
| Address | 2516 DEER PARK BOULEVARD.                                             | OMAHA | NE    | 68105                        |
|         | 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) |
| 9/9/2025 | \$5,000.00 | DON KLEINE FOR DOUGLAS COUNTY ATTORNEY               |

|        |                                                                                                                                                                                                                                                                                   |  |  |  |  |  |
|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| 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) |
|------|--------------|--------|-------------|-------------------|------------------------------------------------------------------------------------------------------|-----------------------|

|        |                                                                                                                                                |  |  |  |  |  |
|--------|------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| 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 LYNETTE PEASE 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.

10/2/2025

(Date)

LYNETTE PEASE  
SENIOR ACCOUNTANT

(Signature and Title)