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| <div>NEBRASKA<br/>ACCOUNTABILITY AND<br/>DISCLOSURE COMMISSION<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></div>                                                                                                                                                                                                                                                                                                                                                          |  | <div>REPORT OF<br/><br/>LATE<br/><br/>CONTRIBUTION<br/><br/><br/>NADC FORM B-5</div> |  | POSTMARK<br>DATE             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                      |  | MICROFILM<br>NUMBER          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                      |  | OFFICE USE ONLY              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                      |  | Filed By: NADC Admin         |  |
| BEFORE COMPLETING THIS FORM<br>READ THE INSTRUCTIONS ON<br>REVERSE SIDE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                      |  |                              |  |
| <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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | ROBERT CARLISLE                                                                      |  | Telephone No.                |  |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 19403 CAMDEN AVE ELKHORN                                                             |  | NE 68022                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | STREET ADDRESS CITY                                                                  |  | STATE ZIPCODE                |  |
| ITEM 4 DATE, AMOUNT AND NATURE OF CONTRIBUTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                      |  |                              |  |
| Nature of Contribution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Monetary                                                                             |  |                              |  |
| Date Received                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | March 27 2025                                                                        |  | Amount \$1,000.00            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Month Day Year                                                                       |  |                              |  |
| ITEM 5 OCCUPATION, EMPLOYER AND PRINCIPAL PLACE OF BUSINESS OF CONTRIBUTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                      |  |                              |  |
| Occupation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Employer                                                                             |  | Principal Place of Business  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                      |  |                              |  |