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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>LATE</div> <div>CONTRIBUTION</div> <div>NADC FORM B-5</div> |      | <div>POSTMARK DATE</div>    |                |
| <div>BEFORE COMPLETING THIS FORM<br/>READ THE INSTRUCTIONS ON<br/>REVERSE SIDE</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                     |                                                                                       |      | <div>MICROFILM NUMBER</div> |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                     |                                                                                       |      | OFFICE USE ONLY             |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                     |                                                                                       |      | Filed By: LISA ROSKINS      |                |
| <div><ul style="list-style-type: none"><li>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.</li><li>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></li></ul></div> |                                                                     |                                                                                       |      |                             |                |
| ITEM 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | NAME AND ADDRESS OF POLITICAL COMMITTEE FILING REPORT               |                                                                                       |      |                             |                |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | FRIENDS OF MIKE MCDONNELL                                           |                                                                                       |      | Telephone No.               | (402) 336-8800 |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 4524 CHARLES ST                                                     | OMAHA                                                                                 | NE   | 68132                       |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | STREET ADDRESS                                                      |                                                                                       | CITY | STATE                       | ZIPCODE        |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 4524 CHARLES ST                                                     | OMAHA                                                                                 | NE   | 68132                       |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ASBESTOS WORKERS LOCAL 39                                           |                                                                                       |      | Telephone No.               |                |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 5805 S 118TH CIRCLE                                                 | OMAHA                                                                                 | NE   | 68137                       |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | STREET ADDRESS                                                      |                                                                                       | CITY | STATE                       | ZIPCODE        |
| ITEM 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | DATE, AMOUNT AND NATURE OF CONTRIBUTION                             |                                                                                       |      |                             |                |
| Nature of Contribution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                     | Monetary                                                                              |      |                             |                |
| Date Received                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | March                                                               | 20                                                                                    | 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 |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                     |                                                                                       |      |                             |                |