

LB306 Foreign Adversarial Source Reportable Funding Report, Neb. Rev. Stat. § 85-906

| Institution Name                                       |  | Date Reportable  | Amount of Reportable | Description of Type | Description of Purpose | Describe if "Other" Selected in | Part of Ongoing | Name of Foreign Adversarial Source |  | Country or Country of                          | Unique ID Number for Contract | Document   |
|--------------------------------------------------------|--|------------------|----------------------|---------------------|------------------------|---------------------------------|-----------------|------------------------------------|--|------------------------------------------------|-------------------------------|------------|
|                                                        |  | Funding Received | Funding              |                     |                        | Description of Purpose          | Relationship?   |                                    |  | Citizenship or Principal Residence or Domicile |                               | Attachment |
| Western Community College                              |  | none             |                      |                     |                        |                                 |                 |                                    |  |                                                |                               | Link       |
| Lynne Koski, VP Administrative Services                |  |                  |                      |                     |                        |                                 |                 |                                    |  |                                                |                               |            |
| 308.635.6792                                           |  |                  |                      |                     |                        |                                 |                 |                                    |  |                                                |                               |            |
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Name and contact information of person submitting: