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| NEBRASKA  ACCOUNTABILITY AND  DISCLOSURE COMMISSION  P.O. Box 95086  Lincoln, NE 68509  (402) 471-2522  https://nadc.nebraska.gov  BEFORE COMPLETING THIS FORM READ THE FILING REQUIREMENTS ON PAGE 3 | | | | | | | | | | |  | | | | | | | | | | | | | | | | POSTMARK  DATE | | | | | | | | |
| POTENTIAL CONFLICT OF INTEREST STATEMENT  NADC FORM C-2 | | | | | | | | | | | | | | | |
| OFFICE USE ONLY | | | | | | | | |
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|  | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | |
| * An official or employee of the executive branch of state government or any other official or employee required to file a Statement of Financial Interests (Form C-1) must file this form if he or she has a potential conflict of interest. * All other public officials who have a potential conflict of interest would file a Potential Conflict of Interest Statement Form C-2A. Additionally, any employee of a political subdivision whose annual salary and benefits exceed $150,000 must file a Potential Conflict of Interest Statement Form C-2A if he or she has a potential conflict. * File this Potential Conflict of Interest Statement with the Nebraska Accountability and Disclosure Commission and with your immediate superior (if any) whenever a potential conflict of interest situation arises. * Persons who fail to disclose a potential conflict of interest or who otherwise do not comply with the law are subject to penalties. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ITEM 1** | | | | | **NAME, ADDRESS AND TELEPHONE NUMBER** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | |  | | | | | |  | | | | |  | | | | | Telephone No. | | | | | | | |  | | | | | | | | | |
|  | Last | | | | | | First | | | | | Middle | | | | | | | |  | | | | | | | | | | | |  | | | |
| Address | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | |  |
|  | | | STREET ADDRESS OR RURAL ROUTE | | | | | | | | | | | | | | | | City | | | |  | | | | | | | | STATE | | ZIP CODE | | |
| **ITEM 2** | | | **TITLE, AGENCY, ADDRESS, PHONE AND SUPERIOR** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Your Title | | | |  | | | | | | | | | | | | | Agency | | | | | | |  | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Agency Address | | | | | |  | | | | | | | | | | | | | | | | Agency Phone | | | | | |  | | | | | | | |
|  | | | | | | | | |  | | | | | |  | | | | | | | | | |  | | | | | | | | | | |
| Name of Immediate Superior | | | | | | | | |  | | | | | | | | | | | | |  | | | Title | | |  | | | | | | | |
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| **ITEM 3** | | | **DESCRIBE POTENTIAL CONFLICT OF INTEREST IN DETAIL (Use Item 7 Continuation, if necessary)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | |  | |
| Date action is to be taken or decision is to be made: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | |
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| Description of Potential Conflict: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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Revised January 2025

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| **ITEM 4** | **PERSONS WHO MAY RECEIVE FINANCIAL BENEFIT OR DETRIMENT** | | | | | | | | | | |
|  | | | | | | |  | | |  | |
| You | | | | | | |  | | |  | |
| Member of your Immediate Family: | | | | | |  | | | | | |
|  | | | |  |  | | NAME | | | | |
| Business With Which You | | | | |  | |  | | | | |
| Are Associated (See Definitions) | | | | |  | | | | | | |
|  | | | |  |  | | NAME OF BUSINESS | | | | |
|  | | | | | | | | | | | |
| **ITEM 5** | | **NATURE OF FINANCIAL BENEFIT OR DETRIMENT** | | | | | | | | | |
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| **ITEM 6** | **FOR MEMBERS OF THE LEGISLATURE ONLY** | | | | | | | | | |
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| If you will not abstain from acting on a matter state why, despite the potential conflict, you intend to vote or otherwise participate. | | | | | | | | | | |
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| **ITEM 7** | | | **CONTINUATION** | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | |  | |  | | |
| (SIGNATURE) | | | | | | |  | | (DATE) | | |

**General Information - Filing Requirements**

**I. What is a Potential Conflict of Interest? -** A public official has a potential conflict of interest if he or she is faced with taking an official action or making an official decision which may result in a financial benefit or a financial detriment to the public official or employee; a member of his or her immediate family; or a business with which he or she is associated. The financial effect of the action or decision must be distinguishable from the financial effect on the general public or a broad segment of it.

**II. Who Must File:**

1. All officials and employees of the executive branch of state government, including member of State Boards or Commissions, and all other officials and employees of the State who are required to file Statements of Financial Interests.
2. Members of the Board of Regents of the University of Nebraska.
3. Members of the Legislature (see special instructions in Section III-B below).
4. Members of boards of directors or officers of a district organized under the provisions of Chapter 70, which includes public power districts, rural power districts, etc.
5. A member of any board or commission of any county which examines or licenses a business, trade or profession, or which determines rates for or otherwise regulates a business.
6. A member of a land-use planning commission, zoning commission, or authority of the State or of any county with a population of more than 100,000 inhabitants.
7. A county official holding elective office.
8. An official holding an elective office of a city of the primary class (Lincoln) or metropolitan (Omaha) class.

**III. When and Where to File:**

1. This form should be filed with the Commission and a

copy with your immediate superior as soon as you are aware of a potential conflict of interest and **prior to the time the action is to be taken or decision made**. The immediate superior shall assign the matter which gives rise to the potential conflict to another employee. In the event that you do not have an immediate superior, the Commission will, after receiving the filing, advise you on how to avoid the potential conflict of interest. Unless otherwise prohibited by law, this restriction shall not prevent you from making or participating in the making of a governmental decision to the extent that your participation is legally required for the action or decision to be made, but in such event you shall report the occurrence to the Commission.

1. Members of the State Legislature should file this Potential Conflict of Interest Statement with the Commission and with the **Speaker of the Legislature**. If the member intends to vote, deliberate or take any other action on the matter giving rise to the potential conflict, the Legislator shall state why, despite the potential conflict, he or she intends to vote or otherwise participate. If the member intends to abstain because of the potential conflict of interest, he or she may have the reasons for abstention recorded in the journal or minutes of the legislature. In any event, this Potential Conflict of Interest Statement must be filed.
2. This statement should be filed with the Nebraska Accountability and Disclosure Commission, 1225 L St., Suite 400, P.O. Box 95086, Lincoln, NE 68509, and a copy with your immediate superior.

**Disclosure of Contractual Interests by Local Officers.** If you are a local elected official disclosing an interest in a contract or an open account in which a local governing body on which you serve is a party, use NADC Form C-3, Contractual Interest Statement.

**Disclosure of the Employment of Immediate Family Members.** If you are disclosing the employment of an immediate family member, use NADC Form C-4, Employment of Immediate Family Members Disclosure Statement.

**Definitions**

Immediate family shall mean a child residing in your household, your spouse or an individual claimed by you or your spouse as a dependent for federal income tax purposes.

Business shall mean any corporation, partnership, limited liability company, sole proprietorship, firm, enterprise, franchise, association, organization, self-employed individual, holding company, joint-stock company, receivership, trust, activity, or entity. NOTE: The definition includes for profit and non-profit entities.

Business with which you are associated shall mean a business: (1) of which you are the sole proprietor; (2) or in which you are a partner, director, or officer; (3) or in which you

or a member of your immediate family is a stockholder of closed corporation stock worth $1,000 or more at fair market

value or which represents more than a 5 percent equity interest, or is a stockholder of publicly traded stock worth $10,000 or more at fair market value or which represents more than a 10 percent equity interest.

Elective office shall mean a public office filled by an election, except for federal offices. A person who is appointed to fill a vacancy in a public office which is ordinarily elective holds an elective office.

Person means a business, individual, proprietorship, firm partnership, joint venture, syndicate, business trust, labor organization, company, corporation, association, committee, or any other organization or group of persons acting jointly.

Statutory Authority: Sections 49-1499, 49-1499.02 and 49-1499.03 Revised Statutes of Nebraska.