

NEBRASKA ACCOUNTABILITY AND DISCLOSURE COMMISSION 1225 L St., Suite 400 P.O. Box 95086 Lincoln, NE 68509 (402) 471-2522	POTENTIAL CONFLICT OF INTEREST STATEMENT NADC FORM C-2	POSTMARK DATE	email 4-6-23
		MICROFILM NUMBER	
		OFFICE USE ONLY	
BEFORE COMPLETING THIS FORM READ THE FILING REQUIREMENTS ON PAGE 3		S	

- An official or employee of the executive branch of state government or any other official or employee required to file Statements of Financial Interests must file this form if he or she has a potential conflict of interest.
- Elected officials of school districts and elected officials of villages and cities (except Omaha and Lincoln) should not use this form. Use Potential Conflict of Interest Statement Form C-2A.
- 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	Wishart	Anna	D	Telephone No.
	Last	First	Middle	
Address	911 E Street		Lincoln	NE 68508
	STREET ADDRESS OR RURAL ROUTE		City	STATE ZIP CODE

ITEM 2	TITLE, AGENCY, ADDRESS, PHONE AND SUPERIOR			
Your Title	State Senator		Agency	Nebraska Legislature
Agency Address	District 8 State Capitol, PO Box 94604 Lincoln, NE 68509-4604		Agency Phone	402-471-2632
Name of Immediate Superior	n/a		Title	n/a

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:	LB 565
Description of Potential Conflict:	I work at Monolith, a clean hydrogen and materials company, which is part of the mid-continent clean hydrogen hub.

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) Monolith
NAME OF BUSINESS**ITEM 5 NATURE OF FINANCIAL BENEFIT OR DETRIMENT****ITEM 6 FOR MEMBERS OF THE LEGISLATURE ONLY**

If you will not abstain from acting on a matter state why, despite the potential conflict, you intend to vote or otherwise participate.

I plan to abstain from voting

ITEM 7 CONTINUATION

(SIGNATURE)



(DATE)

