

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	EM 04/23/2023
		MICROFILM NUMBER	
BEFORE COMPLETING THIS FORM READ THE FILING REQUIREMENTS ON PAGE 3		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 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	Reisher	Peggy	Ann	Telephone No.	402-890-0606
	Last	First	Middle		
Address	2424 Ridge Pt. Circle			Lincoln	NE 68512
	STREET ADDRESS OR RURAL ROUTE			City	STATE ZIP CODE

ITEM 2	TITLE, AGENCY, ADDRESS, PHONE AND SUPERIOR			
Your Title	Executive Director		Agency	Brain Injury Alliance of Nebraska
Agency Address	2424 Ridge Point Circle, Lincoln, NE 68512		Agency Phone	402-423-2463
Name of Immediate Superior	Mark Russell		Title	Board Chair

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:	
Description of Potential Conflict:	
	I, Peggy Reisher, am the executive director of the Brain Injury Alliance of Nebraska. I also serve as the secretary for the Brain Injury Oversight Committee which makes decision on how the Brain Injury Trust Fund dollars are distributed. On April 21, 2023, the Brain Injury Oversight Committee voted to approve funding from the Brain Injury Trust Fund be given to the Brain Injury Alliance of Nebraska. I abstained from the vote and stated it was a conflict of interest for me to vote.

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) Brain Injury Alliance of Nebraska

NAME OF BUSINESS

ITEM 5 NATURE OF FINANCIAL BENEFIT OR DETRIMENT

See item 3.

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.

ITEM 7 CONTINUATION

(SIGNATURE)

(DATE)