

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

4.24.23

MICROFILM
NUMBER

OFFICE USE ONLY

MAY 01 2023

NEBRASKA ACCOUNTABILITY
and
DISCLOSURE COMMISSION

BEFORE COMPLETING THIS FORM
READ THE FILING REQUIREMENTS
ON PAGE 3

- 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 Cole Anna
Last First Middle Telephone No. 402-677-2758
Address 7007 S. 130th St. Omaha NE 68138
STREET ADDRESS OR RURAL ROUTE City STATE ZIP CODE

ITEM 2

TITLE, AGENCY, ADDRESS, PHONE AND SUPERIOR

Your Title Resource Facilitator Agency Brain Injury Alliance of Nebraska
Agency Address 2424 Ridge Point Circle, Lincoln, NE 68512 Agency Phone 402-423-2463
Name of Immediate Superior Peggy Reisher Title Executive Director

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, Anna Cole, am a resource facilitator for the Brain Injury Alliance of Nebraska. I also serve as a committee member on 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

Anna Cole

(SIGNATURE)

4-24-23

(DATE)