

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	4-27-23
BEFORE COMPLETING THIS FORM READ THE FILING REQUIREMENTS ON PAGE 3		MICROFILM NUMBER	
OFFICE USE ONLY RECEIVED MAY 01 2023 NEBRASKA ACCOUNTABILITY DISCLOSURE COMMISSION			

- 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 Kaath Kathleen R Telephone No. 515-720-3386
 Last First Middle
 Address 6103 S. 178th St.
 STREET ADDRESS OR RURAL ROUTE City Omaha STATE NE ZIP CODE 68135

ITEM 2 TITLE, AGENCY, ADDRESS, PHONE AND SUPERIOR

Your Title Senator Agency Legislature
 Agency Address 1445 K St. Lincoln Agency Phone 402-471-0448
 Name of Immediate Superior _____ Title _____

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: 4-26-23

Description of Potential Conflict:

On Apr. 2 I filed a conflict of interest regarding LB256. The bill was subsequently bundled into another bill - LB296 - that I inadvertently voted yes for on final reading. I should have again voted PNV.

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) _____*My Vitala*

NAME OF BUSINESS

ITEM 5 NATURE OF FINANCIAL BENEFIT OR DETRIMENT

I am invested in a telehealth company that would benefit from LB256.

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.

- Inadvertantly voted on a bundled bill that had LB-256. Filing a new conflict statement

ITEM 7 CONTINUATION

(SIGNATURE)

(DATE)

*Katherine Kaul**4-26-23*