

NEBRASKA ACCOUNTABILITY AND DISCLOSURE COMMISSION 11 th Floor, State Capitol P.O. Box 95086 Lincoln, NE 68509 (402) 471-2522	POTENTIAL CONFLICT OF INTEREST STATEMENT NADC FORM C-2	POSTMARK DATE	HD
BEFORE COMPLETING THIS FORM READ THE FILING REQUIREMENTS ON PAGE 3		MICROFILM NUMBER	
OFFICE USE ONLY RECEIVED MAY 10 2023 NEBRASKA ACCOUNTABILITY and 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
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Name <u>Wayne</u> <u>Justin</u> <u>Thomas</u> Telephone No. _____ Last First Middle
Address <u>8937 N. 56th Ave. Cir. Omaha, NE 68152</u> STREET ADDRESS OR RURAL ROUTE City STATE ZIP CODE

ITEM 2	TITLE, AGENCY, ADDRESS, PHONE AND SUPERIOR
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Your Title <u>Senator</u> Agency <u>Legisla</u>
Agency Address _____ Agency Phone _____
Name of Immediate Superior _____ Title _____

ITEM 3	DESCRIBE POTENTIAL CONFLICT OF INTEREST IN DETAIL (Use Item 7 Continuation, if necessary)
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Date action is to be taken or decision is to be made: LB 531

Description of Potential Conflict:

Different clients w/in the last ~~5~~ four(4) years may
 apply for funding.

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) _____

Wayne Labov

NAME OF BUSINESS

ITEM 5 NATURE OF FINANCIAL BENEFIT OR DETRIMENT

None - former client, may apply for funding.

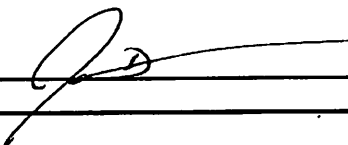
ITEM 6 FOR MEMBERS OF THE LEGISLATURE ONLY

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

I will vote only if required to pass.

ITEM 7 CONTINUATION

(SIGNATURE)



(DATE)

5-5-2023