

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 05-25-2023
		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	Connell	Wayne	Charles	Telephone No.	308 520-7408
	Last	First	Middle		
Address	409 E. 3 rd /PO Box 81		Hershey	NE	69143
	STREET ADDRESS OR RURAL ROUTE		City	STATE	ZIP CODE
ITEM 2	TITLE, AGENCY, ADDRESS, PHONE AND SUPERIOR				
Your Title	Deputy Sheriff		Agency	Lincoln County Sheriff's Office	
Agency Address	302 N. Jeffers, North Platte NE 69101		Agency Phone	308 535-9599	
Name of Immediate Superior	Lt. Dan Newton		Title	Lieutenant	
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 am currently employed as a Deputy Sheriff with Lincoln County and I have also applied to be on the Inland Port Authority Board for Lincoln County. I was asked to inquire if there is any conflict of interest by being a Deputy Sheriff and being on the Inland Port Authority Board at the same time? Thank you for your response.					
Best Regards,					
Wayne Connell					

Revised January 2018

ITEM 4 PERSONS WHO MAY RECEIVE FINANCIAL BENEFIT OR DETRIMENT☐ You☐ Member of your Immediate Family: N/A

NAME

Business With Which You

☐ Are Associated (See Definitions) N/A

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.

ITEM 7 CONTINUATION

(SIGNATURE)



(DATE)

5-25-23