

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 6-23-23
		MICROFILM NUMBER	
BEFORE COMPLETING THIS FORM READ THE FILING REQUIREMENTS ON PAGE 3		OFFICE USE ONLY	
		JUN 23 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			
Name	Ideus	Suzanne	Marie	Telephone No.
	Last	First	Middle	402-580-2029
Address	5401 S Bristolwood Place		Lincoln	NE 68516
	STREET ADDRESS OR RURAL ROUTE		City	STATE ZIP CODE
ITEM 2	TITLE, AGENCY, ADDRESS, PHONE AND SUPERIOR			
Your Title	Procurement Administrator		Agency	DHHS - Office of Procurement & Grants
Agency Address	301 Centennial Mall South		Agency Phone	
Name of Immediate Superior	Gregory Walklin		Title	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: My daughter, Valeria Siemer works for Swanson Russell. They are a local advertising and marketing company. The potential exists that this company could respond to a competitive solicitation and prevail to receive a contract award from DHHS. Or, they may enter into a direct contract to provide services for DHHS. I work in the Office of Procurement and Grants, overseeing the process and supervising a team of Procurement Contracts Officers that handle those procurements. They have questions about development of specifications, procedures and evaluation steps. In my role, those questions would normally be submitted to me for review and discretionary decisions and/or guidance. This potential conflict of interest was brought to my Director's attention. Accordingly, a remedial action plan was created and will be followed. Specifically, I will remove myself from any conflicts of interests and/or appearance of conflict of interests for services being bid that could yield this company's participation.	

ITEM 4 PERSONS WHO MAY RECEIVE FINANCIAL BENEFIT OR DETRIMENT☐ You☒ Member of your Immediate Family: Valeria Siemer

NAME

Business With Which You

☐ Are Associated (See Definitions) _____

NAME OF BUSINESS

ITEM 5 NATURE OF FINANCIAL BENEFIT OR DETRIMENT

If Swanson Russell would be an award recipient of a contract with DHHS, she would have an indirect benefit because they are her employer. However, she does not live in my household.

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) _____