

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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">POSTMARK DATE</td> <td style="width: 50%; padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">MICROFILM NUMBER</td> <td style="padding: 2px;"></td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 2px;">OFFICE USE ONLY</td> </tr> <tr> <td colspan="2" style="height: 100px;"></td> </tr> </table>	POSTMARK DATE		MICROFILM NUMBER		OFFICE USE ONLY			
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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																								
<table style="width: 100%;"> <tr> <td style="width: 15%;">Name</td> <td style="width: 25%;"><u>Dahlgren</u></td> <td style="width: 15%;"><u>Robert</u></td> <td style="width: 15%;"><u>B.</u></td> <td style="width: 15%;">Telephone No.</td> <td style="width: 20%;"><u>308-472-3346</u></td> </tr> <tr> <td></td> <td style="text-align: center;">Last</td> <td style="text-align: center;">First</td> <td style="text-align: center;">Middle</td> <td></td> <td></td> </tr> <tr> <td>Address</td> <td colspan="3"><u>317 Medina Ave</u></td> <td><u>Bertrand</u></td> <td><u>NE 68927</u></td> </tr> <tr> <td></td> <td colspan="3" style="text-align: center;">STREET ADDRESS OR RURAL ROUTE</td> <td style="text-align: center;">City</td> <td style="text-align: center;">STATE ZIP CODE</td> </tr> </table>		Name	<u>Dahlgren</u>	<u>Robert</u>	<u>B.</u>	Telephone No.	<u>308-472-3346</u>		Last	First	Middle			Address	<u>317 Medina Ave</u>			<u>Bertrand</u>	<u>NE 68927</u>		STREET ADDRESS OR RURAL ROUTE			City	STATE ZIP CODE
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ITEM 2	TITLE, AGENCY, ADDRESS, PHONE AND SUPERIOR																								
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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: Date action to be taken or decision is to be made: Regular Business Meeting of the Board of Directors scheduled for December 4, 2023. Description of Potential Conflict: In addition to being a Director for this District, I am also an irrigator and hold a Water Service Agreement with the District. A decision on the 2024 irrigation rates will likely occur at the meeting on December 4, 2023. I intend to abstain from discussing or voting on the issue due to the potential conflict it raises.																									

ITEM 4 PERSONS WHO MAY RECEIVE FINANCIAL BENEFIT OR DETRIMENT☒ You☒ Member of your Immediate Family: Betty Dahlgren (spouse); Andy Dahlgren (son)
NAME

Business With Which You

☒ Are Associated (See Definitions) Dahlgren Cattle Co. Inc.; Garfield Farms, LTD; DD Farms
NAME OF BUSINESS**ITEM 5 NATURE OF FINANCIAL BENEFIT OR DETRIMENT**

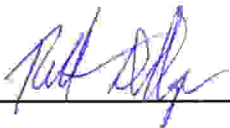
I hold a Water Service Agreement contract with the District and my rates will be affected by any vote on irrigation rates.

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)

