

ITEM 4 PERSONS WHO MAY RECEIVE FINANCIAL BENEFIT OR DETRIMENT

You

☐ Member of your Immediate Family: _____
NAMEBusiness With Which You
X Are Associated (See Definitions) CHI / ALEGENT HEALTH
NAME OF BUSINESS**ITEM 5 NATURE OF FINANCIAL BENEFITS**

Note: Councilmember Festersen is an employee with Alegent Creighton Health Creighton University Medical Center/CHI.

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)