

State of Nebraska
Accountability and Disclosure Commission

P.O. BOX 95086
Lincoln, Nebraska 68509
nadc.nebraska.gov
January 11, 2024



Centre Terrace, 1225 L St. #400
Phone (402) 471-2522
Fax (402) 471-6599

Senator Carolyn Bosn
Nebraska State Capitol
P.O. Box 94604
1445 K. Street
Lincoln, NE 68509

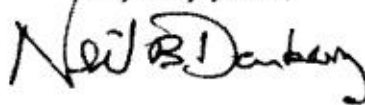
Re: C-2 Potential Conflict of Interest Statement

Dear Senator Bosn,

This will acknowledge receipt of a C-2, Potential Conflict of Interest Statement ("Statement"), which you filed with the Nebraska Accountability and Disclosure Commission ("NADC") on Thursday, January 4, 2024.

Thank you for discussing this matter with us prior to your filing. Your filing was made pursuant to §49-1499 of the Nebraska Political Accountability and Disclosure Act. We will keep your Statement on file. As you know, you are also required to deliver a copy of your Statement to the Speaker of the Legislature, who shall cause the Statement to be filed with the Clerk of the Legislature.

Thank you for your timely filing of the subject Statement.

Very truly yours,


Neil B. Danberg
General Counsel

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 <u>1/04/2024</u> MICROFILM NUMBER <u>EM S</u>
BEFORE COMPLETING THIS FORM READ THE FILING REQUIREMENTS ON PAGE 3		OFFICE USE ONLY
RECORDED JAN 9 2 NEPT DISCLOSE		

- 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	Bosn	Carolyn	Heide	Telephone No.	402-875-1768
	Last	First	Middle		
Address	1445 K Street			Lincoln	NE 68509
	STREET ADDRESS OR RURAL ROUTE			City	STATE ZIP CODE

ITEM 2	TITLE, AGENCY, ADDRESS, PHONE AND SUPERIOR				
Your Title	State Senator		Agency	Legislature	
Agency Address	1445 K Street			Agency Phone	402-471-2731
Name of Immediate Superior				Title	

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: <u>existing customer</u>					
Description of Potential Conflict: My husband, Reginald Bosn, and I co-own an HVAC business, Bosn Service Company. One of our customers is Cedars Home for Children, which receives some state funding.					

ITEM 4 | PERSONS WHO MAY RECEIVE FINANCIAL BENEFIT OR DETRIMENT

x You

x Member of your Immediate Family: Reginald Bosn
NAME

Business With Which You

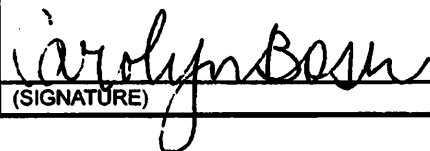
x Are Associated (See Definitions) Bosn Service Company
NAME OF BUSINESS**ITEM 5 | NATURE OF FINANCIAL BENEFIT OR DETRIMENT**

Our HVAC business does work for Cedars Home for Children.

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.

Bosn Service Company does work in commercial heating, air conditioning, and similar HVAC-type work. This is one of dozens of customers of our business, and their business with Bosn Service Company does not, nor will it, impact my role as a Senator.

ITEM 7 | CONTINUATION
(SIGNATURE)1/4/24
(DATE)