

State of Nebraska

Accountability and Disclosure Commission

P.O. BOX 95086
Lincoln, Nebraska 68509
www.nadc.nebraska.gov



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

March 7, 2024

Anna Cole
7007 South 130th Street
Lincoln, NE 68138

Re: C-2 Potential Conflict of Interest Statement

Dear Ms. Cole,

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 Tuesday, February 20, 2024.

You are the Resource Facilitator for the Brain Injury Alliance of Nebraska ("Alliance"). Your Statement also notes that you are a Committee Member on the Brain Injury Oversight Committee ("Oversight Committee").

On or about April 19, 2024, the Oversight Committee will meet and vote on the question of whether the application from the Alliance for funds, from the Brain Injury Assistance Act Fund, will be approved. In your position as a Committee Member of the Oversight Committee, you would be required to vote on the application from the Alliance.

Under the terms of §49-1499.03(2), you must file a Statement where you would be required, "to take any action or make any decision" in the discharge of your official duties that, "may cause financial benefit or detriment to [you], a member of your immediate family, or a business with which [you are] associated."

The term "business" is defined in §49-1407 to include, "...any corporation,, partnership, limited liability company, sole proprietorship, firm, enterprise, franchise, association, organization, self-employed individual, holding company, joint stock company, receivership, trust activity, or entity." We believe that the Alliance falls within this broad definition.

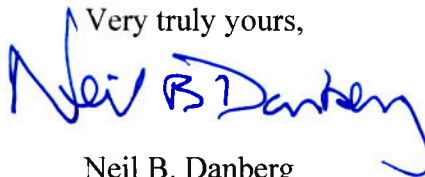
The term "business with which the individual is associated," is defined in §49-1408 to include a business, "...in which the individual is a partner, limited liability company member, director, or officer." As the Resource Facilitator of the Alliance, we conclude that it is a business with which you are associated.

Based upon the foregoing, we agree with your conclusion, as you have expressed it in your Statement, that you should abstain from voting on a grant from the Oversight Committee to the Alliance. Although you would receive no personal financial gain from such a grant, the Alliance is a business with which you are associated, and you would have a conflict of interest in voting on the Alliance's application—which vote may result in financial benefit or detriment to the Alliance.

Our opinion in this matter is premised upon the material facts which we have outlined above. If any of these facts are inaccurate or incomplete, please contact us immediately.

Thank you for your timely filing of the subject Statement.

Very truly yours,

A handwritten signature in blue ink that reads "Neil B. Danberg". The signature is written in a cursive, flowing style with a large initial "N" and a long, sweeping underline.

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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">POSTMARK DATE</td> <td style="width: 50%; text-align: center; padding: 2px;">2/15/24</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: 50px; vertical-align: middle; text-align: right; padding: 10px;">S</td> </tr> </table>	POSTMARK DATE	2/15/24	MICROFILM NUMBER		OFFICE USE ONLY		S	
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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: 10%;">Name</td> <td style="width: 40%;"> <u>Cole</u> <u>Anna</u> Last First Middle </td> <td style="width: 10%;">Telephone No.</td> <td style="width: 40%;"><u>402-677-2758</u></td> </tr> <tr> <td>Address</td> <td><u>7007 S. 130th St.</u></td> <td><u>Omaha</u></td> <td><u>NE 68138</u></td> </tr> <tr> <td></td> <td style="font-size: x-small;">STREET ADDRESS OR RURAL ROUTE</td> <td style="font-size: x-small;">City</td> <td style="font-size: x-small;">STATE ZIP CODE</td> </tr> </table>		Name	<u>Cole</u> <u>Anna</u> Last First Middle	Telephone No.	<u>402-677-2758</u>	Address	<u>7007 S. 130th St.</u>	<u>Omaha</u>	<u>NE 68138</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: I, Anna Cole, am a resource facilitator for the Brain Injury Alliance of Nebraska. I also serve as a committee member on the Brain Injury Oversight Committee which decides on how the Brain Injury Assistance Act Funds are distributed. On April 19, 2024, the Brain Injury Oversight Committee will vote to approve funding from the Brain Injury Assistance Act. I will abstain from the vote as the Brain Injury Alliance of Nebraska will be applying for those funds.													

ITEM 4 PERSONS WHO MAY RECEIVE FINANCIAL BENEFIT OR DETRIMENT☐ You☐ Member of your Immediate Family: _____
NAME

Business With Which You

☒ Are Associated (See Definitions) Brain Injury Alliance of Nebraska
NAME OF BUSINESS**ITEM 5 NATURE OF FINANCIAL BENEFIT OR DETRIMENT**

See item 3.

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)