

State of Nebraska

Accountability and Disclosure Commission

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



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

August 8, 2024

Councilmember Pete Festersen
660 Parkwood Lane
Omaha, NE 68132

Re: C-2 Potential Conflict of Interest Statement received on August 6, 2024

Dear Councilmember Festersen,

This will acknowledge receipt of a Potential Conflict of Interest Statement (hereinafter "Statement") which was received in our office on August 6, 2024.

The facts in this matter are, as we understand them, that you are a member of the Omaha City Council. You have identified your employer as, "Alegent Creighton Health-Creighton University Medical Center/CHI" (hereinafter, "CHI").

A decision will be made by the Omaha City Council on August 20, 2024 with respect to the following matter as you have described it in your Statement:

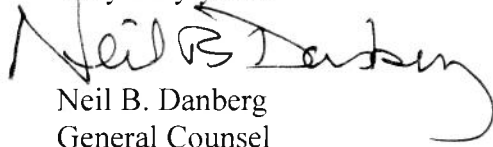
"Agreement with CHI Health to provide an Employee Assistance Program for City of Omaha employees for three years from June 1, 2024 through May 31, 2027."

After describing the matter which will come before the Council, you stated: "As I am employed by CHI Health, I will not be voting on this resolution."

In view of your statement, we understand that, because of your position with CHI, you intend to recuse yourself from participation and voting with respect to this matter. We understand and acknowledge your decision.

The Commission thanks you for filing your Statement in accordance with §49-1499.03(1) of the Nebraska Political Accountability and Disclosure Act.

Very truly yours



Neil B. Danberg
General Counsel

NEBRASKA ACCOUNTABILITY AND DISCLOSURE COMMISSION 11 th Floor, State Capitol P.O. Box 95086 Lincoln, NE 68509 (402) 471-2522	POTENTIAL CONFLICT OF INTEREST STATEMENT NADC FORM C-2	POSTMARK DATE	Email 8/6/24
		MICROFILM NUMBER	
		OFFICE USE ONLY	
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 who is required to file Statements of Financial Interests must disclose a potential conflict of interest.
- File this Potential Conflict of Interest Statement with the Nebraska Accountability and Disclosure Commission and your immediate superior whenever a potential conflict on interest situation arises.
- Persons who fail to disclose potential conflict of interests or who otherwise do not comply with the law are subject to penalties.

ITEM 1	NAME, ADDRESS AND TELEPHONE NUMBER			
Name	<u>Festersen</u>	<u>Pete</u>	Telephone No.	<u>402-554-1436</u>
	Last	First	Middle	
Address	<u>660 Parkwood Lane</u>		<u>Omaha</u>	<u>NE 68132</u>
	STREET ADDRESS OR RURAL ROUTE		City	STATE ZIP CODE

ITEM 2	TITLE, AGENCY, ADDRESS, PHONE AND SUPERIOR	
Your Title	<u>City Councilmember</u>	Agency <u>City of Omaha</u>
Agency Address	<u>1819 Farnam Street</u>	Agency Phone <u>402-444-5527</u>
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>August 20, 2024</u>	
Description of Potential Conflict: Agreement with CHI Health to provide an Employee Assistance Program for City of Omaha employees for three years from June 1, 2024 through May 31, 2027. As I am employed by CHI Health, I will <u>not</u> be voting on this resolution.	

ITEM 4 PERSONS WHO MAY RECEIVE FINANCIAL BENEFIT OR DETRIMENT

You

☐ Member of your Immediate Family: _____

NAME

Business With Which You

X Are Associated (See Definitions)

CHI HEALTH

NAME OF BUSINESS

ITEM 5 NATURE OF FINANCIAL BENEFITS

Employed by 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)