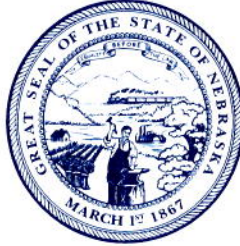


State of Nebraska

Accountability and Disclosure Commission

P.O. BOX 95086
Lincoln, Nebraska 68509
nadc.nebraska.gov
June 28, 2024



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

Councilmember Pete Festersen
660 Parkwood Lane
Omaha, NE 68132

Re: C-2 Potential Conflict of Interest Statements received on June 26, 2024

Dear Councilmember Festersen,

This will acknowledge receipt of a Potential Conflict of Interest Statement (hereinafter "Statement") which was received in our office on June 26, 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").

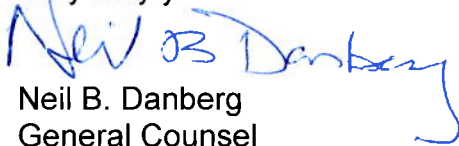
A decision will be made by the Omaha City Council on July 18, 2024 with respect to the following matter as you have described it in your Statement:

"An ordinance to approve the Community Innovation Campus Tax Increment Financing (TIR) Redevelopment Agreement, for the redevelopment project site located at 1127 North 20th Street, for use as a community kitchen and dietary call center for CHI's existing health care facilities."

You have stated with respect to this matter 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 Commission.

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	<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;">6/26/2024</td> </tr> <tr> <td style="padding: 2px;">MICROFILM NUMBER</td> <td style="padding: 2px;">EM S</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 5px;">OFFICE USE ONLY</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 10px;"> RECEIVED JUN 26 2024 NEBRASKA ACCOUNTABILITY AND DISCLOSURE COMMISSION </td> </tr> </table>	POSTMARK DATE	6/26/2024	MICROFILM NUMBER	EM S	OFFICE USE ONLY		RECEIVED JUN 26 2024 NEBRASKA ACCOUNTABILITY AND DISCLOSURE COMMISSION	
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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 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									
<table style="width: 100%;"> <tr> <td style="width: 30%;">Name <u>Festersen</u></td> <td style="width: 20%;">Pete</td> <td style="width: 20%;"></td> <td style="width: 30%;">Telephone No. <u>402-554-1436</u></td> </tr> <tr> <td style="text-align: center;">Last</td> <td style="text-align: center;">First</td> <td style="text-align: center;">Middle</td> <td></td> </tr> </table>			Name <u>Festersen</u>	Pete		Telephone No. <u>402-554-1436</u>	Last	First	Middle	
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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: <u>July 16, 2024</u>										
Description of Potential Conflict: An ordinance to approve the Community Innovation Campus Tax Increment Financing (TIF) Redevelopment Agreement, for the redevelopment project site located at 1127 North 20th Street, for use as a community kitchen and dietary call center for CHI's existing health care facilities. As I am employed by CHI Health, I will <u>not</u> be voting on this ordinance.										

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 Alegant 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)

6/25/24