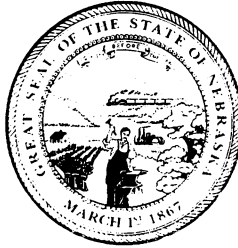


State of Nebraska

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

September 18, 2024

Patricia Schonlau
14319 South 27th Street
Bellevue, NE 68123

Re: Potential Conflict of Interest Statement received on September 16, 2024

Dear Ms. Schonlau,

This will acknowledge receipt of a Potential Conflict of Interest Statement ("Statement") in our office on September 16, 2024. The Statement was supplemented with a telephone conference which we had with you on September 17th.

The facts in this matter are, as we understand them, that you are a Board Member of the Nebraska Commission for the Blind and Visually Impaired (hereinafter the "Commission"). You note that the Board is currently considering whether to contract with you for services to teach braille to individuals with low vision and/or blindness.

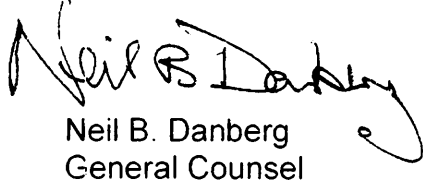
The applicable Statute within the Nebraska Political Accountability and Disclosure Act ("NPADA") is Section 49-1499.02. This Section governs the actions of officials within the Executive Branch of Nebraska government. As a Board member of the Commission, you would be considered such an official. Specifically, the Section in question provides that an official of the executive branch of government, "who would be required to take any action or make any decision in the discharge of his or her official duties that may cause financial benefit...to him or her...shall take the following actions..." The actions include preparation of the subject written Statement, which you have delivered to our Commission. You should also deliver a copy of this Statement to your immediate superior at the Commission. The Nebraska Accountability and Disclosure Commission ("NADC") will then respond to your Statement and advise you with respect to it.

In view of your position as a Board Member for Commission, you would have a direct financial interest in whether the Commission makes a decision to contract with you, as described above. Because of this financial interest, you would have a conflict of interest in discussing or making any decision with respect to your own contract. Your Statement together with our telephone conference with you, reflects the fact that you have concluded that you would have such a conflict, and that you will abstain from any recommendation or decision when your contract is acted upon. We agree with your conclusion.

If you have specific other questions with respect to this matter, please call us. If the facts which we have related above are incorrect or incomplete in any particular, please advise us immediately.

The Commission thanks you for bringing this matter to our attention.

Very truly yours

A handwritten signature in black ink, appearing to read "Neil B. Danberg", with a stylized flourish at the end.

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>9/13/24</u>
		MICROFILM NUMBER
BEFORE COMPLETING THIS FORM READ THE FILING REQUIREMENTS ON PAGE 3		OFFICE USE ONLY RECEIVED SEP 16 2024  NEBRASKA ACCOUNTABILITY and DISCLOSURE COMMISSION

- 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
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Name	Schonlau	Patricia	Ann	Telephone No.	314-882-0330
	Last	First	Middle		
Address	14319 S 27 th St.		Bellevue	NE	68123
	STREET ADDRESS OR RURAL ROUTE		City	STATE	ZIP CODE

ITEM 2	TITLE, AGENCY, ADDRESS, PHONE AND SUPERIOR
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Your Title	Board Member of NCBVI	Agency	Nebraska Commission for the Blind and Visually Impaired (NCBVI)
Agency Address	4600 Valley Rd, Lincoln, NE	Agency Phone	402-471-8101
Name of Immediate Superior		Title	

ITEM 3	DESCRIBE POTENTIAL CONFLICT OF INTEREST IN DETAIL (Use Item 7 Continuation, if necessary)
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Date action is to be taken or decision is to be made: As soon as possible

Description of Potential Conflict:

I am currently serving on the board for the agency that is considering contracting my services to teach braille to individuals with low vision and/or blindness. I would not be directly involved in the determination of contracting my services, hiring, or financial compensation.

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) _____

NAME OF BUSINESS

ITEM 5 NATURE OF FINANCIAL BENEFIT OR DETRIMENT

Direct financial compensation to myself.

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)