

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

February 19, 2025

Rocky Robbins
970 D Street
Gering, NE 69341

Re: C-2A Potential Conflict of Interest Statements

Dear Mr. Robbins,

This will acknowledge receipt of two C-2A, Potential Conflict of Interest Statements ("Statements"), which you filed with the Nebraska Accountability and Disclosure Commission ("NADC") on Tuesday, February 18, 2025. This will also acknowledge our phone call of Tuesday, February 18, 2025.

You are the Superintendent of the Minatare Public School District ("District"). The subject Statements concern summer employment with the District which your sons have already completed. In discussing this with you, you advised that you wished to make their past employment a matter of record.

You further advised that you did not believe that your sons will seek employment with the District in the Summer of 2025. I said that in view of that intention, we would not respond to the Statements since they would apply to future rather than past employment.

We further discussed that should your sons seek summer employment with the District for 2025, you would need to follow the requirements for such employment as set forth in §49-1499.04, and file a Form C-4 with the Clerk.

Please call me at 402-471-0846 if you have any question concerning this Opinion.

Very truly yours,

Neil B. Danberg
General Counsel

NEBRASKA ACCOUNTABILITY AND DISCLOSURE COMMISSION P.O. Box 95086 Lincoln, NE 68509 (402) 471-2522 https://nadc.nebraska.gov	POTENTIAL CONFLICT OF INTEREST STATEMENT NADC FORM C-2A	POSTMARK DATE	2-13-25
		OFFICE USE ONLY	
BEFORE COMPLETING THIS FORM READ THE FILING REQUIREMENTS ON PAGE 3		FEB 18 2025 NEBRASKA ACCOUNTABILITY and DISCLOSURE COMMISSION	

- Any public official of any political subdivision must file this form if he or she has a potential conflict of interest. Additionally, any employee of a political subdivision whose annual salary and benefits exceed \$150,000 must file this form if he or she has a potential conflict of interest.
Exception: Public officials required to file a Statement of Financial Interests (Form C-1) should file Form C-2.
- This form should be filed with the person who normally keeps records for the political subdivision. The form may be filed with the Nebraska Accountability and Disclosure Commission to request an opinion from the NADC.
- 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	ROBBINS	Rocky	JOSEPH
	Last	First	Middle
Telephone No.	719.688.1131		
Address	970 D STREET		
	STREET ADDRESS OR RURAL ROUTE		
	GERLING	NE	69341
	City	STATE	ZIP CODE

ITEM 2	TITLE, AGENCY, ADDRESS AND PHONE	
Your Title	SUPERINTENDENT	
Agency	MINATARE PUBLIC SCHOOLS	
Agency Address	1107 7TH STREET, P.O. Box 425, MINATARE, NE 69356	
Agency Phone	308.783.1232	

ITEM 3	DESCRIBE POTENTIAL CONFLICT OF INTEREST IN DETAIL (Use Item 6 Continuation, if necessary)
Date action is to be taken or decision is to be made:	POTENTIALLY MAY 2025
Description of Potential Conflict:	Hiring for summer work.

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

Business With Which You

☐ Are Associated (See Definitions) _____
NAME OF BUSINESS**ITEM 5 NATURE OF FINANCIAL BENEFIT OR DETRIMENT**

POTENTIAL EMPLOYEE IS SON OF SUPERINTENDENT.

ITEM 6 CONTINUATION

POTENTIAL EMPLOYEE HAS BEEN HIRED FOR SUMMER WORK THIS
PAST YEAR.

(SIGNATURE)



(DATE)

2/10/2025

NEBRASKA ACCOUNTABILITY AND DISCLOSURE COMMISSION P.O. Box 95086 Lincoln, NE 68509 (402) 471-2522 https://nadc.nebraska.gov	POTENTIAL CONFLICT OF INTEREST STATEMENT NADC FORM C-2A	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; font-size: small;">POSTMARK DATE</td> <td style="text-align: center;">2-13-25</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: x-small;">OFFICE USE ONLY</td> </tr> <tr> <td colspan="2" style="text-align: center; color: blue;">RECEIVED</td> </tr> <tr> <td colspan="2" style="text-align: center; color: blue;">FEB 13 2025</td> </tr> <tr> <td colspan="2" style="text-align: center; color: blue; font-size: x-small;">NEBRASKA ACCOUNTABILITY and DISCLOSURE COMMISSION</td> </tr> </table>	POSTMARK DATE	2-13-25			OFFICE USE ONLY		RECEIVED		FEB 13 2025		NEBRASKA ACCOUNTABILITY and DISCLOSURE COMMISSION	
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ITEM 1	NAME, ADDRESS AND TELEPHONE NUMBER
Name <u>Robb</u> <u>Rocky</u> <u>Joseph</u> Last First Middle Address <u>970 D Street</u> STREET ADDRESS OR RURAL ROUTE	Telephone No. <u>719.688.1131</u> <u>Genoa</u> <u>NE</u> <u>69341</u> City STATE ZIP CODE

ITEM 2	TITLE, AGENCY, ADDRESS AND PHONE
Your Title <u>Superintendent</u> Agency Address <u>1107 7th Street, P.O. Box 425, Minatare, NE 69356</u> Agency Phone <u>308.783.1232</u>	Agency <u>Minatare Public Schools</u>

ITEM 3	DESCRIBE POTENTIAL CONFLICT OF INTEREST IN DETAIL (Use Item 6 Continuation, if necessary)
Date action is to be taken or decision is to be made: <u>Potentially May 2025</u> Description of Potential Conflict: <u>Thank for summer work.</u>	

ITEM 4 PERSONS WHO MAY RECEIVE FINANCIAL BENEFIT OR DETRIMENT☐ You☒ Member of your Immediate Family:Grady Robbini

NAME

Business With Which You

☐ Are Associated (See Definitions)

NAME OF BUSINESS

ITEM 5 NATURE OF FINANCIAL BENEFIT OR DETRIMENT

POTENTIAL
EMPLOYEE IS SON OF SUPERINTENDENT.

ITEM 6 CONTINUATION

POTENTIAL EMPLOYEE HAS BEEN HIRED FOR SUMMER WORK FOR
THE PAST 2 SUMMERS.

(SIGNATURE)



(DATE)

2/10/2025