

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 14, 2025

Peggy Reisher
1910 Calamus River Circle
Lincoln, NE 68520

Re: C-2 Potential Conflict of Interest Statement

Dear Ms. Reisher,

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 Monday, February 10, 2025. This will also acknowledge our phone call of Tuesday, February 11, 2025.

You are the Executive Director of the Brain Injury Association of Nebraska ("Association"). Your Statement also notes that you are Secretary for the Brain Injury Oversight Committee ("Oversight Committee"). You were appointed to this Committee by the Governor. It is our understanding that, in your position as Secretary for the Oversight Committee, you will be voting as a member of that Committee on disposition of State funds as provided by the Brain Injury Assistance Act. These funds would be distributed as grants to entities which have made application for the funds.

On or about April 18, 2025, the Oversight Committee will meet and vote on the question of distribution of said funds. Your Statement notes that at that meeting, a decision will be made with respect to whether the Association will receive funds pursuant to its grant request.

In view of your appointment by the Governor to the Oversight Committee, you will make a decision with respect to disposition of State funds. We conclude that you will be acting at that time as a public official within the Executive Branch of State Government.

Under the terms of §49-1499.02(1) of the Nebraska Political Accountability and Disclosure Act ("NPADA"), you must file a Statement, as you have done, 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." 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 noted above, you are the Executive Director of the Association, and it is a business with which you are associated. In your Statement you have noted that, in view of your position with the Association, you will abstain from voting with respect to the Association's proposed grant. We conclude that this abstention would be consistent with the requirements of the NPADA.

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 black ink, appearing to read "Neil B. Danberg", written in a cursive style.

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	2/7/25
		MICROFILM NUMBER	
BEFORE COMPLETING THIS FORM READ THE FILING REQUIREMENTS ON PAGE 3		OFFICE USE ONLY	
		RECEIVED FEB 10 2025 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	Reisher	Peggy	Ann	Telephone No.	402-890-0606
	Last	First	Middle		
Address	9310 Calamus River Circle			Lincoln	NE 68520
	STREET ADDRESS OR RURAL ROUTE			City	STATE ZIP CODE

ITEM 2	TITLE, AGENCY, ADDRESS, PHONE AND SUPERIOR
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Your Title	Executive Director	Agency	Brain Injury Association of NE
Agency Address	PO Box 22147, Lincoln, NE 68542	Agency Phone	402-423-2463
Name of Immediate Superior	Tami Soper	Title	Board Chair

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: April 18, 2025

Description of Potential Conflict:

I, Peggy Reisher, am the executive director of the Brain Injury Association of Nebraska. I also serve as the secretary for the Brain Injury Oversight Committee which makes decisions on how the Brain Injury Assistance Act Fund are distributed. On April 18, 2025, 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 Association 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 Association of Nebraska

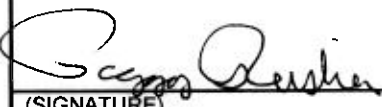
NAME OF BUSINESS

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)2-5-25
(DATE)