

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

March 13, 2025

Anna Cole
7007 S. 130th Street
Omaha, NE 68138

Re: C-2 Potential Conflict of Interest Statement

Dear Ms. Cole,

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 Thursday, March 6, 2025. This will also acknowledge our telephone call about your Statement on March 12, 2025.

You are a Resource Facilitator for the Brain Injury Association of Nebraska ("Association"). Your Statement also notes that you are a Committee Member of the Brain Injury Oversight Committee ("Oversight Committee"). It is my understanding that you were appointed to that Committee by the Governor. As you have noted in your Statement, in your position as a Committee Member 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.

In April of 2025, the Oversight Committee will meet and vote on the question of distribution of funds under the said Act. 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."

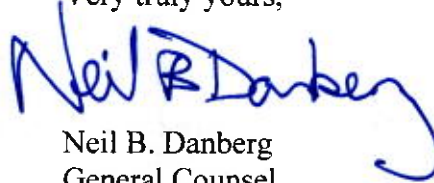
The term "business" is defined in §49-1407 to include, "any corporation." The term "business with which the individual is associated," is defined in §49-1408 to include a business, "...in which the individual is a partner, limited liability company member, director, or officer."

As noted above, you are a Resource Facilitator for the Association. We conclude that you would have a financial interest in a possible grant to the Association since it may help pay your salary with the Association. We further note that you have confirmed this in the telephone call which we referenced at the outset of this correspondence.

In your Statement you have said 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.

Thank you for your timely filing of the subject Statement.

Very truly yours,

A handwritten signature in blue ink that reads "Neil B. Danberg". The signature is fluid and cursive, with the first name "Neil" being the most prominent.

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>3/4/25</u>
		MICROFILM NUMBER
		OFFICE USE ONLY RECEIVED MAR 06 2025 NEBRASKA ACCOUNTABILITY and DISCLOSURE COMMISSION
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 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	<u>Cole</u>	<u>Anna</u>	Telephone No.	<u>402-677-2758</u>
	Last	First	Middle	
Address	<u>7007 S. 130th St.</u>		<u>Omaha</u>	<u>NE 68138</u>
	STREET ADDRESS OR RURAL ROUTE		City	STATE ZIP CODE

ITEM 2	TITLE, AGENCY, ADDRESS, PHONE AND SUPERIOR
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Your Title	<u>Resource Facilitator</u>	Agency	<u>Brain Injury Association of Nebraska</u>
Agency Address	<u>PO Box 22147, Lincoln, NE 68542</u>	Agency Phone	<u>402-423-2463</u>
Name of Immediate Superior	<u>Peggy Reisher</u>	Title	<u>Executive Director</u>

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: _____

Description of Potential Conflict:

I, Anna Cole, am a resource facilitator for the Brain Injury Association of Nebraska. I also serve as a committee member on the Brain Injury Oversight Committee which decides on how the Brain Injury Assistance Act Funds are distributed. In April 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)

(DATE)