

State of Nebraska

Accountability and Disclosure Commission

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

January 29, 2025

Senator Robert Hallstrom
District 01
Room 1404
P.O. Box 94604
Lincoln, NE 68509



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

RE: Conflict of Interest Statement

Dear Senator Hallstrom,

We are in receipt of your Potential Conflict of Interest Statement ("Statement") filed with our office on January 24, 2025. We understand that you have filed this Statement pursuant to the terms of §49-1499 of the Nebraska Political Accountability and Disclosure Act ("NPADA"). The Statement contains the necessary information as provided by said Statute, and it will be maintained on file with our Commission as a public record.

If you have not already done so, please be sure to forward a copy of this Statement to the Speaker of the Legislature so that it may be filed in accordance with §49-1499.

Please contact me at 402-471-0846 if you have any questions.

Very truly yours,

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	
BEFORE COMPLETING THIS FORM READ THE FILING REQUIREMENTS ON PAGE 3		MICROFILM NUMBER	
OFFICE USE ONLY RECEIVED JAN 24 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		
Name Last First Middle Address	Hallstrom Robert J 591 S 32 nd Road	Telephone No. Syracuse	402-432-3280 NE 68446
STREET ADDRESS OR RURAL ROUTE		City	STATE ZIP CODE
ITEM 2	TITLE, AGENCY, ADDRESS, PHONE AND SUPERIOR		
Your Title Agency Address Name of Immediate Superior	State Senator #1 State Capitol Agency Legislature Agency Phone 402-471-2733 Title 		
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: _____ Description of Potential Conflict: THE LAW FIRM OF BRANDT, HORAN, HALLSTROM, AND STILLMOCK, OF WHICH I AM A PART OF, PROVIDES LEGAL AND COMPLIANCE SERVICES TO A NUMBER OF CLIENTS FOR WHOM I PREVIOUSLY PROVIDED LOBBY SERVICES (NEBRASKA BANKERS ASSOCIATION AND NEBRASKA STATE VOLUNTEER FIREFIGHTERS ASSOCIATION), AND FOR WHOM MY LAW PARTNERS CONTINUE TO PROVIDE LOBBY SERVICES THROUGH A SEPARATE LEGAL ENTITY IN WHICH I HAVE NO DIRECT OR INDIRECT INTEREST, FINANCIAL OR OTHERWISE. I AM DECLARING A CONFLICT OF INTEREST WITH RESPECT TO THE FOLLOWING BILLS: LB62 (BRANDT), LB85 (DEBOER), LB115 (BALLARD), LB231 (HALLSTROM), LB232 (HALLSTROM), LB241 (HALLSTROM), LB254 (HALLSTROM)			

☐ You

NAME _____

NAME OF BUSINESS

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. WHILE NEITHER I, NOR ANY OF MY IMMEDIATE FAMILY MEMBERS OR BUSINESSES WITH WHICH I AM ASSOCIATED, WILL RECEIVE A FINANCIAL BENEFIT OR DETRIMENT FROM MY VOTES ON ANY OF THE BILLS LISTED ABOVE, GIVEN MY PRIOR STATUS AS A LOBBYIST FOR VARIOUS CLIENTS AND MY CURRENT STATUS AS PARTNER WITH MY LAW FIRM, AND OUT OF AN ABUNDANCE OF CAUTION, I AM FILING THIS STATEMENT REGARDING POTENTIAL CONFLICTS OF INTEREST EVEN THOUGH NO ACTUAL CONFLICTS OF INTEREST EXIST.

ITEM 7	CONTINUATION
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(SIGNATURE)

(DATE)