

# State of Nebraska

## Accountability and Disclosure Commission

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

October 20, 2025

Walter Juhlin  
1751 West Belmont Road  
Crawford, NE 69339



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

Re: C-2 Potential Conflict of Interest Statement

Dear Mr. Juhlin,

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 Friday, October 17, 2025. This will also acknowledge our phone call with you on Monday, October 20, 2025.

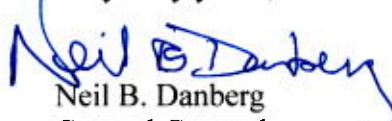
You are a County Commissioner in Dawes County. Your Statement concerns an action which was to have been taken by the County Board on October 14, 2025.

Since the action in question has already been taken, the NADC is not in a position to respond to the Statement prior to the date of the action. Therefore, a full opinion with respect to the matter referenced by your Statement would be moot. It is the policy of the NADC not to issue a formal response after the event in question has already occurred.

Nonetheless, we note that your Statement, as supplemented by our telephone call with you, relates to a contract between the County and your son-in-law. You have explained that you recused yourself from participation when this contract came before the County Board on October 14<sup>th</sup>. Under the circumstances, we believe that your recusal was appropriate.

Please contact me directly if you have any questions concerning this matter.

Very truly yours,

  
Neil B. Danberg  
General Counsel

|                                                                                                                                                                                                                                                   |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |          |                     |  |                 |  |                                                                                                                                                                                                                                                   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------|---------------------|--|-----------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>NEBRASKA<br/>ACCOUNTABILITY AND<br/>DISCLOSURE COMMISSION</b><br>11 <sup>th</sup> Floor, State Capitol<br>P.O. Box 95086<br>Lincoln, NE 68509<br>(402) 471-2522                                                                                | <b>POTENTIAL CONFLICT<br/>OF INTEREST<br/>STATEMENT</b><br><br><b>NADC FORM C-2</b> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">POSTMARK<br/>DATE</td> <td style="width: 50%; text-align: center; padding: 2px;">10-15-25</td> </tr> <tr> <td style="padding: 2px;">MICROFILM<br/>NUMBER</td> <td style="padding: 2px;"></td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 5px;">OFFICE USE ONLY</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 10px;"> <div style="color: blue; font-weight: bold;">RECEIVED</div><br/><br/> <div style="color: blue; font-weight: bold;">OCT 17 2025</div><br/> <div style="color: blue; font-weight: bold;">NEBRASKA ACCOUNTABILITY<br/>and<br/>DISCLOSURE COMMISSION</div> </td> </tr> </table> | POSTMARK<br>DATE | 10-15-25 | MICROFILM<br>NUMBER |  | OFFICE USE ONLY |  | <div style="color: blue; font-weight: bold;">RECEIVED</div><br><br><div style="color: blue; font-weight: bold;">OCT 17 2025</div><br><div style="color: blue; font-weight: bold;">NEBRASKA ACCOUNTABILITY<br/>and<br/>DISCLOSURE COMMISSION</div> |  |
| POSTMARK<br>DATE                                                                                                                                                                                                                                  | 10-15-25                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |          |                     |  |                 |  |                                                                                                                                                                                                                                                   |  |
| MICROFILM<br>NUMBER                                                                                                                                                                                                                               |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |          |                     |  |                 |  |                                                                                                                                                                                                                                                   |  |
| OFFICE USE ONLY                                                                                                                                                                                                                                   |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |          |                     |  |                 |  |                                                                                                                                                                                                                                                   |  |
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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.

|               |                                           |
|---------------|-------------------------------------------|
| <b>ITEM 1</b> | <b>NAME, ADDRESS AND TELEPHONE NUMBER</b> |
|---------------|-------------------------------------------|

|         |                                                                                                                                                                                                        |               |              |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------|
| Name    | <u>Juhlin</u> <u>Walter</u> <u>Lee</u><br><small>Last                      First                      Middle</small>                                                                                   | Telephone No. | 308-665-4163 |
| Address | <u>1751 West Belmont Ave</u> <u>Crawford</u> <u>NE</u> <u>69337</u><br><small>STREET ADDRESS OR RURAL ROUTE                      City                      STATE                      ZIP CODE</small> |               |              |

|               |                                                   |
|---------------|---------------------------------------------------|
| <b>ITEM 2</b> | <b>TITLE, AGENCY, ADDRESS, PHONE AND SUPERIOR</b> |
|---------------|---------------------------------------------------|

|                            |                                                               |                |                                                     |
|----------------------------|---------------------------------------------------------------|----------------|-----------------------------------------------------|
| Your Title                 | <u>Dawson County Commissioner</u> Agency <u>Dawson County</u> | Agency Address | <u>451 Main St</u> Agency Phone <u>308 432 0100</u> |
| Name of Immediate Superior | <u>NA</u>                                                     | Title          | <u>NA</u>                                           |

|               |                                                                                                  |
|---------------|--------------------------------------------------------------------------------------------------|
| <b>ITEM 3</b> | <b>DESCRIBE POTENTIAL CONFLICT OF INTEREST IN DETAIL (Use Item 7 Continuation, if necessary)</b> |
|---------------|--------------------------------------------------------------------------------------------------|

Date action is to be taken or decision is to be made: 10-14-2025

Description of Potential Conflict:

Danielson Construction is owned by Walter Juhlin's Son-in-law.

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

Business With Which You

☐ Are Associated (See Definitions)

NAME OF BUSINESS

**ITEM 5 NATURE OF FINANCIAL BENEFIT OR DETRIMENT**

0

**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)