

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 12, 2026

Chris Hove
2402 Ridge Road
Lincoln, NE 68512

Re: C-2A Potential Conflict of Interest Statement

Dear Mr. Hove

This will acknowledge receipt of a C-2A, Potential Conflict of Interest Statement ("Statement"), which you filed with the Nebraska Accountability and Disclosure Commission ("NADC") on Wednesday, February 11, 2026.

You are Chairman of the Board of Directors of the Lincoln Airport Authority ("Authority"). You are also a Senior Director of Commercial Banking with First National Bank of Omaha ("FNBO").

The Authority is considering altering its insurance coverage. There are five (5) candidates which could offer the revised insurance coverage. One of the candidates is First National Insurance Company ("FNIC"), which is an affiliate of FNBO. As you note in your Statement, if FNIC is selected, this would result in financial gain both to FNBO and to FNIC. The selection of the new insurance coverage will be made by the Board of Directors of which you are the Chairman.

Under the terms of §49-1499.03(2) of the Nebraska Political Accountability and Disclosure Act ("NPADA"), you must file a Statement 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 with which the individual is associated" is defined in the NPADA in §49-1408 as follows: "Business with which the individual is associated or business association shall mean a business: ...in which the individual is a partner, limited liability company member, director, or officer."

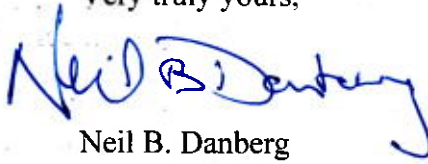
We conclude that you would fall within the definition of having a business association with FNBO. Consequently you should recuse yourself from participation and voting on

the issue of new insurance coverage for the Authority. Although the NPADA does not govern the issue of appearance of conflict, this is nonetheless a practical consideration which would militate in favor of recusal.

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 blue ink, appearing to read "Neil B. Danberg", is written over the typed name.

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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">POSTMARK DATE</td> <td style="width: 50%; padding: 2px;">FEB 21/26</td> </tr> <tr> <td colspan="2" style="padding: 2px;">OFFICE USE ONLY</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 5px;"> RECEIVED FEB 11 2026 NEBRASKA ACCOUNTABILITY and DISCLOSURE COMMISSION </td> </tr> </table>	POSTMARK DATE	FEB 21/26	OFFICE USE ONLY		RECEIVED FEB 11 2026 NEBRASKA ACCOUNTABILITY and DISCLOSURE COMMISSION	
POSTMARK DATE	FEB 21/26							
OFFICE USE ONLY								
RECEIVED FEB 11 2026 NEBRASKA ACCOUNTABILITY and DISCLOSURE COMMISSION								
BEFORE COMPLETING THIS FORM READ THE FILING REQUIREMENTS ON PAGE 3								
- 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 <u>HOVE PETEL CHRISTIAN</u> Telephone No. <u>402-525-5888</u> Last First Middle								
Address <u>2402 RIDGE ROAD LINCOLN NE 68512</u> STREET ADDRESS OR RURAL ROUTE City STATE ZIP CODE								
ITEM 2	TITLE, AGENCY, ADDRESS AND PHONE							
Your Title <u>BOARD Member, Chairman of the Board</u> Agency <u>Lincoln Airport Authority</u>								
Agency Address <u>2400 W. Adams Street, Lincoln NE 68524</u>								
Agency Phone <u>402-458-2480</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>February 26, 2026</u>								
Description of Potential Conflict: <u>The Lincoln Airport Authority is considering switching their insurance broker. They are evaluating five options for brokers. I serve on the LAA board of directors who will ultimately decide which broker to select. I work for First National Bank of Omaha as a Senior Director of Commercial Banking. One of the options is First National Insurance Company (FNIC) which is an affiliate of FNBO. I do not have any ownership in either FNBO or FNIC and I will not receive any benefit if FNIC would be selected. I would like to know if it is a conflict of interest for me to vote on this matter.</u>								

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)FNIC is affiliated with FNBO.

NAME OF BUSINESS

ITEM 5 NATURE OF FINANCIAL BENEFIT OR DETRIMENT

FNIC would serve as the insurance broker for LAA and would receive compensation for these services. FNIC is an affiliate of and owned by FNBO thus both would receive financial benefit.

ITEM 6 CONTINUATION

(SIGNATURE)

(DATE)