

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

May 7, 2026

Pete Festersen
660 Parkwood Lane
Omaha, NE 68132

Re: C-2 Potential Conflict of Interest Statement

Dear Councilmember Festersen,

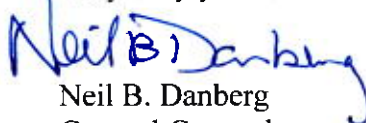
This will acknowledge receipt of a C-2, Potential Conflict of Interest Statement ("Statement"), which you filed with the Nebraska Accountability and Disclosure Commission ("NADC") on Tuesday, May 5, 2026.

You are a member of the Omaha City Council. Your Statement concerns action which was to have been taken by the said Council on Tuesday, May 5, 2026, the same day we received your Statement. You have said you intended to abstain from voting on the matter identified in your Statement.

Since the action in question has already occurred, and since you have noted your abstention with respect to it, an opinion with respect to your Statement would be moot. It is the policy of the NADC not to issue responses and advice after the events in question have already occurred.

Please contact me directly if you have any questions concerning this matter. We thank you for filing your Statement.

Very truly yours,


Neil B. Danberg
General Counsel

NEBRASKA ACCOUNTABILITY AND DISCLOSURE COMMISSION 11 th Floor, State Capitol P.O. Box 95086 Lincoln, NE 68509 (402) 471-2522	POTENTIAL CONFLICT OF INTEREST STATEMENT NADC FORM C-2	POSTMARK DATE <u>5/05/2026</u>
		MICROFILM NUMBER <u>EM S</u>
BEFORE COMPLETING THIS FORM READ THE FILING REQUIREMENTS ON PAGE 3		OFFICE USE ONLY RECEIVED MAY 05 2026 NEBRASKA ACCOUNTABILITY and DISCLOSURE COMMISSION

- An official or employee of the executive branch of state government or any other official or employee who is required to file Statements of Financial Interests must disclose a potential conflict of interest.
- File this Potential Conflict of Interest Statement with the Nebraska Accountability and Disclosure Commission and your immediate superior whenever a potential conflict on interest situation arises.
- Persons who fail to disclose potential conflict of interests or who otherwise do not comply with the law are subject to penalties.

ITEM 1	NAME, ADDRESS AND TELEPHONE NUMBER		
Name <u>Festersen</u> <u>Pete</u> <u></u> Telephone No. <u>402-554-1436</u> Last First Middle			
Address <u>660 Parkwood Lane</u> <u>Omaha</u> <u>NE</u> <u>68132</u> STREET ADDRESS OR RURAL ROUTE City STATE ZIP CODE			
ITEM 2	TITLE, AGENCY, ADDRESS, PHONE AND SUPERIOR		
Your Title <u>City Councilmember</u> Agency <u>City of Omaha</u>			
Agency Address <u>1819 Farnam Street</u> Agency Phone <u>402-444-5527</u>			
Name of Immediate Superior _____ 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: <u>May 5, 2026</u>			
Description of Potential Conflict: A resolution to approve the 2211 Douglas Street Senior Housing Tax Increment Financing (TIF) Redevelopment Plan, for a redevelopment project site at 2211 Douglas Street, for use as a new apartment building containing 45 affordable housing units and 25 market rate apartment units. As I am employed by CHI Health, I will <u>not</u> be voting on this resolution.			

ITEM 4 PERSONS WHO MAY RECEIVE FINANCIAL BENEFIT OR DETRIMENT

You

☐ Member of your Immediate Family: _____

NAME

Business With Which You

X Are Associated (See Definitions) CHI HEALTH

NAME OF BUSINESS

ITEM 5 NATURE OF FINANCIAL BENEFITS

Employed by Alegant Creighton Health-Creighton University Medical Center/CHI.

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)

5/5/26