

# 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

July 15, 2026

LaVonya Goodwin  
4111 North 18<sup>th</sup> Street  
Omaha, NE 68110

Re: C-2 Potential Conflict of Interest Statement

Dear Ms. Goodwin,

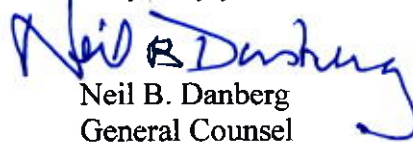
This will acknowledge receipt of a C-2, Potential Conflict of Interest Statement ("Statement"), which you filed with the Nebraska Accountability and Disclosure Commission ("NADC") on Tuesday, July 14, 2026.

You are a member of the Omaha City Council ("Council"). Your Statement concerns an action by the Council which was to have been taken on the same day on which you filed your Statement: Tuesday, July 14, 2026.

Since the action in question has already occurred, an opinion with respect to the matter referenced by your Statement would be moot. It is the policy of the NADC not to issue responses and opinions after the action in question has already occurred. We note that you recused yourself from voting, and this was consistent with the terms of the Nebraska Political Accountability and Disclosure Act.

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%; padding: 2px;">7/14/2026</td> </tr> <tr> <td style="padding: 2px;">MICROFILM<br/>NUMBER</td> <td style="padding: 2px;">EM S</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;"> <b>RECEIVED</b><br/><br/>           JUL 14 2026<br/><br/>           NEBRASKA ACCOUNTABILITY<br/>and<br/>DISCLOSURE COMMISSION         </td> </tr> </table> | POSTMARK<br>DATE | 7/14/2026 | MICROFILM<br>NUMBER | EM S | OFFICE USE ONLY |  | <b>RECEIVED</b><br><br>JUL 14 2026<br><br>NEBRASKA ACCOUNTABILITY<br>and<br>DISCLOSURE COMMISSION |  |
| POSTMARK<br>DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 7/14/2026                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |           |                     |      |                 |  |                                                                                                   |  |
| MICROFILM<br>NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | EM S                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |           |                     |      |                 |  |                                                                                                   |  |
| OFFICE USE ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |           |                     |      |                 |  |                                                                                                   |  |
| <b>RECEIVED</b><br><br>JUL 14 2026<br><br>NEBRASKA ACCOUNTABILITY<br>and<br>DISCLOSURE COMMISSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |           |                     |      |                 |  |                                                                                                   |  |
| BEFORE COMPLETING THIS FORM<br>READ THE FILING REQUIREMENTS<br>ON PAGE 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |           |                     |      |                 |  |                                                                                                   |  |
| <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• Persons who fail to disclose potential conflict of interests or who otherwise do not comply with the law are subject to penalties.</li> </ul> |                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |           |                     |      |                 |  |                                                                                                   |  |
| <b>ITEM 1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>NAME, ADDRESS AND TELEPHONE NUMBER</b>                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |           |                     |      |                 |  |                                                                                                   |  |
| Name <u>Goodwin</u> <u>LaVonya</u> Telephone No. <u>402-575-8164</u><br><div style="display: flex; justify-content: space-around; font-size: small;"> <span>Last</span> <span>First</span> <span>Middle</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |           |                     |      |                 |  |                                                                                                   |  |
| Address <u>4111 N 18<sup>th</sup> Street</u> <u>Omaha</u> <u>NE</u> <u>68110</u><br><div style="display: flex; justify-content: space-between; font-size: small;"> <span>STREET ADDRESS OR RURAL ROUTE</span> <span>City</span> <span>STATE</span> <span>ZIP CODE</span> </div>                                                                                                                                                                                                                                                                                                                                                    |                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |           |                     |      |                 |  |                                                                                                   |  |
| <b>ITEM 2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>TITLE, AGENCY, ADDRESS, PHONE AND SUPERIOR</b>                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |           |                     |      |                 |  |                                                                                                   |  |
| Your Title <u>City Councilmember</u> Agency <u>City of Omaha</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |           |                     |      |                 |  |                                                                                                   |  |
| Agency Address <u>1819 Farnam Street</u> Agency Phone <u>402-444-5524</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |           |                     |      |                 |  |                                                                                                   |  |
| Name of Immediate Superior _____ Title _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |           |                     |      |                 |  |                                                                                                   |  |
| <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: <u>July 14, 2026</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |           |                     |      |                 |  |                                                                                                   |  |
| Description of Potential Conflict:<br><br><p>The City Council of the City of Omaha will vote on a resolution approving a Declaration of Use, formally dedicating portions of City owned property, as part of OPW 54675, North 24th Street Streetscape, known as 4101 North 24th Street, for use as a Permanent Public Sidewalk and Utility Easements. Councilmember Goodwin is a member of the North 24th Street Business Improvement District Board. Councilmember Goodwin <u>WILL NOT</u> vote on this item.</p>                                                                                                                 |                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |           |                     |      |                 |  |                                                                                                   |  |

**ITEM 4 PERSONS WHO MAY RECEIVE FINANCIAL BENEFIT OR DETRIMENT**

X You

Member of your Immediate Family: \_\_\_\_\_

NAME

☐ Business With Which You  
Are Associated (See Definitions) \_\_\_\_\_

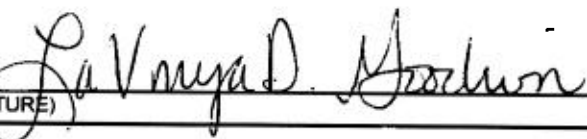
NAME OF BUSINESS

**ITEM 5 NATURE OF FINANCIAL BENEFITS**Note. Councilmember Goodwin is a member of the North 24<sup>th</sup> Street Business Improvement District Board.**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)

