

<b>NEBRASKA</b> <b>ACCOUNTABILITY AND DISCLOSURE COMMISSION</b> 11 <sup>th</sup> Floor, State Capitol P.O. Box 95086 Lincoln, NE 68509 (402) 471-2522	<b>FILED</b> <b>POTENTIAL CONFLICT OF INTEREST STATEMENT</b> CITY CLERK'S OFFICE 2010 APR 31 PM 1 50 CITY OF LINCOLN NEBRASKA <b>NADC FORM C-2</b>	POSTMARK DATE	
		MICROFILM NUMBER	
BEFORE COMPLETING THIS FORM READ THE FILING REQUIREMENTS ON PAGE 3		OFFICE USE ONLY	

FILED  
 CITY CLERK'S OFFICE  
 2010 APR 31 PM 5:59  
 CITY OF LINCOLN  
 NEBRASKA

- 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>Emery Douglas</u> Telephone No. <u>(402) 466-7010</u>
	<small>Last First Middle</small> Address <u>6900 Morrill Ave.</u> <u>Lincoln</u> <u>NE</u> <u>68507</u> <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>Chair</u> Agency <u>Lincoln City Council</u>
Agency Address	<u>555 South 10th Street, Suite 111</u> Agency Phone <u>(402) 441-7515</u>
Name of Immediate Superior	<u>N/A</u> Title <u>N/A</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:	<u>April 5, 2010</u>
Description of Potential Conflict:	<p>I am a Member and Chairman of the Lincoln City Council. I am also an unpaid, volunteer director of Lincoln Action Program, a non-profit corporation assisting low income residents. On March 29, 2010, the Council voted by a vote of 7-0 to approve a contract between the Lincoln-Lancaster County Health Department and Lincoln Action Program for the Health Department to provide medical care to pregnant women and children. After the vote, I realized Lincoln Action Program was a party to the contract and I should not have voted. At the conclusion of the meeting, I informed the City Attorney of my mistake. At the Council's April 5, 2010, meeting, it will vote to reconsider the resolution and another vote will be taken, in which I will not participate.</p>

**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) Lincoln Action Program  
NAME OF BUSINESS

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

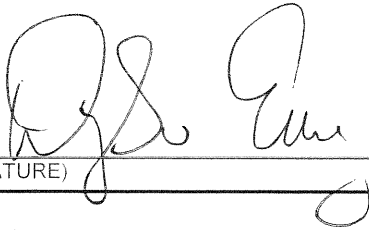
Contract to reimburse Health Department for expenses in providing medical services up to \$416/month.

**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)

3-31-10