

**DIRECTORS'/ORGANIZATIONAL AGENDA**  
**ADDENDUM**  
**Monday, May 3, 2021**

**I. CONSTITUENT CORRESPONDENCE**

1. Abandoned Property Issue Unresolved – James Bunch  
Staff response provided by Angie Birkett, City Council Secretary
2. COVID Restrictions – David Steffen  
Staff response provided by Councilperson Bowers
3. Mask Mandate – Cortni Hansen  
Staff response provided by Councilperson Bowers
4. TX21002 – Lance White

## Angela M. Birkett

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**From:** James Bunch <theguys.unlv@yahoo.com>  
**Sent:** Friday, April 30, 2021 3:19 PM  
**To:** Angela M. Birkett  
**Cc:** Richard W. Meginnis; James M. Bowers  
**Subject:** Re: Abandoned Property Issue Unresolved

Found it, Request ID: 8534851; 2958 N. 54th Street; 9/9/20 was original report date.

On Friday, April 30, 2021, 11:52:47 AM CDT, Angela M. Birkett <abirkett@lincoln.ne.gov> wrote:

Good Morning Mr. Bunch,

Thank you for contacting the Lincoln City Council's Office. In regards to your email below, could you please provide additional information to the issue that was reported in September, including the address to the property you referenced in your email.

I would be happy to discuss the issue with you if you would rather call me directly, 402-441-6867.

I look forward to hearing from you.

Thanks,

Angie Birkett

Administrative Secretary

Lincoln City Council

555 South 10<sup>th</sup> St., Ste 111

Lincoln, NE 68508

Phone 402-441-6867

Fax 402-441-6533

[abirkett@lincoln.ne.gov](mailto:abirkett@lincoln.ne.gov)



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**From:** James Bunch [mailto:theguys.unlv@yahoo.com]  
**Sent:** Friday, April 30, 2021 10:14 AM  
**To:** Council Packet <CouncilPacket@lincoln.ne.gov>  
**Subject:** Abandoned Property Issue Unresolved

Dear Council Members,

The following issue first reported on UPLNK by one of my neighbors in SEPTEMBER is still a problem and has not been resolved. I think it is a symptom of poor government that this abandoned property with significant issues is still being swept under the rug. Had this been anywhere but Northeast Lincoln I believe it would have been rectified long ago.

Sincerely,

Jim Bunch

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## Angela M. Birkett

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**From:** James M. Bowers  
**Sent:** Saturday, May 01, 2021 1:03 PM  
**To:** Angela M. Birkett  
**Subject:** Re: COVID restrictions

Dr. Steffen,

Thank you for reaching out. I am hearing that you are wanting to reduce the directed health mandates, that 14 days is too long and that the amount of days should be 7, and that enough people in the community have been vaccinated.

I appreciate you reaching out. I am making note of your concern and what the public health guidelines should be. I am encouraged that the directed health measures continue to be reduced as the community becomes vaccinated.

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**From:** David Steffen [mailto:dsteffen1@unl.edu]  
**Sent:** Wednesday, April 28, 2021 7:36 AM  
**To:** Council Packet <CouncilPacket@lincoln.ne.gov>  
**Subject:** FW: COVID restrictions

It seems that vaccine is now available to anyone that is interested in mitigating risk of infection. Therefore there is no reason for any [government](#) restrictions [on our freedom](#). The people getting vaccinated this week and next will be boosted by June 1. If you want copies of the published papers on the vaccines I can send them. But the protection is great at 7 days post booster the increase to day 14 is miniscule. I tested for antibody for me and my wife 3 days post booster and we were good.

It makes no sense for vaccinated people to be restricted or masked. We [have been doing it](#) as a courtesy to those that were waiting in line. But frankly with 50% of the county fully vaccinated, those not yet vaccinated can stay out of the public space for a few weeks if they are afraid. The low infection rate makes it very safe in public even for the unvaccinated. Particularly outdoors with predictably over half the crowd vaccinated.

The chance of an outbreak that overwhelms the healthcare resources is zero [at this point with community immunity likely over 60%](#). Stores could have a mask day or mask rules if they like but government need to get out of the way. The rules were to prevent overwhelming the health care system [and should never be used to decide for us what an acceptable personal risk is](#). That risk for vaccinates right now is [essentially zero](#). It is past time to return our freedom and reward those that are vaccinated.

*Sincerely,*

*Dr. David J Steffen DVM PhD ACVP  
Pathologist*

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## Angela M. Birkett

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**From:** Cortni Hansen <cortnihansen@yahoo.com>  
**Sent:** Sunday, May 02, 2021 1:59 PM  
**To:** James M. Bowers  
**Cc:** Council Packet; Samuel Lyon; Aleksandra Maslowska; Cory Radenslaben; Denise Rieschick Shaw; langel119@yahoo.com; Jessica Morten; aliherrera21@yahoo.com  
**Subject:** Re: Mask Mandate  
**Attachments:** Mask Don't Work.pdf

Dear Councilman James,

Thank you for your recent response and also for looking into the Stanford study. Your in-depth analysis provided insight for me as well and I will vet my articles further in the future.

In the past I have sent you multiple letters with the research done by scientists, doctors, lawyers and other politicians, as yourself, that have established mask are not effective and can even be harmful in providing a false sense of security. This analysis is also included in the video of the Board-Certified Mayo Clinic Pathologist, Dr. Cole, who runs Cole Agnostics Laboratory in Idaho and is an expert in Immunology and Virology.

I was surprised to see that you responded on this Stanford article but never responded on any other video or articles that substantially supports that masks are ineffective. Should I assume you chose this article because it fits your narrative? To support mask compliance? I hope not, since you and the other Council Members represent the people as a whole and can work for all the residents of Lincoln, NE.

Again, I have attached the video address from a Dr. Cole that simple states mask doesn't work and offers to establish facts on options for Nebraska and all citizens to maintain their health. I have also attached another article from Marilyn M Singleton, MD JD that also states mask should not be worn in the general public.

You censor our health and the health of our children with your vote. Please consider reviewing these to also establish what so many people already know; masks are not the answer.

I find it odd that the Mayor is choosing to move to Ashland, NE where there is not a mask mandate.

Thank you for your consideration of the matter.

Sincerely,

Cortni J. Hansen

<https://thetruedefender.com/breaking-doctor-shares-the-power-of-vitamin-d-exposing-mrna-bioweapon-ivermectin/>

(Scroll down to play the video.)

Dr. Cole

Board Certified Mayo Clinic, Pathologist

Cole Agnostics One of the Largest Laboratories in Idaho started 17 years ago.

Immunology and Virology

Article attached.

On Saturday, May 1, 2021, 03:36:39 PM CDT, James M. Bowers <jbowers@lincoln.ne.gov> wrote:

Hi Cortni,

Thank you for sending this over. I am hearing your concern that facemasks are not effective and that face masks are never going away.

I appreciate you sharing the article. I was really intrigued when you mentioned it was a Stanford study. I looked it up and it appears that Stanford says that the author's attribution is inaccurate. It appears the author had a one year term as a visiting scholar in 2016 "on matters unrelated to this paper" and Stanford Medicine advises the use of face masks to control transmission of Covid-19.

I was surprised to learn more about the journal "Medical Hypotheses" It appears that it is not a peer reviewed medical journal and they have published papers on people who do not believe AIDS is real, and if there is a link between schizophrenia and heeled shoes.

It also appears that the author has a PhD in Exercise Physiology from Portugal.

Thanks for sharing this and I will take note of your concerns.

James Michael Bowers  
Council Member District 1  
555 South 10<sup>th</sup> St.  
Lincoln, NE 68508  
402-441-7515  
jbowers@lincoln.ne.gov

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**From:** Cortni Hansen [mailto:cortnihansen@yahoo.com]

**Sent:** Tuesday, April 20, 2021 7:39 PM

**To:** Council Packet <CouncilPacket@lincoln.ne.gov>

**Cc:** Aleksandra Maslowska <fragola13@hotmail.com>; aliherrera21@yahoo.com; Darcy Yocum <dryhumor77@gmail.com>; Denise Rieschick Shaw <dmrieschick03@yahoo.com>; Jessica Morten <mortenjessica33@gmail.com>; Cory Radenslaben <cradenslaben@gmail.com>; Britni Myers <bmyers9129@gmail.com>; Samuel Lyon <thefixitguy01@gmail.com>; Amber Steckelberg <amber.steckelberg@gmail.com>; Skogje <skogje777@gmail.com>

**Subject:** Mask Mandate

Dear City Council Members,

At what point are you going to wake up and realize these face mask don't work? I have attached the most resent study from Stanford. Logic is fast science is slow. It is my understanding that the health officer would like the mandate to remain until 75% of the population is vaccinated. Which is never going to happen. Most people understand that none of the vaccines are FDA approve and are only approved for emergency use only. I

encourage you all to look at the Vaers website. To date there have been 56,569 injuries and 2,342 deaths. Less than 1% of vaccine injuries are reported.

<https://wonder.cdc.gov/controller/datarequest/D8;jsessionid=8F155B855585896340D66093EE9B>

Cortni Hansen  
8760 Fremont Street Apt 134  
Lincoln, NE 68507  
Registered Voter

**Conclusion**

The existing scientific evidences challenge the safety and efficacy of wearing facemask as preventive intervention for COVID-19. The data suggest that both medical and non-medical facemasks are ineffective to block human-to-human transmission of viral and infectious disease such SARS-CoV-2 and COVID-19, supporting against the usage of facemasks. Wearing facemasks has been demonstrated to have substantial adverse physiological and psychological effects. These include hypoxia, hypercapnia, shortness of breath, increased acidity and toxicity, activation of fear and stress response, rise in stress hormones, immunosuppression, fatigue, headaches, decline in cognitive performance, predisposition for viral and infectious illnesses, chronic stress, anxiety and depression. Long-term consequences of wearing facemask can cause health deterioration, developing and progression of chronic diseases and premature death. Governments, policy makers and health organizations should utilize prosper and scientific evidence-based approach with respect to wearing facemasks, when the latter is considered as preventive intervention for public health.

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It is also clear that masks serve symbolic roles. **Masks are** not only tools, they are also **talismans** that may help increase health care workers' perceived sense of safety, well-being, and trust in their hospitals. **Although such reactions may not be strictly logical, we are all subject to fear and anxiety**, especially during times of crisis. One might argue that fear and anxiety are better countered with data and education than with a marginally beneficial mask, particularly in light of the worldwide mask shortage, but it is difficult to get clinicians to hear this message in the heat of the current crisis. **Expanded masking protocols' greatest contribution may be to reduce the transmission of anxiety**, over and above whatever role they may play in reducing transmission of Covid-19.

**Masks do not prevent virus respiratory illness. Size matters!**

Viruses are 50x smaller than bacteria and 1000x smaller than a hair

size of bacteria = 5 micrometer (5  $\mu\text{m}$ )

size of particles in wood smoke (wildfire): 0.4-0.7 micrometers (0.5  $\mu\text{m}$ )

size of virus = 0.1 micrometer (Influenza and SARS-CoV-2) (0.1  $\mu\text{m}$ )

comparison: human hair is 100 micrometers (100  $\mu\text{m}$ )

(one million micrometers = one meter)

CDC: "Cloth masks do not catch small harmful particles in smoke."

### Transmission of SARS-CoV-2

#### Droplets

- Virus is transmitted through respiratory droplets produced when an infected person coughs, sneezes or talks. Larger respiratory droplets (>5  $\mu\text{m}$ ) remain in the air for only a short time and travel only short distances, generally <1 meter. They fall to the ground quickly.  
[https://www.thelancet.com/journals/lanres/article/PIIS2213-2600\(20\)30245-9/fulltext](https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(20)30245-9/fulltext)
- This idea guides the CDC's advice to maintain at least a 6-foot distance.
- Virus-laden small (<5  $\mu\text{m}$ ) aerosolized droplets can remain in the air for at least 3 hours and travel long distances.
- <https://www.nejm.org/doi/pdf/10.1056/NEJMc2004973?articleTools=true>

#### Air currents

- In air-conditioned environment these large droplets may travel farther.
- However, ventilation — even the opening of an entrance door and a small window can dilute the number of small droplets to one half after 30 seconds.

(This study looked at droplets from uninfected persons). This is clinically relevant because poorly ventilated and populated spaces, like public transport and nursing homes, have high SARS-CoV-2 disease transmission despite physical distancing. [https://www.thelancet.com/journals/lanres/article/PIIS2213-2600\(20\)30245-9/fulltext](https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(20)30245-9/fulltext)

## Objects and surfaces

- Person to person touching
- The CDC's most recent statement regarding contracting COVID-19 from touching surfaces: "Based on data from lab studies on Covid-19 and what we know about similar respiratory diseases, it may be possible that a person can get Covid-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose or possibly their eyes," the agency wrote. "But this isn't thought to be the main way the virus spreads. <https://www.cdc.gov/media/releases/2020/s0522-cdc-updates-covid-transmission.html>.
- Chinese study with data taken from swabs on surfaces around the hospital [https://wwwnc.cdc.gov/eid/article/26/7/20-0885\\_article?deliveryName=USCDC\\_333-DM25707](https://wwwnc.cdc.gov/eid/article/26/7/20-0885_article?deliveryName=USCDC_333-DM25707)
  - The surfaces where tested with the PCR (polymerase chain reaction) test, which greatly amplifies the viral genetic material if it is present. That material is detectable when a person is actively infected. This is thought to be the most reliable test.
    - Computer mouse (ICU 6/8, 75%; General ward (GW) 1/5, 20%)
    - Trash cans (ICU 3/5, 60%; GW 0/8)
    - Sickbed handrails (ICU 6/14, 42.9%; GW 0/12)
    - Doorknobs (GW 1/12, 8.3%)
    - 81.3% of the miscellaneous personal items were positive:
      - Exercise equipment
      - Medical equipment (spirometer, pulse ox, nasal cannula)
      - PC and iPads
      - Reading glasses
      - Cellular phones (83.3% positive for viral RNA)
      - Remote controls for in-room TVs (64.7% percent positive)
      - Toilets (81.0% positive)
      - Room surfaces (80.4% of all sampled)
      - Bedside tables and bed rails (75.0%)
      - Window ledges (81.8%)
      - Plastic: up to 2-3 days
      - Stainless Steel: up to 2-3 days
      - Cardboard: up to 1 day
      - Copper: up to 4 hours

- Floor – gravity causes droplets to fall to the floor. Half of ICU workers all had virus on the bottoms of their shoes

### Filter Efficiency and Fit

\*Data from a University of Illinois at Chicago review

<https://www.cidrap.umn.edu/news-perspective/2020/04/commentary-masks-all-covid-19-not-based-sound-data>

- HEPA (high efficiency particulate air) filters – 99.97 – 100% efficient. HEPA filters are tested with particles that are 0.125  $\mu\text{m}$ .
- Masks and respirators work by collecting particles through several physical mechanisms, including diffusion (small particles) and interception and impaction (large particles)
- N95 filtering facepiece respirators (FFRs) are constructed from electret (a dielectric material that has a quasi-permanent electric charge. An electret generates internal and external electric fields so the filter material has electrostatic attraction for additional collection of all particle sizes. As flow increases, particles will be collected less efficiently.
- N95 – A *properly fitted* N95 will block 95% of tiny air particles down to 0.3  $\mu\text{m}$  from reaching the wearer’s face. <https://www.honeywell.com/en-us/newsroom/news/2020/03/n95-masks-explained>.
  - But even these have problems: many have exhalation valve for easier breathing and less moisture inside the mask.
  - Surgical masks are designed to protect patients from a surgeon’s respiratory droplets, **aren’t effective at blocking particles smaller than 100  $\mu\text{m}$** .
  - <https://webcache.googleusercontent.com/search?q=cache:VLXWeZBII7YJ:h ttps://multimedia.3m.com/mws/media/9577300/respirators-and-surgical-masks-contrast-technical-bulletin.pdf+&cd=13&hl=en&ct=clnk&gl=us>
  - Filter efficiency was measured across a wide range of small particle sizes (0.02 to 1  $\mu\text{m}$ ) at 33 and 99 L/min.
    - N95 respirators had efficiencies greater than 95% (as expected).
    - T-shirts had 10% efficiency,
    - Scarves 10% to 20%,
    - Cloth masks 10% to 30%,
    - Sweatshirts 20% to 40%, and
    - Towels 40%.
    - All of the cloth masks and materials had near zero efficiency at 0.3  $\mu\text{m}$ , a particle size that easily penetrates into the lungs.
    - Another study evaluated 44 masks, respirators, and other materials with similar methods and small aerosols (0.08 and 0.22  $\mu\text{m}$ ).
      - N95 FFR filter efficiency was greater than 95%.
      - Medical masks – 55% efficiency
      - General masks – 38% and

- Handkerchiefs – 2% (one layer) to 13% (four layers) efficiency.
- Conclusion: Wearing masks will not reduce SARS-CoV-2.
  - N95 masks protect health care workers, but are not recommended for source control transmission.
  - Surgical masks are better than cloth but not very efficient at preventing emissions from infected patients.
  - Cloth masks will be ineffective at preventing SARS-CoV-2 transmission, whether worn as source control or as personal protective equipment (PPE).

“Masks may confuse that message and give people a false sense of security. If masks had been the solution in Asia, shouldn’t they have stopped the pandemic before it spread elsewhere?”

\*The first randomized controlled trial of cloth masks.

<https://bmjopen.bmj.com/content/5/4/e006577>

- Penetration of cloth masks by particles was 97% and medical masks 44%, 3M Vflex 9105 N95 (0.1%), 3M 9320 N95 (<0.01%).
  - Moisture retention, reuse of cloth masks and poor filtration may result in increased risk of infection.
  - The virus may survive on the surface of the face- masks
  - Self-contamination through repeated use and improper doffing is possible. A contaminated cloth mask may transfer pathogen from the mask to the bare hands of the wearer.
  - Cloth masks should not be recommended for health care workers, particularly in high-risk situations, and guidelines need to be updated.

\*A study of 4 patients in South Korea

<https://www.acpjournals.org/doi/10.7326/M20-1342>

Known patients infected with SARS-CoV-2 wore masks and coughed into a Petrie dish. “Both surgical and cotton masks seem to be ineffective in preventing the dissemination of SARS-CoV-2 from the coughs of patients with COVID-19 to the environment and external mask surface.”

\*Singapore Study – Few people used mask correctly

<https://www.medpagetoday.com/infectiousdisease/publichealth/86601>

Overall, data were collected from 714 men and women. About half the sample were women and all adult ages were represented. Only 90 participants (12.6%, 95% CI 10.3%-15.3%) passed the visual mask fit test. About three-quarters performed strap placement incorrectly, 61% left a “visible gap between the mask and skin,” and about 60% didn’t tighten the nose-clip.

\*A 2011 randomized Australian clinical trial of standard medical/surgical masks

[https://onlinelibrary.wiley.com/doi/epdf/10.1111/j.1750-2659.2011.00198.x?fbclid=IwAR3kRYVYDKb0aR-su9\\_me9\\_vY6a8KVR4HZ17J2A\\_80f\\_fXUABRQdhQlc8Wo](https://onlinelibrary.wiley.com/doi/epdf/10.1111/j.1750-2659.2011.00198.x?fbclid=IwAR3kRYVYDKb0aR-su9_me9_vY6a8KVR4HZ17J2A_80f_fXUABRQdhQlc8Wo)

Medical masks offered no protection at all from influenza.

### **Conclusions from Organizations**

The World Health Organization (WHO):

[https://apps.who.int/iris/bitstream/handle/10665/331693/WHO-2019-nCov-IPC\\_Masks-2020.3-eng.pdf?sequence=1&isAllowed=y](https://apps.who.int/iris/bitstream/handle/10665/331693/WHO-2019-nCov-IPC_Masks-2020.3-eng.pdf?sequence=1&isAllowed=y)

#### **“Advice to decision makers on the use of masks for healthy people in community settings**

As described above, the wide use of masks by healthy people in the community setting is not supported by current evidence and carries uncertainties and critical risks.”

**“Medical masks should be reserved for health care workers.** The use of medical masks in the community may create a false sense of security, with neglect of other essential measures, such as hand hygiene practices and physical distancing, and may lead to touching the face under the masks and under the eyes, result in unnecessary costs, and take masks away from those in health care who need them most, especially when masks are in short supply.”

“Masks are effective only when used in combination with frequent hand-cleaning with alcohol-based hand rub or soap and water.”

WHO acknowledges that most people do not use masks properly.

Dr. Nancy Messonnier, director of the Center for the National Center for Immunization and Respiratory Diseases:

<https://www.cdc.gov/media/releases/2020/t0131-2019-novel-coronavirus.html>

“We don’t routinely recommend the use of face masks by the public to prevent respiratory illness,” said on January 31. “And we certainly are not recommending that at this time for this new virus.”

The Centers for Disease Control and Prevention (CDC)

<https://www.cdc.gov/flu/professionals/infectioncontrol/maskguidance.htm>

In March 5, 2019 regarding the flu: “Masks are not usually recommended in non-healthcare settings; however, this guidance provides other strategies for limiting the spread of influenza viruses in the community:

- cover their nose and mouth when coughing or sneezing,
- use tissues to contain respiratory secretions and, after use, to dispose of them in the nearest waste receptacle, and

- perform hand hygiene (e.g., handwashing with non-antimicrobial soap and water, and alcohol-based hand rub if soap and water are not available) after having contact with respiratory secretions and contaminated objects/materials.

Dr. Anthony Fauci, March 2020, time: 0:22-0:55

[https://www.youtube.com/watch?v=PRa6t\\_e7dgl](https://www.youtube.com/watch?v=PRa6t_e7dgl)

From the New England Journal of Medicine

<https://www.nejm.org/doi/full/10.1056/NEJMp2006372>

“We know that wearing a mask outside health care facilities offers little, if any, protection from infection. Public health authorities define a significant exposure to Covid-19 as face-to-face contact within 6 feet with a patient with symptomatic Covid-19 that is sustained for at least a few minutes (and some say more than 10 minutes or even 30 minutes). The chance of catching Covid-19 from a passing interaction in a public space is therefore minimal. In many cases, the desire for widespread masking is a reflexive reaction to anxiety over the pandemic.”

### **Final Thoughts**

- Surgical masks – loose fitting. They are designed to protect the patient from the doctors’ respiratory droplets and to protect the doctor from blood and bodily secretions. The wearer is not protected from others airborne particles
- People do not wear masks properly. Most people have the mask under the nose. The wearer does not have glasses on and the eyes are a portal of entry.
- The designer masks and scarves offer minimal protection – they give a false sense of security to both the wearer and those around the wearer.  
\*\*Not to mention they add a perverse lightheartedness to the situation.
- If you are walking alone, no mask – avoid folks – that is common sense.
- Remember – children under 2 should not wear masks – accidental suffocation and difficulty breathing in some
- If wearing a mask makes people go out and get Vitamin D – go for it. In the 1918 flu pandemic people who went outside did better. Early reports are showing people with COVID-19 with low Vitamin D do worse than those with normal levels. Perhaps that is why shut-ins do so poorly.
- <https://www.medrxiv.org/content/10.1101/2020.04.08.20058578v4>

Curated by Marilyn M. Singleton, MD, JD @MSingletonMDJD

**Angela M. Birkett**

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**From:** Lance White <lance@turrisgroupllc.com>  
**Sent:** Monday, May 03, 2021 10:54 AM  
**To:** Council Packet  
**Subject:** TX21002

Dear City Council,

I am contacting you with deep concerns about the above proposed ordinance. Short term rentals are a well designed self regulating system. You should be aware that when a private property owner chooses to invest their savings in and rent out a property or a portion of a property on a short term basis, there are several things that go into the process.

The property is well maintained much more than a long term rental as a short term rental is cleaned and inspected after each short term rental period. As you know, once a long term renter moves in, the landlord has little control over the maintenance and cleanliness of the property. Long term renters can cause substantial damage to a rental property over the extended lease period without the landlord's knowledge.

Short term rentals have a checks and balances system built in. The renter can rate the property in whichever platform they rented the property through, which motivates the private property owner to keep a clean well maintained property to obtain a high rating thus making their property more desirable than the competition. This in turn increases the private property owners chances of keeping the property rented so they can pay their mortgage, property taxes, and maintenance and make a profit in a free enterprise system such as America has.

The rentee (property owner) also has the ability to rate the short term renter, which in turn motivates the renter to treat the property well so they in turn can receive a good rating so that future short term rental providers will be more likely to accept that renter.

It is very clear that there is no need to regulate this system by any government including where and when a short term rental can be located.

Short term rentals are vital to a forward thinking growth oriented city economy, as short term rentals supplement the needs of a city to provide quality lodging for the many events that take place here. And the revenue generated through visitor dollars is a boon to local businesses and government.

Lastly I believe it is a violation of my rights as a United States citizen, for the government to put undo restrictions on my private property rights. You would agree that there is nothing illegal, immoral, or endangering about providing a clean well maintained short term rental. I would appreciate you protecting my private property rights and voting against or amending TX21002 to protect those rights you took an oath to protect.

Respectfully,

--  
Lance A White

## Commercial Acquisitions

Turris Group LLC.

PO Box 5372, Lincoln NE 68505

402.408.4566

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