

NEBRASKA ACCOUNTABILITY AND DISCLOSURE COMMISSION 1225 L St., Suite 400 P.O. Box 95086 Lincoln, NE 68509 (402) 471-2522 www.nadc.nebraska.gov BEFORE COMPLETING READ FILING REQUIREMENTS	STATEMENT OF FINANCIAL INTERESTS NADC FORM C-1	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">POSTMARK DATE</td> <td style="width: 50%; text-align: center; padding: 2px;">2/29/12</td> </tr> <tr> <td style="padding: 2px;">MICROFILM NUMBER</td> <td style="padding: 2px;"></td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 5px;">OFFICE USE ONLY</td> </tr> </table>	POSTMARK DATE	2/29/12	MICROFILM NUMBER		OFFICE USE ONLY	
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OFFICE USE ONLY								

- Candidates for designated offices and holders of designated offices and positions must file this statement with the Commission. See Sections 1A and 1B of the instructions.
- Candidates (including incumbents) subject to this filing requirement must file this statement in order to have their names appear on the ballot. (See Instructions).
- Designated officeholders and holders of designated positions must file this statement with the Commission annually.
- Dollar values need not be report for any item, except Item 11.
- Persons who fail to file as required are subject to a civil penalty of up to \$2,000.

ITEM 1	YOUR NAME, ADDRESS AND PHONE NUMBER				
Name	Wells	Roger	D	Telephone No.	308-750-5030
	LAST	FIRST	MIDDLE		
Address	2405 Patriot Dr		Lexington	NE	68850
	STREET ADDRESS OR RURAL ROUTE		CITY	STATE	ZIP CODE

ITEM 2	OCCASION FOR FILING (Check Appropriate Box)	
	☐ A candidate for elective office	☐ Left office or position
	☒ Annual officeholder's or state employee's report	☐ Newly appointed to office or position

ITEM 3	OFFICE HELD & TERM OF OFFICE (Incumbent elected/appointed officials and state employees. See 1B of instructions)		
List the office or position you currently hold which requires this filing. If you have left office, list the office you held.			
Office or Position:	Board Member	Term:	2021 2022 BEGINS ENDS
Name of City, County, District, or State Agency:	NEBRASKA RURAL HEALTH ADVISOR COMMISSION		

ITEM 4	OFFICE SOUGHT (Candidates only. See 1A of instructions)
List the office sought which requires this filing.	
Office:	
Name of City, County, District, or State Office:	

ITEM 5**PERIOD COVERED BY THIS STATEMENT**

This statement must cover all financial interests for the entire "**preceding calendar year**" and not just as of year-end. If you have left office, this statement must cover all financial interests from the end of the calendar year for which you previously filed up to and including the date you left office.

This statement covers the **preceding calendar year** January 1 through December 31, 2020

Left office, this statement covers the period January 1,

to

(DATE YOU LEFT OFFICE OR POSITION)

Revised January 2018

ITEM 6 SOURCES OF INCOME OF OVER \$1,000

Income includes money or any other form of recompense constituting income under the Internal Revenue Code. (See definitions)

Name and address of any source* (including an individual, business, body of government, political subdivision or body corporate) from which income of over \$1,000 was received

List the nature of the source's business and the nature of the services you rendered or the circumstances under which income was received. NOTE: Do not list the amount of the income.

List your Government position if you were paid more than \$1,000.

1.) LEXINGTON REGIONAL HEALTH CENTER

1a.) PHYSICIAN ASSISTANT

PO Box 980

1201 ERIE, LEXINGTON, NE 68850

2.) RONALD WELLS

2a.) LAND RENTAL

2252 SALEM RD

ELBA, NE 68835

3.) RODNEY WELLS

3a.) LAND RENTAL

1802 22ND AVE

ELBA, NE 68835

4.)

4a.)

*NOTE: IF INCOME RESULTED FROM EMPLOYMENT BY, OPERATION OF OR PARTICIPATION IN A PROPRIETORSHIP, PARTNERSHIP, CORPORATION OR OTHER PERSON, LIST THE SAME AS THE SOURCE OF INCOME, BUT NOT THE PATRONS, CUSTOMERS, PATIENTS, OR CLIENTS THEREOF.

ITEM 7 BUSINESSES WITH WHICH YOU ARE ASSOCIATED Including Non Profits (See definitions)Name and address of all businesses, organizations, or associations (profit and non-profit) with which you held a position of officer, director, limited liability company member, partner, or stockholder and any entity in which you held a position of trustee. Such reporting is required based on the position held, not on whether income was received. You need **not** report business associations which are otherwise listed under Item 6.

Name and Address of Business or Organization.

Nature of Association

If you have nothing to report, write NONE1.) HRSA FEDERAL OFFICE OF RURAL HEALTH
POLICY

1a.) COMMITTEE MEMBER

6500 FISHERS LANE 9142

ROCKVILLE MD 20857

2.) NATIONAL RURAL HEALTH ASSOC

2a.) BOARD OF TRUSTEES MEMBER

1025 VERMONT AVE

Policy Congress

WASHINGTON NE 68538

Chair of Clinical Constituency

3.)	AMERICAN ACADEMY OF PHYSICIAN ASSISTANTS	3a.)	FELLOW MEMBER
	2318 Mill Road		
	Ste. 1300		
	Alexandria VA 22314		
4.)	QPP CLINICAL CHAMPIONS GROUP	4a.)	MEMBER
	PO BOX 1110		
	VALLEY FORGE PA 19482-1110		
5.)	NE Governor's Rural Health Advisory Commission	5a.)	MEMBER
	OFFICE OF RURAL HEALTH, NE HHS		
	PO Box 95026, LINCOLN NE 68509		
6.)	NEBRASKA ACADEMY OF PHYSICIAN ASSISTANTS	6a.)	MEMBER
	8700 EXECUTIVE WOODS DR. #400		
	LINCOLN, NE 68508		
7.)	NATIONAL ASSOCIATION OF RURAL HEALTH CLINICS	7a.)	MEMBER
	2 E MAIN ST		POLICY COMMITTEE
	FREMONT MI 49412		
8	NEBRASKA TOTAL CARE QUALITY ASSURANCE PERFORMANCE IMPROVEMENT COMMITTEE 2525 N 117TH AVE STE 100 OMAHA, NE 68164		BOARD MEMBER
9	UNITED HEALTH CARE CLINICAL AND PROVIDER ADVISORY COMMITTEE 2717 N 118TH ST, STE 300 OMAHA, NE 68164		BOARD MEMBER
10	State of Nebraska Accountability and Disclosure University of Nebraska Medical Center Rural Health Advisory Committee 986035 Nebraska Medical Center Omaha, NE 681989-6035		Co-Chair

List all real property in Nebraska in your name or in which you have a direct ownership interest. The description required must be sufficient to identify the location of the property. Exceptions: You need **not** report real property owned by a business listed in Item 6 or 7, your personal residence or real property valued at less than \$1,000. Personal residence refers to your principal dwelling-house and adjacent land used for house-hold purposes, such as lawns and gardens.

Location of Property (Description or Address)	Nature of Property (such as: agricultural, commercial, industrial, residential-rental)
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If you have nothing to report, write NONE

NONE	
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ITEM 9	OTHER FINANCIAL INTERESTS AND PROPERTY HELD DURING THE PERIOD OF THIS STATEMENT WHICH EXCEEDED A FAIR MARKET VALUE OF \$1,000 AT ANY TIME DURING THE REPORTING PERIOD
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(a) List the names and addresses of the institutions in which you had checking and savings accounts and certificates of deposit.

Financial Institution	Address
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If you have nothing to report, write NONE

W1/2 12-16-12 (80 ACRES) HOWARD CO, NE	AGRICULTURE
HOMESTEAD BANK	PO Box 355, ST PAUL NE 68873
E-TRADE	PO BOX 1542 MERRIFIELD VA 22115-1542
EDWARD JONES	PO BOX 66906, ST LOUIS MO 63166-6906
VANGUARD	PO BOX 1110, VALLEY FORGE, PA 19482-1110

(b) List the names of the issuers of all stocks, bonds, and government securities, not otherwise listed under Items 6 or 7.

If you have nothing to report, write NONE

NONE

(c) Describe other property owned or held for the production of income not otherwise disclosed in Items 6, 7, 8 or 9(a)(b). Include leaseholds and other interests in real estate, promissory notes and other obligations owed to you, beneficial interests in trusts and estates, cash value life insurance, IRAs, deferred income and retirement plans. Exception: Do **not** include accounts receivable, inventory, fixtures and equipment owned or used by a business listed in Items 6 & 7 or household goods, personal automobiles and other tangible personal property unless such property was held **primarily** for sale or exchange.

If you have nothing to report, write NONE

NONE

ITEM 10	CREDITORS TO WHOM \$1,000 OR MORE WAS OWED OR GUARANTEED BY YOU OR A MEMBER OF YOUR IMMEDIATE FAMILY.
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Exception: Loans from a relative and land contracts which have been recorded with the County Clerk or Register of Deeds need **not** be reported. Accounts payable, debts arising out of retail installment transactions or loans made by a financial institution in the ordinary course of business need **not** be reported.

Name	Address
If you have nothing to report, write NONE	
NONE	

ITEM 11	SOURCES OF GIFTS OF A VALUE OF MORE THAN \$100 RECEIVED EXCEPT GIFTS FROM RELATIVES. (See definitions) If you have nothing to report, write NONE
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Name and address of Donor	Occupation or nature of business of Donor	Value of Gift (See Key Below)	Description of Gift and Circumstances or Occasion for Gift
If you have nothing to report, write NONE			
NONE			

The monetary value of each gift shall be categorized based on the good faith estimate of the filer. For each reported gift insert in the Value column the letter which corresponds to the value category of the gift. The value categories are:

A) \$100.01 to \$200; B) \$200.01 to \$500; C) \$500.01 to \$1,000; D) \$1,000.01 or more.

ITEM 12	SIGNATURE OF FILER AND DATE.
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I hereby state that I have used all reasonable diligence in the preparation of this Statement and that to the best of my knowledge it is true and complete

	02/22/2024 @ 1923
(Signature of Filer)	(Date)