

Amend 3-1-22

NEBRASKA ACCOUNTABILITY AND DISCLOSURE COMMISSION 1225 L St., Suite 400 P.O. Box 95086 Lincoln, NE 68509 (402) 471-2522 www.nadc.nebraska.gov	STATEMENT OF FINANCIAL INTERESTS NADC FORM C-1	POSTMARK DATE <u>2-22-22</u>	MICROFILM NUMBER
		OFFICE USE ONLY RECEIVED MAR 03 2022 FEB 24 2022 NEBRASKA ACCOUNTABILITY and DISCLOSURE COMMISSION	
BEFORE COMPLETING READ FILING REQUIREMENTS			
• 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 <u>Bauer</u> <u>Douglas</u> <u>Andrew</u> Telephone No. <u>402-499-4115</u> LAST FIRST MIDDLE Address <u>21915 Granada St.</u> <u>Gretna</u> <u>NE</u> <u>68028</u> 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 IB 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: <u>Board of Health</u> Term: <u>2/9/2022-8/1/2024</u> Name of City, County, District, or State Agency: <u>Board of Health</u> BEGINS ENDS			
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, <u>2021</u>			
☐ Left office, this statement covers the period January 1, _____ to _____ (DATE YOU LEFT OFFICE OR POSITION)			

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.) Catholic Health Initiatives

1a.) Employed as a Hospital Physician (Hospitalist)

555 S. 70th St.

Lincoln, NE 68510

2.) CHI Health at Home/Hospice

2a.) Hospice Director

245 S. 84th St. #300

Lincoln, NE 68505

3.)

3a.)

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 NONE

1.) None

1a.)

2.)

2a.)

3.)

3a.)

4.)

4a.)

5.)

5a.)

6.)

6a.)

7.)

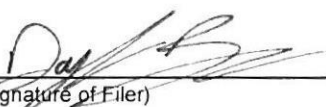
7a.)

ITEM 8	REAL PROPERTY OF THE FILER IN NEBRASKA (Real property valued at less than \$1,000 and your personal residence need <i>not</i> be reported.)	
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)
If you have nothing to report, write NONE		
		NONE
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	
(a) List the names and addresses of the institutions in which you had checking and savings accounts and certificates of deposit.		
Financial Institution		Address
If you have nothing to report, write NONE		
First National Bank of Omaha		1620 Dodge St. Omaha, NE, 68197
Centris Federal Credit Union		13120 Pierce St. Omaha, NE, 68144
(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		
Crispr Therapeutics AG, Walt Disney Co, SPDR S&P Global Infrastructure ETF, Ishares US aerospace and defense ETF, Prospect Capital Corp, Invesco Dynamic semiconductors ETF, SPDR portfolio S&P 500 high dividend ETF, Vanguard Minimum Volatility ETF, Vanguard High Dividend ETF, SPDR S&P Transportation ETF, Canopy Growth Corp, Cronos Group, Villiage Farms INTL, BlackRock Extended Markets M, BlackRock equity index W, Alliancebernstein discovery growth ETF, Vanguard US Growth, CVS Health Corp, Ishares MSCI USA index, First Trust Dow Jones Internet index fund, First Trust Water index, First Trust US equity index, Fidelity Select Health Care index, ETFMG Alternative Harvest ETF, First Trust Nasdaq Transportation ETF, IShares Clean Energy, First Trust Next Generation, SPDR Growth Index, SPDR Value Index, SPDR S&P biotech, Fidelity Extd Market Index, Fidelity 500 index, Aurora Cannabis Industries, Vanguard Explorer Value, Dropbox, First Trust Capital Strength, First Trust Global Commodities, First Trust Mid Cap, First Trust Small Cap, Proshares Online Retail, Vanguard Emerging Markets, Vanguard International Growth, Vanguard Mega Cap, Advanced Micro Devices, First Trust Aerospace and defense, First Trust Diversified Equity, First Trust health care index, First Trust cybersecurity, First Trust Clean Energy, United Parcel Service		
(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		

Raymond James. IRA account and personal investment account: 11225 Davenport Street. Suite 109. Omaha, NE 68154. For a list of securities, please see Item 9B.

Fidelity 401 K and 457B: 900 Salem Street, Smithfield, RI 02917. For a list of securities, please see Item 9B

Vanguard Personal Investment account: 5951 Lockett Court. Suite A1. El Paso, TX, 79932. For a list of securities please see item 9B

ITEM 10	CREDITORS TO WHOM \$1,000 OR MORE WAS OWED OR GUARANTEED BY YOU OR A MEMBER OF YOUR IMMEDIATE FAMILY.		
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		
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		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
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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.		
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.			
 (Signature of Filer)		2/16/2022 (Date)	

Criminal Penalties: Any person who files a statement knowing that information is false shall be guilty of a Class IV Felony, See §49-14,134, Nebraska Revised Statutes.

State of Nebraska

Accountability and Disclosure Commission

P.O. BOX 95086
Lincoln, Nebraska 68509
www.nadc.nebraska.gov



Centre Terrace, 1225 L St. #400
Phone (402) 471-2522
Fax (402) 471-6599

February 25, 2022

Douglas Bauer
21915 Granada Street
Gretna, NE 68028

Dear Mr. Bauer:

Your Statement of Financial Interests filed with this office contains an error or an omission.

Position: Member State Board of Health

Date of Filing: February 24, 2022

Error or Omission: Item 5 of your statement was left blank. Your statement should cover 2021, the preceding calendar year.

Action Required: Fill in the correct calendar year at Item 5.

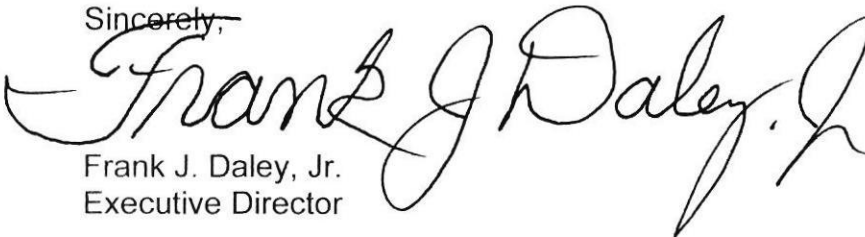
Please make the required changes on the enclosed copy and return to this office.

If your statement as filed does not accurately reflect your financial interests during 2021, you should file a new statement disclosing the correct information.

The due date for completed Statements of Financial Interests is March 1, 2022.

If you have any questions, please feel free to contact me.

Sincerely,



Frank J. Daley, Jr.
Executive Director

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