

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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">POSTMARK DATE</td> <td style="width: 50%; padding: 2px;">email 2-16-23</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: 2px;">OFFICE USE ONLY</td> </tr> <tr> <td colspan="2" style="height: 50px; text-align: center; vertical-align: middle; padding: 10px;">S</td> </tr> </table>	POSTMARK DATE	email 2-16-23	MICROFILM NUMBER		OFFICE USE ONLY		S	
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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																			
<table style="width: 100%;"> <tr> <td style="width: 15%;">Name</td> <td style="width: 35%;">GOLD JEFFREY</td> <td style="width: 10%;">P</td> <td style="width: 15%;">Telephone No.</td> <td style="width: 25%;">402-559-4201</td> </tr> <tr> <td></td> <td>LAST FIRST MIDDLE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Address</td> <td>986605 NEBRASKA MEDICAL CENTER</td> <td></td> <td>OMAHA</td> <td>NE 68198</td> </tr> <tr> <td></td> <td>STREET ADDRESS OR RURAL ROUTE</td> <td></td> <td>CITY</td> <td>STATE ZIP CODE</td> </tr> </table>	Name	GOLD JEFFREY	P	Telephone No.	402-559-4201		LAST FIRST MIDDLE				Address	986605 NEBRASKA MEDICAL CENTER		OMAHA	NE 68198		STREET ADDRESS OR RURAL ROUTE		CITY	STATE ZIP CODE
Name	GOLD JEFFREY	P	Telephone No.	402-559-4201																
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	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>CHANCELLOR, UNIV OF NEBR MEDICAL CENTER; EXEC VICE PRES AND PROVOST, UNIV OF NEBR</u>	
Term: <u>2/1/2014</u> <u>7/1/2021</u>	
Name of City, County, District, or State Agency: <u>OMAHA AND LINCOLN</u>	

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>2022</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.) US SOCIAL SECURITY ADMINISTRATION
SPOUSAL PAYMENT

1a.) SOCIAL SECURITY PAYMENT

2.) VANGUARD
PO BOX 2600
VALLEY FORGE, PA

2a.) DIVIDEND PAYMENT

3.) UBS RETIREMENT
51 JFK PARKWAY
SHORT HILLS NJ

3a.) IRA RETIREMENT PAYMENT

4.) UNIV OF NEBR - BOARD OF REGENTS
3835 HOLDREGE ST
LINCOLN NE 68503-1435

4a.) EMPLOYMENT

(SEE ATTACHMENT)

*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.) NEBRASKA MEDICINE
987400 NEBRASKA MEDICAL CENTER
OMAHA, NE 68198-7400

1a.) BOARD OF DIRECTORS (CHAIR)

2.) NEW YORK STATE DEPT OF HEALTH
CORNING TOWER - EMPIRE STATE BUILDING
ALBANY NY 122372a.) CARDIAC ADVISORY COMMITTEE (SUBCOMMITTEE CHAIR)
CARDIAC SERVICES QUALITY OVERSIGHT FOR NY STATE
APPOINTED VOLUNTEER (1993-3.) ASSOCIATION OF AMERICAN MEDICAL COLLEGES
(AAMC) COUNCIL OF TEACHING HOSPITALS
WASHINGTON DC

3a.) ELECTED VOLUNTEER (2018-

4.) ACCREDITATION COUNCIL OF GRADUATE MEDICAL
EDUCATION-INTERNATIONAL (ACGME-I)
515 N STATE ST STE 2000, CHICAGO IL 606544a.) BOARD OF DIRECTORS MEMBER
ELECTED VOLUNTEER (2020-5.) AKSARBEN FOUNDATION
7101 MERCY ROAD SUITE 320
OMAHA NE 681065a.) BOARD OF GOVERNORS
ELECTED VOLUNTEER (2021-6.) GREATER OMAHA CHAMBER EXECUTIVE COMMITTEE
1301 HARNEY ST
OMAHA NE 68102

6a.) COMMITTEE MEMBER

7.) NAT'L ACADEMY OF MEDICINE, ENGINEER & SCIENCE
HEALTHCARE DIASTER READINESS TASKFORCE
WELL BEING COLLABORATIVE STEERING COMMITTEE7a.) VOLUNTEER
VOLUNTEER; CO-LEAD

(CONTINUED AS ADDENDUM)

NADC FORM C-1
JEFFREY P. GOLD, MD

Item 7 (Continued)

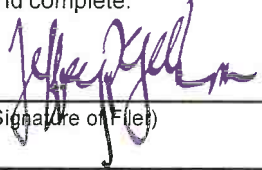
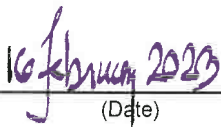
- 8) NEBRASKA HEALTHCARE COLLABORATIVE/CYNC HEALTH (VOLUNTEER)
- 9) OMAHA SYMPHONY BOARD OF DIRECTORS (VOLUNTEER, 2016-
1905 HARNEY ST, SUITE 400
OMAHA NE 68102-2318
- 10) ACADEMY OF MASTER SURGEON EDUCATORS (COMMITTEE MEMBER,
VOLUNTEER)
AMERICAN COLLEGE OF SURGEONS
633 NORTH SAINT CLAIR STREET
CHICAGO, ILLINOIS 60611

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		1620 DODGE ST OMAHA, NE 68197
AMERICAN EXPRESS NATIONAL BANK		PO BOX 30384 SALT LAKE CITY, UT 84130
(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		
MULTIPLE RETIREMENT FUNDS		
(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		
MULTIPLE RETIREMENT FUNDS - INHERITED IRA		

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:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	

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)		(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.

Attachment that Accompanies NADC C-1 Filing

Item 6. Sources of Income of Over \$1,000

The University of Nebraska Foundation provides significant financial support to the University, including an amount the Board of Regents has elected to use to support certain senior administrators, including the undersigned. For federal income tax purposes, the IRS requires such support to be reported as taxable income from the University to the undersigned. This NADC form instructs filers to use the federal income tax definition of income, and for this reason the Foundation is not listed as a separate source of income. This statement supplements the information required on this form in the interest of full disclosure.