

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	POSTMARK DATE	email 3-29-23
		MICROFILM NUMBER	
BEFORE COMPLETING READ FILING REQUIREMENTS	NADC FORM C-1	OFFICE USE ONLY	
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		AMEND	

- 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>Li</u>	<u>Joanne</u>	Telephone No.	<u>442-812-9032</u>
	LAST	FIRST	MIDDLE	
Address	<u>649 N 164th Street</u>		<u>Omaha</u>	<u>NE 68118</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 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:	<u>Chancellor</u> Term: <u>July 1, 2021</u>
	BEGINS ENDS
Name of City, County, District, or State Agency:	<u>University of Nebraska at Omaha</u>

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

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, <u></u> to <u></u> (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.) University of Nebraska at Omaha

1a.) Chancellor

2.) Appendix A

2a.)

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.) Community Tissue Services

1a.) Board member

2900 College Drive

Kettering OH 45420

2.) CENTRUM PUCP Business School

2a.) International Advisory Board Member

Urbanizacion Los Alamos de Monterrico, Jiron Daniel Alomia
Robles 125, Santiago de Surco 15023, Puru

3.) Lisbon School of Economics and Management

3a.) International Advisory Board Member

Universidade de Lisboa

Rua do Quelhas, n 6

1200-781 Lisboa

Portugal

4.) EFMD Global

4a.) North Americas Advisory Board Member

Rue Gachard 88 - box 3

1050 Brussels, Belgium

VAT: BE 0411 610 491

5.) AACSB International

5a.) Initial Accreditation Committee Member

777 S. Harbour Islands Blvd.

Suite 750

Tampa, Florida 33602, USA

6.) Summit League Presidents Council

6a.) Member

Sioux Falls, South Dakota

7.) National Collegiate Hockey Conference Board of Directors Colorado Springs, Colorado	7a). Member
See attached appendix B	

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		
E-Trade		Arlington, VA
(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		
Fidelity Investments, TIAA, Valic, Apple (AAPL), Ali Baba (BABA), Brent Oil Fund (BNO), Cracker Barrel Old Country Store (CBRL), China Tel Group (CHTL), CK Hutchison Holdings ADR (CKHUY), Comcast Corp (CMCSA), Salesforce (CRM), Cisco Systems Inc (CSCO), Carnival (CUK), Quest Diagnostics Inc (DGX), Disney (DIS), Home Depot (HD), Li-Cycle Holdings Corp (LICY), Ross Stores (ROST), Quantumscape Corp (SQM), Trecent Holdings (TCEHY), TJX Companies (TJX), Verizon (VZ), SPDR S&P Biotech ETC (XBI)		
(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)
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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
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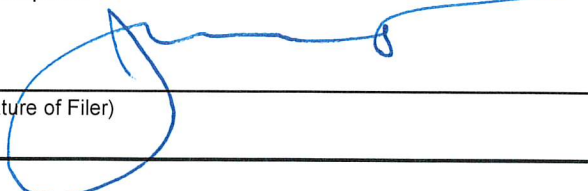
If you have nothing to report, write NONE			
NONE		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	

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.
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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.

	2/17/2023
(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

Appendix A:

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 NAOC 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.

Appendix B:

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|-----|---|-------------------|
| 8) | CNBC Financial Wellness Council
900 Sylvan Ave, Englewood Cliffs. New Jersey. | Member |
| 9) | Greater Omaha Chamber
808 Conagra Dr STE 400, Omaha, NE 68102 | Ex-Officio member |
| 10) | Women in Business Education
info@wibenetwork.com | Founding member |
| 11) | Opera Omaha
1850 Farnam St, Omaha. NE 68102 | Board member |
| 12) | Omaha Symphony
1905 Harney St STE 400, Omaha, NE 68102 | Board member |
| 13) | Coalition of Urban and Metropolitan Universities
8000 York Road, Towson, MD 21252 | Board member |
| 14) | Higher Learning Commission
230 S Lasalle St Ste 7-500, Chicago, Illinois, 60604 | Trustee |