

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%; text-align: center; padding: 2px;"><i>North Platte</i></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> <tr> <td style="width: 30%; text-align: center; padding: 5px;"><i>LO</i></td> <td style="width: 40%; text-align: center; padding: 5px;"> RECEIVED APR 14 2023 </td> <td style="width: 30%; text-align: center; padding: 5px;"><i>S</i></td> </tr> <tr> <td colspan="3" style="text-align: center; padding: 5px;"> NEBRASKA ACCOUNTABILITY and DISCLOSURE COMMISSION </td> </tr> </table>	POSTMARK DATE	<i>North Platte</i>	MICROFILM NUMBER		OFFICE USE ONLY		<i>LO</i>	RECEIVED APR 14 2023	<i>S</i>	NEBRASKA ACCOUNTABILITY and DISCLOSURE COMMISSION		
POSTMARK DATE	<i>North Platte</i>													
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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 PHARES ROBERT A Telephone No. 308-530-0280
LAST FIRST MIDDLE

Address 1908 Kristen Ct North Platte Ne 69101
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. 12-31-
 Office or Position: Board of Regents Term: 1-1-2022 2022
BEGINS ENDS

Name of City, County, District, or State Agency: Ne

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, _____
☒ Left office, this statement covers the period January 1, 2022 to 12-31-2022
(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.) | <u>Ohio National Financial Services</u> | 2a.) | <u>General Agent Retirement Funds</u> |
| | <u>1 Financial Way</u> | | |
| | <u>Cincinnati Ohio</u> | | |
| 2.) | <u>Robert A Phares IRA</u> | 2a.) | <u>required minimum distributions</u> |
| | <u>1908 Kristen Ct</u> | | |
| | <u>North Platte Ne</u> | | |
| 3.) | | 3a.) | |
| | | | |
| | | | |
| 4.) | | 4a.) | |
| | | | |
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*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

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|-----|--|------|--|
| 1.) | | 1a.) | |
| | | | |
| | | | |
| 2.) | | 2a.) | |
| | | | |
| | | | |
| 3.) | | 3a.) | |
| | | | |
| | | | |
| 4.) | | 4a.) | |
| | | | |
| | | | |
| 5.) | | 5a.) | |
| | | | |
| | | | |
| 6.) | | 6a.) | |
| | | | |
| | | | |
| 7.) | | 7a.) | |
| | | | |
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ITEM 8	REAL PROPERTY OF THE FILER IN NEBRASKA (Real property valued at less than \$1,000 and your personal residence need not 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		
<i>Own 2 town homes - one in Lincoln at 4820 So 77th, and one in North Platte at 1908 Kristen Ct. used for personal uses - no rentals</i>		
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		
<i>NebraskaLand Bank</i>		<i>1400 South Dewey North Platte Ne 69101</i>
(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		
<i>IRA account owns a variety of variable annuities, stocks mutual funds and bonds which require minimum distributions each year based on IRS rules</i>		
(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		
<i>own cash value life insurance</i>		

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	
<i>none</i>	

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			
<i>none</i>		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.

	4-10-2025
(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.

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

March 28, 2023

Robert Phares
1908 Kristen Ct
North Platte, NE 69101

Dear Mr. Phares:

Thank you for your recent note. You were required to file a final Statement of Financial Interests within 30 days after leaving your position as a member of the Board of Regents. Your statement should cover the period of January 1, 2022 through the date that you left your position. Please check the Left Office boxes under Item 2 and Item 5. Under Item 5 fill in the appropriate date.

I have enclosed a Statement of Financial Interests form for your use. I have also enclosed, for your reference, a copy of the statement that you filed last year.

In your note you referred to a filing made earlier this year. I believe you are referring to a campaign statement filed by the Phares for Regent committee. This is a separate filing requirement.

Thank you for your consideration. If you have any questions, please feel free to contact me.

Sincerely,

Frank J. Daley, Jr.
Executive Director

A large, stylized handwritten signature in black ink that reads "Frank J. Daley, Jr." The signature is written over the printed name and title.

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

March 17, 2023

RECEIVED

MAR 24 2023

To Robert Phares
~~608 Sequoia Ct~~ 1908 Kristen Ct
North Platte, NE 69101

From: Frank J. Daley, Jr., Executive Director

Your Annual Statement of Financial Interests due to have been filed with this Commission by March 1, 2023 has not been received as of this date.

Please login to your First Tuesday account (<https://nadc-e.nebraska.gov>) to complete this filing.

If you have any questions concerning this matter, please feel free to contact our office.

FJD/sd

3-22-23

my term on the board of Regents ended
12-31-2022 - I think we filed a final
report showing the campaign account closed
and all funds dispensed. If we left
something undone please advise me and
we will get it corrected.

Robert Phares