

NEBRASKA ACCOUNTABILITY AND DISCLOSURE COMMISSION 1225 L St., Suite 400 P.O. Box 95086 Lincoln, NE 68509 (402) 471-2522 https://nadc.nebraska.gov BEFORE COMPLETING READ FILING REQUIREMENTS	STATEMENT OF FINANCIAL INTERESTS Calendar Year 2023 NADC FORM C-1	POSTMARK DATE	3/19/24
		OFFICE USE ONLY	

- This statement must cover all financial interests for the entire "calendar year" as noted above and not just as of year-end.
- 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 \$5,000.

ITEM 1	YOUR NAME, ADDRESS AND PHONE NUMBER				
Name	Wells	Roger	D	Telephone No.	308-750-5030
	LAST	FIRST	MIDDLE		
E-mail	rogerrwells@icloud.com				
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 ☒ 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.		
Office or Position:	Board Member	Term: 2023. 2024

	BEGINS	ENDS
Name of City, County, District, or State Agency: <u>Nebraska Rural Health Advisor Commission</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. This statement covers the preceding calendar year January 1 through December 31, <u>2023</u>		

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

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

1.) Lexington Regional Health Center

1a.) Physician Assistant

PO Box 980

1201 Eerie, 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)
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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.) National Rural Health Assoc

1a.) General Member

1205 Vermont Ave

Washington DC

2.)	American Academy of Physician Assistants 2318 Mill Rd STE 1300 Alexandria VA 22314	2a.)	Member
3.)	CMS OPP Clinical Champions Group PO Box 1110 Valley Forge PA. 19482 1110	3a.)	Member
4.)	NE Governors Rural Health Advisory Comm Office of Rural Health NE HHS PO Box 95026 Lincoln NE 68509	4a.)	Member
5.)	Nebraska Academy of Physician Assistants 8700 Woods Dr #400 Lincoln NE 68512	5a.)	Member
6.)	National Assoc. of Rural Health Clinics 2 E Main St Fremont MI 49412	6a.)	Member Policy Committee
7.)	Nebraska Total Care 2525 N 177th STE 100 Omaha NE 68164	7a.)	Member Quality Assurance and Performance Improvement Committee
8.)	United Health Care 2717 N 118th St STE 300 Omaha, NE 68164		Clinical and Provider Advisor Committee
9.	UNMC Rural Health Advisory Committee		Co-Chair
10.	Stratus Health 2901 Metro Dr Bloomington MN 55425		Rural Quality Advisory Council

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)
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If you have nothing to report, write NONE

W1/2 12-16-12 (80 Acres). Howard Co Nebraska	Agriculture
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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

(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

Homestead Bank	202 E 7th Lexington NE 68850
E-trade	PO Box 484
Morgan Stanley Domestic Holdings	Jersey City, NJ 07303
Edward Jones	PO box 66906 St Louis MO 63166
Vanguard	PO Box 982901 El Paso TX 79998

(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	

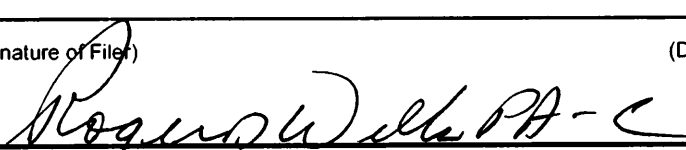
ITEM 11	SOURCES OF GIFTS OF A VALUE OF MORE THAN \$100 RECEIVED EXCEPT GIFTS FROM RELATIVES. (See definitions) If you have nothing to report, write NONE
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Name and address of Donor	Occupation or nature of business of Donor	Value of Gift (See Key Below)	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	SUPPLEMENTAL INFORMATION (please attach any supplemental info and note below to see attached)
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ITEM 13	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)
 Roger W. White PA-C	03/14/2024 @ 0754

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.