

NEBRASKA ACCOUNTABILITY AND DISCLOSURE COMMISSION 1225 L St., Suite 400 P.O. Box 95086 Lincoln, NE 68509 (402) 471-2522 https://nadc.nebraska.gov	STATEMENT OF FINANCIAL INTERESTS Left Office/Position NADC FORM C-1	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 2px;">POSTMARK DATE</td> <td style="padding: 2px;">email 3/29/24</td> </tr> <tr> <td colspan="2" style="height: 40px; vertical-align: top; padding: 5px;"> 5 </td> </tr> </table> LD	POSTMARK DATE	email 3/29/24	5	
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5						
BEFORE COMPLETING READ FILING REQUIREMENTS						

- Holders of designated offices and positions must file this statement with the Commission within 30 days after leaving the office or position. See the instructions on page 5 for more information.
- Dollar values need not be reported for any item, except Item 11.
- All items must be filled out or marked none.
- 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	<u>BAUER</u>	<u>Douglas</u>	<u>Andrew</u>	Telephone No. <u>402-449-4115</u>
	LAST	FIRST	MIDDLE	

E-mail dr.douglasbauer@yahoo.com

Address <u>21415 Granada St.</u>	<u>Lincoln</u>	<u>NE</u>	<u>68028</u>
STREET ADDRESS OR RURAL ROUTE	CITY	STATE	ZIP CODE

ITEM 2 OCCASION FOR FILING

Left office or position

ITEM 3 OFFICE HELD & TERM OF OFFICE (Incumbent elected/appointed officials and state employees. See IB of Instructions)

If you have left office, list the office you held.
 Office or Position: Board of Health member Term: June 2022 Sept 2023

BEGINS ENDS

 Name of City, County, District, or State Agency: Nebraska Board of Health

ITEM 4 OFFICE SOUGHT (Not applicable for Left Office or Position filing)

Leave Item 4 blank.

ITEM 5 PERIOD COVERED BY THIS STATEMENT

This statement must cover all financial interests from the beginning of the calendar year up to and including the date you left office.

 Left office, this statement covers the period January 1, 2023 to Sept 10th, 2023

(DATE YOU LEFT OFFICE OR POSITION)

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	
23004 Copper Ridge Rd. Gretna, NE 68025.	Residential lot to build at later date.

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	
FNB 1601 Dodge St. Omaha, NE 68102 Centri's FCU	543 N 114th St. Omaha, NE 68154

(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	
Series I savings bond. FIW, FTCS, FXX, FNX, NXTG, FV, Dropbox, First Trust Global Commodities Equity Port, VWILX, VEMAX, FBT, ONLV, MGL, PFX, FXII, CIGR, TQIV, RORT, FTXR, SDVY, AMD, CVS, QIS, First Trust DIVSD Equity, UYS, AMZN, IWTG, MSFT, RDVY, BTC equity index, VWUAX, FSNAX, FXAIX, VEVFX	

(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.

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:	

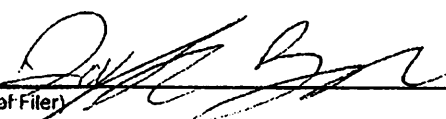
The monetary value of each gift shall be categorized based on the good faith estimate of the filer. For each reported gift insert in the Value column the letter which corresponds to the value category of the gift. The value categories are:

A) \$100.01 to \$200; B) \$200.01 to \$500; C) \$500.01 to \$1,000; D) \$1,000.01 or more.

ITEM 12 SUPPLEMENTAL INFORMATION (please attach any supplemental info and note below to see attached)

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) 3/23/24

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.

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.
Also include your Government position if you were paid more than \$1,000.	
1.) Catholic Health Initiatives 855 S 20th St Lincoln, NE 68510	1a.)
2.)	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.) CHT St. Elizabeth's 555 S 20th St Lincoln, NE 68510	1a.)
2.) CHT Health at Home 245 S 84th St. #300 Lincoln, NE 68505	2a.)
3.) ASSURE women's center 6510 Soverign PKWY Omaha, NE 68152	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 not be reported.)	