

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 Calendar Year 2024 NADC FORM C-1	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; font-size: small;">POSTMARK DATE</td> <td style="border: 1px solid black; padding: 2px;">Email 2/17/24</td> </tr> <tr> <td colspan="2" style="height: 40px; vertical-align: middle; text-align: center;"> S </td> </tr> </table>	POSTMARK DATE	Email 2/17/24	S	
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S						
BEFORE COMPLETING READ FILING REQUIREMENTS						

- 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									
<table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">Name</td> <td style="width: 30%; border-bottom: 1px solid black;">Meza</td> <td style="width: 15%; border-bottom: 1px solid black;">Jane</td> <td style="width: 15%; border-bottom: 1px solid black;">Louise</td> <td style="width: 25%; border-bottom: 1px solid black;">Telephone No. 402-450-9267</td> </tr> <tr> <td></td> <td style="font-size: x-small;">LAST</td> <td style="font-size: x-small;">FIRST</td> <td style="font-size: x-small;">MIDDLE</td> <td></td> </tr> </table>	Name	Meza	Jane	Louise	Telephone No. 402-450-9267		LAST	FIRST	MIDDLE	
Name	Meza	Jane	Louise	Telephone No. 402-450-9267						
	LAST	FIRST	MIDDLE							
E-mail jmeza@unmc.edu										
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;">Address 1724 S 90th Street</td> <td style="width: 10%; border-bottom: 1px solid black;">Omaha</td> <td style="width: 10%; border-bottom: 1px solid black;">NE</td> <td style="width: 20%; border-bottom: 1px solid black;">68124</td> </tr> <tr> <td style="font-size: x-small;">STREET ADDRESS OR RURAL ROUTE</td> <td style="font-size: x-small;">CITY</td> <td style="font-size: x-small;">STATE</td> <td style="font-size: x-small;">ZIP CODE</td> </tr> </table>	Address 1724 S 90 th Street	Omaha	NE	68124	STREET ADDRESS OR RURAL ROUTE	CITY	STATE	ZIP CODE		
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ITEM 2	OCCASION FOR FILING (Check Appropriate Box)				
<table style="width: 100%; border: none;"> <tr> <td>☐ A candidate for elective office</td> <td>☐ Newly appointed to office or position</td> </tr> <tr> <td>☒ Annual officeholder's or state employee's report</td> <td>☐ Amendment</td> </tr> </table>		☐ A candidate for elective office	☐ Newly appointed to office or position	☒ Annual officeholder's or state employee's report	☐ Amendment
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☒ Annual officeholder's or state employee's report	☐ Amendment				

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. Office or Position: Interim Vice Chancellor for Academic Affairs Term: 07/01/24 BEGINS ENDS	
Name of City, County, District, or State Agency: University of Nebraska Medical Center	

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 January1 through December 31, 2024	

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.) See attachment

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.) Chair, Nebraska Cancer Registry

1a.)

2.)

2a.)

3.)

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 <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		
1419 A Street Lincoln, Nebraska 5915 Madison Ave Lincoln, Nebraska		Residential - rental property Residential - co-owner with my brother. Not a rental property.
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		
US Bank Wells Fargo		800 Nicollet Mall, Minneapolis Minnesota 420 Montgomery Street, San Francisco, CA
(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		
Principal Securities SoFi Securities		
(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		

Partial owner of farmland

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.

Jane Meza

(Signature of Filer)

2/12/2025

(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 the NADC C-1 Filing

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

1. University of Nebraska Medical Center
3855 Holdrege St
Lincoln NE. 68503-1435

Interim Vice Chancellor for Academic Affairs
Administration

The University of Nebraska Foundation provides significant financial support to the University. For federal income tax purposes, the IRS requires resulting reportable income to the undersigned, if any, 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.

2. East Carolina University
120 Reade St
Greenville NC 27858
Consultant

Consultant
Academic Program Review