

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	POSTMARK DATE	Email 2/25/25
		OFFICE USE ONLY	
BEFORE COMPLETING READ FILING REQUIREMENTS	Calendar Year 2024	S	
NADC FORM C-1			

- 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	Gold	Jeffrey	Philip	Telephone No. 4024728636
	LAST	FIRST	MIDDLE	
E-mail	jeffrey.gold@nebraska.edu			
Address	3835 Holdrege Street	Lincoln	NE	68583
	STREET ADDRESS OR RURAL ROUTE	CITY	STATE	ZIP CODE

ITEM 2	OCCASION FOR FILING (Check Appropriate Box)			
☐ A candidate for elective office ☐ Newly appointed to office or position				
☒ Annual officeholder's or state employee's report ☐ Amendment				
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: President		Term: 7-1-2024		
		BEGINS		ENDS
Name of City, County, District, or State Agency: University of Nebraska System				

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.) US Social Security Administration Spousal payment	1a.) Social Security Payment
2.) Vanguard PO Box 2600 Valley Forge, PA	2a.) Dividend Payment
3.) UBS Retirement 51 JFK Parkway Short Hills, NJ	3a.) IRA Retirement Payment
4.) Univ of Nebr Board of Regents 3835 Holdrege St Lincoln, NE 68583	4a.) Employment (SEE ATTACHMENT)
*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.) Accreditation Council of Graduate Medical Education (ACGME) 515 N State St Chicago, IL 60654	1a.) Board of Directors member Elected volunteer
2.) Accreditation Council of Graduate Medical Education-Int'l 515 N State St, Ste 2000 Chicago, IL 60654	2a.) Elected volunteer
3.) Aksarben Foundation 7101 Mercy Rd Suite 320 Omaha, NE 68106	3a.) Board of Governors Elected Volunteer (2021-
4.) Association of American Medical Colleges (AAMC) Council of Teaching Hospitals (COTH) Washington DC	4a.) Elected Volunteer (2018-
5.) Committee for Economic Development of the Conf Board (CED) 845 Third Avenue New York, NY 10022-6600	5a.) Member
6.) Council on Competitiveness 900 17 th St, NW, Suite 700 Washington, DC 20006	6a.) Council Member
7.) CSIS Bipartisan Alliance for Global Health Security 1616 Rhode Island Ave, NW Washington, DC 20036	7a.) Alliance Member/Senior Advisory
(CONTINUED ON ADDEMDUM)	

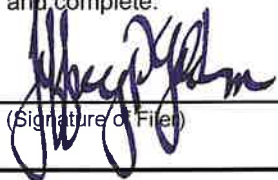
ITEM 8	REAL PROPERTY OF THE FILER IN NEBRASKA (Real property valued at less than \$1,000 and your personal residence need <i>not</i> be reported.)	
List all real property in Nebraska in your name or in which you have a direct ownership interest. The description required must be sufficient to identify 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		
First National Bank		1620 Dodge St, Omaha 68197
American Expression National Bank		PO Box 30384, Salt Lake City, UT 84130
(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		
Multiple retirement funds		
(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		
Multiple Retirement Funds - Inherited IRA		

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)	2-25-25 (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

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.

Item 7 (continued)

8. CyncHealth Enterprise Board of Directors (Board member, volunteer)
Cynchealth.org
9. Enlightened Soil Corp Advisory Board (Advisory, volunteer)
1003 Landfall Way, Suite C
Johns Island, SC 19455
10. Greater Omaha Chamber Executive Committee (Committee Member, Volunteer)
1301 Harney St
Omaha, NE 68102
11. National Academy of Master Surgeon Educators (Committee Member, Volunteer)
12. National Academy of Medicine (NAM): Healthcare Disaster Readiness Taskforce (Volunteer) and The National Academies of Science, Engineering, and Medicine (NASEM) (Committee Member)
13. National Association of Higher Education Systems (NASH) (System Head Representative)
3300 Metzert Rd
Adelphi, MD 20783-1600
14. Nebraska Chamber of Commerce (Member, Volunteer)
1128 Lincoln Mall, Suite 302
Lincoln, NE 68508
15. New York State Dept of Health: Cardiac Advisory Committee (Subcommittee Chair, Volunteer, Advisor)
Corning Tower – Empire State Building
Albany, NE 12237
16. Omaha Symphony Board of Directors (Board member)
1095 Harney St, Suite 400
Omaha NE 68102-2318
17. Teucer Biotech, Inc (Advisor, volunteer)
1951 NW 7th Ave, Anit 3-138
Miami, FL 33136
18. Secturion Systems Advisory Board (Advisor, Volunteer)
Secturion.com