

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	<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;">7/9/25</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 5px;">OFFICE USE ONLY</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 10px;"> 20 RECEIVED JUL 11 2025 NEBRASKA ACCOUNTABILITY and DISCLOSURE COMMISSION </td> </tr> </table>	POSTMARK DATE	7/9/25	OFFICE USE ONLY		20 RECEIVED JUL 11 2025 NEBRASKA ACCOUNTABILITY and DISCLOSURE COMMISSION	
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OFFICE USE ONLY								
20 RECEIVED JUL 11 2025 NEBRASKA ACCOUNTABILITY and DISCLOSURE COMMISSION								
BEFORE COMPLETING READ FILING REQUIREMENTS	Left Office/Position NADC FORM C-1							

- 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>COOK</u> <u>J PAUL</u> Telephone No. <u>(402) 896-1242</u>		LAST FIRST MIDDLE
E-mail	<u>jpaulcook@protonmail.com</u>		
Address	<u>162 16423 MASON ST OMAHA 68118 home</u> CITY STATE ZIP CODE STREET ADDRESS OR RURAL ROUTE <u>17241 OAK DR #101 OMAHA 68130 - office</u>		
ITEM 2	OCCASION FOR FILING		
	Left office or position <u>RESIGNED FROM BOARD OF HEALTH, June 18, 2025</u>		
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:		<u>MEMBER STATE BOARD OF HEALTH</u> Term: <u>Jan 2024</u> <u>June 2025</u> BEGINS ENDS	
Name of City, County, District, or State Agency: _____			
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, <u>2024</u> to <u>Dec 31 June 30, 2025</u> (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.

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

- 1.) FAMILY MEDICINE at LEGACY
17241 OAK DR #101
OMAHA NE 68130
- 2.) MIPPA
7500 MERCY RD #1300
OMAHA NE 68124
- 3.)
- 4.)

- 1a.)
- 2a.)
- 3a.)
- 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.) FAMILY MEDICINE at LEGACY
- 2.) ELEVI MEDICAL AESTHETICS LLC
15701 PACIFIC ST #100A
OMAHA NE 68118
- 3.)
- 4.)
- 5.)
- 6.)
- 7.)

- 1a.) PRESIDENT
- 2a.) PRESIDENT
- 3a.)
- 4a.)
- 5a.)
- 6a.)
- 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.)	
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		
RESIDENCE 16423 MASON ST OMAHA NE 68118		
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		
UNION BANK & TRUST PINNACLE BANK CREATIVE PLANNING-SCHWAB		1440D BRANCH ST OMAHA NE 68144 18081 BURT ST OMAHA, NE 68022 12925 W. DODGE RD 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		
N/A - 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		

