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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--|-----------------|--|
| <p style="text-align: center;"><b>NEBRASKA<br/>ACCOUNTABILITY AND<br/>DISCLOSURE COMMISSION</b></p> <p style="text-align: center;">P.O. Box 95086<br/>Lincoln, NE 68509<br/>(402) 471-2522<br/><a href="https://nadc.nebraska.gov">https://nadc.nebraska.gov</a></p> | <h2 style="margin: 0;">STATEMENT<br/>OF<br/>FINANCIAL<br/>INTERESTS</h2> <div style="border: 2px solid black; padding: 5px; margin: 10px auto; width: 80%;"> <h3 style="margin: 0;">Calendar Year 2025</h3> </div> <p style="margin: 0;">NADC FORM C-1</p> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">POSTMARK<br/>DATE</td> <td style="width: 50%;"></td> </tr> <tr> <td style="height: 40px; vertical-align: top; padding: 2px;">OFFICE USE ONLY</td> <td></td> </tr> </table> | POSTMARK<br>DATE |  | OFFICE USE ONLY |  |
| POSTMARK<br>DATE                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                          |                  |  |                 |  |
| OFFICE USE ONLY                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                          |                  |  |                 |  |
| <p style="text-align: center;">BEFORE COMPLETING<br/>READ FILING REQUIREMENTS</p>                                                                                                                                                                                    |                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                          |                  |  |                 |  |

- 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)**

|                                                                                      |                                                                |
|--------------------------------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> A candidate for elective office                             | <input type="checkbox"/> Newly appointed to office or position |
| <input checked="" type="checkbox"/> Annual officeholder's or state employee's report | <input type="checkbox"/> 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: <u>President</u>                                                  | Term:  | <u>7-1-2024</u> |
|                                                                                       | BEGINS | ENDS            |
| Name of City, County, District, or State Agency: <u>University of Nebraska System</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, 2025

**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<br>Spousal payment                   | 1a.) Social Security payment            |
| 2.) Vanguard<br>PO Box 2600<br>Valley Forge, PA                            | 2a.) Dividend Payment                   |
| 3.) UBS Retirement<br>51 JFK Parkway<br>Short Hills, NJ                    | 3a.) IRA Retirement Payment             |
| 4.) Univ of Nebr Board of Regents<br>3835 Holdrege St<br>Lincoln, NE 68583 | 4a.) Employment<br><br>(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)<br>515 N State St<br>Chicago, IL 60654                         | 1a.) Board of Directors, Elected Volunteer                         |
| 2.) Accreditation Council of Grad Medl Ed-International (ACGME-I)<br>515 N State St<br>Chicago, IL 60654                       | 2a.) Elected Volunteer                                             |
| 3.) Aksarben Foundation Board of Governors<br>7101 Mercy Rd<br>Omaha, NE 68106                                                 | 3a.) Board member, Volunteer                                       |
| 4.) Association of American Medical College (AAMC)<br>Council of Teaching Hospitals and Health Systems (COTH)<br>Washington DC | 4a.) Elected Volunteer                                             |
| 5.) Committee for Economic Development of the<br>Conference Board (CED)<br>845 Third Ave, New York, NY 10022                   | 5a.) Member                                                        |
| 6.) Council on Competitiveness<br>900 17th St, NW, Suite 700<br>Washington, DC 20006                                           | 6a.) Executive Committee, Board                                    |
| 7.) CSIS Bipartisan Alliance for Global Health Security<br>1616 Rhode Island Ave, NW<br>Washington, DC 20036                   | 7a.) Alliance Member/Senior Advisor<br><br>(CONTINUED ON ADDENDUM) |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>ITEM 8</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>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.)</b>                           |                                                                                                          |
| <p>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 <b>not</b> 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.</p>                                                                                                                                             |                                                                                                                                                                              |                                                                                                          |
| Location of Property<br>(Description or Address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              | Nature of Property<br>(such as: agricultural, commercial, industrial, residential-rental)                |
| <b>If you have nothing to report, write NONE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              |                                                                                                          |
| NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                              |                                                                                                          |
| <b>ITEM 9</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>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</b> |                                                                                                          |
| (a) List the names and addresses of the institutions in which you had checking and savings accounts and certificates of deposit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              |                                                                                                          |
| Financial Institution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                              | Address                                                                                                  |
| <b>If you have nothing to report, write NONE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              |                                                                                                          |
| First National Bank<br><br><br><br><br><br><br><br><br><br>American Expression National Bank                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                              | 1620 Dodge St, Omaha 68197<br><br><br><br><br><br><br><br><br><br>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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                              |                                                                                                          |
| <b>If you have nothing to report, write NONE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              |                                                                                                          |
| 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 <b>not</b> 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 <b>primarily</b> for sale or exchange. |                                                                                                                                                                              |                                                                                                          |
| <b>If you have nothing to report, write NONE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              |                                                                                                          |
| Multiple Retirement Funds - Unherited IRA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                              |                                                                                                          |

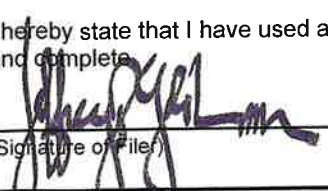
|                                                                                                                                                                                                                                                                                                                                      |                                                                                                              |         |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|---------|--|
| <b>ITEM 10</b>                                                                                                                                                                                                                                                                                                                       | <b>CREDITORS TO WHOM \$1,000 OR MORE WAS OWED OR GUARANTEED BY YOU OR A MEMBER OF YOUR IMMEDIATE FAMILY.</b> |         |  |
| Exception: Loans from a relative and land contracts which have been recorded with the County Clerk or Register of Deeds need <b>not</b> 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 <b>not</b> be reported. |                                                                                                              |         |  |
| Name                                                                                                                                                                                                                                                                                                                                 |                                                                                                              | Address |  |
| <b>If you have nothing to report, write NONE</b>                                                                                                                                                                                                                                                                                     |                                                                                                              |         |  |
| NONE                                                                                                                                                                                                                                                                                                                                 |                                                                                                              |         |  |

|                                                  |                                                                                                                                                         |                                  |                                                            |
|--------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------------------------------|
| <b>ITEM 11</b>                                   | <b>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</b> |                                  |                                                            |
| Name and address of Donor                        | Occupation or nature of business of Donor                                                                                                               | Value of Gift<br>(See Key Below) | Description of Gift and Circumstances or Occasion for Gift |
| <b>If you have nothing to report, write NONE</b> |                                                                                                                                                         |                                  |                                                            |
| 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.

|                |                                                                                                      |
|----------------|------------------------------------------------------------------------------------------------------|
| <b>ITEM 12</b> | <b>SUPPLEMENTAL INFORMATION (please attach any supplemental info and note below to see attached)</b> |
|                |                                                                                                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| <b>ITEM 13</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>SIGNATURE OF FILER, ATTESTATION, AND DATE</b> |
| <p>Check one of the boxes, sign and date below.</p> <p><input checked="" type="checkbox"/> I am not an agent of a foreign principal from an adversary nation or a foreign terrorist organization, as such terms are defined in the Foreign Adversary and Terrorist Agent Registration Act.</p> <p><input type="checkbox"/> I am an agent of a foreign principal from an adversary nation or a foreign terrorist organization, as such terms are defined in the Foreign Adversary and Terrorist Agent Registration Act.</p> <p>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.</p> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;">  <p style="font-size: x-small;">(Signature of Filer)</p> </div> <div style="width: 40%; text-align: center;"> <p style="font-size: 1.5em; font-family: cursive;">26 January 2026</p> <p style="font-size: x-small;">(Date)</p> </div> </div> |                                                  |

**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.

**NADC FORM C-1**  
**Jeffrey P. Gold, MD**  
**Items 7 (continued)**

8. CyncHealth Enterprise Board of Directors  
Cynchealth.org  
PO Box 27842  
Omaha, NE 68127  
(Board member)
9. Enlightened Soil Corp Advisory Board  
1003 Landfall Way, Suite C  
Johns Island, SC 19455  
(Advisor, Volunteer)
10. Greater Omaha Chamber Executive Committee  
1301 Harney St  
Omaha, NE 68102  
(Committee Member, Volunteer)
11. National Academy of Master Surgeon Educators  
American College of Surgeons  
633 N Saint Clair Street  
Chicago, IL 60611  
(Committee Member, Volunteer)
12. National Academy of Medicine (NAM): Healthcare Disaster Readiness Taskforce  
and The National Academies of Science, Engineering, and Medicine (NASEM)  
500 5<sup>th</sup> Street NW  
Washington, DC 20001  
(Volunteer/Committee Member)
13. National Association of Higher Education Systems (NASH)  
3300 Metzert Rd  
Adelphi, MD 20783  
(System Head Representative)
14. Nebraska Chamber of Commerce Board  
1128 Lincoln Mall, Suite 302  
Lincoln, NE 68508  
(Member, Volunteer)
15. New York State Dept of Health: Cardiac Advisory Committee  
Corning Tower – Empire State Building  
Albany, NE 12237  
(Subcommittee Chair, Volunteer, Advisor)
16. Teucer Biotech, Inc.  
1951 NW 7<sup>th</sup> Ave, Anit 3-138  
Miami, FL 33136  
(Advisor, Volunteer)

17. Secturion Systems, Inc. Advisory Board  
Secturion.com  
(Advisor, Volunteer)
18. Grasshopper Health Board of Directors  
4601 Catalyst Ct  
Omaha, NE 68106  
(Advisor)
19. EnSoil Corp, Inc.  
1003 Landfall Way, Suite C  
Johns Island, SC 29455  
(Advisor/Volunteer)
20. Association of Public & Land-Grant Universities (APLU) Board of Directors  
1220 L Street NW, Suite 1000  
Washington, DC 20005  
(Board member)