

NEBRASKA ACCOUNTABILITY AND DISCLOSURE COMMISSION 11 th Floor, State Capitol P.O. Box 95086 Lincoln, NE 68509 (402) 471-2522	STATEMENT OF FINANCIAL INTERESTS NADC FORM C-1	POSTMARK DATE	9/14/21
		MICROFILM NUMBER	
		OFFICE USE ONLY	

- Candidates for designated offices and holders of designated offices and positions must file this statement. See Sections 1A and 1B of the instructions.
- Candidates (including incumbents) subject to this filing requirement must file with the Commission and with the appropriate election official (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 fails to file as required is subject to a civil penalty of up to \$2,000.

ITEM 1 YOUR NAME, ADDRESS AND PHONE NUMBER

Name	<u>Gangwish</u>	<u>Rodney</u>	<u>K.</u>	Telephone No.	<u>308-647-6960</u>
	LAST	FIRST	MIDDLE		
Address	<u>52685 70th Road</u>			<u>Shelton</u>	<u>NE 68876</u>
	STREET ADDRESS OR RURAL ROUTE			CITY	STATE ZIP CODE

ITEM 2 OCCASION FOR FILING (Check Appropriate Box)

- | | |
|--|--|
| ☐ A candidate for elective office | ☐ Left office or position |
| ☒ Annual officeholder's or state employee's report | ☐ Newly appointed to office or position |

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. If you have left office, list the office you held.

Office or Position: Member - Environmental Quality Council Term: 9/30/18 6/30/21
 BEGINS ENDS

Name of City, County, District, or State Agency: Department of Environmental Quality

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. If you have left office, this statement must cover all financial interests from the end of the calendar year for which you previously filed up to and including the date you left office.

- ☐ This statement covers the **preceding calendar year** January 1 through December 31, 2021
- ☒ Left office, this statement covers the period January 1, 2021 to June 30, 2021
 (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 whom 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.

1.) Rod Gangwish Farms and Twin Oaks Limited
 52685 70th Road 52685 70th Road
 Shelton, NE 68876 Shelton, NE 68876

1a.) Both are Farming Business
 Manager and Owner

2.) Double G Trucking and 1907 Farns LLC
 52685 70th Road 52685 70th Road
 Shelton, NE 68876 Shelton, NE 68876

2a.) Trucking and Farming Business
 Share Holder - Unit Holder - Partner

3.) T.G. Family LTD Ptr and Rod Gangwish Farms LLC
 52685 70th Road 52685 70th Road
 Shelton, NE 68876 Shelton, NE 68876

3a.) Farming Business
 General Partner

4.) KAAPA Ethanol LLC and Xyletec
 8451 KAAPA Lane 43030 East 39th Street
 Minden, NE 68959 Kearney, NE 68847

4a.) Member Board of Managers Member Board of Directors
 Secretary of Board Manufacturing Business
 Ethanol Business - Director Fees

*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 (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

1.) Gibbon Baptist Church
 7th & Court Street
 Gibbon, NE 68840

1a.) Member - Officer

2.) KAAPA Investments LLC
 4303 East 39th Street
 Kearney, NE 68847

2a.) Board of Managers; Board Treasurer

3.) Nebraska Hall of Agricultural Achievement
 300 Agricultural Hall, UNL
 Lincoln, NE 68583

3a.) Trustee

4.) Gangwish Family Trust
 52685 70th Road
 Shelton, NE 68876

4a.) Trustee

5.) Wendell Gangwish Trust
 52685 70th Road
 Shelton, NE 68876

5a.) Trustee

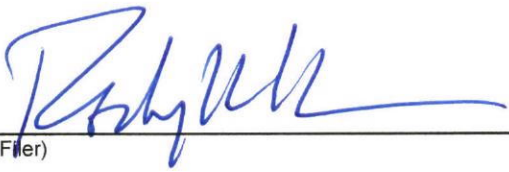
6.) KAAPA BioProducts
 4303 East 39th Street
 Kearney, NE 68847

6a.) President

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 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 estate owned by a business listed in Item 6 or 7, your personal residence of 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)
E 1/2 of NW 1/4 Section 4 T9N R12W NE 1/4 of Section 21 T9N R13 SW 1/4 of Section 15 T9N R13W		Agricultural Agricultural Agricultural
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
Cornerstone Bank		119 C Street - PO Box 639 Shelton, NE 68876
Exchange Bank		14 LaBarre Street - PO Box 760 Gibbon, NE 68840
1 st National Bank		1620 Dodge Street - Omaha, NE 68197
(b) List the names of the issuers of all stocks, bonds, and government securities, not otherwise listed under Items 6 or 7.		
Morgan Stanley 3000 2 nd Ave Kearney, NE 68847 Farm Bureau Life Insurance Co - Life Insurance Morgan Stanley - Retirement Account		
(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.		

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	
NONE			
ITEM 11	SOURCES OF GIFTS OF A VALUE OF MORE THAN \$100 RECEIVED EXCEPT GIFTS FROM RELATIVES. (See definitions)		
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
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	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) 9-10-2021 (Date)			