

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: 20%; font-size: small;">POSTMARK DATE</td> <td style="width: 80%;">12/16/2024</td> </tr> <tr> <td></td> <td>EM S</td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">OFFICE USE ONLY</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 10px;"> RECEIVED NF DEC 17 2024 NEBRASKA ACCOUNTABILITY and DISCLOSURE COMMISSION </td> </tr> </table>	POSTMARK DATE	12/16/2024		EM S	OFFICE USE ONLY		RECEIVED NF DEC 17 2024 NEBRASKA ACCOUNTABILITY and DISCLOSURE COMMISSION	
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RECEIVED NF DEC 17 2024 NEBRASKA ACCOUNTABILITY and DISCLOSURE COMMISSION										
BEFORE COMPLETING READ FILING REQUIREMENTS	Calendar Year 2023 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	<u>Tusha</u>	<u>Kenneth</u>	<u>Ray</u>	Telephone No. <u>402-394-7254</u>
	LAST	FIRST	MIDDLE	
E-mail	<u>tushaken@gmail.com</u>			
Address	<u>908 Clark Ave.</u>	<u>Creighton</u>	<u>NE</u>	<u>68729</u>
	STREET ADDRESS OR RURAL ROUTE	CITY	STATE	ZIP CODE
ITEM 2	OCCASION FOR FILING (Check Appropriate Box)			
	☐ A candidate for elective office ☐ 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 1B of instructions)			
List the office or position you currently hold which requires this filing.				
Office or Position: <u>Dentist</u>		Term: <u>2024-2029</u>		
		BEGINS ENDS		
Name of City, County, District, or State Agency: <u>Nebraska State Board of Health</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, <u>2023</u>				

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.) Kenneth R. Tusha DDS
Verdigre, NE
Kenneth R. Tusha DDS, Bloomfield Dental Clinic | 1a.) Dental Services
Dental Practice with 2 wholly owned locations in Verdigre and Bloomfield |
| 2.) State of South Dakota
Department of Corrections
Pierre, SD | 2a.) Dental Services |
| 3.) Ponca Family Dentistry
Ponca, NE | 3a.) Dental Services |
| 4.) Tusha Farms | 4a.) Residential Rental and Ag Land Management |

*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.) Verdigre Development Corporation
Verdigre, NE | 1a.) VP, Non Profit |
| 2.) Marken LLC | 2a.) RE management. LLC for Real Property
Officer |
| 3.) Kenmar LLC | 3a.) RE Management, LLC for Real Property
Officer |
| 4.) | 4a.) |
| 5.) Siouxland Ethanol, Jackson, NE | 5a.) Shareholder |
| 6.) Husker Ag, Plainview NE
Sandhills Renewable Energy, Atkinson
Ethanol Plants | 6a.) Shareholder |
| 7.) Norfolk Crush, Norfolk, NE
Soybean crush plant | 7a.) Shareholder |

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		

908 Clark Ave. Creighton, NE 607 Main St. Owned Acres: 1,174.05 Leased Acres: 0 Total Acres: 1,174.05 Add Land Area 1st Land Area Remove Parcel Id: 540007717 Name of Property: TUSHA, KENNETH R & MARY Qualifying Landowner Type: Qualified Landowner Is Within Elk Management Zone: No Legal Description: 20-29-5 SESW LS HWY(2.22),NESE,S2SE LS HWY (2.25) &TRS 134.88 ACRES~~ County: Knox Acres: 136.32 2nd Land Area Remove Parcel Id: 540007577 Name of Property: TUSHA PROPERTIES LLC Qualifying Landowner Type: Qualified Landowner Is Within Elk Management Zone: No Legal Description: 35-29-6 E2SE, NWSE LS TR, PT NESW, PT SWSE (E 7 RDS) 122.06 ACRES County: Knox Acres: 124.39 3rd Land Area Remove Parcel Id: 540007576 Name of Property: TUSHA PROPERTIES LLC Qualifying Landowner Type: Qualified Landowner Is Within Elk Management Zone: No Legal Description: 35-29-6 SW4 LS TR, SWSE LS E 7RDS, PT NWSE 197.94 ACRES County: Knox Acres: 200.09 4th Land Area Remove Parcel Id: 540005212 Name of Property: TUSHA, KENNETH R & MARY M Qualifying Landowner Type: Qualified Landowner Is Within Elk Management Zone: No Legal Description: 32-31-6 BAL NE4, BAL SE4 LS TR & OLD RR ROW 157.52 ACRES~ County:	Residence Former residence, now a rental Agriculture
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Knox Acres: 157.59 5th Land Area Remove Parcel Id: 540004899 Name of Property: TUSHA, KENNETH R & MARY M Qualifying Landowner Type: Qualified Landowner Is Within Elk Management Zone: No Legal Description: 8-31-7 W2NE, NW4, N2SW, W2SE 400.00 ACRES County: Knox Acres: 394.39 6th Land Area Remove Parcel Id: 540004738 Name of Property: TUSHA PROPERTIES LLC Qualifying Landowner Type: Qualified Landowner Is Within Elk Management Zone: No Legal Description: 23-31-8 NE4 160.00 ACRES County: Knox Acres: 161.27	
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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		
	Pinnacle Bank, Verdigre, NE	Verdigre
	Farmers and Merchants State Bank, Bloomfield, NE	Bloomfield
	Cornerstone Bank	Creighton, NE
(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

(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

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

NONE

Choose Value:

Choose Value:

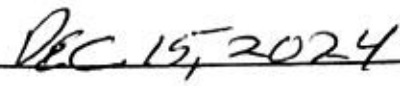
Choose Value:

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)		(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.