

NEBRASKA ACCOUNTABILITY AND DISCLOSURE COMMISSION 1225 L Street, Suite 400 P.O. Box 95086 Lincoln, NE 68509 (402) 471-2522 www.nadc.nebraska.gov		STATEMENT OF FINANCIAL INTERESTS NADC FORM C-1		POSTMARK DATE																														
MICROFILM NUMBER																																		
OFFICE USE ONLY																																		
BEFORE COMPLETING READ FILING REQUIREMENTS																																		
• 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 fail to file as required are subject to a civil penalty of up to \$2,000.																																		
ITEM 1 YOUR NAME, ADDRESS AND PHONE NUMBER																																		
<table><tr><td>Name</td><td>SAFURSKY</td><td>JOSHUA</td><td>PETER</td><td>Telephone No</td><td colspan="2">(402) 875-3832</td></tr><tr><td></td><td>LAST</td><td>FIRST</td><td>MIDDLE</td><td></td><td colspan="2"></td></tr><tr><td>Address</td><td colspan="2">3325 RIDGE PARK DR</td><td>LINCOLN</td><td>NE</td><td colspan="2">68504</td></tr><tr><td></td><td colspan="2">STREET ADDRESS</td><td>CITY</td><td>STATE</td><td colspan="2">ZIP CODE</td></tr></table>							Name	SAFURSKY	JOSHUA	PETER	Telephone No	(402) 875-3832			LAST	FIRST	MIDDLE				Address	3325 RIDGE PARK DR		LINCOLN	NE	68504			STREET ADDRESS		CITY	STATE	ZIP CODE	
Name	SAFURSKY	JOSHUA	PETER	Telephone No	(402) 875-3832																													
	LAST	FIRST	MIDDLE																															
Address	3325 RIDGE PARK DR		LINCOLN	NE	68504																													
	STREET ADDRESS		CITY	STATE	ZIP CODE																													
ITEM 2 OCCASION FOR FILING																																		
Annual officeholder's or state employee's report																																		
ITEM 3 OFFICE HELD & TERM OF OFFICE (Incumbent elected/appointed officials and state/other 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.																																		
<table><tr><td>Office or Position:</td><td>FACILITY ADMINISTRATOR - NORFOLK VETERANS HOME</td><td>Term:</td><td>11/2/2023</td><td>12/31/2024</td></tr><tr><td></td><td></td><td></td><td>BEGINS</td><td>ENDS</td></tr></table>							Office or Position:	FACILITY ADMINISTRATOR - NORFOLK VETERANS HOME	Term:	11/2/2023	12/31/2024				BEGINS	ENDS																		
Office or Position:	FACILITY ADMINISTRATOR - NORFOLK VETERANS HOME	Term:	11/2/2023	12/31/2024																														
			BEGINS	ENDS																														
Name of City, County, District, or State Agency: DEPARTMENT OF VETERANS AFFAIRS																																		
ITEM 4 OFFICE SOUGHT (Candidates only. See 1A of instructions)																																		
List the office sought which requires this filing.																																		
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, 2024																																		
Revised 2013																																		

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.	
List your Government position if you were paid more than \$1,000.			
STATE OF NEBRASKA	1526 K ST, SUITE 100, LINCOLN, NE 68508	STATE AGENCY	NURSING HOME ADMINISTRATOR
*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			
NONE			
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 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 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			
UNION BANK & TRUST NA		1940 O ST, LINCOLN, NE 68510	
MARCUS SAVINGS BY GOLDMAN SACHS		11850 S ELECTION RD, DRAPER, UT 84020	
(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			
NEBRASKA PUBLIC EMPLOYEES RETIREMENT SYSTEM			
(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			
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
			Description of Gift and Circumstances or Occasion for Gift
If you have nothing to report, write NONE			
NONE			
The monetary value of each gift shall be categorized based on the good faith estimate of the filer.			
ITEM 12	SUPPLEMENTAL INFORMATION		
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.			
JOSHUA PETER STAFURSKY		2/24/2025	
(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.