

NEBRASKA
ACCOUNTABILITY AND
DISCLOSURE COMMISSION

1225 L St., Suite 400
P.O. Box 95086
Lincoln, NE 68509
(402) 471-2522
www.nadc.nebraska.gov

BEFORE COMPLETING
READ FILING REQUIREMENTS

STATEMENT
OF
FINANCIAL
INTERESTS

NADC FORM C-
1

POSTMARK
DATE

MICROFILM
NUMBER

OFFICE USE ONLY

3/30/21

1207

Amend

- 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 \$2,000.

ITEM 1 YOUR NAME, ADDRESS AND PHONE NUMBER

Name

FOLTZ JORDAN DAVE
LAST FIRST MIDDLE

Telephone No. 1308 750 1592

Address

49893 HIGHWAY 56
STREET ADDRESS OR RURAL ROUTE

GREELEY
CITY

NE 6842
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 1B 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: GREELEY COUNTY COMMISSIONER DIST 2 Term: 2019 - 2022

BEGINS ENDS

Name of City, County, District, or State Agency:

GREELEY CO. GREELEY, NE DIST. 2

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,

2020

Left office, this statement covers the period January 1, _____ to _____

(DATE YOU LEFT OFFICE OR POSITION)

Revised January 2018

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.

1.)	1a.)
GREELEY COUNTY COMMISSIONER	CHAIRMAN ON BOARD OVER SEE BUDGETS & DISTRICT # 2
2.)	2a.)
3.)	3a.)
4.)	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.) JF WELDING & REPAIR	1a.) OWNER
2.) GERALD FOLTZ FARMS	2a.) SON - WORK
3.) GREELEY FIRE & RESCUE	3a.) PRESIDENT
4.) GREELEY RURAL FIRE BOARD	4a.) SECRETARY
5.) MNIS OF NEB	5a.) SET ON BOARD

State of Nebraska

Accountability and Disclosure Commission

P.O. BOX 95086
Lincoln, Nebraska 68509
www.nadc.nebraska.gov



Centre Terrace, 1225 L St. #400
Phone (402) 471-2522
Fax (402) 471-6599

March 24, 2021

Jordan Foltz
49893 Highway 56
Greeley, NE 68842

Dear Mr. Foltz:

Your Statement of Financial Interests filed with this office contains an error or an omission.

Your Position: Greeley County Commissioner

Date of Filing: March 24, 2021

Error or Omission: You left Item 5 of your statement blank. Your statement should cover 2020, the preceding calendar year.

Action Required: a) Notify this office by letter or email (frank.daley@nebraska.gov) that your statement was intended by you to cover calendar year 2020; OR b) fill in the correct calendar year at Item 5 on the enclosed partial copy of your statement and return it to this office.

If your statement as filed does not accurately reflect your financial interests during 2020, you should file a new statement disclosing the correct information.

If you have any questions, please feel free to contact me.

Sincerely,


Frank J. Daley, Jr.
Executive Director

**NEBRASKA
ACCOUNTABILITY AND
DISCLOSURE COMMISSION**

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P.O. Box 95086
Lincoln, NE 68509
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**STATEMENT
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ITEM 1 YOUR NAME, ADDRESS AND PHONE NUMBER

Name FOLTZ JORDAN DAVE Telephone No. 1308 750 1592
LAST FIRST MIDDLE
Address 49893 HIGHWAY 56 GREELEY NE 68842
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 1B 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: GREELEY COUNTY COMMISSIONER DIST 2 Term: 2019 - 2022
Name of City, County, District, or State Agency: GREELEY CO., GREELEY, NE DIST. 2

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,

Left office, this statement covers the _____ to _____
period January 1,

(DATE YOU LEFT OFFICE OR POSITION)

Revised January 2018

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.			
1.)		1a.)	
GREELEY COUNTY		CHAIRMAN ON BOARD	
Commissioner		OVER SEE BUDGETS & DISTRICT # 2	
2.)		2a.)	
3.)		3a.)	
4.)		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.)		1a.)	
JF WELDON & LEONARD		OWNER	
2.)		2a.)	
GRAND FOLTZ FARMS		SON - WORK	
3.)		3a.)	
GREELEY FIRE & RESCUE		PRESIDENT	
4.)		4a.)	
GREELEY RURAL FIRE BOARD		SECRETARY	
5.)		5a.)	
MNIS OF NEB		SET ON BOARD	

6.)		6a.)	
REGION 3		SIT ON BOARD	
7.)		7a.)	
REGION 24		SIT ON BOARD	
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			
		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			
		NONE	
(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			
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			
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			

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)	3/22/2021 (Date)

General Information - Filing Requirements

- A Candidates for the offices of Governor, Lt. Governor, Attorney General, Auditor of Public Accounts, Secretary of State, State Treasurer, State Board of Education, Public Service Commission, Board of Regents of the University of Nebraska, State Legislature, Board of Directors of a Public Power District, Mayor and City Council of the cities of Omaha and Lincoln, and any elective county office.

1. Any person holding an office listed in 1A above