

|                                                                                                                                                                                                                                                                                                 |                                                                             |                     |        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------|--------|
| <b>NEBRASKA<br/>ACCOUNTABILITY AND<br/>DISCLOSURE COMMISSION</b><br>11 <sup>th</sup> Floor, State Capitol<br>P.O. Box 95086<br>Lincoln, NE 68509<br>(402) 471-2522<br><a href="http://www.nadc.nebraska.gov">www.nadc.nebraska.gov</a><br><b>BEFORE COMPLETING<br/>READ FILING REQUIREMENTS</b> | <b>STATEMENT<br/>OF<br/>FINANCIAL<br/>INTERESTS</b><br><b>NADC FORM C-1</b> | POSTMARK<br>DATE    | 2/8/21 |
|                                                                                                                                                                                                                                                                                                 |                                                                             | MICROFILM<br>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 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    | Richardson, Jane, J.          |       |        | Telephone No.          | 3083825878     |
|         | LAST                          | FIRST | MIDDLE |                        |                |
| Address | 47 Kuester Lake               |       |        | Grand Island, NE 68801 |                |
|         | 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"/> Left office or position               |
| <input type="checkbox"/> *Annual officeholder's or state employee's report | <input type="checkbox"/> 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:                              | Hall County Supervisor, district #5 | Term:  | 2019-2023 |
|                                                  |                                     | BEGINS | ENDS      |
| Name of City, County, District, or State Agency: | Hall County                         |        |           |

**ITEM 4 OFFICE SOUGHT (Candidates only. See 1A of instructions)**

List the office sought which requires this filing.

|         |                                     |
|---------|-------------------------------------|
| Office: | Hall County Supervisor, district #5 |
|---------|-------------------------------------|

Name of City, County, District, or State Office: Grand Island, NE, Hall County

**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)

**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.) Balz Banquet Hall, Inc | 1a.) Banquet and Reception Hall Asst. Manager |
|----------------------------|-----------------------------------------------|

|                     |  |
|---------------------|--|
| 213 N. Sycamore St. |  |
|---------------------|--|

|                        |  |
|------------------------|--|
| Grand Island, NE 68801 |  |
|------------------------|--|

|                 |                            |
|-----------------|----------------------------|
| 2.) Hall County | 2a.) District 5 Supervisor |
|-----------------|----------------------------|

|                 |  |
|-----------------|--|
| 121 S. Pine St. |  |
|-----------------|--|

|                        |  |
|------------------------|--|
| Grand Island, NE 68801 |  |
|------------------------|--|

|     |      |
|-----|------|
| 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.) Trinity United Methodist Church | 1a.) Endowment committee |
|-------------------------------------|--------------------------|

|                   |  |
|-------------------|--|
| 511 N. Elm Street |  |
|-------------------|--|

|                        |  |
|------------------------|--|
| Grand Island, NE 68801 |  |
|------------------------|--|

|                |                        |
|----------------|------------------------|
| 2.) Balz, Inc. | 2a.) Husband-president |
|----------------|------------------------|

3421 W. State St.

Grand Island, NE 68803

3.) Whitey's , Inc.

2118 No Webb Rd.

Grand Island, NE 68803

3a.) Husband-president

4.) Elite Dreamscapes, LLC

1821 Holland Dr.

Grand Island, NE 68803

4a.) Husband-member

5.) GIPS Foundation

123 S. Webb Rd.

Grand Island, NE 68803

5a.) Co-chair Memorial Stadium Project

6.)

6a.)

7.)

7a.)

**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**

|                                          |                    |
|------------------------------------------|--------------------|
| #28 Kuester Lake, Grand Island, NE 68801 | residential—rental |
|------------------------------------------|--------------------|

|        |                                                                                                                                                                              |
|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ITEM 9 | <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> |                                           |
| Home Federal Bank                                | 120 S. Locust, Grand Island, NE 68801     |
| Five Points Bank                                 | 2015 N. Broadwell, Grand Island, NE 68803 |

(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> |
|                                                  |

(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.

|                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>If you have nothing to report, write NONE</b>                                                                                                                                            |
| Condo in Florida: 6424 Gulf Drive, Holmes Beach, FL 34217<br>Life Insurance: American Family<br>Principal Financial: Simple IRA, Traditional IRA, Roth IRA, Decedent IRA, and Decedent Roth |



(Signature of Filer)

*Jane J. Richardson*

(Date)

*2-8-21*

**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.