

3-10-23 ✓

NEBRASKA ACCOUNTABILITY AND DISCLOSURE COMMISSION 11 th Floor, State Capitol 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 <i>Amended</i>	POSTMARK DATE	email 1/22/23					
		MICROFILM NUMBER						
		OFFICE USE ONLY						
		JAN 26 2023 NEBRASKA / ACCOUNTABILITY DISCLOSURE DIVISION						
• 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 <u>Richardson, Jane, J.</u> Telephone No. <u>3083825878</u> LAST FIRST MIDDLE								
Address <u>47 Kuester Lake</u> <u>Grand Island, NE</u> <u>68801</u> STREET ADDRESS OR RURAL ROUTE CITY STATE ZIP CODE								
ITEM 2 OCCASION FOR FILING (Check Appropriate Box)								
<table><tr><td>☐ A candidate for elective office</td><td>☐ Left office or position</td></tr><tr><td>☐ *Annual officeholder's or state employee's report</td><td>☐ Newly appointed to office or position</td></tr></table>					☐ A candidate for elective office	☐ Left office or position	☐ *Annual officeholder's or state employee's report	☐ Newly appointed to office or position
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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: <u>Hall County Supervisor, district #5</u> Term: <u>2023 - 2027</u> BEGINS ENDS								
Name of City, County, District, or State Agency: <u>Hall County</u>								
ITEM 4 OFFICE SOUGHT (Candidates only. See 1A of instructions)								
List the office sought which requires this filing.								
Office: <u>Hall County Supervisor, district #5</u>								

ITEM 12

* Jane J. Richardson Mar. 8, 2023
(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.