

NEBRASKA
ACCOUNTABILITY AND
DISCLOSURE COMMISSION
11th Floor, State Capitol
P.O. Box 95086
Lincoln, NE 68509
(402) 471-2522

BEFORE COMPLETING
READ FILING REQUIREMENTS

**STATEMENT
OF
FINANCIAL
INTERESTS
NADC FORM C-1**

POSTMARK
DATE

3/10/26

MICROFILM
NUMBER

OFFICE USE ONLY

RECEIVED
MAR 12 2026

NEBRASKA ACCOUNTABILITY
and
DISCLOSURE COMMISSION

- 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. 3083792815
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)

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: Hall County Supervisor, district #5 Term: 2023 - 2027
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, 2025

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, Inc. | 1a.) | Restaurant |
| | 3421 W. State St. | | legal services |
| | Grand Island, NE 68803 | | |
| 2.) | Hall County | 2a.) | District 5 Supervisor |
| | 121 S. Pine St. | | |
| | Grand Island, NE 68801 | | |
| 3.) | Whitey's, Inc. | 3a.) | Restaurant |
| | 2118 N. Webb Rd. | | legal services |
| | Grand Island, NE 68803 | | |
| 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.) | Balz, Inc. | 1a.) | Husband-president |
| | 3421 W. State St. | | |
| | Grand Island, NE 68803 | | |
| 2.) | Whitey's, Inc. | 2a.) | Husband-president |

	2118 Webb Rd.	
	Grand Island, NE 68803	
3.)	Balz Banquet and Reception Hall	3a.) Husband-president
	211 N. Sycamore	
	Grand Island, NE 68801	
4.)	Balz at Prairie District, LLC	4a.) Husband - president
	3568 Innate Lane	
	Grand Island, NE 68801	
5.)		5a.)
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 <i>not</i> 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		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

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.

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.

If you have nothing to report, write NONE

Condo in Florida: 101 67th St. #2, Holmes Beach, FL 34217

Life Insurance: American Family

RBC Wealth Management: Simple IRA, Traditional IRA, Roth IRA, Decedent IRA, and Decedent Roth

ITEM 10	CREDITORS TO WHOM \$1,000 OR MORE WAS OWED OR GUARANTEED BY YOU OR A MEMBER OF YOUR IMMEDIATE FAMILY.
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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	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
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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			

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)
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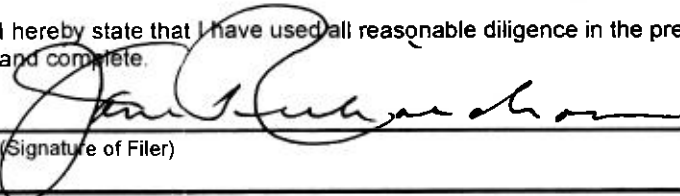
ITEM 13	SIGNATURE OF FILER, ATTESTATION, AND DATE
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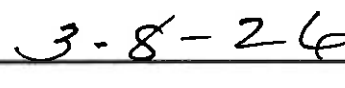
Check one of the boxes, sign and date below.

☒ I am not an agent of a foreign principal from an adversary nation or a foreign terrorist organization, as such terms are defined in the Foreign Adversary and Terrorist Agent Registration Act.

☐ I am an agent of a foreign principal from an adversary nation or a foreign terrorist organization, as such terms are defined in the Foreign Adversary and Terrorist Agent Registration Act.

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.





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.