

NEBRASKA ACCOUNTABILITY AND DISCLOSURE COMMISSION 1225 L St., Suite 400 P.O. Box 95086 Lincoln, NE 68509 (402) 471-2522 www.nadc.nebraska.gov	STATEMENT OF FINANCIAL INTERESTS NADC FORM C-1	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">POSTMARK DATE</td> <td style="width: 50%; text-align: center; padding: 2px;">2/26/21</td> </tr> <tr> <td style="padding: 2px;">MICROFILM NUMBER</td> <td style="padding: 2px;"></td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 2px;">OFFICE USE ONLY</td> </tr> </table>	POSTMARK DATE	2/26/21	MICROFILM NUMBER		OFFICE USE ONLY	
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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 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
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Name	<u>Albin</u>	<u>John</u>	<u>H.</u>	Telephone No.	<u>402-430-2419</u>
	LAST	FIRST	MIDDLE		
Address	<u>2200 Franklin St.</u>			<u>Lincoln</u>	<u>NE 68502</u>
	STREET ADDRESS OR RURAL ROUTE			CITY	STATE ZIP CODE

ITEM 2	OCCASION FOR FILING (Check Appropriate Box)
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☐ A candidate for elective office ☒ Annual officeholder's or state employee's report	☐ Left office or position ☐ 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)
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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: Commissioner of Labor Term: 1-8-2015 A. P. Governor

BEGINS ENDS

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

ITEM 4	OFFICE SOUGHT (Candidates only. See 1A of instructions)
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List the office sought which requires this filing.

Office: _____

Name of City, County, District, or State Office: _____

ITEM 5	PERIOD COVERED BY THIS STATEMENT
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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)

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.) Nebraska Department of Labor 550 S. 16 th St. Lincoln, NE 68508	1a.) Commissioner of Labor
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.) Loretta M. Schmit, Testamentary Trust 2200 Franklin St. Lincoln, NE 68502	1a.) Trustee
2.) Jobs for America's Graduates - United Way of the Midlands 2201 Farnam Street Suite 200 Omaha, NE 68102	2a.) Advisory Board Member
3.)	3a.)
4.)	4a.)
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 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		
Commencing at the SW corner of 20-16-2 East of the 6 th PM, Butler County, Nebraska and running thence east along section line 17 chains and 64 links to the right of way of the Lincoln and Northwestern Railroad (C.B. & Q Ry.) and thence northwesterly along a line parallel with and 50 ft. distant from the center of the railroad right of way to the point such line intersects with the west boundary of said section, thence due south along the section line 18 chains and 52 links to the point of beginning.		Agricultural and residential.
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		
West Gate Bank		6003 Old Cheney, Lincoln, NE 68516
State Employees Credit Union		330 S. 16 th St., Lincoln, NE 68508
US. Bank		344 S. 13 th St., Lincoln, NE 68508
Union Bank and Trust		1940 O St., Lincoln, NE 68510
(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		

State Farm Insurance Company - life insurance
Jackson National Life Insurance Company - life insurance
Allianz Global Investments - IRA
Lincoln Liberty Life - life insurance
Harold Diers and Associates (Metropolitan Life) - Life Insurance
Weitz Funds, Partners Fund - Mutual Fund
American Funds - Roth IRA
Ohio National Life Insurance Co. - Life Insurance

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	

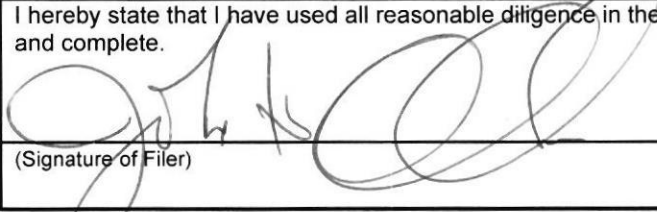
ITEM 11	SOURCES OF GIFTS OF A VALUE OF MORE THAN \$100 RECEIVED EXCEPT GIFTS FROM RELATIVES. (See definitions) If you have nothing to report, write NONE
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Name and address of Donor	Occupation or nature of business of Donor	Value of Gift (See Key Below)	Description of Gift and Circumstances or Occasion for Gift
If you have nothing to report, write NONE			
Katie Thurber, 1206 Twin Ridge Rd., Lincoln, NE 68510	Attorney	A	Gift card to Valentinos at time of death of spouse.
Nick and Cheryl Schmit, 390 40 Rd., Bellwood, NE 68624-2490	Farmer	A	Undesignated Memorial to late wife Julie Schmit-Albin
		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	

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.
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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)	Feb. 26, 2021 (Date)
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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.