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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 <i>Amended</i> 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%; padding: 2px;">5/24/21</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> <tr> <td colspan="2" style="height: 100px; vertical-align: top; padding: 2px;">6</td> </tr> </table>	POSTMARK DATE	5/24/21	MICROFILM NUMBER		OFFICE USE ONLY		6	
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- 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	Albenesius Larry	Telephone No. 712-259-1191
	LAST FIRST MIDDLE	
Address	1050 Joseph's Way, Jackson, NE 68743	
	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: Dakota County Commissioner		Term: 2018 to 2022
		BEGINS ENDS
Name of City, County, District, or State Agency: Dakota County-		
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.) ~~none~~

1a.)

Dakota County Commissioner

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.) Albenesius Contracting Inc

1a.) President

PO Box 93

Jackson, NE 68743

2.)

2a.)

3.)

3a.)

4.)

4a.)

5.)

5a.)

6.)

6a.)

7.)

7a.)