

NEBRASKA ACCOUNTABILITY AND DISCLOSURE COMMISSION 1225 L St., Suite 400 P.O. Box 95086 Lincoln, NE 68509 (402) 471-2522 https://nadc.nebraska.gov	STATEMENT OF FINANCIAL INTERESTS Calendar Year 2024 NADC FORM C-1	POSTMARK DATE	2-20-2025
			EM
		OFFICE USE ONLY	

- This statement must cover all financial interests for the entire "calendar year" as noted above and not just as of year-end.
- 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 \$5,000.

ITEM 1	YOUR NAME, ADDRESS AND PHONE NUMBER				
Name	Albrecht	Michael	D	Telephone No.	402-695-2519
	LAST	FIRST	MIDDLE		
E-mail	mmalb@hotmail.com				
Address	2088 D Avenue	Thurston	NE	68062	
	STREET ADDRESS OR RURAL ROUTE	CITY	STATE	ZIP CODE	

ITEM 2	OCCASION FOR FILING (Check Appropriate Box)
	☒ A candidate for elective office ☐ Newly appointed to office or position ☐ Annual officeholder's or state employee's report ☐ Amendment

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.	
Office or Position:	Term: BEGINS ENDS
Name of City, County, District, or State Agency:	

ITEM 4	OFFICE SOUGHT (Candidates only. See 1A of instructions)
List the office sought which requires this filing.	
Office:	State of Nebraska Legislature
Name of City, County, District, or State Office: District 17	

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.	
This statement covers the preceding calendar year January1 through December 31, 2024	

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.
Also include your Government position if you were paid more than \$1,000.	
1.) <u>Mike Albrecht Farms</u> <u>2088 D Avenue</u> <u>Thurston, NE 68062</u>	1a.) <u>Sole Proprietor</u>
2.) <u>Social Security Administration</u> <u>PO Box 67620</u> <u>Wilkes-Barre, PA 18767-7620</u>	2a.) <u>Social Security Benefits</u>
3.) <u>Thrivent</u> <u>4321 N. Ballard Rd.</u> <u>Appleton, WI 54919-0001</u>	3a.) <u>IRA Withdrawl</u>
4.) <u>Albrecht Beef LLC</u> <u>2088 D Avenue</u> <u>Thurston, NE 68062</u>	4a.) <u>Farming LLC</u>
*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.) <u>Albrecht Beef LLC</u> <u>2088 D Avenue</u> <u>Thurston, NE 68062</u>	1a.) <u>Partner in LLC</u> <u>President</u>
2.) _____ _____ _____	2a.) _____ _____ _____
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		
Dakota County, NE (160 AC - Section 24-27-6) Holt County, NE (240 AC - Section 14-28-14) Holt County, NE (320 AC - Section 23-28-14) Thurston County, NE (338.66 AC - Section 7-26-7) Thurston County, NE (120 AC - Section 16-26-7) Thurston County, NE (70 AC - Section 17-26-7) Thurston County, NE (39 AC - Section 16-26-7) Thurston County, NE (7.05 AC - Section 7-26-7) Thurston County, NE (10 AC - Section 17-26-7) Thurston County, NE (120 AC - Section 9-26-7) Thurston County, NE (40 AC - Section 10-26-7) Thurston County, NE (40 AC - Section 8-26-7) Thurston County, NE (60 AC - Section 10-26-7) Lancaster County, NE Pioneer Cottages Addition, Lot 9 4227 S 40th Street Lincoln, NE		Agricultural Agricultural Agricultural Agricultural Agricultural Agricultural Agricultural Agricultural Agricultural and Home Agricultural Agricultural Agricultural Agricultural
		Residence
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		
Farm Credit Services of America First Nebraska Bank (Emerson, Nebraska)		PO Box 2409 Omaha, NE 68103-2409 PO Box 315 Valley, NE 68064-0315
(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

Modern Woodmen (1701 1st Ave; PO Box 2005, Rock Island, IL 61204-2005)
Thrivent (4321 N. Ballard Rd., Appleton, WI 54919-0001)

ITEM 10

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

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

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

NONE

Choose Value:

Choose Value:

Choose Value:

Choose Value:

Choose Value:

Choose Value:

Choose Value:

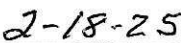
Choose Value:

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

SUPPLEMENTAL INFORMATION (please attach any supplemental info and note below to see attached)

ITEM 13	SIGNATURE OF FILER AND DATE
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)	(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.