12030814014

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED 7

2012 MAY 25 AM 8: 14

FEGMAND LOCENTER

| NAME OF COMMITTEE (in full) | (Check if name is changed) | Example:If typing, type over the lines. | 12FE4M5 | | |
|---|---------------------------------------|--|---------------------|---------------------------------|--|
| 100 e Navgha | Flor Goinge | <5,5, , , , , , , , , , , , , , , , , , | | | |
| | | | | | |
| ADDRESS (number and street) | P.O. B.O.X. 67 | | | | |
| (Check if address is changed) | B10,45,4,0,44 | | NE 6 | 8010- | |
| | , . | YTK | STATE | ZIP CODE | |
| COMMITTEE'S E-MAIL ADDRES | · · · · · · · · · · · · · · · · · · · | | | 1 | |
| (Check if address | Viole Viar gilin | forcongres | 15 (G) 6 M C11 | 1, COM | |
| is changed) | سنسنس | | | | |
| COMMITTEE'S WEB PAGE ADD | DRESS (URL) | | | | |
| (Check if address is changed) | Vior Via Vig him | EIBTICIONIGIVEIS | 5.CIDIM | | |
| 2. DATE OG O | • | AMENDED (A) | | | |
| I certify that I have examined th | is Statement and to the best | of my knowledge and belief it | is true, correct an | d complete. | |
| Type or Print Name of Treasurer | Seth M | anzel | | | |
| Signature of Treasurer | | | Date OS | '10'201Z | |
| NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. | | | | | |
| Office Use Only | | For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100 | | FEC FORM 1 (Revised 02/2009) | |

5.

| | COMMITTEE | | | | | |
|----------------------|---|--|--|--|--|--|
| Cendidate | e Committee: | | | | | |
| (a) X | This committee is a principal campaign committee. (Complete the candidate information below. |) | | | | |
| (b) | This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) | | | | | |
| Name of Candidate | <u> </u> | 1 1 1 1 1 1 1 1 1 | | | | |
| Candidate | ion TND Office X House Senate President | State NE | | | | |
| Party Affiliat | ion $\mathcal{I} \mathcal{N} \mathcal{D}$ Sought: \mathbf{X} House Senate President | District 02 | | | | |
| (c) | This committee supports/opposes only one candidate, and is NOT an authorized committee. | | | | | |
| Name of Candidate | 10101 1/ avig 1/ n 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | | |
| Party Co | | | | | | |
| (d) | (National, State This committee is a or subordinate) committee of the | (Democratic, Republican, etc.) Party. | | | | |
| Political A | Action Committee (PAC): | | | | | |
| (e) | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co | nnected organization is a: | | | | |
| | Corporation Corporation w/o Capital Stock | Labor Organization | | | | |
| | Membership Organization Trade Association | Cooperative | | | | |
| | In addition, this committee is a Lobbyist/Registrant PAC. | | | | | |
| (f) | This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee) | segregated fund or party | | | | |
| | In addition, this committee is a Lobbyist/Registrant PAC. | | | | | |
| | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | | | | | |
| Joint Fun | draising Representative: | | | | | |
| (g) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal carefidate | • | | | | |
| (h) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, none of which is an authorized committee of a federal candidate. | wo or more political | | | | |
| Con | nmittees Participating in Joint Fundraiser | | | | | |
| 1. | | · | | | | |
| | | | | | | |
| 2. | | : . | | | | |
| 3. | FEC ID number C | | | | | |
| 4. | FEC ID number C | | | | | |

| <u> </u> | FEC_Form 1 (Revised 0 |)2/2009) | Page 3 |
|-------------|--|---|--|
| ٧ | Vrite or Type Committee Name | | |
| | Name of Any Connected C | rganization, Affiliated Committee, Joint Fundralsing Representative, or Leadership F | AC Sponsor |
| 1 | | | 1111 |
| L | | | |
| _ | | | |
| | Mailing Address | | |
| | | | |
| | | CITY STATE ZIP | CODE |
| | | CIIT SIAIE ZIF | CODE |
| | Relationship: Connected | l Organization Affiliated Committee Joint Fundraising Representative Leaders | ship PAC Sponsor |
| | | | |
| 7. | Custodian of Records: Iden books and records. | tify by name, address (phone number optional) and position of the person in possess | ion of committee |
| | | 1/ 1/1 | |
| | Full Name | Vicivigha | 1_1_1_1_ |
| | Mailing Address | $P_1O_1B_1O_1\times B_1O_1\times B_1O_1$ | |
| | | | |
| | | Boystown WE 64016 | ــــا-لا |
| | Title or Position | CITY STATE ZIP | CODE |
| | Candidate | Telephone number 4021-321 | 1112521 |
| | | Telephone number $902 - 320$ | <u>[/_/#</u> |
| 8. | Treasurer: List the name and any designated agent (e.g., a | d address (phone number optional) of the treasurer of the committee; and the name a assistant treasurer). | and address of |
| | Full Name of Treasurer Set 15 | . Ma, N, Z, e, l, , , , , , , , , , , , , , , , , | |
| | Mailing Address | P.O. B.O. > 6.7 | |
| | | <u> </u> | |
| | | BO 45 + O MM WE 168010 | <i>2</i> I-L |
| | Title or Position | CITY STATE ZIP | CODE |
| | Campa 19h | CITY STATE ZIP 0 ME 6.8:0.1.0 Telephone number 2.5.3 - 12.2.5 | 8-18/9/2 |

9.

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|---|---|------------------------------|------------------------------|
| | | | |
| Full Name of Designated Agent | | | |
| - | 1 | | |
| Mailing Address | | | |
| | | | |
| | | | |
| | CITY | STATE | ZIP CODE |
| Title or Position | | Telephone number | <u></u> |
| Banks or Other Depositori safety deposit boxes or main | les: List all banks or other depositories in wh ntains funds. | ich the committee deposits t | funds, holds accounts, rents |
| Name of Bank, Depository, | etc. | | |
| Cen | tris Fredit Uni | <u>6</u> .h | |
| Mailing Address | 41.825 Q51 | | |
| | | | |
| | 0, m, a, L, a, , , , , , , , , , , , , , , , | WG | 68137- |
| | CITY | STATE | ZIP CODE |
| Name of Bank, Depository, | etc. | | |
| | | | |
| | | | |
| Mailing Address | | | |
| | | | |
| | | | السا-لسا |
| | CITY | STATE | ZIP CODE |

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation[™] or Signature Confirmation[™] Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): Next Business Day Delivery **Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): 5/25/12 **DATE PREPARED**

(3/2005)