

FEC
FORM 1

STATEMENT OF
ORGANIZATION

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

13 SEP -5 PM 3:20
Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

DAVID CHRISTOPHER HOLCOMB
FOR NEBRASKA SENATOR 2014

ADDRESS (number and street)

(Check if address is changed)

20870 SOUTH HWY 50
SPRINGFIELD, NEBRASKA 68059
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

davidchristopherholcomb@centurylink.net
Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

senator davidchristopherholcomb.com

2. DATE

September 3RD 2013

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

DAVID CHRISTOPHER HOLCOMB

Signature of Treasurer

Date

SEPTEMBER 3RD 2013

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 contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

13020402022

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) 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

DAVID CHRISTOPHER HOLCOMB

Candidate Party Affiliation

INDEPENDENT

Office Sought:

House

Senate

President

State **NEBRASKA**
District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

Party Committee:

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

- | | | |
|----|---------------|---|
| 1. | FEC ID number | C |
| 2. | FEC ID number | C |
| 3. | FEC ID number | C |
| 4. | FEC ID number | C |

13020402023

Write or Type Committee Name

DAVID CHRISTOPHER HOLCOMB FOR NEBRASKA SENATOR 2014

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

N/A

CITY

STATE

ZIP CODE

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

DAVID CHRISTOPHER HOLCOMB

Mailing Address

20870 SOUTH HWY 50

SPRINGFIELD, NEBRASKA 68059-4884

Title or Position

CITY

STATE

ZIP CODE

CUSTODIAN OF RECORDS

Telephone number

402-253-3085

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

DAVID CHRISTOPHER HOLCOMB

Mailing Address

20870 SOUTH HWY 50

SPRINGFIELD CITY NEBRASKA 68059-4884

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

402-253-3085

13020402024

Full Name of Designated Agent

NONE

Mailing Address

Title or Position CITY STATE ZIP CODE Telephone number

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

MUTUAL OF OMAHA BANK

Mailing Address

12702 WESTPORT PARKWAY SUITE # 100 LA VISTA, NEBRASKA 68138-4012

Name of Bank, Depository, etc.

MUTUAL OF OMAHA BANK

Mailing Address

12702 WESTPORT PARKWAY SUITE # 100 LA VISTA, NEBRASKA 68138-4012

13020402025

EXTREMELY URGENT

Please Rush To Addressee

PLEASE PRESS FIRMLY

Schedule package pickup right from your home or office at usps.com/pickup
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EXTREMELY URGENT

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E1768583639US

ORIGIN (POSTAL SERVICE USE ONLY)		Postage		Return Receipt Fee	
PO ZIP Code	Day of Delivery	\$		\$	
66037	Next <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd/DK Day				
Date Accepted	Scheduled Date of Delivery				
9-3-13	Month 1 Day 4				
Time Accepted	Scheduled Time of Delivery				
1:57 PM	Non <input type="checkbox"/> Noon <input type="checkbox"/> 3 PM <input type="checkbox"/> Military <input type="checkbox"/>				
Flat Rate <input type="checkbox"/> or Weight	Intl Alpha Country Code				
lbs. ozs.	Acceptance Emp. Initials				RDW

FROM: (PLEASE PRINT) *W. J. ...*

PHONE () - - - - -

W. J. ...

FOR PICKUP OR TRACKING
Visit www.usps.com
Call 1-800-222-1811



UNITED STATES POSTAL SERVICE®

Addresssee Copy
Label 11-B, March 2004

Post Office To Addressee

DELIVERY (POSTAL USE ONLY)		Employee Signatures	
Delivery Attempt	Time	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<i>[Signature]</i>
Mo. Day	12:00		
Delivery Attempt	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	<i>[Signature]</i>
Mo. Day	9:46		
Delivery Date	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	<i>[Signature]</i>
Mo. Day			

CUSTOMER USE ONLY

WAIVER OF SIGNATURE (Domestic Mail Only)
Additional merchandise insurance is void if customer requests waiver of signature.
Signature of addressee or authorized agent (if delivery employee judges that article can be left in secure location) and signature of delivery employee's signature constitutes valid proof of delivery.

NO DELIVERY Holiday Master Signature

TO: (PLEASE PRINT) PHONE () - - - - -

W. J. ...

ZIP + 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.)

FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.

SCREENED BY THE SENATE POST OFFICE

PLEASE NOTE:

When used internationally affix customs declarations (PS Form 2976, or 2976A).

U.S. POSTAGE
PAID
LOUISVILLE, NE
SEP 03 13
AMOUNT
\$19.95
00016579-04



1007



PS1000100006

PRESS HARD, YOU ARE MAKING 3 COPIES.

NANCY ERICKSON
SECRETARY

DANA K. MCCALLUM
SUPERINTENDENT
HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7116
PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY
OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL 9-3-13
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE
FEDERAL EXPRESS	_____
UPS	_____
DHL	_____
AIRBORNE EXPRESS	_____

NEXT BUSINESS DAY DELIVERY

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

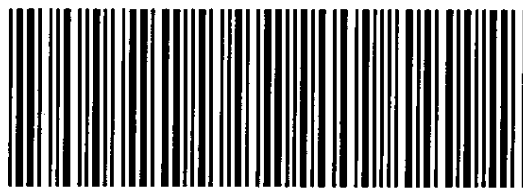
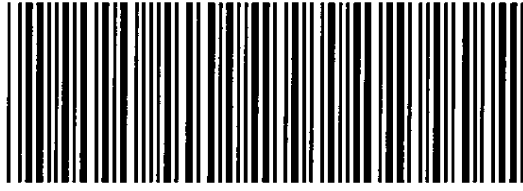
POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER DH DATE PREPARED 9-6-13

13020402027



13020402028