

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED SECRETARY OF THE SENATE PUBLIC RECORDS

13 SEP -6 PM 12:13

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

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

8/29/2013

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

[Handwritten Signature]

Date

SEPTEMBER 3<sup>RD</sup>, 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)

13020402034

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: **1234**

- (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**

13020402035

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 / N/A

Mailing Address

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

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, NEBRASKA 68059-4884

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 402-253-3085

13020402036

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  
CITY STATE ZIP CODE

Name of Bank, Depository, etc.

MUTUAL OF OMAHA BANK

Mailing Address

12702 WESTPORT PARKWAY  
SUITE # 100

LA VISTA, NEBRASKA 68138-4012  
CITY STATE ZIP CODE

13020402037

EXTENDED SERVICE

Standard Mail Post Office



1 UNIT VALUE  
LOUISVILLE, KY  
SEP 03 13  
RMDUNT

Please Rush To Addressee

LEASE PRESS FIRMLY

PLEASE PRESS FIRMLY

1007

\$19.95  
00016579-04



UNITED STATES POSTAL SERVICE

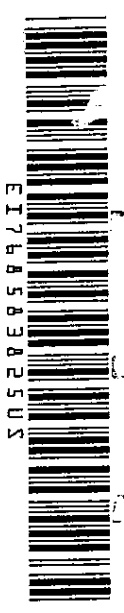
Flat Rate Envelope  
Visit us at usps.com  
**EXTREMELY URGENT**

Please Rush To Addressee



PLEASE NOTE:

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



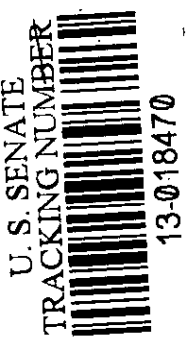
E1768583825US



EXPRESS MAIL

Address Label 1:

Post Office To Ad



TRACKING NUMBER  
U. S. SENATE

01847013-01

**ORIGIN (POSTAL SERVICE USE ONLY)**

PO ZIP Code	Day of Delivery	Postage	Return Receipt Fee	Insurance Fee
10007	<input type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd/3rd Day	\$ 19.95		
Date Accepted	Scheduled Date of Delivery	COD Fee	Insurance Fee	
9/3/13	Month 9 Day 3	\$	\$	
Time Accepted	Scheduled Time of Delivery	Total Postage & Fees	Acceptance Emp. Initials	
1:31 PM	<input type="checkbox"/> Noon <input type="checkbox"/> 3 PM	\$ 19.95		
Flat Rate <input type="checkbox"/> or Weight	Military <input type="checkbox"/> Int'l Alpha Country Code			
lbs. ozs.	<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day			

**DELIVERY (POSTAL SERVICE USE ONLY)**

Delivery Attempt	Time	Employee Signature
<input type="checkbox"/> AM <input type="checkbox"/> PM		
Delivery Attempt	Time	Employee Signature
<input type="checkbox"/> AM <input type="checkbox"/> PM		
Mo. Day	Time	Employee Signature
	<input type="checkbox"/> AM <input type="checkbox"/> PM	

**CUSTOMER USE ONLY**

NO DELIVERY  
 Weekend  Holiday  Mailer Signature

**WARNER OF SIGNATURE (Domestic Mail Only)**  
Additional merchandise insurance is void if customer requests waiver of signature. (which delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in care of addressee's agent) and employee's signature constitutes valid proof of delivery.)

FROM: (PLEASE PRINT) PHONE ( )

TO: (PLEASE PRINT) PHONE ( )

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

FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.

PRESS HARD, YOU ARE MAKING 3 COPIES.

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Visit [www.usps.com](http://www.usps.com)  
Call 1-800-222-1811



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SEP 04 2013



PS N0000210000006 T

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:

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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	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION \_\_\_\_\_  
Date of Receipt

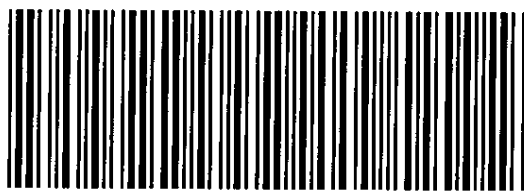
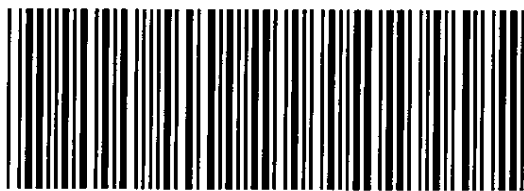
POSTMARK ILLEGIBLE  NO POSTMARK

FAX \_\_\_\_\_  
Date of Receipt

OTHER \_\_\_\_\_  
Date of Receipt or Postmark

PREPARER MN DATE PREPARED 9/6/13

13020402039



13020402040