

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

RECEIVED  
SECRETARY OF THE SENATE  
PUBLIC RECORDS

13 NOV 18 PM 2:35  
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)

1816 L. STREET  
TEKAMAH, NEBRASKA 68061  
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

davidchristopherholcomb@centurylink.net  
Optional Second E-Mail Address

davidchristopherholcomb@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

senatordavidchristopherholcomb.com

2. DATE

11/13/2013

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

NOVEMBER 13, 2013  
11/13/2013

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.

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

FEC FORM 1  
(Revised 06/2012)

13020540039

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 DEMOCRAT Office Sought: Senate House  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:
 

<input type="checkbox"/> Corporation	<input type="checkbox"/> Corporation w/o Capital Stock	<input type="checkbox"/> Labor Organization
<input type="checkbox"/> Membership Organization	<input type="checkbox"/> Trade Association	<input type="checkbox"/> 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
2. \_\_\_\_\_ FEC ID number
3. \_\_\_\_\_ FEC ID number
4. \_\_\_\_\_ FEC ID number

13020540040

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

1816 L. STREET  
TEKAMAH, NEBRASKA 68061

Title or Position

CITY

STATE

ZIP CODE

CUSTODIAN OF RECORDS

Telephone number

402 905 1366

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

1816 L. STREET  
TEKAMAH NE 68061

Title or Position

TREASURER

Telephone number

402 905 1366

13020540041

Full Name of Designated Agent

NONE

Mailing Address

\_\_\_\_\_

CITY

STATE

ZIP CODE

Title or Position

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

Mailing Address

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

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

MUTUAL OF OMAHA

Mailing Address

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

CITY

STATE

ZIP CODE

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# United States Senate

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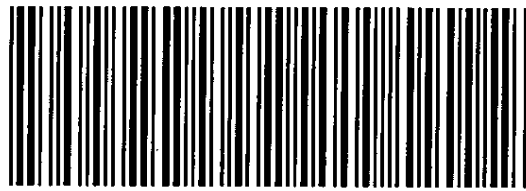
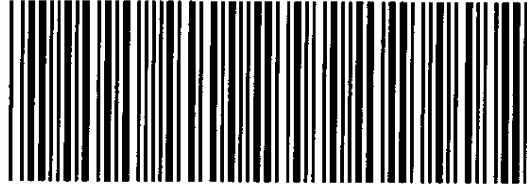
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PREPARER **DH** DATE PREPARED **11-8-13**

13020540044



13020540045