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FEC

Only

STATEMENT OF **ORGANIZATION**

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FORM 1 Office Use Only 1. NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Melbiriasikia Caitit Lemen Finci Paliti Cai Acity on Committee ADDRESS (number and street) (Check if address is changed) WE CITY STATE ZIP CODE COMMITTEE'S E-MAIL ADDRESS 4@neicatitilemen ang COMMITTEE'S WEB PAGE ADDRESS (URL) WWW. nebraskacatitilemen. 10 ng COMMITTEE'S FAX NUMBER 4021-4751-08221 2. DATE C 00446286 **FEC IDENTIFICATION NUMBER** IS THIS STATEMENT OR AMENDED (A) NEW (N) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Kelseu Type or Print Name of Treasurer Signature of Treasurer Date 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 For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 12/2007)

Toll Free 800-424-9530

Local 202-694-1100

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	FEC For	rm 1 (Revised 12/2007)	Page 2				
TYP	TYPE OF COMMITTEE						
Car	ndidate 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. (Complinformation below.)	ete the candidate				
	Name of Candidate						
	didate y Affiliatio	on Cffice Sought: House Senate President	State District				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District []				
Nam Cand	e of didate						
Par	tv Com	nmittee:					
(d)		(National, State (D	Democratic, epublican, etc.) Party.				
Poli	itical A	ction Committee (PAC):					
(e)	X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.	ected organization is a:				
• •	N=1		_				
			Labor Organization				
		Membership Organization Trade Association	Cooperative				
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate seg committee. (i.e., nonconnected committee)	regated fund or party				
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
Join	it Fund	Iraising Representative:					
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political				
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political				
	Committees Participating in Joint Fundraiser						
	1.						
	2.	FEC ID number					
	3.	FEC ID number					
	4.	FEC ID number	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
	5.	FEC ID number					

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	FEC Form 1 (Revised	12/2007)	Page 3
٧	Vrite or Type Committee Name	,	
6.	Name of Any Connected (Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundraising I	Representative
la .	([e] a) \$1 1 1 1 1 1 1 1 1 1	
D	iedirasika ica	ilHH/elmeln., Inc.	<u> </u>
L			
	Mailing Address	U34 South U3HA Street	
		Sulite 90011111111111111111111111111111111111	<u> </u>
		Lincold	8-1917
		CITY STATE Z	IP CODE
	Relationship:		
	Connected Organization	Affiliated Committee Leadership PAC Sponsor Joint Fundraising	Representative
7.	Custodian of Records: Idea	ntify by name, address (phone number optional) and position of the person in posse	ession of committee
	books and records.		
	Full Name Shall	non Fostem	
	Mailing Address	V34 SIGUITH 13th Street	
		Swite 900	<u> </u>
		Lincoln NE 6850	81-1817
	Title or Position	CITY STATE Z	IP CODE
	Controlle	Telephone number 1902 - 190	15-12333
8.	Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	e and address of
	Full Name of Treasurer	naiel Kiedsieig	
	Mailing Address	V3W South 13th Street	<u> </u>
		Switc 900	<u> </u>
			8-1917
			IP CODE
	Title or Position	Vice Pres. Telephone number 202 - 43	75 - 2333
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-	FEC Form 1 (Revised 12/2007)			Page 4		
	Full Name of Designated Agent	Michael Kedsey				
		Suite 900				
		Lincolne city	STATE	ZIP CODE		
	Title or Position	Telephone	number 💆	03 -N08 -1333		
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.					
		Bank of the West				
	Mailing Address	VBV4 "O" street	1_1_1_1_1			
		·	1111			
		Lincoln,	l Me	68508-		
		CITY	STATE	ZIP CODE		
	Name of Bank, I	epository, etc.				
		<u> </u>				
	Mailing Address					
						
_		CITY	STATE	ZIP CODE		

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING The FEC added this page to the end of this filing to indicate it	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked 4/17/07
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No Postmark	· ·
Overnight Delivery Service (Specify):	Shipping Date
Next Business	s Day Delivery
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
Other (Specify):	eceipt or Postmarked
ED	4/22/08
PREPARER (3/2005)	DATE PREPARED