Image# 14952646330 PAGE 1 / 14

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

| | | | | | | | | | | Office Use | e Only | |
|------|----------------------|---|----------------|----------------------|-------------------|----------------------------|----------------------|------------|------------|------------|--------------------|---|
| 1. | NAME OF COMMITTEE | | TYPE OR F | PRINT ▼ | | ample: If typer the lines. | oing, type | 12FE | 4M5 | | | |
| , E | mpower N | ebraska | | | | | | | | | | ı |
| ш | <u> </u> | | | | | | | | | | | |
| Ш | | | | | | | | | | | | |
| AD[| DRESS (numbe | er and street) | 610 S. Bo | oulevard | | | | | | | | |
| H | Check if | different | | | | | | | | | | |
| L | than pre reported | eviously | Tampa | | | | | FL | | 33606 | | |
| 2. | FEC IDENT | IFICATION NU | MBER ▼ | | CITY 🛦 | | | STATE | | 2 | ZIP COI | DE 🛦 |
| | C C005 | 15890 | | 3. | IS THIS REPORT | × | NEW (N) OR | | AME (A) | NDED | | |
| 4. | TYPE OF (Choose One) | _ | (b) Mon Rep | | Feb 20 (M2) | | May 20 (M5 |) | Aug 20 | O (M8) | | Nov 20 (M11) (Non-Election Year Only) |
| | (a) Quarterly | / Reports: | Due | Щ, | Mar 20 (M3) | | Jun 20 (M6) | | Sep 20 | | | Dec 20 (M12) (Non-Election Year Only) |
| | | il 15 | | | Apr 20 (M4) | Ш | Jul 20 (M7) | Ш | Oct 20 | (M10) | Ш | Jan 31 (YE) |
| | July | arterly Report (Q v 15 arterly Report (Q | (C) | 12-Day PRE-Election | | Primary (12 | 2P) | Ge | neral (1 | 2G) | | Runoff (12R) |
| | Octo | ober 15 | | Report for the | : | Convention | (12C) | Spe | ecial (12 | 2S) | | |
| | Jan | arterly Report (Q: uary 31 r-End Report (YI | | Ele | ection on | M I M | / D D / | Y II Y II | Y Y | | in the State of | |
| | July Rep | 31 Mid-Year port (Non-election r Only) (MY) | (d) | 30-Day POST-Election | | General (30 | DG) | Ru | noff (30 | R) | | Special (30S) |
| | Terr (TE | mination Report R) | | Report for the | ection on | M M M | / D D / | 2014 | | | in the State of | |
| 5. | Covering Per | riod 10 | 16 | 201 | 4 | through | M N | / D 24 | D / | y y 201 | | |
| | - | ve examined this | - | | t of my kno | wledge and | belief it is t | rue, corre | ct and | complete | Э. | |
| Тур | e or Print Nar | me of Treasurer | Nancy H. | . Watkins | | | | | | | | |
| Sigr | nature of Trea | surer Nancy | H. Watkins | | | [Electronica | lly Filed] | Date | M M 12 | / D 01 | D / | 2014 |
| NOI | ΓE: Submissior | n of false, errone | ous, or inco | omplete informa | ation may si | ubject the pe | erson signing | this Repo | rt to the | penaltie | s of 2 U | J.S.C. §437g. |
| | Office | | | | | | | | | FEC | FOR | M 3X |
| | Use Only | | | | | | | | | | ev. 12/20 | |

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name **Empower Nebraska** 10 16 2014 24 2014 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 312.50 January 1, 2014 (b) Cash on Hand at 45521.82 Beginning of Reporting Period..... 184460.00 17510.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 63031.82 184772.50 6(a) and 6(c) for Column B)..... 56112.56 177853.24 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 6919.26 6919.26 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Empower Nebraska

| Report Covering the Period: From: 10 | 16 2014 | To: 11 24 2014 |
|--|-------------------------------|--------------------------------|
| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
| . Contributions (other than loans) From: | 10101 11101 01100 | |
| (a) Individuals/Persons Other | | |
| Than Political Committees | | |
| (i) Itemized (use Schedule A) | 17500.00 | 184050.00 |
| | | |
| (ii) Unitemized | 10.00 | 410.00 |
| (iii) TOTAL (add | 17510.00 | 184460.00 |
| Lines 11(a)(i) and (ii)▶ | 17310.00 | 101100.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees | | |
| (such as PACs) | 0.00 | 0.00 |
| (d) Total Contributions (add Lines | | |
| 11(a)(iii), (b), and (c)) (Carry | 17510.00 | 184460.00 |
| Totals to Line 33, page 5) | 17310.00 | 104400.00 |
| 2. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| raity Committees | 0.00 | 3.00 |
| . All Loans Received | 0.00 | 0.00 |
| | | |
| Loan Repayments Received | 0.00 | 0.00 |
| Offsets To Operating Expenditures | | |
| (Refunds, Rebates, etc.) | 0.00 | |
| (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| Refunds of Contributions Made | | |
| to Federal Candidates and Other Political Committees | 0.00 | 0.00 |
| Other Federal Receipts | 0.00 | 0.00 |
| (Dividends, Interest, etc.) | 0.00 | 0.00 |
| . Transfers from Non-Federal and Levin Funds | 3.55 | |
| (a) Non-Federal Account | | |
| (from Schedule H3) | 0.00 | 0.00 |
| | | |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| // - / / / / / / / / / / / / / / / / / | | |
| (c) Iotal Transfers (add 18(a) and 18(b)) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)) | 0.00 | 7 |
| 7. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶ | 17510.00 | 184460.0 |
| 12, 13, 14, 13, 10, 17, and 10(b)) | 17310.00 | 104400.00 |
| . Total Federal Receipts | | |
| (subtract Line 18(c) from Line 19)▶ | 17510.00 | 184460.00 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| | II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|-----|--|----------------------------|-----------------------------------|
| 21. | Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| | (i) Federal Share | 0.00 | 0.00 |
| | (ii) Non-Federal Share | 0.00 | 0.00 |
| | (b) Other Federal Operating | | |
| | Expenditures | 26112.56 | 62773.18 |
| | (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶ | 26112.56 | 62773.18 |
| 22. | Transfers to Affiliated/Other Party | | |
| 2 | CommitteesContributions to | 0.00 | 0.00 |
| .0. | Federal Candidates/Committees and Other Political Committees | 0.00 | 3000.00 |
| 4. | Independent Expenditures | 10000 00 | 92080.06 |
| 5. | (use Schedule E) | 10000.00 | 92060.06 |
| | (2 U.S.C. §441a(d)) (use Schedule F) | 0.00 | 0.00 |
| 26. | Loan Repayments Made | 0.00 | 0.00 |
| 7 | Loans Made | 0.00 | 0.00 |
| 8. | Refunds of Contributions To: (a) Individuals/Persons Other | | |
| | Than Political Committees | 0.00 | 0.00 |
| | (b) Political Party Committees | 0.00 | 0.00 |
| | (c) Other Political Committees | 0.00 | 0.00 |
| | (such as PACs) | 0.00 | 0.00 |
| | (d) Total Contribution Refunds | 0.00 | |
| | (add Lines 28(a), (b), and (c))▶ | 0.00 | 0.00 |
| 29. | Other Disbursements | 20000.00 | 20000.00 |
| 0. | Federal Election Activity (2 U.S.C. §431(20)) | | |
| | (a) Allocated Federal Election Activity | | |
| | (from Schedule H6) (i) Federal Share | 0.00 | 0.00 |
| | (1) 1 000101 011010 | | |
| | (ii) "Levin" Share | 0.00 | 0.00 |
| | (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| | (c) Total Federal Election Activity (add | 200 | |
| | Lines 30(a)(i), 30(a)(ii) and 30(b))▶ | 0.00 | 0.00 |
| 1. | Total Disbursements (add Lines 21(c), 22, | | |
| | 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) | 56112.56 | 177853.24 |
| 2. | Total Federal Disbursements | | |
| | (subtract Line 21(a)(ii) and Line 30(a)(ii) | 56112.56 | 177853.24 |
| | from Line 31) | 30112.30 | 111033.24 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| 1 20 1 0 m 0x (1101. 02/2000) | | i ago o |
|---|-------------------------------|-----------------------------------|
| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
| 3. Total Contributions (other than loans) (from Line 11(d), page 3) | 17510.00 | 184460.00 |
| 4. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 5. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 17510.00 | 184460.00 |
| 6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ | 26112.56 | 62773.18 |
| 7. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 3. Net Operating Expenditures (subtract Line 37 from Line 36) | 26112.56 | 62773.18 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | FOR LINE | NUMBER | : Page | ∃ 6 (| OF | 1 |
|--|-------------|--------|----------|-------|----|----|
| Use separate schedule(s) | (check only | one) | | | | |
| for each category of the Detailed Summary Page | X 11a | 11b | 11c | 12 | | |
| zotanou cummary r ago | 13 | 14 | 15 | 16 | | ٦. |

4

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **Empower Nebraska** Full Name (Last, First, Middle Initial) Timothy Den Dulk Date of Receipt Mailing Address 588 3 Mile Road 10 2014 City State Zip Code Transaction ID: SA11AI.4291 **Grand Rapids** MI 49451 Amount of Each Receipt this Period FEC ID number of contributing C 2500.00 federal political committee. Name of Employer Occupation self-employed farmer Receipt For: Aggregate Year-to-Date ▼ Primary General 7500.00 Other (specify) Full Name (Last, First, Middle Initial) B. William Gumina Date of Receipt Mailing Address 1001 Park Avenue, 15th Floor 10 30 2014 City State Zip Code Transaction ID: SA11AI.4305 New York NY 10028 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 federal political committee. Name of Employer Occupation **Apax Partners** partners Receipt For: Aggregate Year-to-Date ▼ Primary General 3500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Health Care Information Systems Date of Receipt Mailing Address 450 Regency Parkway, #100 22 2014 10 City State Zip Code Transaction ID: SA11AI.4292 ΝE Omaha 68114 Amount of Each Receipt this Period FEC ID number of contributing 10000.00 С federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 20000.00 Other (specify) 15000.00 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | FOF | R LINE | NU | MBER | : | PAGE | Ξ. | 7 | OF | 14 |
|---|------|---------|----|------|---|------|----|----|-----|----|
| Use separate schedule(s) for each category of the | (che | ck only | or | ne) | | | | | | |
| Detailed Summary Page | × | 11a | | 11b | | 11c | | 12 | | |
| , | | 13 | | 14 | | 15 | | 16 | . [| 17 |

17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **Empower Nebraska** Full Name (Last, First, Middle Initial) Thomas Lutz Date of Receipt Mailing Address 2501 N. Harwood, #2200 10 2014 24 City State Zip Code Transaction ID: SA11AI.4294 TX Dallas 75201 Amount of Each Receipt this Period FEC ID number of contributing C 2500.00 federal political committee. Name of Employer Occupation The Boston Consulting Group consultant Receipt For: Aggregate Year-to-Date ▼ Primary General 4500.00 Other (specify) Full Name (Last, First, Middle Initial) В. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 2500.00 SUBTOTAL of Receipts This Page (optional)..... 17500.00

TOTAL This Period (last page this line number only).....

17

| SCHEDULE B (FEC Form 3X) | | | | FOR LINE NUMBER: PAGE 8 | | | | 8 C | OF 14 |
|--|------------------------------------|-------------------------------------|--------------------------------|-------------------------|-----------|--------------|------------|----------|-----------|
| ITEMIZED DISBI | JRSEMENTS | | ate schedule(s) ategory of the | (check only one) | | | | | |
| | | | ummary Page | X 21b 27 | 22 28a | 23 28b | 24 28c | 25 29 | 26 30b |
| Any information copied to for commercial purpo | | | | | | | | | |
| NAME OF COMMITT | | | 7 Fr. 112 | | | | | | |
| Empower Neb | raska | | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | | | | |
| A. Ecker Web De | sign | | | | | Disburseme | | | |
| Mailing Address 789 | Newell Drive | | | | 10 | 28 | | 014 | Y |
| City | | State | Zip Code | | Transa | tion ID : S | B24B 420 | | |
| Apple Valley | | MN | 55124 | | 11411540 | . כוו ווטוו | DZ 1 D.4Z9 | O | |
| Purpose of Disburser website design/non-c | | | | | Amount o | f Each Dis | bursemen | t this P | eriod |
| Candidate Name | | | | Category/ Type | | , | -, | 186. | .89 |
| Office Sought: | Senate | bursement For: Primary | General | | | | | | |
| Ctata: Di | President | Other (speci | fy) 🔻 | | | | | | |
| | strict: | | | | | | | | |
| Full Name (Last, Firs B . eDonations.co | | | | | Date of F | Disburseme | nt | | |
| - eDonations.co | 1111 | | | | M M | / D D | | Y | Υ |
| Mailing Address 117 | N. St. Asaph Street | | | | 10 | 17 | | 2014 | |
| City | | State | Zip Code | | Transa | ction ID : S | B21B.427 | 4 | |
| Alexandria Purpose of Disburser | nent | VA | 22314 | | | | | | |
| online fundraising | ion | | | | Amount o | f Each Dis | bursemen | t this P | eriod |
| Candidate Name | | | | Category/ Type | | | | 2 | .20 |
| Office Sought: | House Dis | bursement For: | | .,,,,, | | | | | |
| | Senate | Primary | General | | | | | | |
| | President | Other (speci | fy) ▼ | | | | | | |
| | strict: | | | | | | | | |
| Full Name (Last, Firs C. eDonations.co | | | | | Date of [|)isburseme | nt | | |
| Mailing Address 117 | N. St. Asaph Street | | | | 11 | 04 | | 014 | Υ |
| City | | State | Zip Code | | | | | | |
| Alexandria | | VA | 22314 | | Transac | ction ID : S | B21B.430 | 7 | |
| | Purpose of Disbursement | | | | | | | | |
| Candidate Name | online fundraising Candidate Name | | | | | of Each Dis | bursemen | t this P | - |
| 05. | | | | Туре | | 7 | 7 | 100. | .00 |
| Office Sought: | House Dis Senate President | bursement For: Primary Other (speci | General fy) ▼ | | | | | | |
| State: Dis | strict: | | | | | | | | |
| SUBTOTAL of Disburse | ements This Page (option | onal) | | | | , | , | 378. | 18 |
| TOTAL This Period (las | st page this line number | r only) | | | | | 40. | 1.6 | |

| SCHEDULE B (FEC Form 3X) | Lloo concrete sales della | FOR LINE NUMBER: PAGE 9 OF | | | | |
|---|---|----------------------------|-------------------------|--------------------------|--|--|
| ITEMIZED DISBURSEMENTS | Use separate schedule(for each category of the Detailed Summary Page | (official offing | one) 22 23 23 28a 28b | 24 25 26 28c 29 30 | | |
| Any information copied from such Reports and Star | | used by any pers | on for the purpose of | soliciting contributions | | |
| or for commercial purposes, other than using the n | ame and address of any pol | litical committee to | solicit contributions f | rom such committee. | | |
| Empower Nebraska | | | | | | |
| Full Name (Last, First, Middle Initial) | lorrio D A | | Date of Disbursem | nent | | |
| A. Law Offices of Heather Sidwell M | ioms, P.A. | | M M / D D | | | |
| Mailing Address P. O. Box 173207 | | | 11 04 | 2014 | | |
| City | State Zip Code | | Transaction ID : | SB21B.4306 | | |
| Tampa Purpose of Disbursement | FL 33672 | | Transaction 12 1 | 0221211000 | | |
| legal services | | | Amount of Each D | isbursement this Period | | |
| Candidate Name | | Category/ | | 87.50 | | |
| Office Sought: House Disburs | sement For: | Туре | | 07.00 | | |
| Senate | Primary General | | | | | |
| President | Other (specify) ▼ | | | | | |
| State: District: | | | | | | |
| Full Name (Last, First, Middle Initial) B. The Voyageur Company, LLC | | | Date of Disbursem | nent | | |
| The voyaged Company, LLC | | | M = M / D = D | | | |
| Mailing Address 1151 Orchard Circle | | | 10 28 | 2014 | | |
| City St. Paul | State Zip Code MN 55118 | | Transaction ID : | SB21B.4295 | | |
| Purpose of Disbursement | 33110 | | | | | |
| fundraising consulting/non-candidate | | | Amount of Each D | isbursement this Period | | |
| Candidate Name | | Category/ Type | | 17108.88 | | |
| Office Sought: House Disburs | sement For: | 71 | , | , | | |
| Senate | Primary General | | | | | |
| President State: District: | Other (specify) ▼ | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | |
| ^{C.} The Voyageur Company, LLC | | | Date of Disbursem | _ | | |
| Mailing Address 1151 Orchard Circle | | | 11 20 | 2014 | | |
| City | State Zip Code | | Transaction ID . | CD24D 4200 | | |
| St. Paul | MN 55118 | | Transaction ID : | 3DZTB.43U8 | | |
| Purpose of Disbursement fundraising consulting/non-candidate | | | Amount of Each D | isbursement this Period | | |
| Candidate Name | | Category/ Type | Amount of Each D | 1083.00 | | |
| Office Sought: House Disburs | sement For: | 1 .76. | | | | |
| Senate | Primary General | | | | | |
| State: District: | Other (specify) ▼ | | | | | |
| 2.2.0. | | | | | | |
| SUBTOTAL of Disbursements This Page (optional |) | ····· | | 18279.38 | | |
| | | | | | | |
| TOTAL This Period (last page this line number on | ly) | | 1 | | | |

ľ

| for each category of the Detailed Summary Page 21b 22 23 24 25 29 30 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Empower Nebraska Full Name (Last, First, Middle Initial) | SCHEDULE B (FEC Form 3X) | | FOR LINE NUMBER: PAGE 10 OF 14 | | | |
|--|---|---|--------------------------------|-------------------|--------------------------|--|
| Detailed Summary Page | TEMIZED DISBURSEMENTS | Use separate schedule(s) for each category of the | · · | | | |
| try information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee. NAME OF COMMITTEE (in Full) Empower Nebraska Full Name (Last, First, Middle Initial) The Voyageur Company, LLC Mailing Address 1151 Orchard Circle City State Zip Code MN 55118 Purpose of Disbursement Undradising consulting/non-candidate Candidate Name Category/ Type Date of Disbursement District: Full Name (Last, First, Middle Initial) Date of Disbursement District: Full Name (Last, First, Middle Initial) Date of Disbursement District: Full Name (Last, First, Middle Initial) Date of Disbursement District: Full Name (Last, First, Middle Initial) Date of Disbursement District: Full Name (Last, First, Middle Initial) Date of Disbursement Tor: Cardidate Name Ca | | | | | | |
| NAME OF COMMITTEE (in Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial) Cardidate Name Cardi | Any information copied from such Reports and Statem | l nents may not be sold or us | | | | |
| Full Name (Last, First, Middle Initial) - The Voyageur Company, LLC - Mailing Address 115t Orchard Circle - City - State - City - State - State - State - Primary - General - Other (specify) - Primary - General - Other (specify) - State: - Disbursement - Disbursement - Category - T415.00 - Date of Disbursement this Period - Disbursement - District - District - District - Disbursement - Disbursement - Date of Disbursement this Period - Date of Disbursement - Date of Disbu | | | | | | |
| Full Name (Last, First, Middle Initial) The Voyageur Company, LLC Mailing Address 1151 Orchard Circle City State Zip Code MN 55118 Purpose of Disbursement Inustraising consulting/ron-candidate Candidate Name Category' Type Office Sought: House Prissdent Disbursement For: State: District: Full Name (Last, First, Middle Initial) Office Sought: House Sonate Primary General Other (specify) Type Office Sought: House Sonate Primary General Other (specify) Type Office Sought: House Sonate Primary General Other (specify) Type Office Sought: House Sonate Primary General Other (specify) Type Office Sought: House Sonate Primary General Other (specify) Type Office Sought: House Sonate Primary General Other (specify) Type Office Sought: District: Full Name (Last, First, Middle Initial) Date of Disbursement this Period Amount of Each Disbursement this Period Category' Type Office Sought: House State Zip Code Purpose of Disbursement Mailing Address City State Zip Code Purpose of Disbursement Category' Type Office Sought: House Senate Primary General Other (specify) Type Date of Disbursement this Period Amount of Each Disbursement this Period Category' Type State: District: District: State: Disbursement For: Senate Primary General Other (specify) Type Office Sought: House President Other (specify) Type State: District: Primary General Other (specify) Type Office Sought: House President Other (specify) Type Office Sought: House Primary General Other (specify) Type Office Sought: House President Other (specify) Type | | | | | | |
| The Voyageur Company, LLC Mailing Address 1151 Orchard Circle City State Zip Code NN 55118 Purpose of Disbursement fundraising consulting/font-candidate Candidate Name Category' Type Date of Disbursement this Period | Empower Nebraska | | | | | |
| Mailing Address City State Zip Code MN 55118 Transaction ID : SB21B.4309 Amount of Each Disbursement this Period Category/ Type Office Sought: House President State: District: Full Name (Last, First, Middle Initial) Candidate Name Office Sought: House President State: District: Full Name (Last, First, Middle Initial) Candidate Name Office Sought: House President State: District: Candidate Name Category/ Type Disbursement For: Category/ Type Office Sought: House President State: District: Candidate Name Candidate Name Candidate Name Category/ Type Disbursement For: Category/ Type Office Sought: House President State: District: Candidate Name Category/ Type Office Sought: House President State: District: Candidate Name Category/ Type Office Sought: House President State: District: Candidate Name Category/ Type Category/ Type Amount of Each Disbursement this Period Category/ Type Cat | | | | | | |
| Mailing Address 1151 Orchard Circle City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name Category/ City State Zip Code Purpose of Disbursement Candidate Name Category/ City State Zip Code Purpose of Disbursement Candidate Name Category/ Category/ Category/ Category/ Category/ Disbursement Amount of Each Disbursement this Period Category/ Category/ Category/ Category/ Disbursement Amount of Each Disbursement Candidate Name Category/ Category/ Category/ Category/ Category/ Disbursement Candidate Name Category/ Category/ Category/ Disbursement Candidate Name Category/ Category/ Office Sought: House Disbursement For: Senate Primary General Other (specity) Date of Disbursement Amount of Each Disbursement this Period Category/ District: Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Category/ Category/ Office Sought: House Disbursement Category/ Purpose of Disbursement Candidate Name Category/ Category/ Category/ District District Category/ District District Amount of Each Disbursement this Period Category/ Category/ District Amount of Each Disbursement this Period Category/ District Amount of Each Disbursement this Period Category/ District City State Zip Code Purpose of Disbursement Category/ District District District Amount of Each Disbursement this Period Category/ District Category/ District City State Zip Code Purpose of Disbursement Category/ District City State Zip Code Purpose of Disbursement Category/ District Category/ District | The Voyageur Company, LLC | | | | | |
| St. Paul MN 55118 Transaction ID : SB21B.4309 Amount of Each Disbursement this Period Category/ Type Total Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement State: District: Full Name (Last, First, Middle Initial) Category/ Type Other (specify) Date of Disbursement this Period Category/ Type Office Sought: House President Primary General Other (specify) Date of Disbursement this Period Category/ Type Office Sought: President District: Full Name (Last, First, Middle Initial) State: District: Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Category/ Type Other (specify) Amount of Each Disbursement Initial Date of Disbursement Category/ Type Amount of Each Disbursement Initial Amount of Each Disbursement Initial Date of Disbursement Category/ Type Other (specify) Amount of Each Disbursement Initial Period Category/ Type Office Sought: General Primary General Primary General Primary General Primary General Primary General Primary General District: State: District: Primary General Other (specify) Total Category/ Type Office Sought: General Primary General Other (specify) Total Category/ Type Office Sought: General Primary General Other (specify) Total Category/ Type Office Sought: General Disbursement Initial District: Total Category/ Type Office Sought: General Primary General Other (specify) Total Category/ Type Total Categor | Mailing Address 1151 Orchard Circle | | | | | |
| St. Paul Mane (Last, First, Middle Initial) Candidate Name City Senate President State: District: Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Category/ Type Category/ Type Category/ Type Amount of Each Disbursement this Period Category/ Type Date of Disbursement Candidate Name Category/ Type Category/ Type Category/ Type Category/ Type Date of Disbursement this Period Category/ Type Disbursement this Period Category/ Type Catego | City | State Zip Code | | Transaction ID | - SP21P 4200 | |
| Tundraising consulting/non-candidate Candidate Name Category/ Type T415.00 Category/ Type T415.00 Category/ Type T415.00 Category/ Type T415.00 Category/ Type Date of Disbursement this Period Category/ Type Date of Disbursement this Period Category/ Type Date of Disbursement this Period Category/ Type Office Sought: | 0 | MN 55118 | | Transaction iD | . 36216.4309 | |
| Office Sought: | | | | Amount of Each I | Disbursement this Period | |
| Office Sought: | Candidate Name | | | | 7415.00 | |
| Senate President Other (specify) ▼ State: Distric: Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ State: Distric: Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Primary General Other (specify) ▼ Date of Disbursement this Period Category/ Type Date of Disbursement this Period Category/ Type Date of Disbursement this Period Amount of Each Disbursement this Period Category/ Other (specify) ▼ Amount of Each Disbursement this Period Category/ Other (specify) ▼ Date of Disbursement this Period Category/ Other (specify) ▼ Amount of Each Disbursement this Period Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: Distric: Substortal of Disbursements This Page (optional) | Office Sought: House Disbursen | nent For: | Туре | 7 | 11.0.00 | |
| State: District: Full Name (Last, First, Middle Initial) Date of Disbursement City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate President District: Full Name (Last, First, Middle Initial) Date of Disbursement this Period Category/ Type Other (specify) Date of Disbursement this Period Amount of Each Disbursement this Period Date of Disbursement this Period Category/ Type Other (specify) Amount of Each Disbursement Category/ Type Office Sought: House Senate Primary General Office Sought: House Senate Primary General Office Sought: House Senate Primary General Other (specify) State: District: Primary General Other (specify) Type Other (specify) Type Type Other (specify) Type Type Type Other (specify) Type Ty | | | | | | |
| Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President State: Zip Code Purpose of Disbursement For: Senate Primary General Other (specify) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: Amount of Each Disbursement this Period Amount of Each Disbursement Category/ Type Office Sought: House Senate Primary General Other (specify) Office Sought: House Disbursement For: Senate President Other (specify) Type Office Sought: House Disbursement For: Senate Primary General Other (specify) Type Office Sought: House Disbursement For: Senate Primary General Other (specify) Type Office Sought: House Disbursement For: Senate Primary General Other (specify) Type Typ | | Other (specify) ▼ | | | | |
| Amount of Each Disbursement Candidate Name Category/ Type Office Sought: House Primary General Candidate Name (Last, First, Middle Initial) Candidate Name (Last, First, Middle Initial) Candidate Name Category/ Type Disbursement For: General Category/ Type Date of Disbursement this Period Category/ Type Date of Disbursement Amount of Each Disbursement this Period Category/ Type Category/ Type Office Sought: House Senate Primary General Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ Subtotal Disbursement This Page (optional) | | | | | | |
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| City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House President President Other (specify) ▼ Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name Candidate Name Candidate Name Office Sought: House Primary General Category/ Type Candidate Name Candidate Name Candidate Name City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Primary General Other (specify) ▼ State: District: Substortal of Disbursements This Page (optional) Type Table 1 Table 1 Table 2 Table 3 Table 3 Table 3 Table 4 Table 4 Table 4 Table 5 Table | • | | | | | |
| Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Category/ Type Disbursement For: Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Amount of Each Disbursement Amount of Each Disbursement Amount of Each Disbursement Amount of Each Disbursement Category/ Type Office Sought: House Primary General Other (specify) ▼ State: District: Subtotal of Disbursements This Page (optional) | Mailing Address | | | | | |
| Candidate Name Category/ Type | City | State Zip Code | | | | |
| Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Amount of Each Disbursement this Period Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: Substottal of Disbursements This Page (optional) | Purpose of Disbursement | | · · · | Amount of Each I | Dishursement this Period | |
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| Senate Primary General Other (specify) Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Candidate Name Disbursement For: Senate Primary General Other (specify) Office Sought: House Disbursement For: Senate Primary General Other (specify) State: District: Substortal of Disbursements This Page (optional) | | | | | 7 | |
| State: District: Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President State: District: Substortal of Disbursements This Page (optional) | | | | | | |
| State: District: Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Candidate Name Disbursement For: Senate President State: District: Substrict: Substrict: Substrict: Substrict: Substrict: Substrict: Substrict: Substrict: Substrict: Type Typ | | , | | | | |
| Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: Substrate Of Disbursements This Page (optional) | | (- | | | | |
| Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: Substrict: Amount of Each Disbursement this Period Category/ Type Total Category/ Type Amount of Each Disbursement this Period Category/ Type Total | , | | | | | |
| Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Candidate Name Category/ Type Office Sought: House Senate Primary General Primary General Other (specify) ▼ State: District: SUBTOTAL of Disbursements This Page (optional) | • | | | | | |
| Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: Substotal of Disbursements This Page (optional) | Mailing Address | | | M M / D | D / Y Y Y Y | |
| Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ Subtotal of Disbursements This Page (optional) | City | State Zip Code | | | | |
| Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ Subtotal of Disbursements This Page (optional) | Purpose of Disbursement | | | | | |
| Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ State: District: SUBTOTAL of Disbursements This Page (optional) | 3,600 | | | Amount of Each I | Disbursement this Period | |
| Office Sought: House Senate Primary General Other (specify) ▼ State: District: SUBTOTAL of Disbursements This Page (optional) | Candidate Name | | Category/ Type | | | |
| State: District: Other (specify) ▼ SUBTOTAL of Disbursements This Page (optional) | Office Sought: House Disbursen | nent For: | | | 7 | |
| State: District: SUBTOTAL of Disbursements This Page (optional) | | | | | | |
| SUBTOTAL of Disbursements This Page (optional) | | Other (specify) ▼ | | | | |
| SUBTOTAL of Disbursements this Page (optional) | Giaig. District. | | | | | |
| | SUBTOTAL of Disbursements This Page (optional) | | | | 7415.00 | |
| | | | | | 7 | |

| SCHEDULE B (FEC Form 3X) | 11 | FOR LINE NUMBER: PAGE 11 OF 14 | | | | |
|---|---|--------------------------------|----------------------------|----------------|--|--|
| ITEMIZED DISBURSEMENTS | Use separate schedule(s) for each category of the | (check only | | 7.05 | | |
| | Detailed Summary Page | 21b 27 | 22 23 24 28a 28b 28c X | 25 26 | | |
| Any information copied from such Reports and Statem | nents may not be sold or use | | | | | |
| or for commercial purposes, other than using the name | | | | | | |
| NAME OF COMMITTEE (In Full) | | | | | | |
| Empower Nebraska | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | |
| A. Americans Allied for Jobs and Secu | urity | | Date of Disbursement | | | |
| Mailing Address 400 N. Capitol Street, N.W. | | | | 2014 | | |
| Suite 382B | | | | | | |
| , | State Zip Code | | Transaction ID : SB29.4312 | | | |
| Washington Purpose of Disbursement | DC 20001 | | | | | |
| non-federal contribution | | | Amount of Each Disbursemen | nt this Period | | |
| Candidate Name | | Category/ | | 20000 00 | | |
| Office Country | | Туре | | 20000.00 | | |
| Office Sought: House Disbursen | nent For: Primary General | | | | | |
| | Other (specify) | | | | | |
| State: District: | · · · · · · · · · · · · · · · · · · · | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | |
| В. | | | Date of Disbursement | | | |
| Mailing Address | | | M M / D D / Y M | YYY | | |
| | | | | | | |
| City | State Zip Code | | | | | |
| Purpose of Disbursement | | | | | | |
| · | | | Amount of Each Disbursemen | nt this Period | | |
| Candidate Name | Category/ | | | | | |
| Office Cought. | and Fam | Type | | | | |
| Office Sought: House Disbursen Senate | nent For: Primary General | | | | | |
| | Other (specify) | | | | | |
| State: District: | | | | | | |
| Full Name (Last, First, Middle Initial) | | | 5 (5) | | | |
| C. | | | Date of Disbursement | | | |
| Mailing Address | | | M M / D D / Y T | Y | | |
| | 7' 0 ' | | | | | |
| City | State Zip Code | | | | | |
| Purpose of Disbursement | | | | | | |
| Out I'dela Name | | | | | | |
| Candidate Name | | Category/ Type | | | | |
| Office Sought: House Disbursen | nent For: | rype | 7 7 | | | |
| Senate | Primary General | | | | | |
| | Other (specify) ▼ | | | | | |
| State: District: | | | | | | |
| SUPTOTAL of Dichuroamente This Dage (entires) | | - | | 20000.00 | | |
| SUBTOTAL of Disbursements This Page (optional) | | ······ | | | | |
| TOTAL This Period (last page this line number only). | | | | 20000.00 | | |

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

| ΓE | MIZED INDEPENDENT EXPENDITURES | | | PAGE 12 OF 14 FOR LINE 24 OF FORM 3X |
|---------|---|-------------------|-----------------|---|
| | ME OF COMMITTEE (In Full) | | FE | C IDENTIFICATION NUMBER ▼ |
| Er | mpower Nebraska | | C | C00515890 |
| Ch€ | eck if 24-hour report 48-hour report New report | port Amends repo | ort filed on | / D = D / Y = Y = Y |
| Т | Full Name of Payee | | Date of P | ublic Distribution/Dissemination |
| | Stratosphere Media | | M M M | 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Mailing Address 1024 N. 121st Street | | Amount | |
| ŀ | City State | Zip Code | | 4000.00 |
| | Omaha NE | 68154 | | n ID : SE.4298 bisbursement or Obligation |
| | Purpose of Expenditure media placement | Category/ Type | Date of D | |
| l | Name of Federal Candidate | X Support | Office Sought: | House District: |
| | Benjamin E. Sasse | Oppose | President | Senate State: NE |
| t | Calendar Year-To-Date Per Election for Office Sought | 12500.00 | Disbursement Fo | |
| | Full Name of Payee | | | Public Distribution/Dissemination |
| | Stratosphere Media | | M = N | |
| | Mailing Address 1024 N. 121st Street | | Amount | |
| ŀ | City State | Zip Code | | 2000.00 |
| Ĭ | Omaha NE | 68154 | | on ID : SE.4299 Disbursement or Obligation |
| | Purpose of Expenditure media placement | Category/ Type | Date of B | / / D D / Y Y Y Y |
| ľ | Name of Federal Candidate | Support | Office Sought: | X House District: 02 |
| | Brad Ashford | X Oppose | President | Senate State: NE |
| | Calendar Year-To-Date Per Election for Office Sought | 10500.00 | Disbursement Fo | or: Primary X General |
| (| (a) SUBTOTAL of Itemized Independent Expenditures | | · | 6000.00 |
| (| (b) SUBTOTAL of Unitemized Independent Expenditures | | | |
| | | | | 4 4 4 |
| (| (c) TOTAL Independent Expenditures | | · · | 7 7 7 |
| W | Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent. | | | |
| | Nancy H. Watkins | nically Filed] | M M / D | |
| | Signature | Date | , 12 | 2014 |

Signature

S

| | CHEDULE E (FEC Form 3X) EMIZED INDEPENDENT EXPENDITURES | | PAGE 13 OF 14 |
|----|---|-------------------|--|
| _ | | | PAGE 13 OF 14 FOR LINE 24 OF FORM 3X |
| | AME OF COMMITTEE (In Full) | | FEC IDENTIFICATION NUMBER ▼ |
| | Empower Nebraska | | C C00515890 |
| CI | neck if 24-hour report 48-hour report New rep | oort Amends repo | rt filed on |
| | Full Name of Payee Stratosphere Media | | Date of Public Distribution/Dissemination |
| | Mailing Address 1024 N. 121st Street | | 10 29 2014 Amount |
| | | | |
| | City State | Zip Code | 2000.00 |
| | Omaha NE | 68154 | Transaction ID : SE.4300 Date of Disbursement or Obligation |
| | Purpose of Expenditure media placement | Category/ Type | 10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Name of Federal Candidate | Support | Office Sought: X House District: 02 |
| | Lee Terry | Oppose | President Senate State: NE |
| | Calendar Year-To-Date Per Election for Office Sought | 12500.00 | Disbursement For: Primary ☐ General 2014 Other (specify) ▶ |
| | Full Name of Payee | | Date of Public Distribution/Dissemination |
| | The Voyageur Company, LLC | | 10 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Mailing Address 1151 Orchard Circle | | Amount |
| | City State | Zip Code | 1000.00 |
| | St. Paul MN | 55118 | Transaction ID : SE.4281 Date of Disbursement or Obligation |
| | Purpose of Expenditure media production | Category/ Type | 10 20 / Y Y Y Y Y Y |
| | Name of Federal Candidate | X Support | Office Sought: House District: |
| | Benjamin E. Sasse | Oppose | President State: NE |
| | Calendar Year-To-Date Per Election for Office Sought | 8500.00 | Disbursement For: Primary |
| | (a) SUBTOTAL of Itemized Independent Expenditures | | 3000.00 |
| | | | |
| | (b) SUBTOTAL of Unitemized Independent Expenditures | | • |
| | (c) TOTAL Independent Expenditures | | > |
| | Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent. | | |
| | Nancy H. Watkins | | M = M / D = D / Y = Y = Y |

[Electronically Filed]

12

Date

01

2014

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

| | PAGE 14 OF 14 FOR LINE 24 OF FORM 3X | | |
|---|---|--|--|
| FEC IDENTIFICATION NUMBER ▼ | | | |
| С | C00515890 | | |
| М | / D = D / Y = Y = Y | | |
| Public Distribution/Dissemination | | | |
| 10 ^M | 20 2014 | | |
| t | | | |
| 500.00 | | | |
| tion ID : SE.4282 f Disbursement or Obligation | | | |
| 10 | 20 / 2014 | | |
| | House District: 02 | | |
| nt [| Senate State: NE | | |
| For: | Primary X General | | |
| ner (specify) ► | | | |
| f Public Distribution/Dissemination | | | |
| 10 ^M | 20 / 2014 | | |
| t | | | |
| tion | 500.00 D : SE 4283 | | |

| | | FOR LINE 24 OF FORM 3X | | |
|---|---|--|--|--|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ | | | |
| Empower Nebraska | C C00515890 | | | |
| Check if 24-hour report 48-hour report New report Amends report filed on | | | | |
| Full Name of Payee | Date of Public Distribution/Dissemination | | | |
| The Voyageur Company, LLC | 10 20 / 2014 | | | |
| Mailing Address 1151 Orchard Circle | | Amount | | |
| City State | Zip Code | 500.00 | | |
| St. Paul MN | | | | |
| Purpose of Expenditure media production | Category/ Type | Date of Disbursement or Obligation 10 20 4 2014 | | |
| Name of Federal Candidate | Support C | Office Sought: | | |
| Lee Terry | Oppose | President Senate State: NE | | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: Primary General Other (appoint) | | |
| | | U Other (specify) ▶ | | |
| Full Name of Payee The Voyageur Company, LLC | | Date of Public Distribution/Dissemination | | |
| Mailing Address 1151 Orchard Circle | | 10 20 2014 Amount | | |
| | | | | |
| City State | Zip Code | 500.00 | | |
| St. Paul MN | 55118 | Transaction ID : SE.4283 Date of Disbursement or Obligation | | |
| Purpose of Expenditure media production | Category/ Type | 10 20 7 2014 | | |
| Name of Federal Candidate | Support C | Office Sought: X House District: 02 | | |
| Brad Ashford | X Oppose | President Senate State: NE | | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: ☐ Primary ☐ General Other (specify) ► | | |
| (a) CURTOTAL of lawsing distance due 5 | | | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | 1000.00 | | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | | | |
| (c) TOTAL Independent Expenditures | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | |
| Nancy H. Watkins [Elect | tronically Filed] Date | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |
| Signature | | | | |
| | | | | |