FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS
13 OCT 24 PM 2:37
Office Use Only

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

SID DINSDALE FOR U.S. SENATE, INC.

ADDRESS (number and street) (Check if address is changed)

20330 VETERANS WAY DRIVE,
SUITE 6

ELKHORN (CITY ▲) NE (STATE ▲) 68022 - (ZIP CODE ▲)

COMMITTEE'S E-MAIL ADDRESS (Check if address is changed)

INFO@SIDFORSENATE.COM

Optional Second E-Mail Address
JOEDONOVAN@DELOITTE.COM

COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed)

WWW.SIDFORSENATE.COM

2. DATE 10 15 2013

3. FEC IDENTIFICATION NUMBER ▶ C

4. IS THIS STATEMENT X 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 JOSEPH DONOVAN

Signature of Treasurer Date 10 15 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)

13020514273

5. TYPE OF COMMITTEE

Candidate Committee:

(a) X 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: SID DINSDALE

Candidate Party Affiliation: REP

Office Sought: House X Senate President

State: NE

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

13020514374

Write or Type Committee Name

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

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: JOSEPH DONOVAN

Mailing Address: 20330 VETERANS WAY DR, STE 6

ELKHORN NE 68022

CITY STATE ZIP CODE

Title or Position: TREASURER

Telephone number: 402 - 210 - 3676

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: JOSEPH DONOVAN

Mailing Address: 20330 VETERANS WAY DRIVE, STE 6

ELKHORN NE 68022

CITY STATE ZIP CODE

Title or Position: TREASURER

Telephone number: 402 - 210 - 3676

13020514375

Full Name of Designated Agent: JOSEPH DONOVAN

Mailing Address: 20330 VETERANS WAY DRIVE, STE 6

ELKHORN (CITY) NE (STATE) 68022 - (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.: PINNACLE BANK

Mailing Address: 20320 VETERANS WAY DRIVE

ELKHORN, (CITY) NE (STATE) 68022 - (ZIP CODE)

Name of Bank, Depository, etc.

Mailing Address

CITY STATE ZIP CODE

13020514376

1302051437 7

Sid Dinsdale for US Senate Inc
PO Box 486
Elkhorn, NE 68022

United States Postal Service
SIGNATURE CONFIRMATION™
2309 3620 0000 1531 7101

UNITED STATES POSTAL SERVICE
1004 22301
U.S. POSTAGE
PAID
ELKHORN, NE
68022
OCT 01 '13
AMOUNT
$8.90
00045875-09

10-19

PRIORITY® MAIL
UNITED STATES POSTAL SERVICE
Visit us at usps.com
Label 107R, January 2008

PRIORITY® MAIL
UNITED STATES POSTAL SERVICE
Visit us at usps.com
Label 107R, January 2008

SCREENED BY THE SENATE POST OFFICE

Secretary of the Senate
Office of Public Records
P.O. Box 2517
Alexandria, VA 22301

NIXIE 223011220-1N 10/16/13
RETURN TO SENDER
UNABLE TO FORWARD
UNABLE TO FORWARD
RETURN TO SENDER

1 3020514378

PRESS FIRMLY TO SEAL

PRESS FIRMLY TO SEAL

UNITED STATES POSTAL SERVICE

1007

U.S. POSTAGE
PAID
BOYS TOWN, NE
68154
OCT 21 '13
AMOUNT
$19.95
00016496-06

PRIORITY ★ MAIL ★ EXPRESS™

OUR FASTEST SERVICE IN THE U.S.

EI745475558US

FOR DOMESTIC
PLACE M

EXPRESS MAIL
UNITED STATES POSTAL SERVICE®

Addressee Copy
Label 11-B, March 2004

Post Office To Addressee

ORIGIN (POSTAL SERVICE USE ONLY)

PO ZIP Code	Day of Delivery ☐ Next ☐ 2nd ☐ 2nd Del. Day	Postage $
Date Accepted Mo. Day Year	Scheduled Date of Delivery Month Day	Return Receipt Fee $
Time Accepted ☐ AM ☐ PM	Scheduled Time of Delivery ☐ Noon ☐ 3 PM	COD Fee $ / Insurance Fee $
Flat Rate ☐ or Weight lbs. ozs.	Military ☐ 2nd Day ☐ 3rd Day	Total Postage & Fees $
	Int'l Alpha Country Code	Acceptance Emp. Initials

DELIVERY (POSTAL USE ONLY)

Delivery Attempt Mo. Day	Time ☐ AM ☐ PM	Employee Signature
Delivery Attempt Mo. Day	Time ☐ AM ☐ PM	Employee Signature
Delivery Date Mo. Day	Time ☐ AM ☐ PM	Employee Signature

CUSTOMER USE ONLY

☐ WAIVER OF SIGNATURE (Domestic Mail Only) Additional merchandise insurance is void if customer requests waiver of signature. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

☐ NO DELIVERY ☐ Weekend ☐ Holiday ☐ Mailer Signature

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.

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

EMS

SCREENED
THE SENATE
MAIL OFFICE

WHEN USED INTERNATIONALLY, A CUSTOMS DECLARATION LABEL MAY BE REQUIRED.

EMS

EP13F July 2013 OD: 12.5 x 9.5

PS10001000006

VISIT US AT USPS.COM®
ORDER FREE SUPPLIES ONLINE

UNITED STATES POSTAL SERVICE.

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 10-1-13
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL X

USPS EXPRESS MAIL 10-21-13
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	☐
UPS	_____	☐
DHL	_____	☐
AIRBORNE EXPRESS	_____	☐

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 10-24-13

13020514379

1302051438 0