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FEC FORM 1

STATEMENT OF ORGANIZATION

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Office Use Only

						- 000 O.I.		
NAME OF COMMITTEE (in full)	(Check if		Example:If typing, type over the lines.	9 12FE4	M5			
Nebraska: Cu	altitleime	en_f	Political	Actio	m c	السنام ح	<u>_++</u>	يحا
	<u>.i.,,</u>	<u> </u>	<u> </u>				` " 	
ADDRESS (number and street)	1/34. Si	ouith	13th Str	cert	11.11			لـــــا
(Check if address	Suite 900:							
is changed)	Lincol	n_i	<u>- 1 ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; </u>	J ME	68	508	19	12
COMMITTEE'S E-MAIL ADDRE	SS		CITY	STATE		ZIP CC	DE	
lmkelsey one	attlem	en <u>e</u> e			لللك			لـــا
			_					لب
COMMITTEE'S WEB PAGE AD	DRESS (URL)							
lwww.nebras	ka catt	eme	2216101-91		للل			لب
1)	•			44	لب
COMMITTEE'S FAX NUMBER								
4021-41751-08	22							
2. DATE 08 3	0 1989	ž						
3. FEC IDENTIFICATION N	JMBER	С						
4. IS THIS STATEMENT X	NEW (N)	OR	AMENDED (A	A)				
I certify that I have examined the	nis Statement and	to the bes	it of my knowledge and bei	lief it is true, co	rrect and c	omplete.		-
Type or Print Name of Treasure	Micha	el Ke	Jsey					
Signature of Treasurer	Mult			Date 4	M M /	0 1	žŏ	ŏš
NOTE: Submission of false, errone	•		may subject the person sign	_	•	nalties of 2	U.S.C.	§437g.
Office Use Only			For further informat Federal Election Com Toll Free 800-424-955 Local 202-694-1100	nmission		EC FO		

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TYPE OF C					
(a)	Committee: This committee is a principal campaig	n committee (Com	olete the candidate info	rmation below	
(b)	This committee is an authorized comm	•		•	
	information below.)	intee, and is NOT a	a principal campaign co	minitee. (Complete the candidate	
Name of Candidate	<u> </u>	<u> </u>			
Candidate Party Affiliation	Office	Ususa	Compte	State	
raity Anillati	on Sought:	House	Senate	President District	
(c)	This committee supports/opposes only	one candidate, and	d is NOT an authorized	committee.	
Name of Candidate					
Party Con	nmittee:				
(d)	This committee is a	(National, State or subordinate) c	ommittee of the	(Democratic, Republican, etc.) Party.	
Political A	ction Committee (PAC):				
(e)	This committee is a separate segregate	ed fund. (Identify co	onnected organization or	n line 6.) Its connected organization is a:	
	Corporation	Corpor	ation w/o Capital Stock	Labor Organization	
	Membership Organization	Trade /	Association	Cooperative	
(f)	This committee supports/opposes mor committee. (i.e., nonconnected committee	e than one Federal ee)	candidate, and is NOT	a separate segregated fund or party	
	In addition, this committee is a l	.eadership PAC. (Idd	entify sponsor on line 6.		
Joint Fundraising Representative:					
(g)	This committee collects contributions, pacommittees/organizations, at least one of				
(h)	This committee collects contributions, pacommittees/organizations, none of which				
Com	mittees Participating in Joint Fundra	iser			
1.			FEC ID numb	per C	
2.			FEC ID numb	per C	
3.			FEC ID numb	per C	
4.			FEC ID numb	er C	
5.	<u> </u>		FEC ID numb	er C	

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Write or Type Committee Nam	e	
6. Name of Any Connected	Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundra	ising Representative
Nebrasika ic	attlementaciiiIIIIIII	<u> </u>
	<u>; </u>	<u> </u>
Mailing Address	1/34 South 131th Street	
	5 ui te 900 1111111111111111111111111111111111	
		4508 - [1917
	CITY STATE	ZIP CODE
Relationship:	AMPEAN A COMMISSION OF THE COM	lestate of B
Connected Organization	n Affiliated Committee Leadership PAC Sponsor Joint Fund	raising Representative
 Custodian of Records: Ide books and records. 	ntify by name, address (phone number optional) and position of the person in	possession of committee
Full Name Shad	rom Foster	
Mailing Address	1134 South 13th Street	<u>:</u>
	Suite 900	<u> </u>
		<u> 1508 1917</u>
Title or Position	CITY STATE	ZIP CODE
(Controille	Telephone number 402 -	<u> 475</u>]-2333]
Treasurer: List the name are any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	e name and address of
Full Name of Treasurer Mick	rael Kelsey	<u> </u>
Mailing Address	1.34 South 13th Street	_
	Suite 900	
Tille as Dealth	Lincoln STATE	7.508]-[<i>19117</i>] ZIP CODE
Title or Position Executive:	Vi) ce Pres. Telephone number 402	475 - 2333
FE3AN042.PDF		ل_

9.

Full Name of Designated Agent Michael Kelsey Mailing Address M	FEC Form 1 (Revise	d 12/2007)		Page 4
Designated Agent Mailing Address Michael Kelsey Mailing Address Michael Kelsey Suite 900 Lincoln City State Zip Code Title or Position Executive Nice Ptes. Telephone number Mailing Address Telephone number Mailing Address				
Mailing Address V.34 SOUTH 3 th Street		naeil Kelsey	<u> </u>	
Title or Position Executive Vice Pres. Telephone number V02 V75 3333				
Title or Position Executive Nice Ates. Telephone number 102 1/75 13333		<u>Suite 900</u>		
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. Baint of Sitreet City State ZIP CODE Mailing Address Mailing Address Mailing Address				
Salety deposit boxes or maintains funds. Name of Bank, Depository, etc. Mailing Address CITY STATE ZIP CODE Mailing Address Mailing Address		VICE Presi Telephone n	umber <u> </u>	12 - <u>H75</u> - 13333
Baink of the West. Mailing Address Light of Street. CITY STATE ZIP CODE Name of Bank, Depository, etc.			nittee deposits	funds, holds accounts, rents
Mailing Address 1.3.14."0; Siticet	Name of Bank, Depository,	etc.		
CITY STATE ZIP CODE Name of Bank, Depository, etc. Mailing Address	Ban	K. of the West		
CITY STATE ZIP CODE Name of Bank, Depository, etc. Mailing Address	Mailing Address	11314"O" Sitreet	1111	
CITY STATE ZIP CODE Name of Bank, Depository, etc. Mailing Address			<u> </u>	
Name of Bank, Depository, etc. Mailing Address L. L		Lincoln	NE	685081-111
Mailing Address L. L		CITY	STATE	ZIP CODE
	Name of Bank, Depository,	etc.		
				
CITY STATE ZIP CODE	Mailing Address		<u></u>	
CITY STATE ZIP CODE			 	
CITY STATE ZIP CODE			ليا	<u> </u>
		CITY	STATE	ZIP CODE

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt **Hand Delivered Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): > ₩ L Next Business Day Delivery **Date of Receipt** 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 or Postmarked Other (Specify):