# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED SECRETARY OF THE S ATE PUBL

14 OCT 15 PM 12: 11

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Ben Sasse for U.S. Senate, Inc.

ADDRESS (number and street) ▼ 105 E 6th Street

☐ Check if different than previously reported. (ACC)

CITY ▲ Fremont STATE ▲ NE ZIP CODE ▲ 68025-5029 -

2. FEC IDENTIFICATION NUMBER ▼ C C00547976

3. IS THIS REPORT ☐ NEW (N) OR ☒ AMENDED (A)

STATE ▼ NE DISTRICT 00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☐ October 15 Quarterly Report (Q3)
- ☐ January 31 Year-End Report (YE)
- ☐ Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

☒ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Convention (12C) ☐ Special (12S)

Election on MM 05 / DD 13 / YYYY 2014 in the State of NE

(c) 30-Day POST-Election Report for the:

☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on MM / DD / YYYY in the State of

5. Covering Period MM 04 / DD 01 / YYYY 2014 through MM 04 / DD 23 / YYYY 2014

*I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.*

Type or Print Name of Treasurer MARK A. FAHLESON

Signature of Treasurer _____ Date MM 10 / DD 15 / YYYY 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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