

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

Nebraska 2 Change Coalition

ADDRESS (number and street)

7148 Pacific St

(Check if address is changed)

Omaha

NE

68106

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

victory@nebcd02.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

nebcd02.org

COMMITTEE'S FAX NUMBER

4025585917

2. DATE

10 / 09 / 2008

3. FEC IDENTIFICATION NUMBER

C C00454215

4. IS THIS STATEMENT

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

JAMES H MONAHAN

Signature of Treasurer

Electronically Filed by JAMES H MONAHAN

Date

10 / 09 / 2008

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

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 12/2007)

5. TYPE OF COMMITTEE (Check One)

Candidate 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. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State
 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
- (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 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 | <input type="text" value="C"/> |
| 2. _____ | FEC ID number | <input type="text" value="C"/> |
| 3. _____ | FEC ID number | <input type="text" value="C"/> |
| 4. _____ | FEC ID number | <input type="text" value="C"/> |
| 5. _____ | FEC ID number | <input type="text" value="C"/> |

Write or Type Committee Name

Nebraska 2 Change Coalition

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

NONE

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Committee

Leadership PAC Sponsor

Joint Fundraising Representative

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

Kris Pierce

Mailing Address

7148 Pacific Street

Omaha

NE

68106

Title or Position ▼

Executive Director

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

402

558

5912

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

JAMES H MONAHAN

Mailing Address

1904 Farnam St

Suite 623

Omaha

NE

68102

Title or Position ▼

Treasurer

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

402

558

5912

Full Name of Designated Agent

Carol Casey

Mailing Address

2506 S 105th AVE

Omaha

NE

68124

Title or Position

CITY

STATE

ZIP CODE

Asst Treasurer

Telephone number

402

397

9279

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.

Centris Federal Credit Union

Mailing Address

343 North 114th Street

Omaha

NE

68154

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE