

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

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

NEBRASKA CREDIT UNION LEAGUE POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 4885 S 118 STREET

Check if different than previously reported. (ACC) SUITE 150

OMAHA NE 68137

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C00172858

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

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)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on MM / DD / YYYY in the State of

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on MM / DD / YYYY in the State of

5. Covering Period MM / DD / YYYY through MM / DD / YYYY

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 J. SCOTT SULLIVAN

Signature of Treasurer *J. Scott Sullivan* Date MM / DD / YYYY

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

NEBRASKA CREDIT UNION LEAGUE POLITICAL ACTION COMMITTEE

Report Covering the Period: From: To:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
--	-------------------------	-----------------------------------

6. (a) Cash on Hand January 1, <input type="text" value="2018"/>	<input type="text" value="393674"/>	<input type="text" value="393674"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="594363"/>	
(c) Total Receipts (from Line 19).....	<input type="text" value="466065"/>	<input type="text" value="1166854"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="1060428"/>	<input type="text" value="1560428"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="600000"/>	<input type="text" value="1100000"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="460428"/>	<input type="text" value="460428"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value=""/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value=""/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
1050 First Street, N.E.
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

NEBRASKA CREDIT UNION LEAGUE POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

07 / 01 / 2018

To:

09 / 30 / 2018

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

157400

401400

(ii) Unitemized.....

308387

764774

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

465787

1166174

(b) Political Party Committees.....

(c) Other Political Committees (such as PACs).....

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

465787

1166174

12. Transfers From Affiliated/Other Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

17. Other Federal Receipts (Dividends, Interest, etc.).....

278

580

18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

466065

1166754

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

466065

1166754

2025 RELEASE UNDER E.O. 14176

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

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		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	6,000.00	11,000.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
29. Other Disbursements (Including Non-Federal Donations)		
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	6,000.00	11,000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	6,000.00	11,000.00

UNIVERSITY MICROFILMS

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE OF 2
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 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)
NEBRASKA CREDIT UNION LEAGUE POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Barnett, Jerry		Date of Receipt 07 / 05 / 2018
Mailing Address 6820 Rexford Dr.		Amount of Each Receipt this Period 500.00
City Lincoln	State NE Zip Code 68506	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) LinOne FCU	Occupation (for Individual) President/CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Lang, Shawn		Date of Receipt 07 / 05 / 2018
Mailing Address 6443 Gabrielle Dr.		Amount of Each Receipt this Period 255.00
City Lincoln	State NE Zip Code 68526	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Liberty First	Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Bolton, Tom		Date of Receipt 07 / 30 / 2018
Mailing Address 1770 NW 30th St		Amount of Each Receipt this Period 201.00
City Platte City	State MO Zip Code 64079	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 201.00	

SUBTOTAL of Receipts This Page (optional).....▶	956.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE	OF
	<input type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
NEBRASKA CREDIT UNION LEAGUE POLITICAL ACTION COMMITTEE

A. **Sailors, MARY**
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
1320 Piper Way
 City **Lincoln** State **NE** Zip Code **68527**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) **Vice President** Occupation (for Individual) **Lyndne FCU**
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date **270.00**

Date of Receipt
09 / 01 / 2018
 Amount of Each Receipt this Period
270.00
 Memo Item

B. **Lewis, Azala**
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
330 10th St
 City **Unadilla** State **NE** Zip Code **68454**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) **Liberty First CU** Occupation (for Individual)
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date **348.00**

Date of Receipt
09 / 01 / 2018
 Amount of Each Receipt this Period
348.00
 Memo Item

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date

Date of Receipt
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional) **618.00**
 TOTAL This Period (last page this line number only) **1574.00**

2018-10-15 10:00 AM

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE / OF /

21b 22 23 26 27
 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)

NEBRASKA CREDIT UNION LEAGUE POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A.

Date of Disbursement

CULAC

08 / 14 / 2018

Mailing Address

99 M St., SE, Ste. 300

City

WASHINGTON

State

DC

Zip Code

20003

Purpose of Disbursement

Affiliate Transfer

C

FEC Identification Number

C

Amount of Each Disbursement this Period

6,000.00

Memo Item

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

B.

Date of Disbursement

Full Name (Last, First, Middle Initial)

MM / DD / YYYY

Mailing Address

City

State

Zip Code

Purpose of Disbursement

C

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

C.

Date of Disbursement

Full Name (Last, First, Middle Initial)

MM / DD / YYYY

Mailing Address

City

State

Zip Code

Purpose of Disbursement

C

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

6,000.00

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

6,000.00

2018-10-15 10:00 AM

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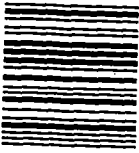
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OMAHA, NE 68137

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OMAHA, NE
68137

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PO ZIP Code	Scheduled Delivery Date (MM/DD/YYYY)	Postage	Insurance Fee
8110	12-13	\$ 2.76	\$
Date Accepted (MM/DD/YYYY)	Scheduled Delivery Time	Return Receipt Fee	Live Animal Transportation Fee
12-12	<input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM <input checked="" type="checkbox"/> 12 NOON	\$	\$
Time Accepted	10:30 AM Delivery Fee	\$	\$
3:00 PM	\$	\$	\$
Special Handling/Fragile	Sunday/Holiday Premium Fee	Total Postage & Fees	
\$	\$	\$ 21.94	
Weight	Flat Rate	Acceptance Employee Initials	
3.00 lbs.	<input type="checkbox"/> Flat Rate	7.1	
ozs.			
DELIVERY (POSTAL SERVICE USE ONLY)			
Delivery Attempt (MM/DD/YYYY) Time	Employee Signature		
	<input type="checkbox"/> AM <input type="checkbox"/> PM		
Delivery Attempt (MM/DD/YYYY) Time	Employee Signature		
	<input type="checkbox"/> AM <input type="checkbox"/> PM		

2018 OCT 15 AM 11:56

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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

PREPARER
(3/2015)

MP

10/15/18
DATE PREPARED

2018-11-01 15:00:11