14 DEC -4 AM 11:44

Office Use Only

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

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) ▼ PO Box 1976

☐ Check if different than previously reported. (ACC)

CITY ▲ Fremont STATE ▲ NE ZIP CODE ▲ 68026-1976 -

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 / DD / YYYY in the State of

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

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

Election on MM 11 / DD 04 / YYYY 2014 in the State of NE

5. Covering Period MM 10 / DD 16 YYYY 2014 through MM 11 / DD 24 / 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 [signature] Date MM 12 / DD 4 / YY 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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FEC FORM 3 (Revised 02/2003)

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