

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

RECEIVED
SENATE
14 OCT 22 AM 11:43

Office Use Only

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

SID DINSDALE FOR US SENATE, INC

ADDRESS (number and street) 5602 EMILE STREET

Check if different than previously reported. (ACC)

OMAHA NE 68106 - 1218

2. FEC IDENTIFICATION NUMBER C 00550442 CITY STATE ZIP CODE STATE DISTRICT

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

NE 00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

X 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

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period 07 01 2014 through 09 30 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 JOSEPH DONOVAN

Signature of Treasurer Date 10 15 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.

Table with 10 columns for Office Use Only

FEC FORM 3 (Revised 02/2003)

14021110643

SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

Page 2

Write or Type Committee Name

SID DINSDALE FOR US SENATE, INC

Report Covering the Period: From: ^M07 ^D01 ^Y2014 To: ^M09 ^D30 ^Y2014

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)) ..	0	997679
(b) Total Contribution Refunds (from Line 20(d)) ..	0	15050
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))...	0	982629
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ..	1,6358	2281657
(b) Total Offsets to Operating Expenditures (from Line 14)...	,9895	23383
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))...	,6463	2258274
8. Cash on Hand at Close of Reporting Period (from Line 27)...	,1797	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) ..	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) ...	, 1275000	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

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

14021110646

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

Report Covering the Period: From: ^{M M} 07 ^D 01 ^{Y Y} 2014 To: ^{M M} 09 ^{D D} 30 ^{Y Y} 2014

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)...	0	91,5176
(ii) Unitemized	0	58,503
(ii) TOTAL of contributions from individuals .	0	97,3679
(b) Political Party Committees...	0	0
(c) Other Political Committees (such as PACs)...	0	22,500
(d) The Candidate	0	.1500
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0	99,7679
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..		
	0	0
13. LOANS:		
(a) Made or Guaranteed by the Candidate...	0	127,5000
(b) All Other Loans...	0	0
(c) TOTAL LOANS (add Lines 13(a) and (b))...	0	127,5000
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) ..		
	9,895	23,383
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
	0	0
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...		
	9,895	229,6062

14021110647

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	1,6358	228,1657
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES ..	0	0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate...	0	0
(b) Of All Other Loans	0	0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))...	0	0
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees ...	0	15,050
(b) Political Party Committees...	0	0
(c) Other Political Committees (such as PACs) ...	0	0
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))...	0	15,050
21. OTHER DISBURSEMENTS ...	0	0
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	1,6358	229,6707

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	8,260
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	9,895
25. SUBTOTAL (add Line 23 and Line 24) ...	18,155
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	1,6358
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	1,797

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 OF 8	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14

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)
SID DINSDALE FOR US SENATE, INC

Full Name (Last, First, Middle Initial) A. COLUMBIA INSURANCE GROUP		Date of Receipt MM / DD / YY 07 / 11 / 2014
Mailing Address 2102 WHITE GATE DRIVE		Amount of Each Receipt this Period , 137
City COLUMBIA	State Zip Code MO 65205	
FEC ID number of contributing federal political committee. C		INSURANCE REFUND
Name of Employer	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , 137	

Full Name (Last, First, Middle Initial) B. REDSTONE		Date of Receipt MM / DD / YY 07 / 18 / 2014
Mailing Address 10031 MAPLE STREET		Amount of Each Receipt this Period ,3854
City OMAHA	State Zip Code NE 68134	
FEC ID number of contributing federal political committee. C		FEFUND OF MEDIA ADVERTISING
Name of Employer	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , ,	

Full Name (Last, First, Middle Initial) C. REDSTONE		Date of Receipt MM / DD / YY 08 / 05 / 2014
Mailing Address 10031 MAPLE STREET		Amount of Each Receipt this Period 5904
City OMAHA	State Zip Code NE 68134	
FEC ID number of contributing federal political committee. C		5904
Name of Employer	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , 9758	

SUBTOTAL of Receipts This Page (optional).....	, 9895
TOTAL This Period (last page this line number only).....	, , 9895

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

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

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 8

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SID DINSDALE FOR US SENATE, INC

Full Name (Last, First, Middle Initial)

A. BETH KRAMER

Date of Disbursement

M M D D Y Y
08 05 2014

Mailing Address

9919 ESSEX DRIVE

City

OMAHA

State

NE

Zip Code

68144

Amount of Each Disbursement this Period

12514

Purpose of Disbursement

POLITICAL CONSULTING AND POSTAGE

001

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

B. PINNACLE BANK

Date of Disbursement

M M D D Y Y
07 31 2014

Mailing Address

20320 VETERANS DRIVE

City

ELKHORN

State

NE

Zip Code

68022

Amount of Each Disbursement this Period

7

Purpose of Disbursement

BANK FEE

001

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

C. PINNACLE BANK

Date of Disbursement

M M D D Y Y
08 29 2014

Mailing Address

20320 VETERANS DRIVE

City

ELKHORN

State

NE

Zip Code

68022

Amount of Each Disbursement this Period

7

Purpose of Disbursement

BANK FEE

001

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

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

12528

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

14021110650

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 OF 8	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SID DINSDALE FOR US SENATE, INC

Full Name (Last, First, Middle Initial) A. MERIDIAN CENTRAL, LLC		Date of Disbursement MM / DD / YY 09 / 22 / 2014
Mailing Address 2937 S. 120TH STREET		Amount of Each Disbursement this Period 3823
City OMAHA	State NE	
Zip Code 68144	Purpose of Disbursement TRAVEL	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. PINNACLE BANK		Date of Disbursement MM / DD / YY 09 / 30 / 2014
Mailing Address 20320 VETERANS DRIVE		Amount of Each Disbursement this Period 7
City ELKHORN	State NE	
Zip Code 68022	Purpose of Disbursement BANK FEE	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	3830
TOTAL This Period (last page this line number only).....	16358

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SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full)
SID DINSDALE FOR US SENATE, INC

LOAN SOURCE Full Name (Last, First, Middle Initial) MR. JOHN S. DINSDALE		Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 260 S. 216TH CIRLCE		
City	State	ZIP Code
ELKHORN	NE	68022
Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1275000	0	1275000

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
		NONE	0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....	▶	,	,
TOTALS This Period (last page in this line only) ..	▶	,	1275000

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14021110652



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL™



7013 2250 0002 3506 9995

Senate, Inc
 Street
 106

Scanned by 12
 Senate Post Office
 OCT 20 2014

OCT
 Scanned by
 Senate Post Office

Secretary of the Senate
 Office of Public Records
 232 Hart Senate Office Building
 Washington DC 20510-7116

First Class Mail
First Class Mail



U.S. POSTAGE
 PAID
 OMAHA, NE
 68124
 OCT 5, 2014
 AMOUNT
\$4.91
 00048304-073

U.S. SENATE
 TRACKING NUMBER
 13-061595

55901112071



United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____

Date of Receipt

USPS FIRST CLASS MAIL _____

Postmark

USPS REGISTERED/CERTIFIED _____

Postmark

10/15/14

USPS PRIORITY MAIL _____

Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____

Postmark

OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS _____

UPS _____

DHL _____

AIRBORNE EXPRESS _____

RECEIVED FROM FEDERAL ELECTION COMMISSION _____

Date of Receipt

POSTMARK ILLEGIBLE

NO POSTMARK

FAX _____

Date of Receipt

OTHER _____

Date of Receipt or Postmark

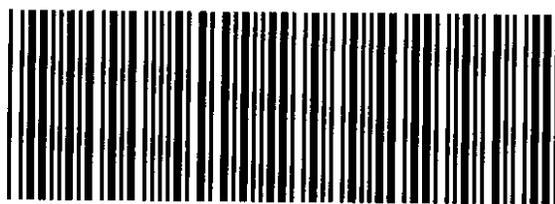
PREPARER

MN

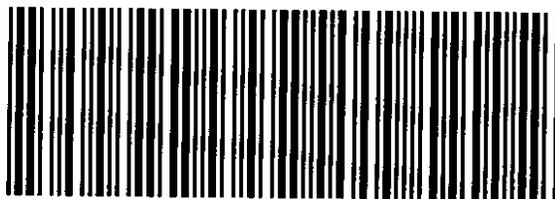
DATE PREPARED

10/22/14

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SEN PATCH



SEN PATCH

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