

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED SECRETARY OF THE SENATE PUBLIC RECORDS

2013 AUG 30 PM 3:14

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12 FEB 15

DAVID CHRISTOPHER HOLCOMB FOR NEBRASKA SENATOR 2014

ADDRESS (number and street) (Check if address is changed) 20870 SOUTH HWY 50 SPRINGFIELD, NEBRASKA 68059

COMMITTEE'S E-MAIL ADDRESS (Check if address is changed) davidchristopherholcomb@centurylink.net

COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) SENATOR davidchristopherholcomb.com

2. DATE 8/29/2013

3. FEC IDENTIFICATION NUMBER C

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 DAVID CHRISTOPHER HOLCOMB

Signature of Treasurer [Signature] Date 8/29/2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Table with 5 columns: Office Use Only, empty, empty, empty, empty

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

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5. TYPE OF COMMITTEE

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

DAVID CHRISTOPHER HOLCOMB

Candidate Party Affiliation

INDEPENDENT

Office Sought:

House

Senate

President

State NEBRASKA

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

In addition, this committee is a Lobbyist/Registrant PAC.

(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 Lobbyist/Registrant PAC.

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.
- 2.
- 3.
- 4.

- FEC ID number C
- FEC ID number C
- FEC ID number C
- FEC ID number C

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Write or Type Committee Name

DAVID CHRISTOPHER HOLCOMB FOR NEBRASKA SENATOR 2014

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

NONE/N/A

Mailing Address

CITY STATE ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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 DAVID CHRISTOPHER HOLCOMB

Mailing Address 20870 SOUTH HWY 50
SPRINGFIELD, NEBRASKA 68059-4884

Title or Position CITY STATE ZIP CODE

CUSTODIAN OF RECORDS Telephone number 402-253-3085

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 DAVID CHRISTOPHER HOLCOMB

Mailing Address 20870 SOUTH HWY 50
SPRINGFIELD, NEBRASKA 68059-4884

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 402-253-3085

1-302-0401665

Full Name of Designated Agent

NONE —

Mailing Address

	CITY	STATE	ZIP CODE
Title or Position			
	Telephone number		

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.

MUTUAL OF OMAHA

Mailing Address

12702 WESTPORT PARKWAY

SUITE # 100

LA VISTA — NEBRASKA 68138-4012

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

MUTUAL OF OMAHA

Mailing Address

12702 WESTPORT PARKWAY

SUITE # 100

LA VISTA, NEBRASKA 68138-4012

CITY

STATE

ZIP CODE

13020401666

NANCY ERICKSON
SECRETARY

DANA K. MCCALLUM
SUPERINTENDENT
HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7116
PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY
OFFICE OF PUBLIC RECORDS

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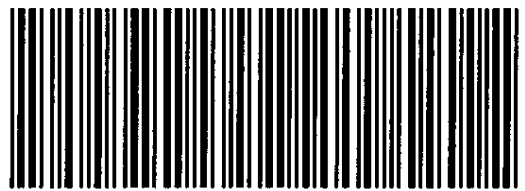
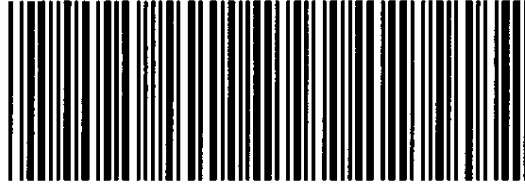
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