



## NEBRASKA REPUBLICAN PARTY

Chuck Sigerson, Chairman

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MAR 11 2:23 PM '99

March 1, 1999

Debbie Chacona  
Reports Analyst  
FEC  
Washington, D.C. 20463

Identification Number: C00032334  
Reference: Nebraska Republican Party report revisions

Dear Ms. Chacona:

This letter is in response to the FEC's preliminary reviews of the Nebraska Republican Party's reports filed in 1998. Although these review analyses were originally sent in early January, I respectfully submit our responses to the requests at a time later than the original deadline. After talking with you in late January concerning the enormity of reviewing a whole year's worth of reports in less than 10 days, I appreciated receiving your assurances that the FEC would not assume we were neglectful in replying. I did not anticipate the difficulties with our computer upgrade transition which added additional days to the report investigation (specifically generation of new copies) in addition to the change in party treasurer and the difficulty in timing the reports to obtain the necessary signatures.

Enclosed is the documentation of statement of organization (Form 1) to update our new treasurer's signature for your files. Additionally, I have addressed each letter for each report being reviewed.

Finally, the copies of the summary reports that are enclosed are not signed by our Treasurer at this time because she is out of town and unavailable. Due to the urgency of responding, I am forwarding the unsigned copies now and will forward new signed copies next week when she is able to get them to me. Please feel free to contact me with further clarifications if necessary. I appreciate both your assistance and patience in this matter.

Respectfully,

Melody Wollan  
Business Manager

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

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1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) <b>NEBRASKA REPUBLICAN FEDERAL CAMPAIGN COMMITTEE</b>	2. DATE <b>1/4/99</b>
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) <b>421 2. 9th #233</b>	3. FEC Identification Number <b>C0032334</b>
(c) City, State and ZIP Code <b>LINCOLN NE 68508</b>	4. Is This Report An Amendment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

5. TYPE OF COMMITTEE (Check one)

(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	State/District

(c) This committee supports/opposes only one candidate \_\_\_\_\_ (name of candidate) and is NOT an authorized committee.

(d) This committee is a STATE committee of the REPUBLICAN Party. (National, State or subordinate) (Democratic, Republican, etc.)

(e) This committee is a separate segregated fund.

(f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

Type of Connected Organization  
 Corporation  Corporation w/o Capital Stock  Labor Organization  Membership Organization  Trade Association  Cooperative

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	Mailing Address	Title or Position
<b>MELODY NOLAN</b>	<b>421 2. 9th #233 LINCOLN, NE 68508</b>	<b>BUSINESS MANAGER</b>

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	Mailing Address	Title or Position
<b>DEMARKS CARLSON</b>	<b>P.O. Box 100 - Crofton, NE 68730</b>	<b>TREASURER</b>

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.	Mailing Address and ZIP Code
<b>NATIONAL BANK OF COMMERCE</b>	<b>1248 O St LINCOLN, NE 68508</b>

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	SIGNATURE OF TREASURER	DATE
<b>DEMARKS CARLSON</b>	<i>DeMarkus Carlson</i>	<b>1-14-99</b>

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 8437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 3-1-99
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<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>SOH</i> PREPARER	3-11-99 DATE PREPARED