FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

SECRETY IN CALLIE SENATE

08 11/2 - 4 PH 12: 41

1. NAME OF (Check if name Example: If typying, type COMMITTEE (in full) X is changed) over the lines 12FE4M5
Nebraskans for Kleeb
<u> </u>
ADDRESS (number and street)
X (Check if address is changed) Hestings
is changed) Hastings NE 68901
CITY▲ STATE▲ ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS
elizabeth@scottkleeb.com
COMMUTE COMMED PACE ADDRESS (URL)
COMMITTEE'S WEB PAGE ADDRESS (URL) www.scottkleeb.com
COMMITTEE'S FAX NUMBER
لبيا ليبا
2. DATE 02 21 2008
3. FEC IDENTIFICATION NUMBER C C00414656
4. IS THIS STATEMENT NEW (N) OR X , 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
Signature of Treasurer Electronically Filed by Juhill Date 02 21 2008
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS
Office Use Only For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100 FE3AN042.PDF Fe3AN042.PDF

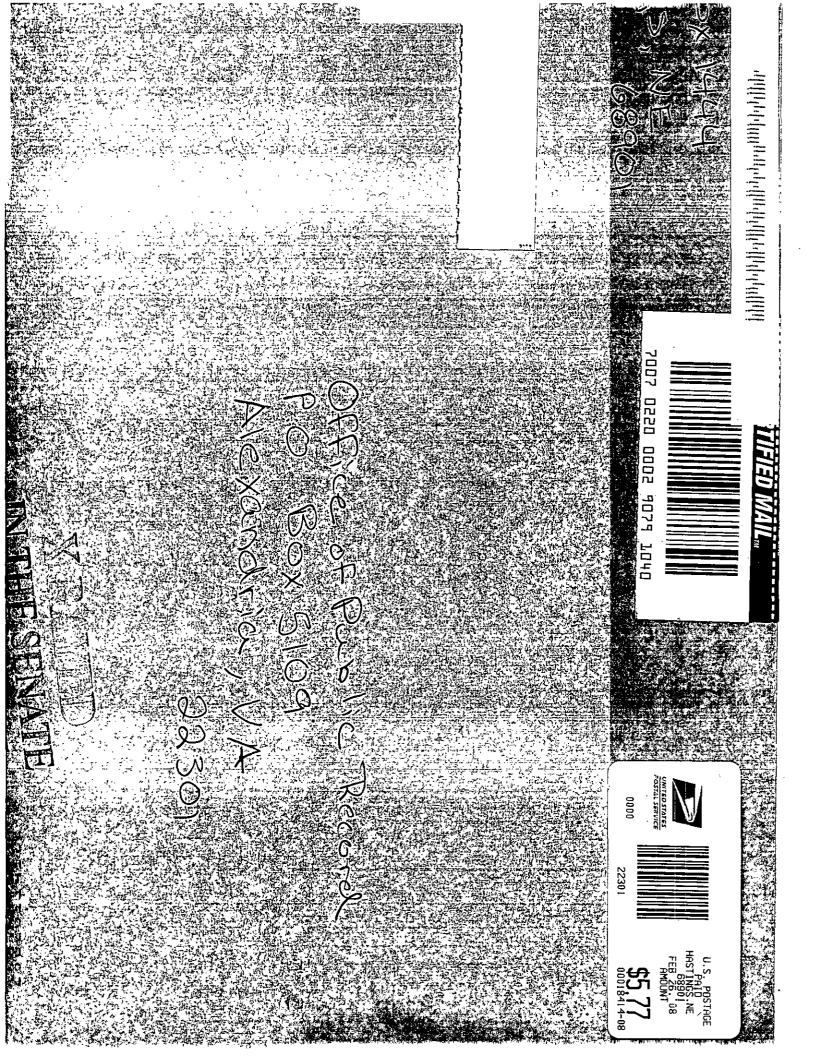
_									
5.	TYPE OF COI	MMITTEE (Check One)							
	(a) X	This committee is a p	rincipal campaig	n committee. (Com	plete the candidat	e informa	tion below.)		
	(b)	This committee is an information below.)	authorized comm	nittee, and is NOT a	a principal campai	gn commi	ttee. (Comple	ete the candidate	ı
	Name of Candidate	Scott Kleeb	 				1 1		
	Candidate Party Affiliation	on DEM	Office Sought:	House	X Senate	, p	President	State District	NE 00
	(c)	This committee suppo	rts/opposes only	one candidate, an	d is NOT an autho	rized com	mittee.		
	Name of Candidate		<u> </u>		<u> </u>	<u></u>	1 1 1	<u> </u>	1
	(d)	This committee is a		(National, Sta (or subordinal	te te) committee of th	ie .	• • • •	(Democratic, Republican, etc	c.) Party.
	(e)	This committee is a se	parate segregati	ed fund					
	(f)	This committee suppo committee.	rts/opposes more	than one Federal	candidate, and is	NOT a se	parate segre	gated fund or pa	rty
6.	Name of Any	Connected Organizat	ion or Affiliated	Committee					
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	Mailing Addre	ess LL.	<u>!lll</u>		<u> </u>		<u> </u>	 	<u></u>
						111	 		
				CITY		STAT	E A	ZIP CODE	A
	Relationship				 	<u></u>	<u> </u>	<u> </u>	
	Type of Conn	ected Organization:							
	Согра	oration	· · · ·	Corporation w/o Ca	apital Stock		Labor Orga	nization	
	Mem	bership Organization		Trade Association		-	Cooperative	•	
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Wr	rite or Type Committe	DITIBEL DE					
	Nebraskans for	Kleeb					
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	Full Name	1111		<u> </u>			<u> </u>
	Mailing Address						
	Title or Position ♥		CITY A	STATE	_	ZIP CO	DE A
				Telephone number _			·
3.	Treasurer: List the name and address	e name and associated associated to the second seco	address (phone number optio gnated agent (e.g., assistant tre	nal) of the treasurer of the oasurer).	committe	ee; and the	
	Fuli Name		44				
	Full Name of Treasurer	James Zieb			<u></u>	<u></u>	
		James Zieb	PO Box 1444				
	of Treasurer	James Zieb		NE_		68901 -	
	of Treasurer	James Zieb	PO Box 1444	NE_		68901 - ZIP CO	
	of Treasurer	James Zieb	PO Box 1444 Hastings	STATE	402		
	of Treasurer		PO Box 1444 Hastings	STATE		ZIP CO	DE 🛦
	of Treasurer Mailing Address Title or Position ▼ Tin Full Name of Designated		PO Box 1444 Hastings	STATE		ZIP CO	DE 🛦
	of Treasurer Mailing Address Title or Position Title Title Title Full Name of Designated Agent		PO Box 1444 Hastings	STATE		ZIP CO	DE 🛦
	of Treasurer Mailing Address Title or Position Title Title Title Full Name of Designated Agent		PO Box 1444 Hastings	STATE	402	ZIP CO	1114

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PAMELA B. GAVIN SUPERINTENDENT

HART SENATE OFFICE BUILDING SUITE 232 WASHINGTON, DC 20510-7116 PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

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