

Johanns

U.S. SENATE

SECRETARY OF THE SENATE
15 OCT -5 AM 11:53

September 21, 2015

Senate Office of Public Records
232 Hart Senate Office Building
Washington, DC 20510

To Whom It May Concern:

Enclosed is an amended FEC Form 1, Statement of Organization for Johanns for Senate, Incorporated. The amendment is to update the Treasurer and Assistant Treasurer information, as well as the committee email address.

Please contact us should you have questions.

Sincerely,



James D. Watts

Treasurer

5555 South Street, Suite 100 · Lincoln, NE 68506
Phone (402) 477-2014 · Fax (402) 434-4799

Paid for by Johanns for U.S. Senate

201510050200250155

FEC FORM 1

STATEMENT OF ORGANIZATION

SECRETARY OF THE SENATE
15 OCT - 5 AM '15

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

Johanns for Senate, Incorporated

ADDRESS (number and street) 5555 South Street, Ste 100

(Check if address is changed)

Lincoln CITY NE 68506- ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

X (Check if address is changed) jw1c.pac@aol.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 09 21 2015

3. FEC IDENTIFICATION NUMBER 000439802

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 JAMES O. WATTS

Signature of Treasurer [Signature] Date 09 21 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

201510050200250150

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

Candidate Party Affiliation	Office Sought:	House	Senate	President	State District
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- (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:

<input type="checkbox"/> Corporation	<input type="checkbox"/> Corporation w/o Capital Stock	<input type="checkbox"/> Labor Organization
<input type="checkbox"/> Membership Organization	<input type="checkbox"/> Trade Association	<input type="checkbox"/> 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. FEC ID number
2. FEC ID number
3. FEC ID number
4. FEC ID number

201510050200250157

Write or Type Committee Name

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

Empty grid lines for organization name

Mailing Address

Empty grid lines for 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 James D Watts

Mailing Address 5555 South Street

Lincoln NE 68506

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number 402-483-7512

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 James D Watts

Mailing Address 5555 South Street

Lincoln NE 68506

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number 402-483-7512

201510050200250158

Full Name of Designated Agent

Richard P Nelson

Mailing Address

301 South 13th Street, Ste 400

Lincoln

CITY

NE

STATE

68508

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

402-476-1000

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.

[Empty line for Name of Bank, Depository, etc.]

Mailing Address

[Empty line for Mailing Address]

[Empty line for Mailing Address]

[Empty line for Mailing Address]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty line for Name of Bank, Depository, etc.]

Mailing Address

[Empty line for Mailing Address]

[Empty line for Mailing Address]

[Empty line for Mailing Address]

CITY

STATE

ZIP CODE

201510050200250159

201510050200250160

Johanns

U.S. SENATE
5555 South Street, Suite 100
Lincoln, NE 68506

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OCT 07 2015

Senate Office of Public Records
232 Hart Senate Office Building
Washington, DC 20510

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United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL 10-5-15
Date of Receipt

9-24-15
Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

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	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

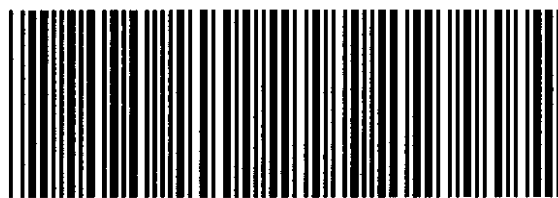
POSTMARK ILLEGIBLE POSTMARK

FAX _____
Date of Receipt

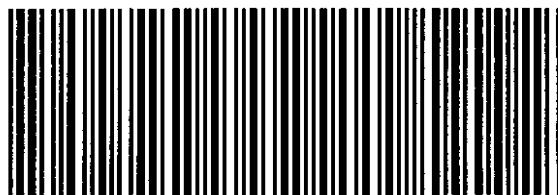
OTHER _____
Date of Receipt or Postmark

PREPARER DH DATE PREPARED 10-5-15

201510050200250161



SEN PATCH



SEN PATCH

201510050200250162