

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

(See Instructions)

Office Use Only

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

JIM SIMON FOR CONGRESS

ADDRESS (Number and street)

840 FAIRACRES ROAD

(Check if address is changed)

OMAHA

NE

68132

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE M M / D D / Y Y Y Y
04 / 15 / 2005

3. FEC IDENTIFICATION NUMBER C C00373548

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 MARY SHERMAN

Signature of Treasurer Electronically Filed by MARY SHERMAN

Date M M / D D / Y Y Y Y
04 / 15 / 2005

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

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

FEC FORM 1
(Revised 02/2003)

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

Mr. Jim Simon

Candidate

Party Affiliation

Office
Sought:☒

House

Senate

President

State

NE

District

2

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate

(d)

This committee is a

(National, State
(or subordinate) committee of the(Democratic,
Republican, etc.) Party.

(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 party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address

 _____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Write or Type Committee Name

JIM SIMON FOR CONGRESS

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 ▼

CITY ▲

STATE▲

ZIP CODE ▲

Telephone number

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

Doug Spongberg

Mailing Address

9810 Ascot Drive**Omaha****NE****68114**

Title or Position ▼

CITY ▲

STATE▲

ZIP CODE ▲

Telephone number

Full Name of
Designated
Agent

Mailing Address

Title or Position ▼

CITY ▲

STATE▲

ZIP CODE ▲

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.

Mailing Address _____

_____-_____
CITY STATE ZIP CODE