

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED SECRETARY OF THE SENATE PUBLIC RECORDS

Office Use Only

FEB 12 12:45 PM '14 12FE4M5

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

Todd Watson for US Senate

ADDRESS (number and street)

3900 Old Cheney Road

(Check if address is changed)

201-131

Lincoln

CITY

NE

STATE

68516

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

Campaign@watsonforsenate.com

Optional Second E-Mail Address

twatson@watsonforsenate.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

Watsonforsenate.com

2. DATE

01/31/2014

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

N

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

Todd F Watson

Signature of Treasurer

Todd Wats

Date

02/05/2014

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)

14020151330

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 Todd F. Watson

Candidate Party Affiliation Ind Office Sought: House Senate President State NE 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.	_____	FEC ID number	<input type="checkbox"/> C _____
2.	_____	FEC ID number	<input type="checkbox"/> C _____
3.	_____	FEC ID number	<input type="checkbox"/> C _____
4.	_____	FEC ID number	<input type="checkbox"/> C _____

14020151331

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

Thiodi F. Watson

Mailing Address

39100 Old Cheney Road

201-131

Lincoln

NE

68516

Title or Position

CITY

STATE

ZIP CODE

Candidate

Telephone number

402-819-9292

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

Thiodi F. Watson

Mailing Address

39100 Old Cheney Road

201-131

Lincoln

NE

68516

Title or Position

CITY

STATE

ZIP CODE

Candidate

Telephone number

402-819-9292

14020151332

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[Grid for 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.

Wellis Fargo [Grid]

Mailing Address

3901 Old Cheney Road [Grid]

[Grid]

Linncoln [Grid] ME [68516] [Grid]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid]

Mailing Address

[Grid]

[Grid]

[Grid]

CITY

STATE

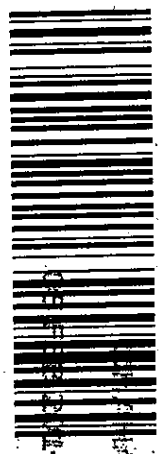
ZIP CODE

14020151333

3900 Old Cheney Road # 201-1211
Lincoln, NE 68516



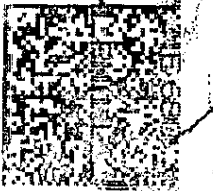
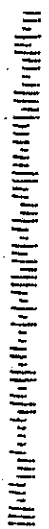
Screened by 12
Senate Post Office



7012 3050 0000 6916 2299

Secretary of the Senate
Office of Public Records
232 Hart Senate Office Building
Washington, DC 20510-7116

205107116



US POSTAGE
02/05/14
Printed From 68516

Screened by 7
Senate Post Office

14020151334

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

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Postmark

USPS REGISTERED/CERTIFIED _____
Postmark **2/5/14**

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

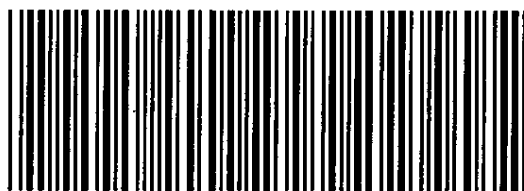
POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER **MN** DATE PREPARED **2/12/14**

14020151335



14020151336