

FEC FORM 2

STATEMENT OF CANDIDACY

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SECRETARY OF THE SENATE
PUBLIC AFFAIRS

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PUBLIC AFFAIRS

13 OCT 24 PM 2:37

13 OCT 24 PM

1. (a) Name of Candidate (in full) SID DINSDALE			2. Candidate's FEC Identification Number	
(b) Address (number and street) <input type="checkbox"/> Check if address changed 20330 VETERANS WAY DRIVE, SUITE 6		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)		
(c) City, State, and ZIP Code ELKHORN, NE 68022		6. State & District of Candidate NEBRASKA		
4. Party Affiliation REPUBLICAN	5. Office Sought U.S. SENATE			

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2014 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) SID DINSDALE FOR U.S. SENATE, INC.
(b) Address (number and street) 20330 VETERANS WAY DRIVE, SUITE 6
(c) City, State, and ZIP Code ELKHORN, NE 68022

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)
(b) Address (number and street)
(c) City, State, and ZIP Code

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate 	Date 10/1/13
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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d Disdate for us Smoke Inc
P. Box 486
Klam, NE 68022

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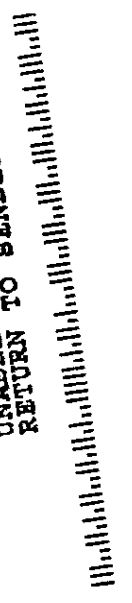
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10/16/13

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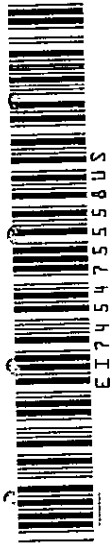


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Scheduled Date of Delivery _____

Month _____ Day _____ Scheduled Time of Delivery _____ Insurance Fee \$ _____

Noon 3 PM _____ Total Postage & Fees \$ _____

Military _____

2nd Day 3rd Day _____ Int'l Alpha Country Code _____

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Date Accepted _____

Mo. _____ Day _____ Year _____

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Rate _____

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Post Office To Addressee

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Mo. _____ Day _____	_____	_____	_____
Delivery Attempt	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. _____ Day _____	_____	_____	_____
Delivery Date	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. _____ Day _____	_____	_____	_____

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NO DELIVERY (Weekend, Holiday) Miller Signature _____

WAIVER OF SIGNATURE (Domestic Mail Only)
Additional mailpieces may be added to this mailpiece.
I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be delivered to addressee's location with valid proof of delivery).
Employee's signature constitutes valid proof of delivery.

TO: (PLEASE PRINT) PHONE (_____) _____

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NANCY ERICKSON
SECRETARY

DANA K. MCCALLUM
SUPERINTENDENT

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

United States Senate

OFFICE OF THE SECRETARY
OFFICE OF PUBLIC RECORDS

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USPS EXPRESS MAIL **10-21-13** _____
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OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE
FEDERAL EXPRESS	_____
UPS	_____
DHL	_____
AIRBORNE EXPRESS	_____

NEXT BUSINESS DAY DELIVERY

-
-
-
-

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

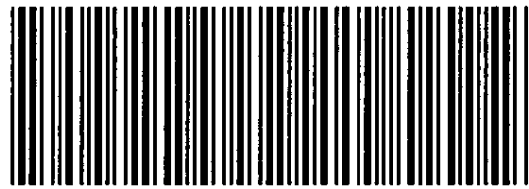
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Date of Receipt or Postmark

PREPARER **DH** DATE PREPARED **10-24-13**

13020514371



13020514372