

FEC
FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

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FEC MAIL ROOM

702 Office Use Only 03 31

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

NEBRASKANS UNITED FOR LIFE POLITICAL ACTION
COMMITTEE

ADDRESS (number and street)

9001 ARBOR ST

(Check if address is changed)

SUITE 104

OMAHA NE 68124

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 07 21 2001

3. FEC IDENTIFICATION NUMBER ► C00268649

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 Elaine T. Heaston

Signature of Treasurer Elaine T. Heaston

Date 07 23 2001

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.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9580
Local 202-594-1100

FEC FORM 1
(Revised 1/01)

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 _____

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 _____

(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

NEBRASKAN UNITED FOR LIFE _____

Mailing Address 9001 ARBOR ST
SUITE 104
OMAHA NE 68124
 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship PARENT _____

Type of Connected Organization:

- Corporation
- Corporation w/o Capital Stock
- Labor Organization
- Membership Organization
- Trade Association
- Cooperative

Write or Type Committee Name

NEBRASKANS UNITED FOR LIFE Political Action Committee

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 ELAINE T. HEASTON

Mailing Address 4312 LEAVENWORTH

OMAHA NE 68105

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 402-934-4417

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 SAME AS ITEM 7

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

Full Name of Designated Agent SAME AS ITEM 7

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.

M.I.D. CITY BANK

Mailing Address

304 SOUTH 42ND ST

OMAHA NE 68131-2802

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

