



REGISTRATION CENTER
 2001 FEB 25 A 9 32

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

February 20, 2004

Federal Election Commission
 999 E Street, N.W.
 Washington, DC 20463

Re: Statement of Organization
 Statement of Candidacy

Dear Sir or Madam:

Enclosed please find an originally signed FEC Form 1, State of Organization and an originally signed FEC Form 2, Statement of Candidacy. Your assistance in this filing is appreciated.

Please do not hesitate to contact me with any questions concerning this submission.

With kind regards,

A handwritten signature in black ink, appearing to read "Stephen D. Mosman".

Stephen D. Mosman

SDM/cmf
 Encs.

OPERATIONS CENTER

2004 FEB 25 A 9 32

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12PB4M5

GREG RUEHLE FOR CONGRESS

ADDRESS (number and street) P.O. BOX 82274

(Check if address is changed) LINCOLN NE 68501 2274

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS B.2@MAC.COM

COMMITTEE'S WEB PAGE ADDRESS (URL) WWW.GREG04.COM

COMMITTEE'S FAX NUMBER 402 475 7881

2. DATE 02 19 2004

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT (X) 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 Stephen D. Grossman

Signature of Treasurer [Handwritten Signature] Date 02 20 2004

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.

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 GREG RUEHLE

Candidate Party Affiliation REP Office Sought House Senate President

State NE District 01

- (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.

B. Name of Any Connected Organization or Affiliated Committee

NONE

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

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 **CHRISS SPRINGER**

Mailing Address **134 SOUTH 13TH STREET, SUITE 1200**

LINCOLN **NE** **68508**

City STATE ZIP CODE

Title or Position **ACCOUNTANT** Telephone number **402** - **475** - **8433**

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 **STEPHEN D. MOSSMAN**

Mailing Address **134 SOUTH 13TH STREET, SUITE 1200**

LINCOLN **NE** **68508**

City STATE ZIP CODE

Title or Position **TREASURER** Telephone number **402** - **475** - **8433**

Full Name of Designated Agent **CHRISS SPRINGER**

Mailing Address **134 SOUTH 13TH STREET, SUITE 1200**

LINCOLN **NE** **68508**

City STATE ZIP CODE

Title or Position **ACCOUNTANT** Telephone number **402** - **475** - **8433**

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.

FIRST NATIONAL BANK OF OMAHA

Mailing Address

134 SOUTH 13TH STREET

LINCOLN

NE

68508

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>AM 10</i> PREPARER	9-25-04 DATE PREPARED