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13 APR -3 AM 10:20

March 22, 2013

Secretary of the Senate

U.S. Senate Public Records Office

232 Hart Senate Office

Washington, D.C. 20510

RE: Federal Election Commission correspondence dated March 12, 2012 to Charles M. Pallesen, Treasurer Re-Elect Exon for U.S. Senate Committee

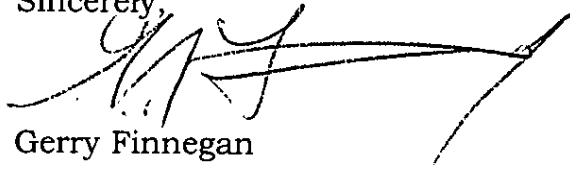
IDENTIFICATION NUMBER: C00088120

REFERENCE: AMENDED STATEMENT OF ORGANIZATION  
RECEIVED 01/23/2013

Dear Ms.DeBerry;

In response to your letter dated 03-12-2013, attached is the amended statement of organization (FEC Form 1) with the requested information with respect to the Exon Committee's Treasurer. Additionally, the Committee has designated an Assistant Treasurer.

Sincerely,



Gerry Finnegan

Treasurer

13020150467

FEC FORM 1

STATEMENT OF ORGANIZATION

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3 AM 10:20 Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

RE-ELECT EXON FOR SENATE COMMITTEE

ADDRESS (number and street)

1900 US Bank Building

233 South 13th Street

(Check if address is changed)

Lincoln

NE

68508

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

mpallesen@clinewilliams.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

03 / 18 / 2013

3. FEC IDENTIFICATION NUMBER

C00088210

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

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

Gerry Finnegan

Signature of Treasurer

[Handwritten Signature]

Date

03 / 18 / 2013

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 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 02/2009)

13020150468

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 \_\_\_\_\_

Candidate Party Affiliation  Office Sought:  House  Senate  President State   
 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	C _____
2.	_____	FEC ID number	C _____
3.	_____	FEC ID number	C _____
4.	_____	FEC ID number	C _____

13020150469

Write or Type Committee Name

# RE-ELECT EXON FOR SENATE COMMITTEE

**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_

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

Gerry Finnegan

Mailing Address

\_\_\_\_\_  
1201 O St. Suite 301  
Lincoln

NE

68508

1400

CITY

STATE

ZIP CODE

Title or Position

Treasurer

Telephone number

402-477-3739

13020150470

Full Name of Designated Agent

Michael Pallesen

Mailing Address

1125 S. 103rd St. Suite 600

Omaha

CITY

NE

STATE

68124

6019

ZIP CODE

Title or Position

Asst. Treasurer

Telephone number

402

397

1700

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.

[Empty line for Name of Bank, Depository, etc.]

Mailing Address

[Empty line for Mailing Address]

[Empty line for Mailing Address]

[Empty line for Mailing Address]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty line for Name of Bank, Depository, etc.]

Mailing Address

[Empty line for Mailing Address]

[Empty line for Mailing Address]

[Empty line for Mailing Address]

CITY

STATE

ZIP CODE

13020150471

13020150472

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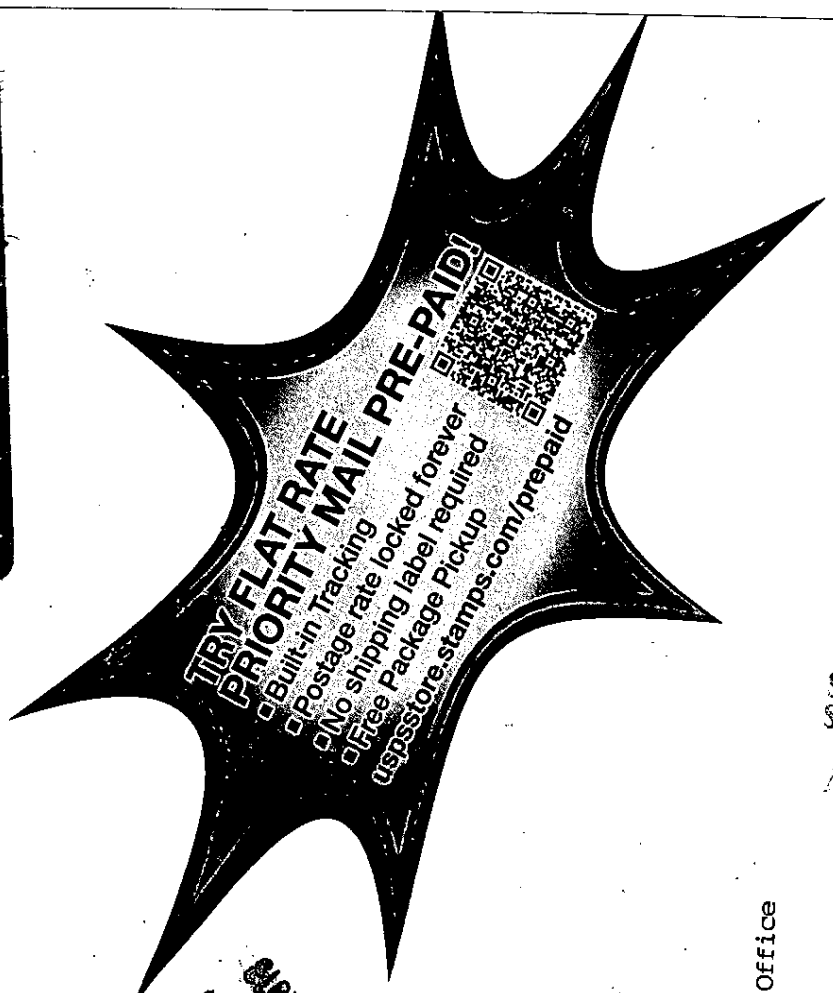
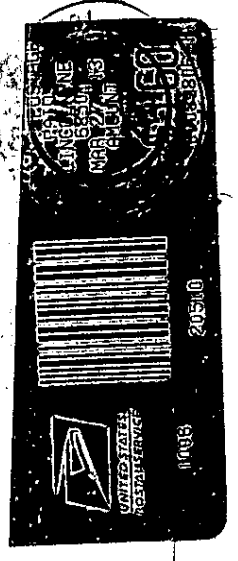
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JJ Exon Committee  
c/o Gerry Finnegan  
1201 O St. Suite 301  
Lincoln NE 68508-1400

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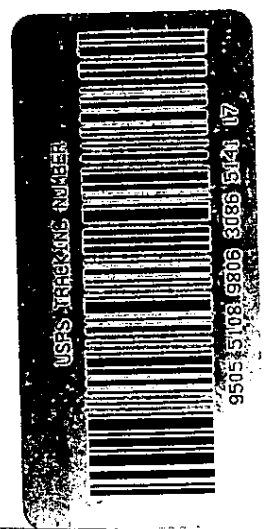


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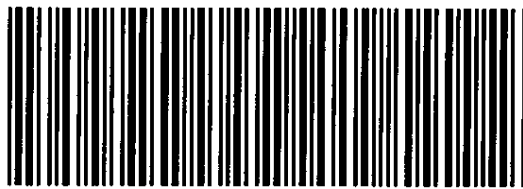
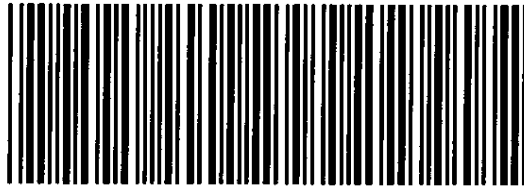
PREPARER

**DH**

DATE PREPARED

**4-3-13**

13020150473



13020150474