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FEC
FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4MS

VPAC INC

ADDRESS (number and street)

6400 CHESTERFIELD G

(Check if address is changed)

LINCOLN

NE

67510

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

nedmunds@unl.edu

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

04 01 2007

3. FEC IDENTIFICATION NUMBER

C000235108

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

NIEL A. EDMUNDS

Signature of Treasurer

Niel Edmunds

Date

04 01 2007

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
Tel: 1-800-424-9693
Local: 202-694-1100

FEC FORM 1
(Revised 1/01)

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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

- (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

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 LEWELL DORNE ELLIS

Mailing Address KENTUCKY, DEPT OF EDUCATION

2112 CAPITAL PLAZA, SOMMERSET ST

FRANKFORT KY 40601

Title or Position SECRETARY CITY FRANKFORT STATE KY ZIP CODE 40601

Telephone number 502-564-3775

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 NIVEL ARTHUR EDMUNDS

Mailing Address 6400 CHESTERFIELD CT

LINCOLN MA 01851

Title or Position TREASURER CITY LINCOLN STATE MA ZIP CODE 01851

Telephone number 402-488-0657

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

2025 RELEASE UNDER E.O. 14176

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.

UNION BANK & TRUST CO.

Mailing Address

P.O. Box 12535

LINCOLN NE 68501-2535

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

22-03-752-4470

Federal Election Commission

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