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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Mutual of Omaha Companies PAC (IMPAC) 3300 Mutual of Omaha Plaza ADDRESS (number and street) (Check if address is changed) Omaha 68175-1004 NE CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS Jim.Nolan@mutualofomaha.com (Check if address is changed) Optional Second E-Mail Address outsourcing@aristotle.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2021 C00094581 FEC IDENTIFICATION NUMBER > 3. X 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. Nolan, James, P,, Type or Print Name of Treasurer Nolan, James, P,, [Electronically Filed] 80 2021 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

FEC <b>Fo</b>	rm 1 (Revised 02/2009)	Page <b>2</b>
TYPE OF C	OMMITTEE • 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. (Corinformation below.)	nplete the candidate
Name of Candidate		
Candidate Party Affiliati	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Con	nmittee: (National, State	(Democratic,
(d)	This committee is a or subordinate) committee of the	Republican, etc.) Party
Political A	ction Committee (PAC):	
(e) <b>x</b>	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is
	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 s committee. (i.e., nonconnected committee)	egregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fund	raising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t	
(h)	committees/organizations, at least one of which is an authorized committee of a federal candidate.  This committee collects contributions, pays fundraising expenses and disburses net proceeds for t	
`′ Ц	committees/organizations, none of which is an authorized committee of a federal candidate.	
Com	mittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

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Write or Type Committee Nam		. ago <b>-</b>
	ha Companies PAC (IMPAC)	
-	Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
	3 ,	, , , , , , , , , , , , , , , , , , , ,
Mutual of Omaha		
Mailing Address	3300 Mutual of Omaha Plz	
	Omaha   NE	68175-1004
	CITY STATE	ZIP CODE
Relationship: <b>x</b> Connected	ed Organization Affiliated Committee Joint Fundraising Representative	e Leadership PAC Sponsor
7. Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the pers	son in possession of committee
Aristotle,	International, , ,	
Full Name	,205 Pennsylvania Ave SE	
Mailing Address		
		00000 4404
	Washington	20003-1164
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number	303 - 0552
8. <b>Treasurer:</b> List the name a any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; as assistant treasurer).	nd the name and address of
Full Name Nolan, Ja	ames, P, ,	
Mailing Address	Mutual of Omaha Plaza	
-	S7Strategic & Corporate Comm	
	Omaha   NE	68175-0001  _
	CITY STATE	ZIP CODE
Title or Position Treasurer	402   _   _   _   _   _   _ Telephone number	2 351 2944
	· · · · · · · · · · · · · · · · · · ·	

9.

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Full Name of Designated Agent	Higgins, Kersten, , ,					
Mailing Address	Mutual of Omaha Plaza					
	S7Strategic & Corporate Comm	I				
	Omaha NE 68175-0001	-				
	CITY STATE ZIP (	CODE				
Title or Position Assistant Treas	surer         402         -         351           -	_ 6984				
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	1620 Dodge St					
	Omaha NE 68197					
	CITY STATE ZIP	CODE				
Name of Bank, Depository, etc.						
Mailing Address						
	CITY STATE ZIP	CODE				

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: F1A Transaction ID:

updating bank information

Form/Schedule: Transaction ID: