

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

RECEIVED  
FEC MAIL CENTER

2015 JUL 22 AM 10:21

Office Use Only

1. NAME OF  
COMMITTEE (in full)

☐ (Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

PEN-LINK, LTD. PAC (PEN-LINK PAC)

ADDRESS (number and street)

5944 VANDERVOORT DRIVE



(Check if address  
is changed)

LINCOLN

CITY ▲

NE

STATE ▲

68516-

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address  
is changed)

mfahleson@remboldlawfirm.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address  
is changed)

2. DATE

07 / 01 / 2015

3. FEC IDENTIFICATION NUMBER ►

C

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

MARK A. FAHLESON

Signature of Treasurer

*Mark A. Fahleson*

Date

07 / 01 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.

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 06/2012)

**Candidate Committee:**

- Name of Candidate

Office  
Sought:

## Senate

State

District

- Name of
- 
- Candidate

**Political Action Committee (PAC):**

- Joint Fundraising Representative:**

- ### Committees Participating in Joint Fundraiser

FEC ID number

10

[illegible]

C

[illegible]

□

4. \_\_\_\_\_ FEC ID number

C

Write or Type Committee Name

PEN-LINK PAC

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

PEN-LINK, LTD.

Mailing Address

5944 VANDERVOORT DRIVE

LINCOLN

CITY

NE

STATE

68516-

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

MARK FAHLESON

Mailing Address

1128 LINCOLN MALL

STE 300

LINCOLN

CITY

NE

STATE

68508-

ZIP CODE

Title or Position

TREASURER

Telephone number

402-475-5100

## 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

MARK FAHLESON

Mailing Address

1128 LINCOLN MALL

STE 300

LINCOLN

CITY

NE

STATE

68508-

ZIP CODE

Title or Position

TREASURER

Telephone number

402-475-5100

Full Name of  
Designated  
Agent

Mailing Address

CITY

STATE

ZIP CODE

Title or Position

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.

WEST GATE BANK

Mailing Address

PO BOX 82603

LINCOLN

NE

68501

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

**FEDEX**

**Express**

NOT FOR POSTAL USE

**FedEx**

TRK# 0215

8071 5226 6006

**XC RDVA**

WED - 22 JUL AA  
STANDARD OVERNIGHT

20463  
DC-US  
IAD



FID 5073301 21JUL15 LNKA 537C1/0506/EE48

15:00

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RT677

*Time*

**DELIVER**

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2015-07-22-70-5102

(3/2015)