

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM  
MAY -5 P 2:19

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) Jacobsen for Congress 2000	2. DATE May 1, 2000
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) 720 S. 16th St.	3. FEC Identification Number to be assigned 2000
(c) City, State and ZIP Code Lincoln NE 68508	4. Is This Report An Amendment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

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	State/District
Alan Jacobsen	Democrat	U. S. House	NE/1st

(c) This committee supports/opposes only one candidate \_\_\_\_\_ and is NOT an authorized committee.  
\_\_\_\_\_ (name of candidate)

(d) This committee is a \_\_\_\_\_ committee of the \_\_\_\_\_ Party.  
(National, State or subordinate) (Democratic, Republican, etc.)

(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 a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

Type of Connected Organization  
 Corporation  Corporation w/o Capital Stock  Labor Organization  Membership Organization  Trade Association  Cooperative

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 Gerry Finnegan	Mailing Address 1201 O St. Suite 301 Lincoln NE 68508	Title or Position Treasurer
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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 Gerry Finnegan	Mailing Address 1201 O St. Suite 301 Lincoln NE 68508	Title or Position Treasurer
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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. Norwest Bank	Mailing Address and ZIP Code 1200 O St. Lincoln NE 68505
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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 	DATE May 1, 2000
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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.

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 5-2-00
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<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
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<i>je1</i> PREPARER	5-5-00 DATE PREPARED