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FEC
FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

JIM ESCH for Congress

ADDRESS (number and street)

PO BOX 241117

(Check if address is changed)

Omaha

NE

68134

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

info@jimesch.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.jimesch.org

COMMITTEE'S FAX NUMBER

402-937-7885

2. DATE

03 / 12 / 2008

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

LARRY B. GOOD

Signature of Treasurer

Date

03 / 12 / 2008

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 12/2007)

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 JAMES DENNIS ESCH

Candidate Party Affiliation DEM Office Sought: House Senate President State NE District 02

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate JAMES DENNIS ESCH

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
- (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 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. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 2. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 3. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 4. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 5. | <input type="text"/> | FEC ID number | <input type="text"/> |

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Write or Type Committee Name

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship:

- Connected Organization
- Affiliated Committee
- Leadership PAC Sponsor
- Joint Fundraising Representative

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

LARRY B. GOOD

Mailing Address

PO BOX 241117

Omaha

NE

68124

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number

402-334-1399

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

LARRY B. GOOD

Mailing Address

PO BOX 241117

Omaha

NE

68124

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number

402-334-1399

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Full Name of Designated Agent

[Empty grid line]

Mailing Address

[Empty grid line]

[Empty grid line]

[Empty grid line]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid line]

Telephone number

[Empty grid line]

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.

DUNDEE BANK

Mailing Address

15015 UNDERWOOD AVE

[Empty grid line]

Omaha NE 68132

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty grid line]

Mailing Address

[Empty grid line]

[Empty grid line]

[Empty grid line]

CITY

STATE

ZIP CODE

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

| | |
|--|-------------------------------|
| <input type="checkbox"/> Hand Delivered | Date of Receipt |
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| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> No Postmark | |
| <input type="checkbox"/> Overnight Delivery Service (Specify): | Shipping Date |
| Next Business Day Delivery <input type="checkbox"/> | |
| <input type="checkbox"/> Received from House Records & Registration Office | Date of Receipt |
| <input type="checkbox"/> Received from Senate Public Records Office | Date of Receipt |
| <input type="checkbox"/> Received from Electronic Filing Office | Date of Receipt |
| <input type="checkbox"/> Other (Specify): | Date of Receipt or Postmarked |

SL
3/26/08
PREPARER
DATE PREPARED

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