

FEC FORM 1

STATEMENT OF ORGANIZATION

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1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

DAVID CHRISTOPHER HOLCOMB
FOR PRESIDENT OF THE U.S.A. 2016

ADDRESS (number and street)

(Check if address is changed)

1816 L STREET
TEKAMAH NEBRASKA 68061
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

davidchristopherholcomb@centurylink.net
Optional Second E-Mail Address
davidchristopherholcomb@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.presidentdavidchristopherholcomb.com

2. DATE

11/13/2013

3. FEC IDENTIFICATION NUMBER

C00513630

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A) **OX**

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

DAVID CHRISTOPHER HOLCOMB

Signature of Treasurer

[Handwritten Signature]

Date

11/13/2013

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.

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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

13031140776

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 **DAVID CHRISTOPHER HOLCOMB**

Candidate Party Affiliation **DEMOCRAT** Office Sought: House Senate President State
 District

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

Name of Candidate

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:

N/A

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 segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

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.

N/A

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C
2. _____ FEC ID number C
3. _____ FEC ID number C
4. _____ FEC ID number C

[Handwritten Signature]

13031140777

Write or Type Committee Name

DAVID CHRISTOPHER HOLCOMB FOR PRESIDENT OF THE USA 2016

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

NONE

Mailing Address

CITY

STATE

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

DAVID CHRISTOPHER HOLCOMB

Mailing Address

1816 L. STREET
TEKAMAH, NEBRASKA 68061

Title or Position

CITY

STATE

ZIP CODE

CUSTODIAN OF RECORDS Telephone number 402-905-1366

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

DAVID CHRISTOPHER HOLCOMB

Mailing Address

1816 L. STREET
TEKAMAH, NEBRASKA 68061

Title or Position

CITY

STATE

ZIP CODE

TREASURER Telephone number 402-905-1366

13031140778

Full Name of Designated Agent

Mailing Address

N/A

CITY

STATE

ZIP CODE

Title or Position

Telephone number

13031140779

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.

MUTUAL OF OMAHA BANK

Mailing Address

12702 WESTPORT PARKWAY

SUITE #100

LA VISTA CITY

NE STATE

68138-4012 ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

N/A

CITY

STATE

ZIP CODE

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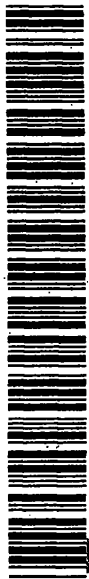


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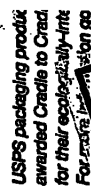
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11/15/13
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