

2011 JUL -5 AM 8:42

FEC
FORM 1STATEMENT OF
ORGANIZATION

Office Use Only

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

12FE4M5

Lindstrom for Congress

ADDRESS (number and street)

P.O. Box 646

☐(Check if address
is changed)

Boys Town

NE

68010

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☐(Check if address
is changed)

info@lindstromforcongress.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐(Check if address
is changed)

www.lindstromforcongress.com

2. DATE

06th ' 26th ' 2011^Y

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

☒

NEW (N)

OR

☐

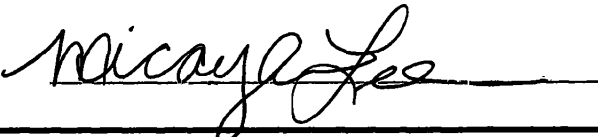
AMENDED (A)

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

Micayla Lee

Signature of Treasurer



Date

06th ' 26th ' 2011^Y

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
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100FEC FORM 1
(Revised 02/2009)

11030620781

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

Brett Lindstrom

Candidate
Party Affiliation

Rep

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**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 |
- ☐ 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.

Committees Participating in Joint Fundraiser

- | | | | |
|----|----------------------|---------------|---|
| 1. | <input type="text"/> | FEC ID number | C |
| 2. | <input type="text"/> | FEC ID number | C |
| 3. | <input type="text"/> | FEC ID number | C |
| 4. | <input type="text"/> | FEC ID number | C |

11030620782

Write or Type Committee Name

Lindstrom for Congress

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

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

Micayla Lee

Mailing Address

P.O. Box 646

Boys Town

NE

68010

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

402 - 614 - 3844

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

Micayla Lee

Mailing Address

P.O. Box 646

Boys Town

NE

68010

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

402 - 614 - 3844

Full Name of
Designated
Agent

Randi Scott

Mailing Address

P.O. Box 646

Boys Town

CITY

NE

STATE

68010

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

402

614

3844

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

5015 Underwood

Omaha

CITY

NE

STATE

68132

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

11030620784

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.

☐ Hand Delivered	Date of Receipt
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☒ USPS First Class Mail	Postmarked
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☐ USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label ☐	

☐ USPS Express Mail	Postmarked
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☒ Postmark Illegible	
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☐ No Postmark	
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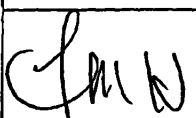
☐ Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery ☐	

☐ Received from House Records & Registration Office	Date of Receipt
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☐ Received from Senate Public Records Office	Date of Receipt
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☐ Received from Electronic Filing Office	Date of Receipt
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☐ Other (Specify):	Date of Receipt or Postmarked
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PREPARER
(3/2005)

7/5/11
DATE PREPARED