

ITEM 6	DATE OF THE NEXT ELECTION FOR WHICH COMMITTEE IS SUPPORTING OR OPPOSING CANDIDATES OR BALLOT QUESTIONS			
	November 5 2024 Month Day Year			
ITEM 7	DATE THIS COMMITTEE RAISED, RECEIVED OR EXPENDED MORE THAN \$5,000 IN A CALENDAR YEAR			
	June 8 2023 Month Day Year			
ITEM 8	NAME, ADDRESS AND TELEPHONE NUMBER OF THE OFFICERS AND MEMBERS OF THE COMMITTEE			
Position	Name	Address (Street Address or Rural Route)	Zipcode	Telephone No.
Treasurer	CHRISTINA L USHER	134 S 13TH STREET STE 1200	68508	(402) 475-8433
Organizations which are Members (individual members need not be listed)				
Item 9	NAME AND ADDRESS OF ALL FINANCIAL INSTITUTIONS WHERE COMMITTEE FUNDS ARE KEPT			
A SEPERATE ACCOUNT MUST BE ESTABLISHED, AND ALL FUNDS RECEIVED AND ALL EXPENDITURES MADE MUST GO THROUGH THIS ACCOUNT				
NAME		ADDRESS		
FNBO (Primary Account)		601 R STREET STE 150 LINCOLN, NE 68508		
I, Entered by NADC Admin User state that i am the of the (Name of Individual Signing) (Candidate or Treasurer or Assistant Treasurer or Designated Filing Agent)				
KEEP KIDS FIRST committee filing this Statement of Organization of a Political Committee, that I (Name of Committee Filing Statement)				
am duly authorized to file the same on behalf of said committee, that i have caused the same to prepared, and knows the contents thereof, and to the best of my knowledge, the information contained herein is true, correct and complete.				
6/8/2023 (Date)		Entered by NADC Admin User (Signature)		
REMINDER: A \$100 filing fee is required				

CONTINUATION TO FORM A-1		THIS PAGE IS APPLICABLE TO INDEPENDENT COMMITTEES, INCLUDING SEPARATE SEGREGATED FUNDS AND BALLOT QUESTION COMMITTEES. IF YOUR COMMITTEE IS A SEPARATE SEGREGATED POLITICAL FUND, COMPLETE ITEMS 10, 11, AND 12. IF YOUR COMMITTEE IS A BALLOT QUESTION COMMITTEE OR AN INDEPENDENT COMMITTEE WHICH IS NOT A SEPARATE SEGREGATED POLITICAL FUND COMPLETE ITEMS10, 12 AND 13.		
ITEM 10		COMMITTEE ACRONYM (If Applicable)		
ITEM 11		NAME AND ADDRESS OF CORPORATION, LABOR ORGANIZATION, LIMITED LIABILITY COMPANY, LIMITED LIABILITY PARTNERSHIP OR INDUSTRY, TRADE OR PROFESSIONAL ASSOCIATION ESTABLISHING & ADMINISTERING SEPARATE SEGREGATED POLITICAL FUND.		
Name				
Corporation, Union, LLC, LLP or Other Association				
Address				
STREET ADDRESSCITYSTATEZIPCODE				
ITEM 12		NAME AND ADDRESS OF CONTROLLING INDIVIDUALS		
Identify the full name and address of the individuals who will determine which candidates or ballot questions the committee or fund will support or oppose, or a description of the manner in which such determinations are made.				
Note: Ballot Question committees may not make expenditures which are in support of or opposition to candidates.				
Full Name		Street Address		City
State		Zipcode		
BRITT THEDINGER		9968 SPRING STREET		OMAHA
NE		68124		
Description				
ITEM 13		NAME AND ADDRESS OF INDIVIDUALS WHO ORGANIZED COMMITTEE OR CAUSED SOLICITATION OF CONTRIBUTIONS TO BE MADE TO THE COMMITTEE. IF SUCH ORGANIZATION OR SOLICITATION WAS ON BEHALF OF ANY OTHER PERSON, ALSO INCLUDE THE NAME AND ADDRESS OF THAT PERSON.		
Full Name		Street Address		City
State		Zipcode		
BRITT THEDINGER		9968 SPRING STREET		OMAHA
NE		68124		