

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

PROFESSIONALS POLITICAL ACTION COMMITTEE

ADDRESS (Number and street)

8404 INDIAN HILLS DRIVE

(Check if address is changed)

OMAHA

NE

68114

4049

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

slm1ng@comerica.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

248-371-7272

2. DATE

02 / 10 / 2004

3. FEC IDENTIFICATION NUMBER

C C00103903

4. IS THIS STATEMENT

X

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

JAMES HOEBERLING

Signature of Treasurer

Electronically Filed by JAMES HOEBERLING

Date

02 / 18 / 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

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 02/2003)

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:	House	Senate	President	State District
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- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

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

- (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 party committee.

6. Name of Any Connected Organization or Affiliated Committee

_____ HENNINGSON DURHAM & RICHARDSON A/K/A HDR, INC. _____

Mailing Address _____ 8404 INDIAN HILLS DR. _____

_____ OMAHA _____ NE _____ 68114 - 4049 _____

CITY A STATE A ZIP CODE A

Relationship _____ PARENT _____

Type of Connected Organization:

- Corporation
- Membership Organization
- Corporation w/o Capital Stock
- Trade Association
- Labor Organization
- Cooperative

Write or Type Committee Name

PROFESSIONALS POLITICAL ACTION COMMITTEE

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 JAMES HOEBERLING

Mailing Address COMERICA BANK, PAC SERVICES
P.O. BOX 75000, MC 2250
DETROIT MI 48275 - 2250

Title or Position ▼ RECORDKEEPER CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number 248 - 371 - 7268

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 JAMES HOEBERLING

Mailing Address COMERICA BANK, PAC SERVICES
P.O. BOX 75000, MC 2250
DETROIT MI 48275 - 2250

Title or Position ▼ TREASURER CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number 248 - 371 - 7268

Full Name of Designated Agent _____

Mailing Address _____

Title or Position ▼ _____ CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number _____ - _____ - _____

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.

COMERICA BANK

Mailing Address

PAC SERVICES, MC 2250

P.O. BOX 75000, MC 2250

DETROIT

MI

48275 - 2250

CITY Δ

STATE Δ

ZIP CODE Δ