

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

SECRETARY OF THE SENATE

04 OCT 15 PM 1:20

Office Use Only

MD

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Hagel for Senate Committee

ADDRESS (number and street) **PO Box 241497**
 Check if different than previously reported. (ACC)
Omaha NE 68124

2. FEC IDENTIFICATION NUMBER **C00326611**
CITY STATE ZIP CODE STATE DISTRICT
3. IS THIS REPORT NEW (N) OR AMENDED (A)
NE

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)
(b) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on [] [] [] in the State of []
(c) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [] [] [] in the State of []

5. Covering Period **07 01 2004** through **09 30 2004**

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer **Michael R. McCarthy**
Signature of Treasurer *Michael R. McCarthy* Date **10 13 2004**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 437g.

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Hagel for Senate Committee

Report Covering the Period:

From:

MM
07

DD
01

YYYYYY
2004

To:

MM
09

DD
30

YYYYYY
2004

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a)).....	29370.00	58985.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	-200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	29370.00	59185.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	55784.04	464025.97
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	7769.87
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	55784.04	456256.10
8. Cash on Hand at Close of Reporting Period (from Line 27).....	113236.23	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 02/2003)

Page 3

Write or Type Committee Name
Hagel for Senate Committee

Report Covering the Period:

From:

MM DD YYYY
07 01 2004

To:

MM DD YYYY
09 30 2004

1. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees:		
(i) Itemized (use Schedule A).....	19250.00	
(ii) Unitemized.....	120.00	
(iii) TOTAL of contributions from Individuals..... ▶	19370.00	30785.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACS).....	10000.00	28200.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	29370.00	58985.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	0.00	7769.87
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	483.82	11723.61
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	29853.82	78478.48

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	55784.04	464025.97
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	-200.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	-200.00
21. OTHER DISBURSEMENTS.....	5500.00	46500.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▷	61284.04	510325.97

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	144655.45
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	29953.82
25. SUBTOTAL (add Line 23 and Line 24).....	174520.27
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	61284.04
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	113236.23

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 / 51

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 11e
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Hagel for Senate Committee

A. Full Name (Last, First, Middle Initial)
John E. Bayson

Mailing Address PO Box 899

City State Zip Code
Rosemead CA 91770

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Edison International Chairman, President & CEO

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
07 / 30 / 2004

Transaction ID: SA11A1.16160

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Bryant C. Danner

Mailing Address 821 Berkshire

City State Zip Code
Flintridge CA 91011

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Edison International Executive VP & General Counsel

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
07 / 30 / 2004

Transaction ID: SA11A1.16162

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Robert E. Danham, Esq.

Mailing Address 355 South Grand Avenue
35th Floor

City State Zip Code
Los Angeles CA 90071

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Munger, Tolles & Olson LLP Partner

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
07 / 15 / 2004

Transaction ID: SA11A1.16153

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 3000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 51

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Hegel for Senate Committee

A. Full Name (Last, First, Middle Initial)
Bradford M. Freeman
Mailing Address 11100 Santa Monica Blvd. Suite 190
City Los Angeles State CA Zip Code 90025-3393
FEC ID number of contributing federal political committee. C
Name of Employer Freeman Spogli & Co. Occupation Partner
Receipt For: Primary General Other (specify)
Election Cycle-to-Date 1000.00

Date of Receipt 07 / 08 / 2004
Transaction ID: SA11A1.16143
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

B. Full Name (Last, First, Middle Initial)
Patty Lynn Gauk
Mailing Address PO Box 205
City Orleans State VA Zip Code 20128
FEC ID number of contributing federal political committee. C
Name of Employer Edison International Occupation VP
Receipt For: Primary General Other (specify)
Election Cycle-to-Date 1000.00

Date of Receipt 07 / 08 / 2004
Transaction ID: SA11A1.16141
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

C. Full Name (Last, First, Middle Initial)
Robert A. Igar
Mailing Address 500 S. Buena Vista Street
City Burbank State CA Zip Code 91521
FEC ID number of contributing federal political committee. C
Name of Employer Walt Disney Co. Occupation President & COO
Receipt For: Primary General Other (specify)
Election Cycle-to-Date 1000.00

Date of Receipt 07 / 08 / 2004
Transaction ID: SA11A1.16151
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

SUBTOTAL of Receipts This Page (optional) 3000.00
TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 51

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)
Hegel for Senate Committee

Full Name (Last, First, Middle Initial) A. Joseph A. Merk		Date of Receipt 07 / 08 / 2004
Mailing Address PO Box 3714		Transaction ID: SA11A1.16139
City Carmel	State CA	Zip Code 93921
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer Mark Investment Co.	Occupation President	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Mississippi Band of Choctaw Indians		Date of Receipt 08 / 18 / 2004
Mailing Address PO Box 6090 Choctaw Branch		Transaction ID: SA11A1.16244
City Choctaw	State MS	Zip Code 39350
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Ronald L. Olson		Date of Receipt 07 / 08 / 2004
Mailing Address 4 Oak Knoll Terrace		Transaction ID: SA11A1.16137
City Pasadena	State CA	Zip Code 91106
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer Munger, Tolles & Olson	Occupation Partner	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 51

(check only one)

11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Hagel for Senate Committee

A. Full Name (Last, First, Middle Initial)
A. J. Scribante

Mailing Address 7007 South 109th Street

City Omaha State NE Zip Code 68128-5730

FEC ID number of contributing federal political committee. C

Name of Employer Vital Learning Center Occupation Chairman

Receipt For:
 Primary General
 Other (specify)▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 09 / 24 / 2004

Transaction ID: SA11A1.16330

Amount of Each Receipt this Period 2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(441a-1))

B. Full Name (Last, First, Middle Initial)
A. J. Scribante

Mailing Address 7007 South 109th Street

City Omaha State NE Zip Code 68128-5730

FEC ID number of contributing federal political committee. C

Name of Employer Vital Learning Center Occupation Chairman

Receipt For:
 Primary General
 Other (specify)▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt 09 / 24 / 2004

Transaction ID: SA11A1.16331

Amount of Each Receipt this Period 2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(441a-1))

C. Full Name (Last, First, Middle Initial)
Linda H. Scribante

Mailing Address 7007 South 109th Street

City Omaha State NE Zip Code 68128-5730

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation Homemaker

Receipt For:
 Primary General
 Other (specify)▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 09 / 24 / 2004

Transaction ID: SA11A1.16332

Amount of Each Receipt this Period 2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(441a-1))

SUBTOTAL of Receipts This Page (optional) ▶

6000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 51

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)
Hegel for Senate Committee

A. Full Name (Last, First, Middle Initial)
Linda H. Scribante

Mailing Address 7007 South 108th Street

City State Zip Code
Omaha NE 68128-5730

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation Homemaker

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date ▼ 4000.00

Date of Receipt
MM / DD / YYYY
09 / 24 / 2004

Transaction ID: SA11A1.18333

Amount of Each Receipt this Period
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(441a-1))

B. Full Name (Last, First, Middle Initial)
Alex Trebek

Mailing Address 3405 Fryman Road

City State Zip Code
Studio City CA 91604

FEC ID number of contributing federal political committee. C

Name of Employer Jeopardy Productions Occupation TV Host

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
07 / 08 / 2004

Transaction ID: SA11A1.18150

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(441a-1))

C. Full Name (Last, First, Middle Initial)
Dennis L. Wells

Mailing Address 311 N. 26th

City State Zip Code
Beatrice NE 68310

FEC ID number of contributing federal political committee. C

Name of Employer Dee's Hallmark Stores Occupation Owner

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 12 / 2004

Transaction ID: SA11A1.18229

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(441a-1))

SUBTOTAL of Receipts This Page (optional)	3250.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FDR LINE NUMBER: PAGE 10 / 31

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (in Full)

Hagel for Senate Committee

Full Name (Last, First, Middle Initial)

A. Charles Wick

Mailing Address 120 S. Mapleton Drive

City State Zip Code
Los Angeles CA 90025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

Primary General
 Other (specify) _____

Election Cycle-to-Date ▼

1000.00

Date of Receipt

07 / 08 / 2004

Transaction ID: SA11A1.16145

Amount of Each Receipt this Period

1000.00

Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)(441a-i))

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

19250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 51
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Hegel for Senate Committee

A. Full Name (Last, First, Middle Initial)
Edison International PAC
Mailing Address 2244 Walnut Grove Ave.
City State Zip Code
Rosemead CA 91770
FEC ID number of contributing federal political committee. C C00019653
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify)
Election Cycle-to-Date ▼ 5000.00

Date of Receipt
07 / 08 / 2004
Transaction ID: SA11C.16148
Amount of Each Receipt this Period
5000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
O'Mahony & Myers PAC
Mailing Address 1625 Eye St. NW
City State Zip Code
Washington DC 20006
FEC ID number of contributing federal political committee. C C00159954
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify)
Election Cycle-to-Date ▼ 2000.00

Date of Receipt
07 / 08 / 2004
Transaction ID: SA11C.16131
Amount of Each Receipt this Period
2000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
WALT DISNEY PRODUCTIONS EMPLOYEES PAC (DISNEY EMPLOYEES POLITICAL ACTION COMMITTEE)
Mailing Address 1150 17TH STREET NW SUITE 400
City State Zip Code
WASHINGTON DC 20036
FEC ID number of contributing federal political committee. C C00197749
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify)
Election Cycle-to-Date ▼ 1000.00

Date of Receipt
08 / 18 / 2004
Transaction ID: SA11C.16246
Amount of Each Receipt this Period
1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 8000.00
TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 51

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Hagel for Senate Committee

Full Name (Last, First, Middle Initial)

A. Washington Mutual PAC

Mailing Address 1201 Third Ave.

City	State	Zip Code
Seattle	WA	98101

FEC ID number of contributing federal political committee. **C** C00129833

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify)▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

MM / DD / YYYY
07 / 06 / 2004

Transaction ID: SA11C.16103

Amount of Each Receipt this Period

2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(A)-1)

SUBTOTAL of Receipts This Page (optional) ▶

2000.00

TOTAL This Period (last page this line number only) ▶

10000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 51

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input checked="" type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)
Hegel for Senate Committee

A. Full Name (Last, First, Middle Initial)
First National Bank, Savings

Mailing Address 1620 Dodge St.

City State Zip Code
Omaha NE 68124-5487

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)▼

Election Cycle-to-Date ▼
4918.27

Date of Receipt
08 / 05 / 2004

Transaction ID: SA15.16228

Amount of Each Receipt this Period
0.21

Interest
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
First National Bank, Savings

Mailing Address 1620 Dodge St.

City State Zip Code
Omaha NE 68124-5487

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)▼

Election Cycle-to-Date ▼
4918.48

Date of Receipt
08 / 31 / 2004

Transaction ID: SA15.16286

Amount of Each Receipt this Period
0.21

Interest
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
First National Bank, Savings

Mailing Address 1620 Dodge St.

City State Zip Code
Omaha NE 68124-5487

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)▼

Election Cycle-to-Date ▼
5372.23

Date of Receipt
08 / 31 / 2004

Transaction ID: SA15.16287

Amount of Each Receipt this Period
453.75

Interest - CD
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **454.17**

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 51

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input checked="" type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)
Hegel for Senate Committee

A. Full Name (Last, First, Middle Initial)
First National Bank, Savings

Mailing Address 1620 Dodge St.

City State Zip Code
Omaha NE 68124-5497

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)▼

Election Cycle-to-Date ▼
5401.56

Date of Receipt
MM / DD / YYYY
09 / 07 / 2004

Transaction ID: SA15.16383

Amount of Each Receipt this Period

29.33

Interest

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)441a-1)

B. Full Name (Last, First, Middle Initial)
First National Bank, Savings

Mailing Address 1620 Dodge St.

City State Zip Code
Omaha NE 68124-5497

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)▼

Election Cycle-to-Date ▼
5401.88

Date of Receipt
MM / DD / YYYY
09 / 30 / 2004

Transaction ID: SA15.16384

Amount of Each Receipt this Period

0.32

Interest

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)441a-1)

SUBTOTAL of Receipts This Page (optional)	29.65
TOTAL This Period (last page this line number only)	483.82

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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17 18 19a 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Hagel for Senate Committee

A. Full Name (Last, First, Middle Initial)
Alltel - IL

Mailing Address PO Box 94255

City Palatine State IL Zip Code 60094-4255

Purpose of Disbursement
Telephone
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: SB17.16182
Date of Disbursement
08 / 02 / 2004

Amount of Each Disbursement this Period
52.94

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Alltel - IL

Mailing Address PO Box 94255

City Palatine State IL Zip Code 60094-4255

Purpose of Disbursement
Telephone
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: SB17.16281
Date of Disbursement
09 / 07 / 2004

Amount of Each Disbursement this Period
52.98

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Capitol Graphics

Mailing Address 1454 Gesna Drive

City Hanover State MD Zip Code 21078

Purpose of Disbursement
Printed Material
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: SB17.16242
Date of Disbursement
08 / 18 / 2004

Amount of Each Disbursement this Period
817.95

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 823.87

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 51			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Hagel for Senate Committee

Full Name (Last, First, Middle Initial) A. Kevin W. Chapman		Transaction ID: SB17.16168 Date of Disbursement M M / D D / Y Y Y Y Y Y 07 / 30 / 2004
Mailing Address 901 North Nelson Street Apt. #1604		Amount of Each Disbursement this Period 2693.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Arlington State VA Zip Code 22201	Purpose of Disbursement Salary Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) B. Kevin W. Chapman		Transaction ID: SB17.16269 Date of Disbursement M M / D D / Y Y Y Y Y Y 08 / 31 / 2004
Mailing Address 901 North Nelson Street Apt. #1604		Amount of Each Disbursement this Period 2693.02 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Arlington State VA Zip Code 22201	Purpose of Disbursement Salary Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) C. Kevin W. Chapman		Transaction ID: SB17.16345 Date of Disbursement M M / D D / Y Y Y Y Y Y 09 / 30 / 2004
Mailing Address 901 North Nelson Street Apt. #1604		Amount of Each Disbursement this Period 2693.03 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Arlington State VA Zip Code 22201	Purpose of Disbursement Salary Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

SUBTOTAL of Disbursements This Page (optional)	8079.09
TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Hegel for Senate Committee

Full Name (Last, First, Middle Initial) A. Douglas CO Republican Party		Transaction ID: SB17.16073 Date of Disbursement 07 / 01 / 2004
Mailing Address 11263 Wright Circle		Amount of Each Disbursement this Period 225.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Omaha	State NE Zip Code 68144	
Purpose of Disbursement Rent		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Douglas CO Republican Party		Transaction ID: SB17.16180 Date of Disbursement 08 / 02 / 2004
Mailing Address 11263 Wright Circle		Amount of Each Disbursement this Period 225.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Omaha	State NE Zip Code 68144	
Purpose of Disbursement Rent		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Douglas CO Republican Party		Transaction ID: SB17.16273 Date of Disbursement 09 / 01 / 2004
Mailing Address 11263 Wright Circle		Amount of Each Disbursement this Period 225.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Omaha	State NE Zip Code 68144	
Purpose of Disbursement Rent		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	675.70
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Hagel for Senate Committee

Full Name (Last, First, Middle Initial)
A. Dundee Florist

Mailing Address 675 N. 50th Street

City Omaha State NE Zip Code 68106

Purpose of Disbursement
Flowers

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB17.16262
Date of Disbursement

09 / 07 / 2004

Amount of Each Disbursement this Period

94.15

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)
B. Ekern & Company

Mailing Address 1310 G Street, NW Ste 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
Rent

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB17.16122
Date of Disbursement

07 / 08 / 2004

Amount of Each Disbursement this Period

775.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)
C. Ekern & Company

Mailing Address 1310 G Street, NW Ste 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
Rent

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB17.16176
Date of Disbursement

08 / 02 / 2004

Amount of Each Disbursement this Period

775.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1644.15

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Hagel for Senate Committee

Full Name (Last, First, Middle Initial) A. Ekem & Company		Transaction ID: SB17.16322 Date of Disbursement MM / DD / YYYY 08 / 22 / 2004	
Mailing Address 131D G Street, NW Ste 600		Amount of Each Disbursement this Period 775.00	
City Washington	State DC	Zip Code 20005	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Rent		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Elliott Aviation Flight Services		Transaction ID: SB17.16243 Date of Disbursement MM / DD / YYYY 08 / 18 / 2004	
Mailing Address PO Box 78892		Amount of Each Disbursement this Period 11115.40	
City Milwaukee	State WI	Zip Code 53278	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Travel Expense - Airfare		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Elliott Aviation Flight Services		Transaction ID: SB17.16276 Date of Disbursement MM / DD / YYYY 09 / 07 / 2004	
Mailing Address PO Box 78892		Amount of Each Disbursement this Period 2352.90	
City Milwaukee	State WI	Zip Code 53278	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Travel Expense - Airfare		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	14243.30
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 20 / 51
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Hagel for Senate Committee

Full Name (Last, First, Middle Initial) A. Elliott Aviation Flight Services		Transaction ID: SB17.16315 Date of Disbursement 09 / 10 / 2004	
Mailing Address PO Box 78892		Amount of Each Disbursement this Period 275.00	
City Milwaukee	State WI	Zip Code 53278	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Travel - Meals		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. FedEx		Transaction ID: SB17.16096 Date of Disbursement 07 / 08 / 2004	
Mailing Address PO Box 94515		Amount of Each Disbursement this Period 16.38	
City Palatine	State IL	Zip Code 60094-4515	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Deliveries		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. FedEx		Transaction ID: SB17.16155 Date of Disbursement 07 / 22 / 2004	
Mailing Address PO Box 94515		Amount of Each Disbursement this Period 35.32	
City Palatine	State IL	Zip Code 60094-4515	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Deliveries		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	328.70
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
Hagel for Senate Committee

Full Name (Last, First, Middle Initial)

A. FedEx

Mailing Address PO Box 94515

City Palatine State IL Zip Code 60084-4515

Purpose of Disbursement
Deliveries

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General
Other (specify) ▼
State: District:

Transaction ID: SB17.16158
Date of Disbursement

MM / DD / YYYY
07 / 27 / 2004

Amount of Each Disbursement this Period

18.71

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. FedEx

Mailing Address PO Box 94515

City Palatine State IL Zip Code 60094-4515

Purpose of Disbursement
Deliveries

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General
Other (specify) ▼
State: District:

Transaction ID: SB17.16240
Date of Disbursement

MM / DD / YYYY
08 / 12 / 2004

Amount of Each Disbursement this Period

28.76

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. FedEx

Mailing Address PO Box 94515

City Palatine State IL Zip Code 60094-4515

Purpose of Disbursement
Deliveries

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General
Other (specify) ▼
State: District:

Transaction ID: SB17.16256
Date of Disbursement

MM / DD / YYYY
08 / 23 / 2004

Amount of Each Disbursement this Period

16.53

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

64.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 22 / 51
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Hegel for Senate Committee

Full Name (Last, First, Middle Initial) A. FedEx		Transaction ID: SB17.16283 Date of Disbursement 09 / 07 / 2004	
Mailing Address PO Box 94515		Amount of Each Disbursement this Period 18.53	
City Palatine	State IL	Zip Code 60094-4515	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Deliveries		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. FedEx		Transaction ID: SB17.16340 Date of Disbursement 09 / 30 / 2004	
Mailing Address PO Box 94515		Amount of Each Disbursement this Period 35.64	
City Palatine	State IL	Zip Code 60094-4515	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Deliveries		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. First National Bank, Savings		Transaction ID: SB17.16382 Date of Disbursement 09 / 07 / 2004	
Mailing Address 1620 Dodge St.		Amount of Each Disbursement this Period 211.38	
City Omaha	State NE	Zip Code 68124-5497	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Early Withdrawal Penalty		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

SUBTOTAL of Disbursements This Page (optional)	263.55
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Hagel for Senate Committee

A. Full Name (Last, First, Middle Initial)
First National Bank, Taxes

Mailing Address 18th & Dodge Streets

City Omaha State NE Zip Code 68102

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB17.16100
Date of Disbursement
07 / 08 / 2004

Amount of Each Disbursement this Period
26.90

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
First National Bank, Taxes

Mailing Address 18th & Dodge Streets

City Omaha State NE Zip Code 68102

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB17.16164
Date of Disbursement
07 / 30 / 2004

Amount of Each Disbursement this Period
1119.80

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
First National Bank, Taxes

Mailing Address 18th & Dodge Streets

City Omaha State NE Zip Code 68102

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB17.16271
Date of Disbursement
08 / 31 / 2004

Amount of Each Disbursement this Period
1137.18

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) 2283.88

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Hegel for Senate Committee

A. Full Name (Last, First, Middle Initial)
First National Bank, Taxes

Mailing Address 16th & Dodge Streets

City Omaha State NE Zip Code 68102

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB17.16347
Date of Disbursement

MM / DD / YYYY
09 / 30 / 2004

Amount of Each Disbursement this Period

1099.22

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Category/
Type

B. Full Name (Last, First, Middle Initial)
First National Bank, Visa

Mailing Address PO Box 2814

City Omaha State NE Zip Code 68103-2814

Purpose of Disbursement
Credit Card Payment

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB17.16072
Date of Disbursement

MM / DD / YYYY
07 / 01 / 2004

Amount of Each Disbursement this Period

859.83

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Category/
Type

C. Full Name (Last, First, Middle Initial)
Mr. K's

Mailing Address 2121 K St NW

City Washington State DC Zip Code 20037

Purpose of Disbursement
Meeting Expense - Meals

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB17.16072.0
Date of Disbursement

MM / DD / YYYY
07 / 01 / 2004

Amount of Each Disbursement this Period

258.50

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

Category/
Type

SUBTOTAL of Disbursements This Page (optional)	1959.05
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)
Hagel for Senate Committee

A. Poland Spring Water

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 52271

City Phoenix State AZ Zip Code 85072-2271

Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.16072.1
Date of Disbursement
07 / 01 / 2004

Amount of Each Disbursement this Period
84.20

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B. Federal Express

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 1140

City Memphis State TN Zip Code 38101

Purpose of Disbursement
Deliveries

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.16072.2
Date of Disbursement
07 / 01 / 2004

Amount of Each Disbursement this Period
19.88

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C. Schneiders of Capitol Hill

Full Name (Last, First, Middle Initial)
Mailing Address 300 Massachusetts Avenue

City Washington State DC Zip Code 20002

Purpose of Disbursement
Meeting Expenses - Meals

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.16072.4
Date of Disbursement
07 / 01 / 2004

Amount of Each Disbursement this Period
81.71

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) 0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)
Hagel for Senate Committee

A. Full Name (Last, First, Middle Initial)
First National Bank, Visa

Mailing Address PO Box 2814

City Omaha State NE Zip Code 68103-2814

Purpose of Disbursement
Credit Card Payment

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: SB17.18184
Date of Disbursement
08 / 02 / 2004

Amount of Each Disbursement this Period
4202.55

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Category/Type

B. Full Name (Last, First, Middle Initial)
Royal Cup Inc.

Mailing Address PO Box 170971

City Birmingham State AL Zip Code 35271-0971

Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: SB17.18184.1
Date of Disbursement
08 / 02 / 2004

Amount of Each Disbursement this Period
65.30

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

Category/Type

C. Full Name (Last, First, Middle Initial)
Enterprise Rent-A-Car

Mailing Address 310 South 10th Street

City Lincoln State NE Zip Code 68508-2222

Purpose of Disbursement
Travel - Car Rental

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: SB17.18184.6
Date of Disbursement
08 / 02 / 2004

Amount of Each Disbursement this Period
150.49

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

Category/Type

SUBTOTAL of Disbursements This Page (optional) 4202.55

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Hagel for Senate Committee

Full Name (Last, First, Middle Initial) A. Embassy Suites Lincoln		Transaction ID: SB17.18184.7 Date of Disbursement 08 / 02 / 2004
Mailing Address 1040 P Street		Amount of Each Disbursement this Period 590.29
City Lincoln	State NE Zip Code 68508	
Purpose of Disbursement Travel - Lodging		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Pro Image		Transaction ID: SB17.18184.8 Date of Disbursement 08 / 02 / 2004
Mailing Address 10000 California Street		Amount of Each Disbursement this Period 280.00
City Omaha	State NE Zip Code 68114	
Purpose of Disbursement T-Shirts		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Holiday Inn Downtown		Transaction ID: SB17.18184.11 Date of Disbursement 08 / 02 / 2004
Mailing Address 141 N 9th		Amount of Each Disbursement this Period 10.78
City Lincoln	State NE Zip Code 68508	
Purpose of Disbursement Travel - Meals		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Hegel for Senate Committee

A. Hampton Inn & Suites

Full Name (Last, First, Middle Initial)
Hampton Inn & Suites

Mailing Address 301 West Highway 26

City Scottsbluff State NE Zip Code 68361

Purpose of Disbursement
Travel - Lodging

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: SB17.16184.12
Date of Disbursement
MM / DD / YYYY
08 / 02 / 2004

Amount of Each Disbursement this Period
94.08

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

B. United Airlines

Full Name (Last, First, Middle Initial)
United Airlines

Mailing Address PO Box 66100

City Chicago State IL Zip Code 60661

Purpose of Disbursement
Travel - Airfare

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: SB17.16184.15
Date of Disbursement
MM / DD / YYYY
08 / 02 / 2004

Amount of Each Disbursement this Period
681.20

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

C. St. Regis Hotel

Full Name (Last, First, Middle Initial)
St. Regis Hotel

Mailing Address Dept 1550

City State Zip Code

Purpose of Disbursement
Event Expense - Food/Beverage

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: SB17.16184.16
Date of Disbursement
MM / DD / YYYY
08 / 02 / 2004

Amount of Each Disbursement this Period
350.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
Hagel for Senate Committee

A. Full Name (Last, First, Middle Initial)
St. Regis Hotel

Mailing Address Dept 1550

City State Zip Code

Purpose of Disbursement
Travel - Lodging

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB17.16184.18
Date of Disbursement
08 / 02 / 2004

Amount of Each Disbursement this Period
1396.91

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
St. Regis Hotel

Mailing Address Dept 1550

City State Zip Code

Purpose of Disbursement
Travel - Meals

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB17.16184.19
Date of Disbursement
08 / 02 / 2004

Amount of Each Disbursement this Period
54.37

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
St. Regis Hotel

Mailing Address Dept 1550

City State Zip Code

Purpose of Disbursement
Travel - Long Distance Phone-Faxes-Copies

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB17.16184.20
Date of Disbursement
08 / 02 / 2004

Amount of Each Disbursement this Period
194.01

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ➔ 0.00

TOTAL This Period (last page this line number only) ➔

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (in Full)
Hegel for Senate Committee

Full Name (Last, First, Middle Initial) A. First National Bank, Visa		Transaction ID: SB17.16293 Date of Disbursement 09 / 07 / 2004
Mailing Address PO Box 2814		Amount of Each Disbursement this Period 3715.88 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Omaha	State NE	
Zip Code 68103-2814	Purpose of Disbursement Credit Card Payment	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. United Airlines		Transaction ID: SB17.16293.2 Date of Disbursement 09 / 07 / 2004
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 443.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Chicago	State IL	
Zip Code 60661	Purpose of Disbursement Travel - Airfare	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. Midwest Express		Transaction ID: SB17.16293.3 Date of Disbursement 09 / 07 / 2004
Mailing Address 6744 S. Howell		Amount of Each Disbursement this Period 619.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Oak Creek	State WI	
Zip Code 53154	Purpose of Disbursement Travel - Airfare	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

SUBTOTAL of Disbursements This Page (optional)	3715.88
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 31 / 51
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Hagel for Senate Committee

Full Name (Last, First, Middle Initial) A. Senate Gift Shop		Transaction ID: SB17.16293.4 Date of Disbursement
Mailing Address Senate Office Bldg, 1st & C St NE		<input type="text" value="09"/> / <input type="text" value="07"/> / <input type="text" value="2004"/>
City Washington	State DC	Zip Code 20510
Purpose of Disbursement Framing Expense	Category/ Type	Amount of Each Disbursement this Period <input type="text" value="95.00"/>
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Harris Teeter		Transaction ID: SB17.16293.5 Date of Disbursement
Mailing Address 10320 Main St.		<input type="text" value="09"/> / <input type="text" value="07"/> / <input type="text" value="2004"/>
City Fairfax	State VA	Zip Code 22314
Purpose of Disbursement Meeting Expense - Meals	Category/ Type	Amount of Each Disbursement this Period <input type="text" value="47.00"/>
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. FedEx		Transaction ID: SB17.16293.7 Date of Disbursement
Mailing Address PO Box 84515		<input type="text" value="09"/> / <input type="text" value="07"/> / <input type="text" value="2004"/>
City Palatins	State IL	Zip Code 60094-4515
Purpose of Disbursement Deliveries	Category/ Type	Amount of Each Disbursement this Period <input type="text" value="73.37"/>
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value=""/>

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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(check only one)

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NAME OF COMMITTEE (In Full)
Hagel for Senate Committee

Full Name (Last, First, Middle Initial)
A. United Airlines

Mailing Address PO Box 66100

City Chicago State IL Zip Code 60661

Purpose of Disbursement
Travel - Airfare

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB17.16293.12
Date of Disbursement

MM / DD / YYYY
09 / 07 / 2004

Amount of Each Disbursement this Period

886.40

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. St. Regis Hotel

Mailing Address Dept 1550

City State Zip Code

Purpose of Disbursement
Event Expense - Food/Beverage

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB17.16293.13
Date of Disbursement

MM / DD / YYYY
09 / 07 / 2004

Amount of Each Disbursement this Period

845.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. Network Solutions

Mailing Address PO Box 1658

City Herndon State VA Zip Code 20172

Purpose of Disbursement
Domain Name Registration

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB17.16293.14
Date of Disbursement

MM / DD / YYYY
09 / 07 / 2004

Amount of Each Disbursement this Period

99.95

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 33 / 51
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Hegel for Senate Committee

Full Name (Last, First, Middle Initial) A. Host Coffee Service		Transaction ID: SB17.16278 Date of Disbursement 09 / 07 / 2004	
Mailing Address 4320 South 102nd Street		Amount of Each Disbursement this Period 21.50	
City Omaha	State NE	Zip Code 68127	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Office Supplies		Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

Full Name (Last, First, Middle Initial) B. Lauren R. Johnson		Transaction ID: SB17.16169 Date of Disbursement 07 / 30 / 2004	
Mailing Address 3371 S. 114th Street		Amount of Each Disbursement this Period 554.10	
City Omaha	State NE	Zip Code 68144	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Salary		Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

Full Name (Last, First, Middle Initial) C. Lauren R. Johnson		Transaction ID: SB17.16270 Date of Disbursement 08 / 31 / 2004	
Mailing Address 3371 S. 114th Street		Amount of Each Disbursement this Period 554.10	
City Omaha	State NE	Zip Code 68144	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Salary		Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

SUBTOTAL of Disbursements This Page (optional)	1129.70
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 34 / 51
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Hagel for Senate Committee

Full Name (Last, First, Middle Initial) A. Laureen R. Johnson		Transaction ID: SB17.16346	
Mailing Address 3371 S. 114th Street		Date of Disbursement MM / DD / YYYY 09 / 30 / 2004	
City Omaha	State NE	Zip Code 68144	Amount of Each Disbursement this Period 554.10
Purpose of Disbursement Salary		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Juniper Bank		Transaction ID: SB17.16173	
Mailing Address C/O Wachovia PO Box 13337		Date of Disbursement MM / DD / YYYY 08 / 02 / 2004	
City Philadelphia	State PA	Zip Code 19101-3337	Amount of Each Disbursement this Period 526.17
Purpose of Disbursement Credit Card Payment		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Midwest Express		Transaction ID: SB17.16173.0	
Mailing Address 6744 S. Howell		Date of Disbursement MM / DD / YYYY 08 / 02 / 2004	
City Oak Creek	State WI	Zip Code 53154	Amount of Each Disbursement this Period 126.20
Purpose of Disbursement Travel - Airfare		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM]
State: District:			

SUBTOTAL of Disbursements This Page (optional)	1080.27
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (in Full)
Hegel for Senate Committee

Full Name (Last, First, Middle Initial) A. Barbara J. McQueen		Transaction ID: SB17.16187 Date of Disbursement 07 / 30 / 2004	
Mailing Address 3405 Armbrust Drive		Amount of Each Disbursement this Period 515.78	
City Omaha	State NE	Zip Code 68124	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Salary		Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Barbara J. McQueen		Transaction ID: SB17.16288 Date of Disbursement 08 / 31 / 2004	
Mailing Address 3405 Armbrust Drive		Amount of Each Disbursement this Period 568.77	
City Omaha	State NE	Zip Code 68124	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Salary		Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Barbara J. McQueen		Transaction ID: SB17.16344 Date of Disbursement 09 / 30 / 2004	
Mailing Address 3405 Armbrust Drive		Amount of Each Disbursement this Period 450.44	
City Omaha	State NE	Zip Code 68124	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Salary		Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	1534.98
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
Hegel for Senate Committee

Full Name (Last, First, Middle Initial) A. Moran Transportation Mgmt Group		Transaction ID: SB17.16223 Date of Disbursement 08 / 05 / 2004
Mailing Address PO Box 385		Amount of Each Disbursement this Period 1771.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.63
City Vandergrift	State PA	
Zip Code 15690		
Purpose of Disbursement Travel - Ground Transportation	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. NE Department of Revenue		Transaction ID: SB17.16075 Date of Disbursement 07 / 01 / 2004
Mailing Address PO Box 98915		Amount of Each Disbursement this Period 2.59 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lincoln	State NE	
Zip Code 68508-8915		
Purpose of Disbursement Payroll Taxes	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. NE Department of Revenue		Transaction ID: SB17.16170 Date of Disbursement 07 / 30 / 2004
Mailing Address PO Box 98915		Amount of Each Disbursement this Period 13.18 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lincoln	State NE	
Zip Code 68508-8915		
Purpose of Disbursement Payroll Taxes	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	1787.27
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)
Hegel for Senate Committee

A. Full Name (Last, First, Middle Initial)
NE Department of Revenue

Mailing Address PO Box 88915

City Lincoln State NE Zip Code 88508-8915

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: SB17.16272
Date of Disbursement
08 / 31 / 2004

Amount of Each Disbursement this Period
15.52

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
NE Department of Revenue

Mailing Address PO Box 88915

City Lincoln State NE Zip Code 88508-8915

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: SB17.16348
Date of Disbursement
08 / 30 / 2004

Amount of Each Disbursement this Period
10.32

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Office Depot

Mailing Address PO Box 9020

City Des Moines State IA Zip Code 50388-9020

Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: SB17.16181
Date of Disbursement
08 / 02 / 2004

Amount of Each Disbursement this Period
12.50

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) 38.34

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
Hagel for Senate Committee

A. Platinum Plus for Business

Full Name (Last, First, Middle Initial)
Platinum Plus for Business

Mailing Address PO Box 15489

City Wilmington State DE Zip Code 19886-5489

Purpose of Disbursement
Credit Card Payment

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: SB17.16258
Date of Disbursement
08 / 27 / 2004

Amount of Each Disbursement this Period
493.02

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. BJ's Wholesale Club

Full Name (Last, First, Middle Initial)
BJ's Wholesale Club

Mailing Address 13053 Fair Lakes Shopping Center

City Fairfax State VA Zip Code 22314

Purpose of Disbursement
Event Expense - Food

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: SB17.16258.1
Date of Disbursement
08 / 27 / 2004

Amount of Each Disbursement this Period
183.15

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

C. Harris Teeter

Full Name (Last, First, Middle Initial)
Harris Teeter

Mailing Address 10320 Main St .

City Fairfax State VA Zip Code 22314

Purpose of Disbursement
Event Expense - Food

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: SB17.16258.2
Date of Disbursement
08 / 27 / 2004

Amount of Each Disbursement this Period
186.14

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

493.02

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
Hegel for Senate Committee

Full Name (Last, First, Middle Initial) A. Postmaster Omaha		Transaction ID: SB17.16121 Date of Disbursement 07 / 06 / 2004
Mailing Address 1124 Pacific Street		Amount of Each Disbursement this Period 37.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Omaha	State NE Zip Code 68108	
Purpose of Disbursement Stamps		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. Postmaster Omaha		Transaction ID: SB17.16239 Date of Disbursement 08 / 12 / 2004
Mailing Address 1124 Pacific Street		Amount of Each Disbursement this Period 340.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Omaha	State NE Zip Code 68108	
Purpose of Disbursement Post Office Box Rental		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. Qwest		Transaction ID: SB17.16097 Date of Disbursement 07 / 06 / 2004
Mailing Address PO Box 91104		Amount of Each Disbursement this Period 62.18 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Seattle	State WA Zip Code 98111-9204	
Purpose of Disbursement Telephone		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional)	439.18
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
Hagel for Senate Committee

A. Qwest
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 91104
City Seattle State WA Zip Code 98111-9204
Purpose of Disbursement
Telephone
Candidate Name
Office Sought: House Senate President
State: District
Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: SB17.16179
Date of Disbursement
MM / DD / YYYY
08 / 02 / 2004
Amount of Each Disbursement this Period
61.80
 Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B. Qwest
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 91104
City Seattle State WA Zip Code 98111-9204
Purpose of Disbursement
Telephone
Candidate Name
Office Sought: House Senate President
State: District
Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: SB17.16280
Date of Disbursement
MM / DD / YYYY
08 / 07 / 2004
Amount of Each Disbursement this Period
64.44
 Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C. Redstone Communications
Full Name (Last, First, Middle Initial)
Mailing Address 533 N. 86th Street
City Omaha State NE Zip Code 68114-3505
Purpose of Disbursement
Media Planning
Candidate Name
Office Sought: House Senate President
State: District
Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: SB17.18099
Date of Disbursement
MM / DD / YYYY
07 / 06 / 2004
Amount of Each Disbursement this Period
71.00
 Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 197.24
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 41 / 51
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Hagel for Senate Committee

Full Name (Last, First, Middle Initial) A. Senate Gift Shop		Transaction ID: SB17.16320 Date of Disbursement 09 / 15 / 2004
Mailing Address Senate Office Bldg. 1st & C St. NE		Amount of Each Disbursement this Period 2540.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.63
City Washington	State DC Zip Code 20510	
Purpose of Disbursement Personalized Senate Coffee Mugs		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. Sprint PCS		Transaction ID: SB17.16156 Date of Disbursement 07 / 22 / 2004
Mailing Address PO Box 219554		Amount of Each Disbursement this Period 172.32 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Kansas City	State MO Zip Code 64121-9554	
Purpose of Disbursement Telephone		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. Sprint PCS		Transaction ID: SB17.16251 Date of Disbursement 08 / 20 / 2004
Mailing Address PO Box 219554		Amount of Each Disbursement this Period 60.34 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Kansas City	State MO Zip Code 64121-9554	
Purpose of Disbursement Telephone		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional)	2772.66
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 42 / 51
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Hegel for Senate Committee

A. Full Name (Last, First, Middle Initial) University of Nebraska Lincoln		Transaction ID: SB17.16274 Date of Disbursement 09 / 03 / 2004
Mailing Address 201 Canfield Administration Bldg PO Box 880419		Amount of Each Disbursement this Period 540.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lincoln State NE Zip Code 68688-0419	Category/Type	
Purpose of Disbursement Meeting Expense	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

B. Full Name (Last, First, Middle Initial) Verizon 17577		Transaction ID: SB17.16074 Date of Disbursement 07 / 01 / 2004
Mailing Address PO Box 17577		Amount of Each Disbursement this Period 28.31 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Baltimore State MD Zip Code 21297-0513	Category/Type	
Purpose of Disbursement Telephone	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

C. Full Name (Last, First, Middle Initial) Verizon 17577		Transaction ID: SB17.16168 Date of Disbursement 07 / 30 / 2004
Mailing Address PO Box 17577		Amount of Each Disbursement this Period 123.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Baltimore State MD Zip Code 21297-0513	Category/Type	
Purpose of Disbursement Telephone	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

SUBTOTAL of Disbursements This Page (optional)	691.35
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)
Hegel for Senate Committee

Full Name (Last, First, Middle Initial)

A. Verizon 17577

Mailing Address PO Box 17577

City Baltimore State MD Zip Code 21297-0513

Purpose of Disbursement
Telephone

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB17.16178

Date of Disbursement

08 / 02 / 2004

Amount of Each Disbursement this Period

27.07

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. Verizon 17577

Mailing Address PO Box 17577

City Baltimore State MD Zip Code 21297-0513

Purpose of Disbursement
Telephone

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB17.16249

Date of Disbursement

08 / 18 / 2004

Amount of Each Disbursement this Period

96.23

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. Verizon 17577

Mailing Address PO Box 17577

City Baltimore State MD Zip Code 21297-0513

Purpose of Disbursement
Telephone

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB17.16277

Date of Disbursement

09 / 07 / 2004

Amount of Each Disbursement this Period

27.76

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

151.06

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)
Hegel for Senate Committee

Full Name (Last, First, Middle Initial)
A. Verizon 17577

Mailing Address PO Box 17577

City Baltimore State MD Zip Code 21297-0513

Purpose of Disbursement
Telephone

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB17.16323
Date of Disbursement

MM / DD / YYYY
08 / 22 / 2004

Amount of Each Disbursement this Period

101.20

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)
B. Verizon Wireless 17464

Mailing Address PO Box 17464

City Baltimore State MD Zip Code 21297-1464

Purpose of Disbursement
Telephone

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB17.16165
Date of Disbursement

MM / DD / YYYY
07 / 30 / 2004

Amount of Each Disbursement this Period

129.53

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)
C. Verizon Wireless 17464

Mailing Address PO Box 17464

City Baltimore State MD Zip Code 21297-1464

Purpose of Disbursement
Telephone

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB17.16259
Date of Disbursement

MM / DD / YYYY
08 / 27 / 2004

Amount of Each Disbursement this Period

117.23

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

347.96

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
Hagel for Senate Committee

Full Name (Last, First, Middle Initial)
A. Verizon Wireless 790406

Mailing Address PO Box 790406

City St. Louis State MO Zip Code 63179-0406

Purpose of Disbursement
Telephone
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB17.16005
Date of Disbursement
07 / 06 / 2004

Amount of Each Disbursement this Period
79.10

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)
B. Verizon Wireless 790406

Mailing Address PO Box 790406

City St. Louis State MO Zip Code 63179-0406

Purpose of Disbursement
Telephone
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB17.16236
Date of Disbursement
08 / 12 / 2004

Amount of Each Disbursement this Period
43.92

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)
C. Verizon Wireless 790406

Mailing Address PO Box 790406

City St. Louis State MO Zip Code 63179-0406

Purpose of Disbursement
Telephone
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB17.16284
Date of Disbursement
09 / 07 / 2004

Amount of Each Disbursement this Period
109.10

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ➤ 232.12

TOTAL This Period (last page this line number only) ➤

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (in Full)
Hagel for Senate Committee

Full Name (Last, First, Middle Initial)
A. Washington Office Petty Cash

Mailing Address B18 Connecticut Ave, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General
 Other (specify) ▼
State: District:

Transaction ID: SB17.16252
Date of Disbursement

08 / 20 / 2004

Amount of Each Disbursement this Period

27.55

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)
B. Washington Office Petty Cash

Mailing Address 818 Connecticut Ave, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Office Supplies

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General
 Other (specify) ▼
State: District:

Transaction ID: SB17.16253
Date of Disbursement

08 / 20 / 2004

Amount of Each Disbursement this Period

95.62

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)
C. Washington Office Petty Cash

Mailing Address 818 Connecticut Ave, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Flags

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General
 Other (specify) ▼
State: District:

Transaction ID: SB17.16254
Date of Disbursement

08 / 20 / 2004

Amount of Each Disbursement this Period

12.98

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

136.16

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 47 / 51
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 18a 20c	<input type="checkbox"/> 18b 21	

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NAME OF COMMITTEE (In Full)
Hagel for Senate Committee

Full Name (Last, First, Middle Initial) A. Washington Office Petty Cash		Transaction ID: SB17.16341
Mailing Address 818 Connecticut Ave, NW		Date of Disbursement MM / DD / YYYY 09 / 30 / 2004
City Washington	State DC	Zip Code 20006
Purpose of Disbursement Postage	Category/ Type	Amount of Each Disbursement this Period 50.18
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. Washington Office Petty Cash		Transaction ID: SB17.16342
Mailing Address 818 Connecticut Ave, NW		Date of Disbursement MM / DD / YYYY 09 / 30 / 2004
City Washington	State DC	Zip Code 20006
Purpose of Disbursement Flags	Category/ Type	Amount of Each Disbursement this Period 34.10
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. Washington Office Petty Cash		Transaction ID: SB17.16343
Mailing Address 818 Connecticut Ave, NW		Date of Disbursement MM / DD / YYYY 09 / 30 / 2004
City Washington	State DC	Zip Code 20006
Purpose of Disbursement Office Supplies	Category/ Type	Amount of Each Disbursement this Period 48.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

BUBTOTAL of Disbursements This Page (optional)	132.28
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 48 / 51

17 18 19a 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Hegel for Senate Committee

Full Name (Last, First, Middle Initial) A. Wayne Stroot		Transaction ID: SB17.16098 Date of Disbursement MM / DD / YYYY 07 / 06 / 2004
Mailing Address 405 S. Denver Ave.		Amount of Each Disbursement this Period 216.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Hastings	State NE	
Zip Code 68901	Purpose of Disbursement Newspaper Caricatures	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	State: District:	
Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Wayne Stroot		Transaction ID: SB17.16257 Date of Disbursement MM / DD / YYYY 08 / 27 / 2004
Mailing Address 405 S. Denver Ave.		Amount of Each Disbursement this Period 158.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Hastings	State NE	
Zip Code 68901	Purpose of Disbursement Political Cartoons	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	State: District:	
Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Wayne Stroot		Transaction ID: SB17.16319 Date of Disbursement MM / DD / YYYY 09 / 15 / 2004
Mailing Address 405 S. Denver Ave.		Amount of Each Disbursement this Period 312.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Hastings	State NE	
Zip Code 68901	Purpose of Disbursement Political Cartoons	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	State: District:	
Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	684.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 49 / 51
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Hagel for Senate Committee

Full Name (Last, First, Middle Initial) A. Wayne Stroof		Transaction ID: SB17.16336 Date of Disbursement 09 / 24 / 2004
Mailing Address 405 S. Denver Ave.		Amount of Each Disbursement this Period 186.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Hastings	State NE	
Zip Code 68901	Purpose of Disbursement Political Cartoons	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. Wiley Rein & Fielding		Transaction ID: SB17.16177 Date of Disbursement 07 / 31 / 2004
Mailing Address 1776 K Street		Amount of Each Disbursement this Period 1502.93 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington	State DC	
Zip Code 20006	Purpose of Disbursement Legal Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. Wiley Rein & Fielding		Transaction ID: SB17.16250 Date of Disbursement 08 / 18 / 2004
Mailing Address 1776 K Street		Amount of Each Disbursement this Period 1521.83 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington	State DC	
Zip Code 20006	Purpose of Disbursement Legal Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

SUBTOTAL of Disbursements This Page (optional)	3210.18
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Hegel for Senate Committee

Full Name (Last, First, Middle Initial)
A. Wiley Rein & Fielding

Transaction ID: SB17.16321
Date of Disbursement

Mailing Address 1776 K Street

MM / DD / YYYY
08 / 22 / 2004

City State Zip Code
Washington DC 20006

Amount of Each Disbursement this Period

1508.25

Purpose of Disbursement
Legal Fees

Category/
Type

Candidate Name

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1508.25

TOTAL This Period (last page this line number only)

54947.73

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 51 / 51
	<input type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (in Full)
Hagel for Senate Committee

Full Name (Last, First, Middle Initial) A. Bob Odell for State Senate		Transaction ID: SB21.16232
Mailing Address PO Box 23		Date of Disbursement 08 / 12 / 2004
City Lempster	State NH	Zip Code 03805
Purpose of Disbursement Contribution: Excess Campaign Funds		Amount of Each Disbursement this Period 500.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. NEBRASKA REPUBLICAN FEDERAL CAMPAIGN COMMITTEE		Transaction ID: SB21.16316
Mailing Address 1610 N Street		Date of Disbursement 08 / 13 / 2004
City LINCOLN	State NE	Zip Code 68506
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 500.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional)	5500.00
TOTAL This Period (last page this line number only)	5500.00

EMILY J. REYNOLDS
SECRETARY

PAMELA E. GAVIN
SUPERINTENDENT

HALL SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7116
PHONE (202) 224-0522

United States Senate

OFFICE OF THE SECRETARY

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