

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 / 219
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CONNEALY 04

Full Name (Last, First, Middle Initial) A. Julia E. Holmquist		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2004	
Mailing Address 1600 Circle Drive		Transaction ID: SA11A1.9168	
City Lincoln	State NE	Amount of Each Receipt this Period 250.00	
Zip Code 68506		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer State of Nebraska	Occupation Sr. Legislative Aide		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1450.00		

Full Name (Last, First, Middle Initial) B. James H. Hoppe		Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2004	
Mailing Address 140 N. 8th St. Ste 250		Transaction ID: SA11A1.11025	
City Lincoln	State NE	Amount of Each Receipt this Period 10.00	
Zip Code 68508		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Attorney		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 510.00		

Full Name (Last, First, Middle Initial) C. James H. Hoppe		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2004	
Mailing Address 140 N. 8th St. Ste 250		Transaction ID: SA11A1.10184	
City Lincoln	State NE	Amount of Each Receipt this Period 100.00	
Zip Code 68508		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Attorney		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 610.00		

SUBTOTAL of Receipts This Page (optional)	360.00
TOTAL This Period (last page this line number only)	_____