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ELECTION COMMISSION

2003 SEP -3 A 10:53

FEC
FORM 1

STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the line. 12FR4M5

CONNELLY, C.H.

ADDRESS (number and street) 2999 OLD HEATHWAY, I.I.B.

(Check if address is changed) DELAWARE DE 19802-2046

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
R.C.CONNELLY@att.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE 08/25/2003

3. FEC IDENTIFICATION NUMBER

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Terrence L. Lage

Signature of Treasurer [Signature] Date 08/28/2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only For further information contact: Federal Election Commission (Toll Free) 800-424-6550 Local 202-684-1110

FEC FORM 1
(Revised 03/2003)

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate: MATT CONNEELY

Candidate Party Affiliation: DEM Office Sought: House Senate President State: NE District: 01

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate: _____

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

(e) This committee is a separate segregated fund.

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

NONE

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation

Corporation with Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Write or Type Committee Name

Connealy 04

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Terrence L. Lage

Mailing Address 531 W. Carrine Drive

Lincoln NE 68521-5336

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 402-477-1448

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Terrence Eugene Lage

Mailing Address 531 W. Carrine Drive

Lincoln NE 68521-5336

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 402-477-1448

Full Name of Designated Agent Jeffrey Kirkpatrick

Mailing Address 7300 Stevens Ridge Rd

Lincoln NE 68516

Title or Position CITY STATE ZIP CODE

Assistant Treasurer Telephone number 402-486-3543

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

US Bank

Mailing Address

144 S. 70th Street

Lima MA 01850

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 9/3/03
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<i>MA</i> PREPARER	9/3/03 DATE PREPARED

(6/2000)