

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines CONNEALY 04

ADDRESS (number and street) 2999 OLD HIGHWAY 118 DECATUR NE 68020

2. FEC IDENTIFICATION NUMBER C00390005 3. IS THIS REPORT NEW OR AMENDED (A) NE 01

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 11 02 2004 in the State of NE

5. Covering Period 10 14 2004 through 11 22 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 Terrence Lage Signature of Treasurer Electronically Filed by Terrence Lage Date 11 27 2006

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

Write or Type Committee Name

CONNELY 04

Report Covering the Period: From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	0	4

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	0	4

	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(e)).....	170441.38	898724.82
(b) Total Contribution Refunds (from Line 20(d)).....	1000.00	1450.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	169441.38	897274.82
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	436479.06	956735.81
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	436479.06	956735.81
8. Cash on Hand at Close of Reporting Period (from Line 27).....	46491.45	
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).....	110000.00	

For further information contact:

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

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

**POST-ELECTION DETAILED
SUMMARY PAGE**

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Report of Receipts and Disbursements

Page 5

- . If the candidate participated in the general election, use this form for the 30-day Post-General report.
- . If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

CONNELY 04

Report Covering the Period: From: To:

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of	COLUMN C Total for
11. CONTRIBUTIONS (other than loans) FROM: (a) Individuals/Persons Other than Political Committees (i) Itemized (Use Schedule A) <input type="text" value="53314.00"/> (ii) Unitemized <input type="text" value="30272.50"/> (iii) Total of contributions from individuals <input type="text" value="83586.50"/>	<input type="text" value="11"/> <input type="text" value="09"/> <input type="text" value="2004"/> (date of general election)	<input type="text" value="11"/> <input type="text" value="10"/> <input type="text" value="2004"/> (date after general election) through <input type="text" value="11"/> <input type="text" value="22"/> <input type="text" value="2004"/> (last day of reporting period)
<input type="text" value="0.00"/>	<input type="text" value="11750.00"/>	<input type="text" value="0.00"/>
<input type="text" value="86854.88"/>	<input type="text" value="341872.47"/>	<input type="text" value="0.00"/>

**POST-ELECTION DETAILED
SUMMARY PAGE
Report of Receipts and Disbursements**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general Election) (* See page 5 for date)	COLUMN C Total for * (date after general election) Through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate 0.00	6573.56	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d)) 170441.38	898724.82	100.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES 0.00	0.00	0.00
13. LOANS: (a) Made or Guaranteed by the Candidate 0.00	110000.00	0.00
(b). All Other Loans 0.00	0.00	0.00
(c). TOTAL LOANS (add Lines 13(a) and (b)) 0.00	110000.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (refunds, rebates, etc) 0.00	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc) 0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) 170441.38	1008724.82	100.00

POST ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

Report of Receipts and Disbursements

Page 7

Write or Type Committe Name

CONNELY 04

Report the covering period

From:

10

14

2004

To:

11

22

2004

II. DISBURSEMENTS

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * Through * (date after general election) (last day of reporting period) (* See page 5 for date)
17. OPERATING EXPENDITURES		
436479.06	956735.81	4047.56
18. TRANSFER TO OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
19. LOAN PAYMENTS		
(a) Of Loans Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
0.00	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
0.00	350.00	0.00
(b) Political Party Committees		
0.00	100.00	0.00

POST ELECTION DETAILED SUMMARY PAGE

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Report of Receipts and Disbursements

Page 8

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	Total for * Through *	COLUMN C (date after general election) (last day of reporting period) (* See page 5 for date)
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(c) Other political committees (such as PACs)

1000.00	1000.00	0.00
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(d) TOTAL CONTRIBUTION REFUNDS (See Lines 20(a), (b) and (c))

1000.00	1450.00	0.00
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21. OTHER DISBURSEMENTS

0.00	100.00	0.00
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22. TOTAL DISBURSEMENTS (add lines 17, 18, 19(c), 20(d), and 21)

437479.06	958285.81	4047.56
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III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract line 20(d) from Line 11(e))

169441.38	897274.82	100.00
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IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract line 14 from Line 17)

436479.06	956735.81	4047.56
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V. CASH SUMMARY

23. CASH ON HAND AT BEGINING OF REPORTING PERIOD	313529.13
24. TOTAL RECEIPTS AT THIS PERIOD (from Line 16).....	170441.38
25. SUBTOTAL(add Line 23 and Line 24)	483970.51
26. TOTAL DISBURSEMENTS AT THIS PERIOD (from Line 22).....	437479.06
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 26 from Line 25).....	46491.45

**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 7 / 133
	<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

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)
CONNALLY 04

Full Name (Last, First, Middle Initial) A. Bartholomew Acocella		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 4	
Mailing Address 4866 Chevy Chase Blvd		Transaction ID: SA11A1.12663	
City State Zip Code Chevy Chase MD 20815		Amount of Each Receipt this Period 350.00	
FEC ID number of contributing federal political committee. C		Earmarked conduit - DCCC <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer BA Wordsmithing	Occupation writer		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) B. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 4	
Mailing Address 430 South Capitol Street SE 2nd Floor		Transaction ID: SA11A1.12663.0	
City State Zip Code Washington DC 20003		Amount of Each Receipt this Period 350.00	
FEC ID number of contributing federal political committee. C C00000935		conduit - DCCC <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM]	
Name of Employer		Occupation	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 61665.00		

Full Name (Last, First, Middle Initial) C. A. Michael Alesio		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 4	
Mailing Address 6007 S 88th St		Transaction ID: SA11A1.12585	
City State Zip Code Lincoln NE 68526		Amount of Each Receipt this Period 350.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Valentino's		Occupation attorney	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00		

SUBTOTAL of Receipts This Page (optional) ▶	700.00
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: (check only one)	PAGE 8 / 133
	<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. William Rex Amack		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4	
Mailing Address 8021 Myrtle St.		Transaction ID: SA11A1.12180	
City Lincoln	State NE	Zip Code 68506	Amount of Each Receipt this Period 190.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Nebraska Game and Parks	Occupation Director	Election Cycle-to-Date 290.00	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Joan M. Anderson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 4	
Mailing Address 2427 Kessler Blvd.		Transaction ID: SA11A1.11972	
City Lincoln	State NE	Zip Code 68502	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer retired	Occupation retired	Election Cycle-to-Date 375.00	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Shannon M Anderson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 4	
Mailing Address 3310 Touzalin Ave		Transaction ID: SA11A1.12666	
City Lincoln	State NE	Zip Code 68507	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Alegent Health	Occupation Lobbyist	Election Cycle-to-Date 250.00	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	290.00
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: (check only one)	PAGE 9 / 133
	<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

A. Full Name (Last, First, Middle Initial) Eric J. Arnould		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 4
Mailing Address 2430 Lafayette Ave		Transaction ID: SA11A1.12040
City State Zip Code Lincoln NE 68502	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer University of Nebraska	Occupation Professor	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 720.00	

B. Full Name (Last, First, Middle Initial) William P Avery		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4
Mailing Address 1925 E Street		Transaction ID: SA11A1.12183
City State Zip Code Lincoln NE 68510	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer University of Nebraska	Occupation Professor	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 475.00	

C. Full Name (Last, First, Middle Initial) Sarah A. Barr		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 4
Mailing Address 1901 Sumner St.		Transaction ID: SA11A1.12767
City State Zip Code Lincoln NE 68502	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer University of Nebraska	Occupation Fundraiser	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	300.00
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: (check only one)	PAGE 10 / 133
	<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

A. Full Name (Last, First, Middle Initial) Frank Barta, Jr. Mailing Address 1601 Clark St. City State Zip Code Norfolk NE 68701		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 4 Transaction ID: SA11A1.12385 Amount of Each Receipt this Period 50.00 <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 Faith Regional hospital Occupation Semi- retired Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 320.00	

B. Full Name (Last, First, Middle Initial) Ann K Beckenhauer Mailing Address 709 Old Creamery Rd City State Zip Code West Point NE 68788		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 4 Transaction ID: SA11A1.12644 Amount of Each Receipt this Period 1000.00 <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 Realtor Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1200.00	

C. Full Name (Last, First, Middle Initial) Penny J Berger Mailing Address 3511 Cape Charles Rd E City State Zip Code Lincoln NE 68516		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4 Transaction ID: SA11A1.12186 Amount of Each Receipt this Period 100.00 <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 Rembolt Ludtke Occupation Attorney Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	1150.00
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: (check only one)	PAGE 11 / 133
	<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. William Berryman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4	
Mailing Address 9 Skyline Dr		Transaction ID: SA11A1.12314	
City State Zip Code Kearney NE 68847		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Dean Witter Vice-President			
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Christopher Beutler		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4	
Mailing Address 3315 M St.		Transaction ID: SA11A1.12188	
City State Zip Code Lincoln NE 68510		Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation State of Nebraska Senator			
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) C. Mary Bills-Strand		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 4	
Mailing Address 2149 Stone Creek Loop South		Transaction ID: SA11A1.12172	
City State Zip Code Lincoln NE 68512		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Woods Bros Real Estate mortgage broker			
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 700.00	

SUBTOTAL of Receipts This Page (optional) ▶	850.00
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: (check only one)	PAGE 12 / 133
	<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)
CONNALLY 04

A. Full Name (Last, First, Middle Initial) Ann Birky Mailing Address 1915 S. 77th St. City Lincoln State NE Zip Code 68506		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 4 Transaction ID: SA11A1.12586 Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Retired Occupation Retired Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 460.00	

B. Full Name (Last, First, Middle Initial) Thomas Black Mailing Address 610 W. Park St. City West Point State NE Zip Code 68788		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 4 Transaction ID: SA11A1.12580 Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C		cash <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Retired Occupation n/a Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 420.00	

C. Full Name (Last, First, Middle Initial) Randolph Bohaty Mailing Address 12400 NW 56th St. City Raymond State NE Zip Code 68428		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 4 Transaction ID: SA11A1.12667 Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer City of Lincoln Occupation Firefighter Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional) ▶	270.00
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: (check only one)	PAGE 13 / 133
	<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)
CONNALLY 04

A. Full Name (Last, First, Middle Initial) Karen S. Bourne		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4
Mailing Address 9209 Meadow Drive		Transaction ID: SA11A1.12191
City State Zip Code Omaha NE 68114	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation IBEW Local 22 tbe	Election Cycle-to-Date 250.00	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

B. Full Name (Last, First, Middle Initial) John Brodersen		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 4
Mailing Address 330 County Rd. 35		Transaction ID: SA11A1.12645
City State Zip Code Herman NE 68029	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Self Farmer	Election Cycle-to-Date 225.00	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

C. Full Name (Last, First, Middle Initial) E. Ramona Brownson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4
Mailing Address 2205 Southwood Pl.		Transaction ID: SA11A1.12193
City State Zip Code Lincoln NE 68512	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Retired n/a	Election Cycle-to-Date 387.00	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional)	300.00
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: (check only one)	PAGE 14 / 133
	<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

A. Full Name (Last, First, Middle Initial) Jim Budde		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4	
Mailing Address 650 J St Ste 405		Transaction ID: SA11A1.12196	
City Lincoln	State NE	Zip Code 68508	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Jim Budde & Associates	Occupation Accountant		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 450.00		

B. Full Name (Last, First, Middle Initial) Howard Buffett		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 4	
Mailing Address 407 Southmoreland Pl		Transaction ID: SA11A1.13115	
City Decatur	State IL	Zip Code 62521	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self		Occupation Farmer	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

C. Full Name (Last, First, Middle Initial) James A. Cada		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 4	
Mailing Address 1024 K Street		Transaction ID: SA11A1.11982	
City Lincoln	State NE	Zip Code 68508	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
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 ▼ 1450.00		

SUBTOTAL of Receipts This Page (optional) ▶	1450.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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 15 / 133
	<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

A. Full Name (Last, First, Middle Initial) James A. Cada Mailing Address 1024 K Street City Lincoln State NE Zip Code 68508 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4 Transaction ID: SA11A1.12198 Amount of Each Receipt this Period 200.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self Occupation Attorney Receipt For: 2004 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1650.00		

B. Full Name (Last, First, Middle Initial) Milton Carter Mailing Address PO Box 173 City Arcadia State NE Zip Code 68815 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 4 Transaction ID: SA11A1.12784 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Arcadia Schools Occupation superintendent Receipt For: 2004 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		

C. Full Name (Last, First, Middle Initial) Rick Carter Mailing Address 3220 S. 28th St. Apt 805 City Lincoln State NE Zip Code 68502 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4 Transaction ID: SA11A1.12201 Amount of Each Receipt this Period 125.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Human Services Federation Occupation Executive Director Receipt For: 2004 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 475.00		

SUBTOTAL of Receipts This Page (optional)	575.00
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: (check only one)	PAGE 16 / 133
	<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

A. Full Name (Last, First, Middle Initial) Frank J Caufield		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 4
Mailing Address Four Embarcadero Center Ste 3620		Transaction ID: SA11A1.12864
City San Francisco	State CA	Zip Code 94111
Amount of Each Receipt this Period 1000.00		Earmarked conduit - DCCC
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Perkins, Caufield & Byers	Occupation partner	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

B. Full Name (Last, First, Middle Initial) DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 4
Mailing Address 430 South Capitol Street SE 2nd Floor		Transaction ID: SA11A1.12864.0
City Washington	State DC	Zip Code 20003
Amount of Each Receipt this Period 1000.00		Conduit DCCC
FEC ID number of contributing federal political committee. C C00000935		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer		Occupation
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 66415.00	[MEMO ITEM]

C. Full Name (Last, First, Middle Initial) James P. Cavanaugh		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4
Mailing Address 1905 Harney St. Ste. 710		Transaction ID: SA11A1.12202
City Omaha	State NE	Zip Code 68102
Amount of Each Receipt this Period 500.00		<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 ▼ 1050.00	

SUBTOTAL of Receipts This Page (optional) ▶	1500.00
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: (check only one)	PAGE 17 / 133
	<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

A. Full Name (Last, First, Middle Initial) James P. Cavanaugh		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 4
Mailing Address 1905 Harney St. Ste. 710		Transaction ID: SA11A1.13034
City Omaha State NE Zip Code 68102	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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 ▼ 1550.00	

B. Full Name (Last, First, Middle Initial) James P. Cavanaugh		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 4
Mailing Address 1905 Harney St. Ste. 710		Transaction ID: SA11A1.13414
City Omaha State NE Zip Code 68102	Amount of Each Receipt this Period -500.00	
FEC ID number of contributing federal political committee. C		Redesignate: <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM]
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 ▼ .00	

C. Full Name (Last, First, Middle Initial) James P. Cavanaugh		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 4
Mailing Address 1905 Harney St. Ste. 710		Transaction ID: SA11A1.13052
City Omaha State NE Zip Code 68102	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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 ▼ 2050.00	

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	(Empty box)

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 18 / 133
	<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. Theresa Cavanaugh		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 4
Mailing Address 1905 Harney Street		Transaction ID: SA11A1.13415
City Omaha	State NE	Amount of Each Receipt this Period 500.00
Zip Code 68102	FEC ID number of contributing federal political committee. C	Redesignate: Spouse contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self Occupation Attorney	Election Cycle-to-Date .00	[MEMO ITEM]
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. Sandra Christensen		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4
Mailing Address 1740 County Rd P		Transaction ID: SA11A1.12205
City Lyons	State NE	Amount of Each Receipt this Period 100.00
Zip Code 68038	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self Occupation Farmer	Election Cycle-to-Date 1220.00	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) C. Sandra Christensen		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 4
Mailing Address 1740 County Rd P		Transaction ID: SA11A1.13110
City Lyons	State NE	Amount of Each Receipt this Period 100.00
Zip Code 68038	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self Occupation Farmer	Election Cycle-to-Date 1320.00	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional)	200.00
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: (check only one)	PAGE 19 / 133
	<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

A. Full Name (Last, First, Middle Initial)
 Kim Conrad

Mailing Address **618 Hillcrest Drive**

City **Blair** State **NE** Zip Code **68008**

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

Name of Employer **Self** Occupation **Homemaker**

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **225.00**

Date of Receipt
 M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 4

Transaction ID: SA11A1.12121

Amount of Each Receipt this Period
200.00

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

B. Full Name (Last, First, Middle Initial)
 Patrick J Cooney

Mailing Address **5714 Ridgeview Dr**

City **Alexandria** State **VA** Zip Code **22310**

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

Name of Employer **Cooney and Associates** Occupation **Consultant**

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **400.00**

Date of Receipt
 M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 0 4

Transaction ID: SA11A1.12982

Amount of Each Receipt this Period
200.00

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

C. Full Name (Last, First, Middle Initial)
 Joseph Cotchett

Mailing Address **840 Malcom Rd**

City **Burlingame** State **CA** Zip Code **94010**

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

Name of Employer **Self** Occupation **Writer**

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 4

Transaction ID: SA11A1.13357

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional) ► **2400.00**

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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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	PAGE 20 / 133
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NAME OF COMMITTEE (In Full)
CONNEALY 04

Full Name (Last, First, Middle Initial) A. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 4
Mailing Address 430 South Capitol Street SE 2nd Floor		Transaction ID: SA11A1.13357.0
City Washington State DC Zip Code 20003	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C C00000935	Conduit DCCC <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	[MEMO ITEM]	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 61315.00	

Full Name (Last, First, Middle Initial) B. Vic Covalt, III		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 4
Mailing Address 3124 Kucera Drive		Transaction ID: SA11A1.13009
City Lincoln State NE Zip Code 68502	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
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 ▼ 1950.00	

Full Name (Last, First, Middle Initial) C. Patricia Jeanne Cowan		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 4
Mailing Address 9733 The Corral Dr		Transaction ID: SA11A1.12430
City Potomac State MD Zip Code 20854	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	Earmarked to Conduit DCCC <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer self Occupation historian		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	1300.00
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: (check only one)	PAGE 21 / 133
	<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

A. Full Name (Last, First, Middle Initial)
DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address 430 South Capitol Street SE
2nd Floor

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00000935

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
50815.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 19 / 2004

Transaction ID: SA11A1.12430.0

Amount of Each Receipt this Period
1000.00

conduit - DCCC

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

B. Full Name (Last, First, Middle Initial)
Jr. John Cowles

Mailing Address 123 N. 3rd St.
Ste 804

City Minneapolis State MN Zip Code 55401

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

Name of Employer Occupation
SAGE FULLER COWLES Attorney

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 25 / 2004

Transaction ID: SA11A1.13448

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)
Robert Cox

Mailing Address 1112 Terrace Rd

City Norfolk State NE Zip Code 68701

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

Name of Employer Occupation
Retired Educator

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
225.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 01 / 2004

Transaction ID: SA11A1.13109

Amount of Each Receipt this Period
50.00

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

SUBTOTAL of Receipts This Page (optional)	2050.00
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: (check only one)	PAGE 22 / 133
	<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. Ann Coyne		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 4	
Mailing Address 1130 N 79th		Transaction ID: SA11A1.12447	
City Lincoln	State NE	Amount of Each Receipt this Period 100.00	
Zip Code 68505		<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 University of Nebraska	Occupation Professor		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dennis Crawford		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4	
Mailing Address 5110 Fir Hollow Lane		Transaction ID: SA11A1.12208	
City Lincoln	State NE	Amount of Each Receipt this Period 1000.00	
Zip Code 68516		<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 Crawford Law Office, PC	Occupation Attorney		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1950.00		

Full Name (Last, First, Middle Initial) C. Dennis Crawford		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 4	
Mailing Address 5110 Fir Hollow Lane		Transaction ID: SA11A1.13008	
City Lincoln	State NE	Amount of Each Receipt this Period 450.00	
Zip Code 68516		<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 Crawford Law Office, PC	Occupation Attorney		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2400.00		

SUBTOTAL of Receipts This Page (optional) ▶	1550.00
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: (check only one)	PAGE 23 / 133
	<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)
CONNALLY 04

A. Full Name (Last, First, Middle Initial) Mary E. Cupp		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 4
Mailing Address 6411 Fallingwater Drive		Transaction ID: SA11A1.12590
City State Zip Code Huntington Beach CA 92647	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Best Efforts Occupation N/A	Election Cycle-to-Date 600.00	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

B. Full Name (Last, First, Middle Initial) Douglas Curry		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 4
Mailing Address 1040 O St		Transaction ID: SA11A1.11986
City State Zip Code Lincoln NE 68508	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self Occupation Attorney	Election Cycle-to-Date 250.00	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

C. Full Name (Last, First, Middle Initial) Lora L Damme		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 4
Mailing Address PO Box 36		Transaction ID: SA11A1.12450
City State Zip Code Talmage NE 68448	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Bank of Talmage Occupation banker	Election Cycle-to-Date 250.00	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional)	450.00
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: (check only one)	PAGE 24 / 133
	<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

A. Full Name (Last, First, Middle Initial) Laurie David		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 4
Mailing Address 10960 Wilshire Blvd Ste 2150		Transaction ID: SA11A1.13345
City State Zip Code Los Angeles CA 90021	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	Earmarked contribution - DCCC	
Name of Employer Self Occupation Environmentalist	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

B. Full Name (Last, First, Middle Initial) DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 4
Mailing Address 430 South Capitol Street SE 2nd Floor		Transaction ID: SA11A1.13345.0
City State Zip Code Washington DC 20003	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00000935	Conduit DCCC	
Name of Employer Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM]	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 67415.00	

C. Full Name (Last, First, Middle Initial) Robert Bruce Davis		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 4
Mailing Address 5850 Cameron Run Ter 511		Transaction ID: SA11A1.12591
City State Zip Code Alexandria VA 22303	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Treasurer's Best Efforts Occupation Treasurer's Best Efforts		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 295.00	

SUBTOTAL of Receipts This Page (optional) ▶	1020.00
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: (check only one)	PAGE 25 / 133
	<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

A. Full Name (Last, First, Middle Initial) Robert Bruce Davis		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 4
Mailing Address 5850 Cameron Run Ter 511		Transaction ID: SA11A1.12622
City Alexandria State VA Zip Code 22303	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Treasurer's Best Efforts	Occupation Treasurer's Best Efforts	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 315.00	

B. Full Name (Last, First, Middle Initial) Robert Bruce Davis		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 4
Mailing Address 5850 Cameron Run Ter 511		Transaction ID: SA11A1.12745
City Alexandria State VA Zip Code 22303	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Treasurer's Best Efforts	Occupation Treasurer's Best Efforts	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 335.00	

C. Full Name (Last, First, Middle Initial) Lincoln Day		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 4
Mailing Address 2124 Newport PI NW		Transaction ID: SA11A1.14118
City Washington State DC Zip Code 20037	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Global <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	140.00
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: (check only one)	PAGE 26 / 133
	<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. Mr. Richard J. Dinsmore		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 4
Mailing Address 1905 Harney Street Suite 710		Transaction ID: SA11A1.13084
City Omaha	State NE	Zip Code 68102
Amount of Each Receipt this Period 200.00		<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 ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Lisa Clair Dwoskin		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 4
Mailing Address 9302 Lee Highway Ste 300		Transaction ID: SA11A1.12973
City Fairfax	State VA	Zip Code 22031
Amount of Each Receipt this Period 1000.00		<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 Homemaker	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Craig Eckhardt		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 4
Mailing Address 3833 S. 58th St.		Transaction ID: SA11A1.12032
City Lincoln	State NE	Zip Code 68506
Amount of Each Receipt this Period 50.00		<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 Board of Regents	Occupation Educator	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional) ▶	1250.00
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 27 / 133
	(check only one)
<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"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CONNALLY 04

<p>A. Full Name (Last, First, Middle Initial) Dr. Mary Pepper j. English</p> <p>Mailing Address 2107 Windsor Road</p> <p>City State Zip Code Alexandria VA 22307</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Bell South VP</p> <p>Receipt For: 2004 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 10 29 2004</p> <p>Transaction ID: SA11A1.13347</p> <p>Amount of Each Receipt this Period 250.00</p> <p>redposited item</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>B. Full Name (Last, First, Middle Initial) Allan Eurek</p> <p>Mailing Address 8931 Whispering Wind Rd.</p> <p>City State Zip Code Lincoln NE 68512</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Allan Eurek P.C. Attorney</p> <p>Receipt For: 2004 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">300.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 10 18 2004</p> <p>Transaction ID: SA11A1.12212</p> <p>Amount of Each Receipt this Period 50.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>C. Full Name (Last, First, Middle Initial) Richard Evnen</p> <p>Mailing Address 1914 B Street</p> <p>City State Zip Code Lincoln NE 68502</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Lincoln Poultry President</p> <p>Receipt For: 2004 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">2050.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 10 18 2004</p> <p>Transaction ID: SA11A1.12213</p> <p>Amount of Each Receipt this Period 1000.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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SUBTOTAL of Receipts This Page (optional)	1300.00
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: (check only one)	PAGE 28 / 133
	<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)
CONNALLY 04

Full Name (Last, First, Middle Initial) A. Aubrianna Faustman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 4
Mailing Address 2607 SW 16th St.		Transaction ID: SA11A1.12045
City State Zip Code Lincoln NE 68522	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer American Communications Group	Occupation Office Manager	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 346.86	

Full Name (Last, First, Middle Initial) B. Aubrianna Faustman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4
Mailing Address 2607 SW 16th St.		Transaction ID: SA11A1.12214
City State Zip Code Lincoln NE 68522	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer American Communications Group	Occupation Office Manager	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 396.86	

Full Name (Last, First, Middle Initial) C. Bernard Fehringer		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 4
Mailing Address 631 Road 115		Transaction ID: SA11A1.12390
City State Zip Code Sidney NE 69162	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self	Occupation Farmer	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 375.00	

SUBTOTAL of Receipts This Page (optional) ▶	170.00
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: (check only one)	PAGE 29 / 133
	<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)
CONNALLY 04

A. Full Name (Last, First, Middle Initial) Dr. Martha Ferger		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 4	
Mailing Address PO Box 8		Transaction ID: SA11A1.12850	
City Dryden	State NY	Zip Code 13053	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Doctor		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00		

B. Full Name (Last, First, Middle Initial) Keith Fickenscher		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 4	
Mailing Address 5400 Carlisle Ct.		Transaction ID: SA11A1.11988	
City Lincoln	State NE	Zip Code 68516	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Tabitha	Occupation Administrator		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00		

C. Full Name (Last, First, Middle Initial) Gerry Finnegan, CFP		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4	
Mailing Address 1201 O Street Ste 301		Transaction ID: SA11A1.12216	
City Lincoln	State NE	Zip Code 68508	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation CPA		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 245.00		

SUBTOTAL of Receipts This Page (optional)	400.00
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: (check only one)	PAGE 30 / 133
	<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)
CONNELY 04

A. Full Name (Last, First, Middle Initial) Larry D. Flamme		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 4
Mailing Address 1848 N. Nye		Transaction ID: SA11A1.12452
City State Zip Code Fremont NE 68025	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Don Peterson and Associates Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Realtor Election Cycle-to-Date ▼ 350.00	

B. Full Name (Last, First, Middle Initial) Sean Gagen		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 4
Mailing Address 42976 Nashua Street		Transaction ID: SA11A1.13268
City State Zip Code Ashburn VA 20147	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Grassroots Solutions Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Political Director Election Cycle-to-Date ▼ 425.00	

C. Full Name (Last, First, Middle Initial) Sean Gagen		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 4
Mailing Address 42976 Nashua Street		Transaction ID: SA11A1.12943
City State Zip Code Ashburn VA 20147	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Grassroots Solutions Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Political Director Election Cycle-to-Date ▼ 475.00	

SUBTOTAL of Receipts This Page (optional)	325.00
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 31 / 133
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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)
CONNEALY 04

A. Full Name (Last, First, Middle Initial)
Doug German

Mailing Address 407 N. Hamilton
PO Box 248

City Eustis State NE Zip Code 69028

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

Name of Employer Self Occupation Attorney

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 0 4

Transaction ID: SA11A1.12222

Amount of Each Receipt this Period
50.00

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

B. Full Name (Last, First, Middle Initial)
Dave Gilsdorf

Mailing Address 6730 NW 4th St.

City Lincoln State NE Zip Code 68521

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

Name of Employer National Research Corp Occupation Software Developer

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 4

Transaction ID: SA11A1.13246

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Lisa M. Goldman

Mailing Address 2520 Union St.

City San Francisco State CA Zip Code 94123

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

Name of Employer Housewife Occupation na

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 0 4

Transaction ID: SA11A1.13039

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) ► 1550.00

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: (check only one)	PAGE 32 / 133
	<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)
CONNALLY 04

A. Full Name (Last, First, Middle Initial) Robert P Gondring		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4
Mailing Address 1245 South Cotner Blvd		Transaction ID: SA11A1.12223
City State Zip Code Lincoln NE 68510	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Tierone Bank	Occupation Underwriter	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 375.00	

B. Full Name (Last, First, Middle Initial) Francis Greenburger		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 4
Mailing Address 55 5th Ave		Transaction ID: SA11A1.12725
City State Zip Code New York NY 10003	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Earmarked conduit - DCCC <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Treasurers Best efforts	Occupation tbe	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 4
Mailing Address 430 South Capitol Street SE 2nd Floor		Transaction ID: SA11A1.12725.0
City State Zip Code Washington DC 20003	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C C00000935		conduit dccc <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM]
Name of Employer	Occupation	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 63415.00	

SUBTOTAL of Receipts This Page (optional) ▶	275.00
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: (check only one)	PAGE 33 / 133
	<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

A. Full Name (Last, First, Middle Initial) Gerald Russell Grow Mailing Address 6801 Summer St. City Lincoln State NE Zip Code 68506 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 4 Transaction ID: SA11A1.12593 Amount of Each Receipt this Period 100.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self Occupation Computer Consultant Receipt For: 2004 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.00		

B. Full Name (Last, First, Middle Initial) Ken Haar Mailing Address 13901 NW 126th Street City Malcolm State NE Zip Code 68402 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 4 Transaction ID: SA11A1.11934 Amount of Each Receipt this Period 300.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self Occupation Computer consultant Receipt For: 2004 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 400.00		

C. Full Name (Last, First, Middle Initial) Hal A. Hansen Mailing Address 833 Front Street City Santa Cruz State CA Zip Code 95060 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 4 Transaction ID: SA11A1.13274 Amount of Each Receipt this Period 100.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Pacific Collegiate School Occupation Pedagogue Receipt For: 2004 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.00		

SUBTOTAL of Receipts This Page (optional)	500.00
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: (check only one)	PAGE 34 / 133
	<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

A. Full Name (Last, First, Middle Initial) John Hansen Mailing Address 635 Washington St. City Lincoln State NE Zip Code 68502 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4 Transaction ID: SA11A1.12231 Amount of Each Receipt this Period 50.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer: NE Farmers Union Occupation: President Receipt For: 2004 Election Cycle-to-Date <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.00		

B. Full Name (Last, First, Middle Initial) M.A. Harding Mailing Address 1837 E Street City Lincoln State NE Zip Code 68508 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4 Transaction ID: SA11A1.12232 Amount of Each Receipt this Period 100.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer: Nebraska Enviornmental Trust Occupation: Administrator Receipt For: 2004 Election Cycle-to-Date <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.00		

C. Full Name (Last, First, Middle Initial) Paula L. Harre Mailing Address 5910 Oakridge Drive City Lincoln State NE Zip Code 68516 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4 Transaction ID: SA11A1.12233 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer: Harre Orthodontics Occupation: Orthodontist Receipt For: 2004 Election Cycle-to-Date <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 700.00		

SUBTOTAL of Receipts This Page (optional)	400.00
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: (check only one)	PAGE 35 / 133
	<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

A. Full Name (Last, First, Middle Initial) James Harris		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4
Mailing Address 3400 O Street		Transaction ID: SA11A1.12234
City State Zip Code Lincoln NE 68503	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self Occupation Attorney	Election Cycle-to-Date 2600.00	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

B. Full Name (Last, First, Middle Initial) Eileen Hartnett		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 4
Mailing Address 552 Joy Ct.		Transaction ID: SA11A1.12651
City State Zip Code South Sioux City NE 68776	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Unemployed Occupation	Election Cycle-to-Date 425.00	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

C. Full Name (Last, First, Middle Initial) Chuck Hassebrook		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 4
Mailing Address 250 N. 3rd St.		Transaction ID: SA11A1.12747
City State Zip Code Lyons NE 68038	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Center for Rural Affairs Occupation Administrator	Election Cycle-to-Date 250.00	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional)	1175.00
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: (check only one)	PAGE 36 / 133
	<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

A. Full Name (Last, First, Middle Initial) Patty Hastings Mailing Address 9708 Valaretta Dr City Gretna State NE Zip Code 68028 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 4 Transaction ID: SA11A1.12626 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Intermodal Transportations Occupation Owner Receipt For: 2004 Election Cycle-to-Date <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00		

B. Full Name (Last, First, Middle Initial) Mary Jane Hayes Mailing Address 1252 S. 3rd Ave. City Decatur State NE Zip Code 68020 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4 Transaction ID: SA11A1.12235 Amount of Each Receipt this Period 50.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self Occupation Construction Receipt For: 2004 Election Cycle-to-Date <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 290.00		

C. Full Name (Last, First, Middle Initial) Janette Hill Mailing Address 116 N 5th City Beatrice State NE Zip Code 68310 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 4 Transaction ID: SA11A1.12734 Amount of Each Receipt this Period 100.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Hill Home Furnishings Occupation Bookkeeper Receipt For: 2004 Election Cycle-to-Date <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 350.00		

SUBTOTAL of Receipts This Page (optional)	1150.00
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: (check only one)	PAGE 37 / 133
	<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)
CONNALLY 04

A. Full Name (Last, First, Middle Initial) John Hill Mailing Address 3681 E Locust Lane City State Zip Code Holmesville NE 68310 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4 Transaction ID: SA11A1.12242 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Beatrice State Developmental C Pharmacy Director Receipt For: 2004 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		

B. Full Name (Last, First, Middle Initial) Herbert Howe Mailing Address 6724 S. 42nd Street City State Zip Code Lincoln NE 68507 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 4 Transaction ID: SA11A1.12137 Amount of Each Receipt this Period 100.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation University of Nebraska Associate chancellor Receipt For: 2004 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 350.00		

C. Full Name (Last, First, Middle Initial) Hugh W. Hunt Mailing Address 13153 Jane Lane City State Zip Code Blair NE 68008 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 4 Transaction ID: SA11A1.11993 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Chairman Huntel Systems, Inc. Receipt For: 2004 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional)	850.00
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: (check only one)	PAGE 38 / 133
	<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

A. Full Name (Last, First, Middle Initial) Rodney H. Hutt		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 4
Mailing Address 7312 Sherman St.		Transaction ID: SA11A1.13102
City Lincoln State NE Zip Code 68506	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Communications Election Cycle-to-Date ▼ 315.00	

B. Full Name (Last, First, Middle Initial) Judy Hutton		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 4
Mailing Address 3000 Hutton Drive		Transaction ID: SA11A1.12678
City Decatur State NE Zip Code 68020	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Restaurant Owners Election Cycle-to-Date ▼ 750.00	

C. Full Name (Last, First, Middle Initial) Thomas Jaudzemis		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 4
Mailing Address 33 Thomas Lakes		Transaction ID: SA11A1.12627
City Ashland State NE Zip Code 68003	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Retired Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Election Cycle-to-Date ▼ 340.00	

SUBTOTAL of Receipts This Page (optional)	220.00
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: (check only one)	PAGE 39 / 133
	<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)
CONNALLY 04

Full Name (Last, First, Middle Initial) A. Demaris Brosh Johnson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4
Mailing Address 2519 Winding Way		Transaction ID: SA11A1.12248
City Lincoln	State NE	Amount of Each Receipt this Period 100.00
Zip Code 68506	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self	Occupation State Lobbyist	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) B. James R. Johnson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4
Mailing Address 1201 Berkshire Ct. Apt 36		Transaction ID: SA11A1.12247
City Lincoln	State NE	Amount of Each Receipt this Period 25.00
Zip Code 68505	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer State of Nebraska	Occupation Computer Programmer	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 362.00	

Full Name (Last, First, Middle Initial) C. Richard A. Johnson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 4
Mailing Address 3025 Bonacum Drive		Transaction ID: SA11A1.13252
City Lincoln	State NE	Amount of Each Receipt this Period 100.00
Zip Code 68502	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Retired	Occupation	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional) ▶	225.00
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: (check only one)	PAGE 40 / 133
	<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)
CONNALLY 04

A. Full Name (Last, First, Middle Initial) Jean C. Karlen Mailing Address PO Box 156 City Pender State NE Zip Code 68047 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 4 Transaction ID: SA11A1.13097 Amount of Each Receipt this Period 100.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Wayne State U Occupation Professor Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00		

B. Full Name (Last, First, Middle Initial) Peter Katt Mailing Address 6001 NW 12th St. City Lincoln State NE Zip Code 68521 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4 Transaction ID: SA11A1.12249 Amount of Each Receipt this Period 100.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Pierson, Fitchett, Hunzeker Occupation Attorney Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1100.00		

C. Full Name (Last, First, Middle Initial) Ted J Kessler Mailing Address 3810 Dudley City Lincoln State NE Zip Code 68503 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 4 Transaction ID: SA11A1.13237 Amount of Each Receipt this Period 100.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer TO Haas Tire Occupation IT Director Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional)	300.00
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: (check only one)	PAGE 41 / 133
	<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

A. Full Name (Last, First, Middle Initial) Jeff Kirkpatrick		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4
Mailing Address 7300 Stevens Ridge Rd. City Lincoln State NE Zip Code 68516		Transaction ID: SA11A1.12250
Amount of Each Receipt this Period 100.00		<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 Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Attorney Election Cycle-to-Date ▼ 415.00	

B. Full Name (Last, First, Middle Initial) John F Kotouc		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 4
Mailing Address 8308 Hickory City Omaha State NE Zip Code 68124		Transaction ID: SA11A1.12604
Amount of Each Receipt this Period 250.00		<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 Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation President Election Cycle-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) Joseph Kotzin		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 4
Mailing Address PO Box 480039 City Los Angeles State CA Zip Code 60048		Transaction ID: SA11A1.12867
Amount of Each Receipt this Period 250.00		<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 Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation teacher's assistant Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	600.00
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: (check only one)	PAGE 42 / 133
	<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

A. Full Name (Last, First, Middle Initial) Vicki Langdon		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4
Mailing Address 6808 Forest Lake Blvd		Transaction ID: SA11A1.12252
City State Zip Code Lincoln NE 68516	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer INA Group	Occupation	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Lillian M Larsen		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 4
Mailing Address 641 Haverford Cir		Transaction ID: SA11A1.12142
City State Zip Code Lincoln NE 68510	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer self	Occupation Community Volunteer	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) Alison Larson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4
Mailing Address 6431 Barbara Lane		Transaction ID: SA11A1.12255
City State Zip Code Lincoln NE 68512	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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 ▼ 1750.00	

SUBTOTAL of Receipts This Page (optional) ▶	1750.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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 43 / 133
	<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)
CONNALLY 04

A. Full Name (Last, First, Middle Initial) Raymond C. Lemon		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4
Mailing Address 3422 M Street		Transaction ID: SA11A1.12256
City Lincoln State NE Zip Code 68510	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Upper Republican NRD	Occupation Technician	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) William J Lewis		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 4
Mailing Address 2900 John Ave		Transaction ID: SA11A1.12404
City Lincoln State NE Zip Code 68502	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer University of Nebraska	Occupation professor	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) Lucy K. Lien		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 4
Mailing Address 2425 S. 33rd St.		Transaction ID: SA11A1.12950
City Lincoln State NE Zip Code 68506	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer The Mini Page	Occupation Associate Editor	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	500.00
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: (check only one)	PAGE 44 / 133
	<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. John Lindsay		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 4	
Mailing Address 1537 Skylark Drive		Transaction ID: SA11A1.12146	
City Omaha	State NE	Zip Code 68144	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
Name of Employer O'Hara, Lindsay and Associates	Occupation Lobbyist/Attorney		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1750.00		

Full Name (Last, First, Middle Initial) B. Richard Lombardi		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4	
Mailing Address 3730 Prescott		Transaction ID: SA11A1.12258	
City Lincoln	State NE	Zip Code 68506	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
Name of Employer American Comm. Group	Occupation Lobbyist		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 843.50		

Full Name (Last, First, Middle Initial) C. David Lovewell		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4	
Mailing Address RT 2 Box 26		Transaction ID: SA11A1.12327	
City Superior	State NE	Zip Code 68978	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
Name of Employer Retired	Occupation Retired		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 363.00		

SUBTOTAL of Receipts This Page (optional) ▶	575.00
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: (check only one)	PAGE 45 / 133
	<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. Mark A. Ludwig		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4	
Mailing Address 7233 S. 16th St.		Transaction ID: SA11A1.12259	
City Lincoln	State NE	Zip Code 68512	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer State of Nebraska	Occupation Attorney	Election Cycle-to-Date 325.00	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼		

Full Name (Last, First, Middle Initial) B. Beverly Lydick		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 4	
Mailing Address 805 CR=47		Transaction ID: SA11A1.13063	
City Tekamah	State NE	Zip Code 68061	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Fremont Tribune	Occupation Reporter	Election Cycle-to-Date 250.00	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼		

Full Name (Last, First, Middle Initial) C. Kelly Madcharo		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 4	
Mailing Address 1812 A St		Transaction ID: SA11A1.12609	
City Lincoln	State NE	Zip Code 68502	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Lincoln Medical Education	Occupation Director	Election Cycle-to-Date 250.00	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼		

SUBTOTAL of Receipts This Page (optional) ▶	175.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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 46 / 133
	<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)
CONNALLY 04

A. Full Name (Last, First, Middle Initial)
 Carl Magnusson

Mailing Address **1876 County Rd M**

City **Oakland** State **NE** Zip Code **68045**

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

Name of Employer Self Occupation **Farmer**

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 19 / 2004

Transaction ID: SA11A1.12406

Amount of Each Receipt this Period
50.00

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

B. Full Name (Last, First, Middle Initial)
 Vincent A. Mai

Mailing Address **50 Cornwall Lane**

City **Port Washington** State **NY** Zip Code **11050**

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

Name of Employer **AEA Investors Inc.** Occupation **DCC**

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 22 / 2004

Transaction ID: SA11A1.12643

Amount of Each Receipt this Period
1000.00

Conduit to DCCC

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

C. Full Name (Last, First, Middle Initial)
 DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address **430 South Capitol Street SE
 2nd Floor**

City **Washington** State **DC** Zip Code **20003**

FEC ID number of contributing federal political committee. **C C00000935**

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **58315.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 22 / 2004

Transaction ID: SA11A1.12643.0

Amount of Each Receipt this Period
1000.00

Conduit - DCCC

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

SUBTOTAL of Receipts This Page (optional) ► **1050.00**

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: (check only one)	PAGE 47 / 133
	<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)
CONNALLY 04

A. Full Name (Last, First, Middle Initial) Joe Malloy Mailing Address 2610 Cr U. City Decatur State NE Zip Code 68020 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 4 Transaction ID: SA11A1.12463 Amount of Each Receipt this Period 150.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self Occupation Farmer Receipt For: 2004 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00		

B. Full Name (Last, First, Middle Initial) Patricia J. Marvin Mailing Address 5918 Rolling Hills Blvd. City Lincoln State NE Zip Code 68512 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4 Transaction ID: SA11A1.12263 Amount of Each Receipt this Period 100.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Retired Occupation Retired Receipt For: 2004 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 450.00		

C. Full Name (Last, First, Middle Initial) Gerald E. Matzke Mailing Address 2311 Maple St. City Sidney State NE Zip Code 69162 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4 Transaction ID: SA11A1.12264 Amount of Each Receipt this Period 100.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer self Occupation attorney Receipt For: 2004 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.00		

SUBTOTAL of Receipts This Page (optional)	350.00
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: (check only one)	PAGE 48 / 133
	<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. Sidney L McCartney		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4
Mailing Address 6811 Saylor Circle		Transaction ID: SA11A1.12265
City Lincoln	State NE	Zip Code 68506
Amount of Each Receipt this Period 50.00		<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 Treasurers	Occupation Best Efforts	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Sidney L McCartney		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 4
Mailing Address 6811 Saylor Circle		Transaction ID: SA11A1.12654
City Lincoln	State NE	Zip Code 68506
Amount of Each Receipt this Period 50.00		<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 Treasurers	Occupation Best Efforts	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Mardy McCullough		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4
Mailing Address 1300 G St.		Transaction ID: SA11A1.12268
City Lincoln	State NE	Zip Code 68508
Amount of Each Receipt this Period 100.00		<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 Consultant	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 502.00	

SUBTOTAL of Receipts This Page (optional) ▶	200.00
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: (check only one)	PAGE 49 / 133
	<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)
CONNALLY 04

A. Full Name (Last, First, Middle Initial) Daniel T. McGuire		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 4
Mailing Address 4540 Oakridge Cir		Transaction ID: SA11A1.13066
City State Zip Code Lincoln NE 68516	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Treasurers	Occupation Best Efforts	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

B. Full Name (Last, First, Middle Initial) Robert Moodie		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4
Mailing Address 6840 S. 52nd St.		Transaction ID: SA11A1.12328
City State Zip Code Lincoln NE 68516	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Friedman Law Office	Occupation Attorney	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 900.00	

C. Full Name (Last, First, Middle Initial) Danny Morgan		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 4
Mailing Address HC 79 Box 42		Transaction ID: SA11A1.12751
City State Zip Code Burwell NE 68823	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Morgan Ranch	Occupation Rancher	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	450.00
TOTAL This Period (last page this line number only)	(Empty box)

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 50 / 133
	<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)
CONNALLY 04

A. Full Name (Last, First, Middle Initial) Larry Mussack Mailing Address 1880 Hwy 75 City Decatur State NE Zip Code 68020 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 4 Transaction ID: SA11A1.12153 Amount of Each Receipt this Period 200.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer self Occupation farmer Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00		

B. Full Name (Last, First, Middle Initial) Jack Nagel Mailing Address 4100 Rock Creek Rd City Davey State NE Zip Code 68336 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 4 Transaction ID: SA11A1.13122 Amount of Each Receipt this Period 25.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self Occupation Farmer Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 300.00		

C. Full Name (Last, First, Middle Initial) Frederick Nance Mailing Address 1980 E. Stratus Way City Tucson State AZ Zip Code 85737 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 4 Transaction ID: SA11A1.13271 Amount of Each Receipt this Period 100.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Retired Occupation Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)	325.00
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: (check only one)	PAGE 51 / 133
	<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)
CONNALLY 04

A. Full Name (Last, First, Middle Initial) Danielle Nantkes		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 4
Mailing Address 730 S. 11th St. apt A1		Transaction ID: SA11A1.13073
City Lincoln State NE Zip Code 68508	Amount of Each Receipt this Period 90.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Connealy04	Occupation Finance and Field	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 255.00	

B. Full Name (Last, First, Middle Initial) Daniel G Nelson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4
Mailing Address 2121 Calvert		Transaction ID: SA11A1.12269
City Lincoln State NE Zip Code 68502	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Retired	Occupation Retired	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

C. Full Name (Last, First, Middle Initial) Kenneth Nickerson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4
Mailing Address 1241 N. 41st		Transaction ID: SA11A1.12270
City Lincoln State NE Zip Code 68503	Amount of Each Receipt this Period 650.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer UNL	Occupation Professor	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1250.00	

SUBTOTAL of Receipts This Page (optional) ▶	790.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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 52 / 133
	<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

A. Full Name (Last, First, Middle Initial)
Coleen Nielsen

Mailing Address 8301 Horseshoe Drive

City Lincoln State NE Zip Code 68516

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

Name of Employer Brennan & Neilson Occupation Attorney

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 299.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 3 0 / 2 0 0 4

Transaction ID: SA11A1.13022

Amount of Each Receipt this Period
 100.00

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

B. Full Name (Last, First, Middle Initial)
Ronald W Nolte

Mailing Address 10014 - 54th St

City Murray State NE Zip Code 68409

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

Name of Employer self Occupation farmer

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 2 7 / 2 0 0 4

Transaction ID: SA11A1.12763

Amount of Each Receipt this Period
 250.00

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

C. Full Name (Last, First, Middle Initial)
Paul O'Hara

Mailing Address 605 S. 14th St.

City Lincoln State NE Zip Code 68508

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

Name of Employer O'Hara Lindsay & Associates, Inc. Occupation Government Relations

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 1 8 / 2 0 0 4

Transaction ID: SA11A1.12275

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)	▶	1350.00
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: (check only one)	PAGE 53 / 133
	<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. Thomas O'Neill, Jr.		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4	
Mailing Address 521 S. 14th St. Ste 102		Transaction ID: SA11A1.12276	
City Lincoln	State NE	Amount of Each Receipt this Period 200.00	
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 ALCUN	Occupation Association President		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 700.00		

Full Name (Last, First, Middle Initial) B. Dorothy L. Obbink		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4	
Mailing Address 3500 Faulkner Dr B305		Transaction ID: SA11A1.12272	
City Lincoln	State NE	Amount of Each Receipt this Period 200.00	
Zip Code 68516		<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 Retired	Occupation Retired		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 575.00		

Full Name (Last, First, Middle Initial) C. Patty Olson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4	
Mailing Address 1325 Hwy 75		Transaction ID: SA11A1.12277	
City Tekamah	State NE	Amount of Each Receipt this Period 150.00	
Zip Code 68061		<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 Lee Valley Inc.	Occupation Secretary		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	550.00
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: (check only one)	PAGE 54 / 133
	<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)
CONNALLY 04

A. Full Name (Last, First, Middle Initial) Paul A Olson Mailing Address 2535 A St City Lincoln State NE Zip Code 68502 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 4 Transaction ID: SA11A1.13229 Amount of Each Receipt this Period 200.00
Name of Employer University of nebraska Occupation Professor Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 300.00 g <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial) Beth Otto Mailing Address 6903 Rexford Dr City Lincoln State NE Zip Code 68506 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4 Transaction ID: SA11A1.12279 Amount of Each Receipt this Period 200.00
Name of Employer State of Nebraska Occupation Legislative Asst Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 300.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial) Norman A. Otto Mailing Address 1500 Kingston Rd City Lincoln State NE Zip Code 68506 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 4 Transaction ID: SA11A1.12156 Amount of Each Receipt this Period 100.00
Name of Employer Retired Occupation Retired Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1100.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	500.00
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: (check only one)	PAGE 55 / 133
	<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

A. Full Name (Last, First, Middle Initial) Neil Oxtou Mailing Address 2425 folkway Blvd City Lincoln State NE Zip Code 68521 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 4 Transaction ID: SA11A1.12470 Amount of Each Receipt this Period 50.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Retired Occupation Retired Receipt For: 2004 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 302.00		

B. Full Name (Last, First, Middle Initial) Charles Pallesen Mailing Address 1900 U.S. Bank Building City Lincoln State NE Zip Code 68508 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 4 Transaction ID: SA11A1.11951 Amount of Each Receipt this Period 100.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Cline Williams Occupation Attorney Receipt For: 2004 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 825.00		

C. Full Name (Last, First, Middle Initial) Jerry Palmer Mailing Address 4275 County Rd LM City Tekamah State NE Zip Code 68061 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4 Transaction ID: SA11A1.12280 Amount of Each Receipt this Period 50.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Retired Occupation Retired Receipt For: 2004 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 370.00		

SUBTOTAL of Receipts This Page (optional)	200.00
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: (check only one)	PAGE 56 / 133
	<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

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

Mailing Address 13136 S. Rd

City State Zip Code
Shelby NE 68662

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

Name of Employer Occupation
Pandorf Farms Owner/Manager

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 4

Transaction ID: SA11A1.12792

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Elizabeth Perik

Mailing Address 2 Newton Place 225 Washington St.

City State Zip Code
Newton MA 02458

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

Name of Employer Occupation
None Homemaker

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

2000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 4

Transaction ID: SA11A1.12174

Amount of Each Receipt this Period
2000.00

Earmarked to Conduit DCCC

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

C. Full Name (Last, First, Middle Initial)
DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address 430 South Capitol Street SE
2nd Floor

City State Zip Code
Washington DC 20003

FEC ID number of contributing federal political committee. **C** C00000935

Name of Employer Occupation

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

49815.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 4

Transaction ID: SA11A1.12174.0

Amount of Each Receipt this Period
2000.00

Conduit - DCCC

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

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)	▶	2100.00
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: (check only one)	PAGE 57 / 133
	<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

A. Full Name (Last, First, Middle Initial) Cary Peterson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 4
Mailing Address 501 Haverford Dr		Transaction ID: SA11A1.11952
City Lincoln State NE Zip Code 68510	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self Occupation Self	Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 1100.00		

B. Full Name (Last, First, Middle Initial) Rev. Raleigh J. Peterson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 4
Mailing Address 926 N. 67th St.		Transaction ID: SA11A1.11953
City Lincoln State NE Zip Code 68505	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Retired Occupation Retired	Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 305.00		

C. Full Name (Last, First, Middle Initial) Jan Poley		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 4
Mailing Address 5727 the Knolls		Transaction ID: SA11A1.11954
City Lincoln State NE Zip Code 68512	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer ADEC Occupation CEO	Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 700.00		

SUBTOTAL of Receipts This Page (optional) ▶	700.00
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: (check only one)	PAGE 58 / 133
	<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)
CONNALLY 04

Full Name (Last, First, Middle Initial) A. Jack Pollock		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4	
Mailing Address 86 K-1 Road		Transaction ID: SA11A1.12282	
City Ogallala State NE Zip Code 69153		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired Occupation Retired			
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Patrick J. Ptacek		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4	
Mailing Address 430 S 159th St		Transaction ID: SA11A1.12283	
City Omaha State NE Zip Code 68118		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer National Feed and Grains Council Occupation Executive			
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Walter H. Radcliffe		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4	
Mailing Address 1701 S. 33rd St.		Transaction ID: SA11A1.12284	
City Lincoln State NE Zip Code 68506		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Radcliffe & Associates Occupation Attorney			
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 700.00	

SUBTOTAL of Receipts This Page (optional) ▶	250.00
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: (check only one)	PAGE 59 / 133
	<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

A. Full Name (Last, First, Middle Initial)
Ryan Renner

Mailing Address 423 S. Main

City State Zip Code
West Point NE 68788

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

Name of Employer Self Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 0 4

Transaction ID: SA11A1.12285

Amount of Each Receipt this Period
50.00

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

B. Full Name (Last, First, Middle Initial)
Kent W. Rogert

Mailing Address 8412 Read St.

City State Zip Code
Omaha NE 68122

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

Name of Employer Garst Seeds Occupation Sales

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
225.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 4

Transaction ID: SA11A1.12031

Amount of Each Receipt this Period
50.00

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

C. Full Name (Last, First, Middle Initial)
Kevin Rose

Mailing Address 16516 SE Auburn Black Diamond

City State Zip Code
Auburn WA 98092

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

Name of Employer Linear Broadband Services, Inc Occupation CATV Technician

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1652.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 4

Transaction ID: SA11A1.13234

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional)	350.00
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: (check only one)	PAGE 60 / 133
	<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. Wallace Rose		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4	
Mailing Address 2411 Ave. F		Transaction ID: SA11A1.12287	
City Gothenburg	State NE	Zip Code 69138	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired	Occupation n/a		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 900.00		

Full Name (Last, First, Middle Initial) B. Tom Ryan		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4	
Mailing Address 1737 S. 26th St.		Transaction ID: SA11A1.12288	
City Lincoln	State NE	Zip Code 68502	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer State of Nebraska	Occupation Manager		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Timothy E Scherer		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 4	
Mailing Address 1802 Beacon Ave E		Transaction ID: SA11A1.13287	
City Montesano	State WA	Zip Code 98563	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Weyerhaeuser	Occupation Engineer		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00		

SUBTOTAL of Receipts This Page (optional) ▶	400.00
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: (check only one)	PAGE 61 / 133
	<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)
CONNALLY 04

A. Full Name (Last, First, Middle Initial) Dennis M Schissel		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 4
Mailing Address 1221 Co Rd 22		Transaction ID: SA11A1.12474
City State Zip Code Weston NE 68070	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self Occupation Farmer	Election Cycle-to-Date 350.00	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) Louise D Schleich		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 4
Mailing Address 6412 Chesterfield Ct		Transaction ID: SA11A1.12692
City State Zip Code Lincoln NE 68510	Amount of Each Receipt this Period 99.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Home Real Estate Occupation executive	Election Cycle-to-Date 298.00	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) Dave Schmidt		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 4
Mailing Address 7641 Steven Ridge Rd		Transaction ID: SA11A1.13250
City State Zip Code Lincoln NE 68516	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Radiology Associates Occupation Radiologist	Election Cycle-to-Date 250.00	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	399.00
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: (check only one)	PAGE 62 / 133
	<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

A. Full Name (Last, First, Middle Initial) Gerald Schmidt		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 4
Mailing Address 57815 718 Rd		Transaction ID: SA11A1.13255
City State Zip Code Jansen NE 68377	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self Occupation Farmer	Election Cycle-to-Date ▼ 500.00	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) Loran Schmit		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 4
Mailing Address 4110 H Road		Transaction ID: SA11A1.12158
City State Zip Code Bellwood NE 68624	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self Occupation Farmer/Lobbyist	Election Cycle-to-Date ▼ 750.00	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) Stephen Schumacher		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4
Mailing Address 15678 Taylor St.		Transaction ID: SA11A1.12334
City State Zip Code Omaha NE 68116	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Dutton & Associates, P.C. Occupation Accountant	Election Cycle-to-Date ▼ 325.00	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	1050.00
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: (check only one)	PAGE 63 / 133
	<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)
CONNALLY 04

A. Full Name (Last, First, Middle Initial) Susan Scott Mailing Address 5343 Cooper City Lincoln State NE Zip Code 68506 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4 Transaction ID: SA11A1.12293 Amount of Each Receipt this Period 100.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer: Susan Scott & Associates Occupation: Director Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 702.00

B. Full Name (Last, First, Middle Initial) Susan Scott Mailing Address 5343 Cooper City Lincoln State NE Zip Code 68506 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 4 Transaction ID: SA11A1.12775 Amount of Each Receipt this Period 100.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer: Susan Scott & Associates Occupation: Director Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 802.00

C. Full Name (Last, First, Middle Initial) Rhonda S. Seacrest Mailing Address 6901 Kings Ct. City Lincoln State NE Zip Code 68516 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 4 Transaction ID: SA11A1.12162 Amount of Each Receipt this Period 50.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer: Self Occupation: Philanthropist Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 249.00

SUBTOTAL of Receipts This Page (optional)	250.00
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: (check only one)	PAGE 64 / 133
	<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. Susan S Seacrest		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 4	
Mailing Address 6540 Crooked Creek Dr		Transaction ID: SA11A1.12163	
City Lincoln	State NE	Amount of Each Receipt this Period 500.00	
Zip Code 68516		<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 Ground Water Foundation	Occupation Executive		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1600.00		

Full Name (Last, First, Middle Initial) B. Brenda L. Semin		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4	
Mailing Address 7411 S. 37th St.		Transaction ID: SA11A1.12294	
City Lincoln	State NE	Amount of Each Receipt this Period 200.00	
Zip Code 68516		<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 Homemaker		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. Coleen Seng		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4	
Mailing Address 6101 Walker Ave.		Transaction ID: SA11A1.12295	
City Lincoln	State NE	Amount of Each Receipt this Period 50.00	
Zip Code 68507		<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 City of Lincoln	Occupation Mayor		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 377.00		

SUBTOTAL of Receipts This Page (optional)	750.00
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: (check only one)	PAGE 65 / 133
	<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

A. Full Name (Last, First, Middle Initial)
 Eugene Severens

Mailing Address **1222 Boucher Ave
 Apt C**

City **Annapolis** State **MD** Zip Code **21403**

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

Name of Employer **NE Microenterprise Partnership** Occupation **Contractor**

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1100.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 15 / 2004

Transaction ID: SA11A1.12035

Amount of Each Receipt this Period
350.00

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

B. Full Name (Last, First, Middle Initial)
 G. Franklin Shoemaker

Mailing Address **Box 96**

City **Holbrook** State **NE** Zip Code **68948**

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

Name of Employer **self** Occupation **attorney**

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 19 / 2004

Transaction ID: SA11A1.12415

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
 Jean Sieroty

Mailing Address **6022 Wilshire Blvd
 No 201**

City **Los Angeles** State **CA** Zip Code **90036**

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

Name of Employer **Treasurers** Occupation **Best Efforts**

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 29 / 2004

Transaction ID: SA11A1.12900

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **1100.00**

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: (check only one)	PAGE 66 / 133
	<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)
CONNALLY 04

A. Full Name (Last, First, Middle Initial) David Simon		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 4
Mailing Address 45 West 60th St. #15A		Transaction ID: SA11A1.13145
City State Zip Code New York NY 10023	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	Earmarked t Conduit DCCC	
Name of Employer Best Efforts Occupation Treasurers	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

B. Full Name (Last, First, Middle Initial) DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 4
Mailing Address 430 South Capitol Street SE 2nd Floor		Transaction ID: SA11A1.13145.0
City State Zip Code Washington DC 20003	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00000935	Conduit DCCC	
Name of Employer Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM]	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 41815.00	

C. Full Name (Last, First, Middle Initial) Thomas Simons		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 4
Mailing Address 2205 Sandstone Road		Transaction ID: SA11A1.12417
City State Zip Code Lincoln NE 68512	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Best Efforts Occupation Best Efforts		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional) ▶	1100.00
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: (check only one)	PAGE 67 / 133
	<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)
CONNALLY 04

A. Full Name (Last, First, Middle Initial) R Bruce Skinner		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 4
Mailing Address 3275 County Rd AB		Transaction ID: SA11A1.13089
City State Zip Code Herman NE 68029	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self Occupation Farmer	Election Cycle-to-Date 350.00	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) Sam Smith		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 4
Mailing Address 145 S. 41st St.		Transaction ID: SA11A1.13124
City State Zip Code Lincoln NE 68506	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Treasurers Occupation Best Efforts	Election Cycle-to-Date 250.00	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) L. Joe Stehlik		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 4
Mailing Address Box 187		Transaction ID: SA11A1.12721
City State Zip Code Pawnee City NE 68420	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self Occupation Attorney	Election Cycle-to-Date 350.00	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	800.00
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: (check only one)	PAGE 68 / 133
	<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. Dan Steinkruger		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4	
Mailing Address 8140 Sanborn Dr.		Transaction ID: SA11A1.12297	
City Lincoln	State NE	Zip Code 68505	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Farm Service Agency	Occupation Executive		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) B. Jay C. Stoddard		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 4	
Mailing Address 1810 W. Charles		Transaction ID: SA11A1.13126	
City Grand Island	State NE	Zip Code 68803	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer		Occupation Retired	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 700.00		

Full Name (Last, First, Middle Initial) C. Chandler Tagliabue		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 4	
Mailing Address 885 Park Ave.		Transaction ID: SA11A1.12978	
City New York	State NY	Zip Code 10021	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired		Occupation	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	650.00
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: (check only one)	PAGE 69 / 133
	<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. Arthur Tanderup		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 4	
Mailing Address 18021 County Rd 16		Transaction ID: SA11A1.12475	
City Blair	State NE	Zip Code 68008	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
Name of Employer Blair Schools	Occupation Teacher	Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 850.00			

Full Name (Last, First, Middle Initial) B. Arthur Tanderup		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 4	
Mailing Address 18021 County Rd 16		Transaction ID: SA11A1.12578	
City Blair	State NE	Zip Code 68008	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C		cash	
Name of Employer Blair Schools	Occupation Teacher	Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 870.00		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	

Full Name (Last, First, Middle Initial) C. Arthur Tanderup		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 4	
Mailing Address 18021 County Rd 16		Transaction ID: SA11A1.13088	
City Blair	State NE	Zip Code 68008	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
Name of Employer Blair Schools	Occupation Teacher	Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 920.00			

SUBTOTAL of Receipts This Page (optional)	120.00
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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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	PAGE 70 / 133
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NAME OF COMMITTEE (In Full)
CONNEALY 04

Full Name (Last, First, Middle Initial) A. Vanessa Tanderup		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4	
Mailing Address 1033 Ohio St #1		Transaction ID: SA11A1.12337	
City State Zip Code Fremont NE 68025	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Omaha Public Schools Teacher	Election Cycle-to-Date 350.00		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. Vanessa Tanderup		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 4	
Mailing Address 1033 Ohio St #1		Transaction ID: SA11A1.12555	
City State Zip Code Fremont NE 68025	Amount of Each Receipt this Period 5.00		
FEC ID number of contributing federal political committee. C	cash		
Name of Employer Occupation Omaha Public Schools Teacher	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 355.00		

Full Name (Last, First, Middle Initial) C. Vanessa Tanderup		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 4	
Mailing Address 1033 Ohio St #1		Transaction ID: SA11A1.12565	
City State Zip Code Fremont NE 68025	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C	cash		
Name of Employer Occupation Omaha Public Schools Teacher	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 365.00		

SUBTOTAL of Receipts This Page (optional)	215.00
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: (check only one)	PAGE 71 / 133
	<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

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)
CONNALLY 04

A. Full Name (Last, First, Middle Initial) Cynthia Timmermier Mailing Address 14688 Country Rd 40 City State Zip Code Kennard NE 68034 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 4 Transaction ID: SA11A1.13080 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Empire Fire & Marine Ins. Attorney Co. Receipt For: 2004 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1400.00		

B. Full Name (Last, First, Middle Initial) Patrick L. Tripp Mailing Address 2040 Cauble Creek Cr. City State Zip Code Blair NE 68008 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 4 Transaction ID: SA11A1.12476 Amount of Each Receipt this Period 100.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Self Lawyer Receipt For: 2004 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.00		

C. Full Name (Last, First, Middle Initial) Dr. Daniel Ullman Mailing Address 2021 East Manor Dr. City State Zip Code Lincoln NE 68506 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4 Transaction ID: SA11A1.12301 Amount of Each Receipt this Period 100.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Self Physician Receipt For: 2004 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 350.00		

SUBTOTAL of Receipts This Page (optional)	700.00
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: (check only one)	PAGE 72 / 133
	<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)
CONNALLY 04

A. Full Name (Last, First, Middle Initial) Roger A. Van Laningham Mailing Address 7432 Elk Creek Dr City Lincoln State NE Zip Code 68516 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 4 Transaction ID: SA11A1.12942 Amount of Each Receipt this Period 100.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer: Lincoln Electric System Occupation: Manager Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00		

B. Full Name (Last, First, Middle Initial) Dee Van Vleck Mailing Address 930 Evergreen Dr City Lincoln State NE Zip Code 68510 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 4 Transaction ID: SA11A1.12173 Amount of Each Receipt this Period 100.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer: Homemaker Occupation: Homemaker Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 400.00		

C. Full Name (Last, First, Middle Initial) Edgar Villchur Mailing Address PO Box 306 City Woodstock State NY Zip Code 12498 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 4 Transaction ID: SA11A1.13006 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer: Fnd for Hearing Aid Resea-rch Occupation: Audiological Research Writer Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional)	1200.00
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: (check only one)	PAGE 73 / 133
	<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. Jan Walkenhorst		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 4
Mailing Address 4631 Old Cheney Rd 18		Transaction ID: SA11A1.12637
City Lincoln State NE Zip Code 68516	Amount of Each Receipt this Period 240.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer LES Occupation Teacher		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) B. George Wallerstein		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 4
Mailing Address 2604 NE 70th St.		Transaction ID: SA11A1.14180
City Seattle State WA Zip Code 98115	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Credit Card Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer University of Washington Occupation Professor		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dennis E. Walsh		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 4
Mailing Address 2120 Spencer St.		Transaction ID: SA11A1.12024
City Omaha State NE Zip Code 68110	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Telenational Communications Occupation Manager		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional) ▶	1290.00
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: (check only one)	PAGE 74 / 133
	<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)
CONNALLY 04

A. Full Name (Last, First, Middle Initial) Katherine Walter Mailing Address 605 N 26th City Lincoln State NE Zip Code 68503 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 4 Transaction ID: SA11A1.13041 Amount of Each Receipt this Period 50.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Best Efforts Occupation Receipt For: 2004 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 350.00		

B. Full Name (Last, First, Middle Initial) Wallace Weitz Mailing Address 1610 S. 91st Ave. City Omaha State NE Zip Code 68124 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 4 Transaction ID: SA11A1.11965 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Weitz Construction Occupation Owner Receipt For: 2004 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00		

C. Full Name (Last, First, Middle Initial) Elden Wesely Mailing Address 731 County Rd 5 City Oakland State NE Zip Code 68045 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 4 Transaction ID: SA11A1.11967 Amount of Each Receipt this Period 100.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Retired Occupation n/a Receipt For: 2004 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 750.00		

SUBTOTAL of Receipts This Page (optional)	1150.00
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: (check only one)	PAGE 75 / 133
	<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

A. Full Name (Last, First, Middle Initial) David A. Wilken		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 4
Mailing Address 5010 Charles St.		Transaction ID: SA11A1.12428
City State Zip Code Omaha NE 68132	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Nebraska Recycling	Occupation President	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 325.00	

B. Full Name (Last, First, Middle Initial) Michael Williams		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 4
Mailing Address 130 E. 10th St.		Transaction ID: SA11A1.13082
City State Zip Code North Bend NE 68649	Amount of Each Receipt this Period 225.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self	Occupation Crop Consultant	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 225.00	

C. Full Name (Last, First, Middle Initial) Dayle Williamson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4
Mailing Address 5315 Theis Cove Dr.		Transaction ID: SA11A1.12308
City State Zip Code Lincoln NE 68516	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Senator Nelson	Occupation Senate Staffer	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	575.00
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: (check only one)	PAGE 76 / 133
	<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

A. Full Name (Last, First, Middle Initial) Kenneth C. Winston		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 4
Mailing Address 5520 S 169th St		Transaction ID: SA11A1.13127
City State Zip Code Omaha NE 68135	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Lobbyist/Attorney Election Cycle-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) Terry Wittler		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 4
Mailing Address 1940 Surfside Drive		Transaction ID: SA11A1.11968
City State Zip Code Lincoln NE 68528	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Cline, Williams Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Attorney Election Cycle-to-Date ▼ 300.00	

C. Full Name (Last, First, Middle Initial) Terry Wittler		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4
Mailing Address 1940 Surfside Drive		Transaction ID: SA11A1.12309
City State Zip Code Lincoln NE 68528	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Cline, Williams Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Attorney Election Cycle-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional) ▶	400.00
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: (check only one)	PAGE 77 / 133
	<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

A. Full Name (Last, First, Middle Initial) Angela Wood		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4	
Mailing Address 2805 Ponca St.		Transaction ID: SA11A1.12310	
City State Zip Code Lincoln NE 68506		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self Occupation Lobbyist			
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1200.00	

B. Full Name (Last, First, Middle Initial) LaRue Wunderlich		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 4	
Mailing Address 128 N. 13th Apt 205		Transaction ID: SA11A1.12046	
City State Zip Code Lincoln NE 68508		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired Occupation			
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 240.00	

C. Full Name (Last, First, Middle Initial) LaRue Wunderlich		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4	
Mailing Address 128 N. 13th Apt 205		Transaction ID: SA11A1.12311	
City State Zip Code Lincoln NE 68508		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired Occupation			
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 265.00	

SUBTOTAL of Receipts This Page (optional)	315.00
TOTAL This Period (last page this line number only)	53314.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 78 / 133
	(check only one)	
<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input 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)
CONNEALY 04

Full Name (Last, First, Middle Initial) A. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 4
Mailing Address 430 South Capitol Street SE 2nd Floor		Transaction ID: SA11B.11936
City Washington	State DC	Zip Code 20003
FEC ID number of contributing federal political committee. C C00000935		Amount of Each Receipt this Period 3000.00
Name of Employer	Occupation	Conduit Earmarked to Connealy 04 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM]
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ .00	

Full Name (Last, First, Middle Initial) B. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 4
Mailing Address 430 South Capitol Street SE 2nd Floor		Transaction ID: SA11B.12347
City Washington	State DC	Zip Code 20003
FEC ID number of contributing federal political committee. C C00000935		Amount of Each Receipt this Period 6000.00
Name of Employer	Occupation	Earmarked to Connealy 04 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM]
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ .00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 79 / 133
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)
CONNEALY 04

Full Name (Last, First, Middle Initial) A. ACTBLUE		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 4	
Mailing Address P.O. Box 382110		Transaction ID: SA11C.12959	
City State Zip Code Cambridge MA 02238		Amount of Each Receipt this Period 4.88	
FEC ID number of contributing federal political committee. C C00401224		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 73.47	

Full Name (Last, First, Middle Initial) B. ADAM SMITH FOR CONGRESS COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 4	
Mailing Address PO Box 23626		Transaction ID: SA11C.13137	
City State Zip Code Federal Way WA 98093		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00304709		EArmarked to Conduit DCCC	
Name of Employer Occupation		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 4	
Mailing Address 430 South Capitol Street SE 2nd Floor		Transaction ID: SA11C.13137.0	
City State Zip Code Washington DC 20003		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00000935		Conduit DCCC	
Name of Employer Occupation		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 53815.00	

SUBTOTAL of Receipts This Page (optional) ▶	1004.88
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 80 / 133
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CONNEALY 04

A. Full Name (Last, First, Middle Initial)
AFL-CIO COPE POLITICAL CONTRIBUTIONS COMMITTEE
 Mailing Address **815 16th Street N.W.**
 City **Washington** State **DC** Zip Code **20006**
 FEC ID number of contributing federal political committee. **C C00003806**
 Name of Employer Occupation
 Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 4
Transaction ID: SA11C.13306
 Amount of Each Receipt this Period
1500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
AFL-CIO COPE POLITICAL CONTRIBUTIONS COMMITTEE
 Mailing Address **815 16th Street N.W.**
 City **Washington** State **DC** Zip Code **20006**
 FEC ID number of contributing federal political committee. **C C00003806**
 Name of Employer Occupation
 Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 4
Transaction ID: SA11C.12935
 Amount of Each Receipt this Period
2500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
AMALGAMATED TRANSIT UNION-COPE
 Mailing Address **5025 WISCONSIN AVE. N.W.**
 City **WASHINGTON** State **DC** Zip Code **20016**
 FEC ID number of contributing federal political committee. **C C00032995**
 Name of Employer Occupation
 Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 0 4
Transaction ID: SA11C.12922
 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) ► **5000.00**
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 81 / 133
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)
CONNEALY 04

Full Name (Last, First, Middle Initial) A. AMERICAN CHIROPRACTIC ASSOCIATION PAC		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 4
Mailing Address 1701 Clarendon Blvd		Transaction ID: SA11C.13340
City State Zip Code Arlington VA 22209	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00102764		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. AMERICAN NURSES ASSOCIATION PAC		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 4
Mailing Address 8515 Georgia Avenue Suite 400		Transaction ID: SA11C.13328
City State Zip Code Silver Spring MD 20910	Amount of Each Receipt this Period 3000.00	
FEC ID number of contributing federal political committee. C C00017525		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) C. AMERICA WORKS COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 4
Mailing Address 607 14th Street N.W. Suite 800		Transaction ID: SA11C.13315
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C C00331694		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

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 82 / 133
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)
CONNALLY 04

A. Full Name (Last, First, Middle Initial)
AMERITAS FINANCIAL SERVICES POLITICAL ACTION COMMITTEE(FKA BANKERS LIFE NEBRASKA)

Mailing Address **5900 O STREET**

City **LINCOLN** State **NE** Zip Code **68510**

FEC ID number of contributing federal political committee. **C C00187138**

Name of Employer _____ Occupation _____

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **2500.00**

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 29 / 2004

Transaction ID: SA11C.13339

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
BECERRA FOR CONGRESS

Mailing Address **P.O. Box 261060**

City **Los Angeles** State **CA** Zip Code **90026**

FEC ID number of contributing federal political committee. **C C00264101**

Name of Employer _____ Occupation _____

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 27 / 2004

Transaction ID: SA11C.13375

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address **430 South Capitol Street SE
2nd Floor**

City **Washington** State **DC** Zip Code **20003**

FEC ID number of contributing federal political committee. **C C00000935**

Name of Employer _____ Occupation _____

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **64415.00**

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 27 / 2004

Transaction ID: SA11C.13375.0

Amount of Each Receipt this Period
1000.00

Conduit DCCC
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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: (check only one)	PAGE 83 / 133
	<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)
CONNEALY 04

A. BEN CARDIN FOR CONGRESS Full Name (Last, First, Middle Initial) Mailing Address 100 E. Pratt Street 26th Floor City State Zip Code Baltimore MD 21202		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 4 Transaction ID: SA11C.13348 Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C C00199836		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1000.00	

B. BERKLEY FOR CONGRESS Full Name (Last, First, Middle Initial) Mailing Address 3069 Conquista Court City State Zip Code Las Vegas NV 89121		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 4 Transaction ID: SA11C.12936 Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C C00325738		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1000.00	

C. BOILERMAKERS LOCAL 85 FEDERAL POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Mailing Address 319 GLENWOOD ROAD, PO BOX 35 City State Zip Code ROSSFORD OH 43460		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 4 Transaction ID: SA11C.13331 Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C C00118828		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation 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: (check only one)	PAGE 84 / 133
	<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)
CONNEALY 04

A. Full Name (Last, First, Middle Initial) Cass County Democrats Mailing Address 1813 250th St. City Elmwood State NE Zip Code 68349 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 4 Transaction ID: SA11C.12909 Amount of Each Receipt this Period 100.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 100.00	

B. Full Name (Last, First, Middle Initial) COMMITTEE FOR A DEMOCRATIC FUTURE Mailing Address P.O. Box 18079 City WASHINGTON State DC Zip Code 20036 FEC ID number of contributing federal political committee. C C00370122		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 4 Transaction ID: SA11C.13333 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1000.00	

C. Full Name (Last, First, Middle Initial) COMMITTEE FOR A LIVABLE FUTURE Mailing Address 921 SW Washington #810 City Portland State OR Zip Code 97205 FEC ID number of contributing federal political committee. C C00323352		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 4 Transaction ID: SA11C.12917 Amount of Each Receipt this Period 3000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 3000.00	

SUBTOTAL of Receipts This Page (optional)	4100.00
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 85 / 133
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)
CONNEALY 04

A. COMMITTEE TO ELECT GARY ACKERMAN Full Name (Last, First, Middle Initial) Mailing Address 100 Jericho Quadrangle Suite 233 City Jericho State NY Zip Code 11753		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 4 Transaction ID: SA11C.13319 Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C C00165241		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1000.00	

B. COMMITTEE TO RE-ELECT NYDIA M. VELAZQUEZ TO CONGRESS Full Name (Last, First, Middle Initial) Mailing Address 315 Inspiration Lane City Gaithersburg State MD Zip Code 20878		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 4 Transaction ID: SA11C.13365 Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C C00271312		Earmarked contribution - DCCC <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1000.00	

C. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE Full Name (Last, First, Middle Initial) Mailing Address 430 South Capitol Street SE 2nd Floor City Washington State DC Zip Code 20003		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 4 Transaction ID: SA11C.13365.0 Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C C00000935		Conduit - DCCC <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM]
Name of Employer Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 63165.00	

SUBTOTAL of Receipts This Page (optional) ▶	2000.00
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: (check only one)	PAGE 86 / 133
	<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)
CONNEALY 04

Full Name (Last, First, Middle Initial) A. Cow Creek Bank of UMPQUA Tribe of Indian		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 4	
Mailing Address 2371 N.E. Stephens St. Ste 100		Transaction ID: SA11C.13324	
City Roseburg State OR Zip Code 97470	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Democratic Central Committee		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 4	
Mailing Address 222 J St.		Transaction ID: SA11C.13314	
City Blair State NE Zip Code 68008	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 750.00		

Full Name (Last, First, Middle Initial) C. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 4	
Mailing Address 430 South Capitol Street SE 2nd Floor		Transaction ID: SA11C.12927	
City Washington State DC Zip Code 20003	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C C00000935		Earmarked to Connealy 04 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ .00		

SUBTOTAL of Receipts This Page (optional) ▶	1250.00
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: <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	PAGE 87 / 133
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NAME OF COMMITTEE (In Full)
CONNELY 04

Full Name (Last, First, Middle Initial) A. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 4
Mailing Address 430 South Capitol Street SE 2nd Floor		Transaction ID: SA11C.13128
City Washington State DC Zip Code 20003	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C C00000935	Earmarked to Connealy 04	
Name of Employer Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM]	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ .00	

Full Name (Last, First, Middle Initial) B. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 4
Mailing Address 430 South Capitol Street SE 2nd Floor		Transaction ID: SA11C.13133
City Washington State DC Zip Code 20003	Amount of Each Receipt this Period 5500.00	
FEC ID number of contributing federal political committee. C C00000935	Earmarked to Connealy 04	
Name of Employer Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM]	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ .00	

Full Name (Last, First, Middle Initial) C. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 4
Mailing Address 430 South Capitol Street SE 2nd Floor		Transaction ID: SA11C.13350
City Washington State DC Zip Code 20003	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C C00000935	Earmarked contributions to Connealy 04	
Name of Employer Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM]	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ .00	

SUBTOTAL of Receipts This Page (optional) ▶	0.00
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 88 / 133
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CONNEALY 04

Full Name (Last, First, Middle Initial)
A. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address 430 South Capitol Street SE
2nd Floor

City State Zip Code
Washington DC 20003

FEC ID number of contributing federal political committee. **C** C00000935

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 4

Transaction ID: SA11C.13356

Amount of Each Receipt this Period
2850.00

Earmarked to Connealy 04
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address 430 South Capitol Street SE
2nd Floor

City State Zip Code
Washington DC 20003

FEC ID number of contributing federal political committee. **C** C00000935

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 4

Transaction ID: SA11C.13364

Amount of Each Receipt this Period
1000.00

Earmarked Conduit to Connealy 04
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address 430 South Capitol Street SE
2nd Floor

City State Zip Code
Washington DC 20003

FEC ID number of contributing federal political committee. **C** C00000935

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 4

Transaction ID: SA11C.13368

Amount of Each Receipt this Period
2250.00

Earmarked conduit to Connealy 04
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ► **0.00**

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: (check only one)	PAGE 89 / 133
	<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)
CONNALLY 04

Full Name (Last, First, Middle Initial) A. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 4
Mailing Address 430 South Capitol Street SE 2nd Floor		Transaction ID: SA11C.13379
City Washington	State DC	Zip Code 20003
Amount of Each Receipt this Period 2000.00		Earmarked Contribution - Connealy 04 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM]
FEC ID number of contributing federal political committee. C C00000935	Name of Employer Occupation	Election Cycle-to-Date 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Receipt For:		Amount of Each Receipt this Period 2000.00

Full Name (Last, First, Middle Initial) B. Donald W. Pederson for Legislature		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 4
Mailing Address 2011 Cedarberry Rd.		Transaction ID: SA11C.12921
City North Platte	State NE	Zip Code 69101
Amount of Each Receipt this Period 100.00		<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		Election Cycle-to-Date 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Receipt For:		Amount of Each Receipt this Period 200.00

Full Name (Last, First, Middle Initial) C. DOYLE FOR CONGRESS COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 4
Mailing Address 2227 Hampton Street 2227 Hampton Street		Transaction ID: SA11C.13140
City Pittsburgh	State PA	Zip Code 15218
Amount of Each Receipt this Period 1000.00		Earmarked to Conduit DCCC <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 C00290064		Election Cycle-to-Date 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Receipt For:		Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)	1100.00
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: (check only one)	PAGE 90 / 133
	<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)
CONNALLY 04

Full Name (Last, First, Middle Initial) A. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 4
Mailing Address 430 South Capitol Street SE 2nd Floor		Transaction ID: SA11C.13140.0
City State Zip Code Washington DC 20003		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C C00000935		Conduit DCCC <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	[MEMO ITEM]
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 54815.00	

Full Name (Last, First, Middle Initial) B. FATTAH FOR CONGRESS		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 4
Mailing Address 3900 Ford Road Suite 12-O		Transaction ID: SA11C.14198
City State Zip Code Philadelphia PA 19131		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C C00254441		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. FRIENDS OF BENNIE THOMPSON		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 4
Mailing Address P.O. Box 100 P.O. Box 100		Transaction ID: SA11C.13130
City State Zip Code Bolton MS 39041		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C C00279851		Earmarked to Conduit DCCC <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	2000.00
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 91 / 133
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)
CONNEALY 04

Full Name (Last, First, Middle Initial) A. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 4
Mailing Address 430 South Capitol Street SE 2nd Floor		Transaction ID: SA11C.13130.0
City Washington	State DC	Zip Code 20003
FEC ID number of contributing federal political committee. C C00000935		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Conduit - DCCC
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 51815.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM]

Full Name (Last, First, Middle Initial) B. HASTINGS FOR CONGRESS		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 4
Mailing Address P.O. BOX 9352 P.O. BOX 9352		Transaction ID: SA11C.13361
City FT. LAUDERDALE	State FL	Zip Code 33310
FEC ID number of contributing federal political committee. C C00269837		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Earmarked Contribution - DCCC
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial) C. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 4
Mailing Address 430 South Capitol Street SE 2nd Floor		Transaction ID: SA11C.13361.0
City Washington	State DC	Zip Code 20003
FEC ID number of contributing federal political committee. C C00000935		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Conduit DCCC
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 62165.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)	500.00
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: (check only one)	PAGE 92 / 133
	<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)
CONNEALY 04

A. Full Name (Last, First, Middle Initial)
HISPANIC UNITY USA

Mailing Address **601 S GLENOAKS BLVD #208**

City **BURBANK** State **CA** Zip Code **91502**

FEC ID number of contributing federal political committee. **C C00345124**

Name of Employer _____ Occupation _____

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 4

Transaction ID: SA11C.12976

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)
INTERNATIONAL COUNCIL OF SHOPPING CENTERS INC POLITICAL ACTION COMMITTEE (ICSC PA)

Mailing Address **1033 N Fairfax Street Suite 404**

City **Alexandria** State **VA** Zip Code **22314**

FEC ID number of contributing federal political committee. **C C00217638**

Name of Employer _____ Occupation _____

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1500.00**

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 0 4

Transaction ID: SA11C.12919

Amount of Each Receipt this Period
1500.00

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

C. Full Name (Last, First, Middle Initial)
JESSE JACKSON JR FOR CONGRESS COMMITTEE

Mailing Address **7016 S. Euclid Avenue**

City **Chicago** State **IL** Zip Code **60649**

FEC ID number of contributing federal political committee. **C C00305920**

Name of Employer _____ Occupation _____

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 0 4

Transaction ID: SA11C.13353

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **3500.00**

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: (check only one)	PAGE 93 / 133
	<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)
CONNELY 04

Full Name (Last, First, Middle Initial) A. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 4
Mailing Address 430 South Capitol Street SE 2nd Floor		Transaction ID: SA11C.13353.0
City State Zip Code Washington DC 20003		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C C00000935		Conduit - Connealy 04 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM]
Name of Employer Occupation		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 59315.00	

Full Name (Last, First, Middle Initial) B. JOBS, OPPORTUNITIES AND EDUCATION, PAC (JOE-PAC)		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 4
Mailing Address 84-54 Grand Avenue		Transaction ID: SA11C.14200
City State Zip Code Elmhurst NY 11373		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C C00362384		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. JOHN D. DINGELL FOR CONGRESS COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 4
Mailing Address 607 14th Street N.W. Suite 800		Transaction ID: SA11C.13342
City State Zip Code Washington DC 20005		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C C00002600		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	2000.00
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: (check only one)	PAGE 94 / 133
	<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)
CONNEALY 04

A. Full Name (Last, First, Middle Initial) KAPTUR FOR CONGRESS		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 4
Mailing Address P.O. Box 899 P.O. Box 899		Transaction ID: SA11C.12350
City State Zip Code Toledo OH 43697		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C C00154625		Earmarked to Conduit DCCC <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00

B. Full Name (Last, First, Middle Initial) DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 4
Mailing Address 430 South Capitol Street SE 2nd Floor		Transaction ID: SA11C.12350.0
City State Zip Code Washington DC 20003		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C C00000935		Conduit - DCCC <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM]
Name of Employer Occupation		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 47815.00

C. Full Name (Last, First, Middle Initial) Kruse for Legislature		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 4
Mailing Address 5404 N. 50th Ave.		Transaction ID: SA11C.13299
City State Zip Code Omaha NE 68104		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00

SUBTOTAL of Receipts This Page (optional) ▶	1250.00
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: (check only one)	PAGE 95 / 133
	<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)
CONNEALY 04

A. L A PAC Full Name (Last, First, Middle Initial) Mailing Address 6380 Wilshire Blvd. #1612 City Los Angeles State CA Zip Code 90048		Date of Receipt M M / D D / Y Y Y Y 10 / 19 / 2004 Transaction ID: SA11C.12914 Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. C C00095059		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 2500.00	

B. LOUISE SLAUGHTER RE-ELECTION COMMITTEE Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 366 C/O C. BRUCE LAWRENCE City Fairport State NY Zip Code 14450		Date of Receipt M M / D D / Y Y Y Y 10 / 23 / 2004 Transaction ID: SA11C.13307 Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C C00213611		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1000.00	

C. MACHINISTS NON PARTISAN POLITICAL LEAGUE Full Name (Last, First, Middle Initial) Mailing Address 9000 Machinists Place City Upper Marlboro State MD Zip Code 20772		Date of Receipt M M / D D / Y Y Y Y 10 / 21 / 2004 Transaction ID: SA11C.13143 Amount of Each Receipt this Period 2500.00 Earmarked to Conduit DCCC
FEC ID number of contributing federal political committee. C C00002469		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 7500.00	

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: (check only one)	PAGE 96 / 133
	<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)
CONNALLY 04

Full Name (Last, First, Middle Initial) A. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 4
Mailing Address 430 South Capitol Street SE 2nd Floor		Transaction ID: SA11C.13143.0
City Washington State DC Zip Code 20003	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C C00000935	Conduit DCCC <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM]	
Name of Employer Occupation	Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 57315.00		

Full Name (Last, First, Middle Initial) B. MARTIN OLAV SABO FOR CONGRESS VOLUNTEER COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 4
Mailing Address 17326 - 530th Avenue		Transaction ID: SA11C.11941
City Wells State MN Zip Code 56097	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00086728	Earmarked to Conduit DCCC <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 4
Mailing Address 430 South Capitol Street SE 2nd Floor		Transaction ID: SA11C.11941.0
City Washington State DC Zip Code 20003	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00000935	Conduit Earmarked <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM]	
Name of Employer Occupation	Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 40815.00		

SUBTOTAL of Receipts This Page (optional) ▶	1000.00
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 97 / 133
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)
CONNEALY 04

A. MICHAUD FOR CONGRESS Full Name (Last, First, Middle Initial) Mailing Address 16 Common Street City State Zip Code Waterville ME 04901		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 4 Transaction ID: SA11C.13134 Amount of Each Receipt this Period 1000.00 Earmarked to Conduit DCCC <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 C00367821 Name of Employer Occupation Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		

B. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE Full Name (Last, First, Middle Initial) Mailing Address 430 South Capitol Street SE 2nd Floor City State Zip Code Washington DC 20003		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 4 Transaction ID: SA11C.13134.0 Amount of Each Receipt this Period 1000.00 Conduit - DCCC <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM]
FEC ID number of contributing federal political committee. C C00000935 Name of Employer Occupation Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 52815.00		

C. MIKE HONDA FOR CONGRESS Full Name (Last, First, Middle Initial) Mailing Address 50 W. San Fernando St. Ste. 350 City State Zip Code San Jose CA 95113		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 4 Transaction ID: SA11C.12938 Amount of Each Receipt this Period 1000.00 <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 C00351379 Name of Employer Occupation Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional)	2000.00
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: (check only one)	PAGE 98 / 133
	<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)
CONNEALY 04

A. Full Name (Last, First, Middle Initial) NADLER FOR CONGRESS INC. Mailing Address Village Station PO Box 40 City State Zip Code New York NY 10014 FEC ID number of contributing federal political committee. C C00290825 Name of Employer Occupation Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 4 Transaction ID: SA11C.11937 Amount of Each Receipt this Period 1000.00 Earmarked to Conduit DCCC <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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B. Full Name (Last, First, Middle Initial) DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE Mailing Address 430 South Capitol Street SE 2nd Floor City State Zip Code Washington DC 20003 FEC ID number of contributing federal political committee. C C00000935 Name of Employer Occupation Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 39815.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 4 Transaction ID: SA11C.11937.0 Amount of Each Receipt this Period 1000.00 Conduit Earmarked <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM]
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C. Full Name (Last, First, Middle Initial) NATFARMPAC Mailing Address 11900 E CORNELL AVE City State Zip Code AURORA CO 80014 FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 4 Transaction ID: SA11C.13301 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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SUBTOTAL of Receipts This Page (optional)	2000.00
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 99 / 133
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CONNEALY 04

A. NATIONAL COMMITTEE TO PRESERVE SOCIAL SECURITY AND MEDICARE - PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address **10 G STREET NE, SUITE #600**
SUITE 600
 City **WASHINGTON** State **DC** Zip Code **20002**
 FEC ID number of contributing federal political committee. **C C00172296**
 Name of Employer Occupation
 Receipt For: 2004
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 4
Transaction ID: SA11C.13302
 Amount of Each Receipt this Period
2000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. NEBRASKA DEMOCRATIC STATE CENTRAL COMMITTEE
 Full Name (Last, First, Middle Initial)
 Mailing Address **CourtHouse Plaza 633 So. 9th St**
Suite 201
 City **Lincoln** State **NE** Zip Code **68508**
 FEC ID number of contributing federal political committee. **C C00003988**
 Name of Employer Occupation
 Receipt For: 2004
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 0 4
Transaction ID: SA11C.13046
 Amount of Each Receipt this Period
5000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. NEW APOLLO ENERGY PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address **PO BOX 15188**
 City **WASHINGTON** State **DC** Zip Code **20003**
 FEC ID number of contributing federal political committee. **C C00398883**
 Name of Employer Occupation
 Receipt For: 2004
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 0 4
Transaction ID: SA11C.12923
 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: (check only one)	PAGE 100 / 133
	<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)
CONNEALY 04

A. Full Name (Last, First, Middle Initial)
NEW APOLLO ENERGY PAC

Mailing Address **PO BOX 15188**

City **WASHINGTON** State **DC** Zip Code **20003**

FEC ID number of contributing federal political committee. **C C00398883**

Name of Employer _____ Occupation _____

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **2000.00**

Date of Receipt
M M / D D / Y Y Y Y
10 / 30 / 2004

Transaction ID: SA11C.12975

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)
NEW MILLENIUM POLITICAL ACTION COMMITTEE

Mailing Address **PO BOX 632**

City **UNION CITY** State **NJ** Zip Code **07087**

FEC ID number of contributing federal political committee. **C C00349233**

Name of Employer _____ Occupation _____

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **5000.00**

Date of Receipt
M M / D D / Y Y Y Y
10 / 16 / 2004

Transaction ID: SA11C.12348

Amount of Each Receipt this Period
5000.00

Earmarked to Conduit DCCC

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

C. Full Name (Last, First, Middle Initial)
DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address **430 South Capitol Street SE
2nd Floor**

City **Washington** State **DC** Zip Code **20003**

FEC ID number of contributing federal political committee. **C C00000935**

Name of Employer _____ Occupation _____

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **46815.00**

Date of Receipt
M M / D D / Y Y Y Y
10 / 16 / 2004

Transaction ID: SA11C.12348.0

Amount of Each Receipt this Period
5000.00

Conduit - DCCC

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

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 101 / 133
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CONNEALY 04

A. Full Name (Last, First, Middle Initial)
OUR COMMON VALUES PAC
 Mailing Address **101 West Grand Ave
 Suite 200**
 City **Chicago** State **IL** Zip Code **60610**
 FEC ID number of contributing federal political committee. **C C00399014**
 Name of Employer Occupation
 Receipt For: 2004
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 4
Transaction ID: SA11C.12940
 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)
OUR CONGRESS POLITICAL ACTION COMMITTEE
 Mailing Address **PO BOX 344**
 City **PRESCOTT** State **AR** Zip Code **71857**
 FEC ID number of contributing federal political committee. **C C00402412**
 Name of Employer Occupation
 Receipt For: 2004
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 0 4
Transaction ID: SA11C.12957
 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)
PETE STARK RE-ELECTION COMMITTEE
 Mailing Address **P.O. Box 8331**
 City **Fremont** State **CA** Zip Code **94537**
 FEC ID number of contributing federal political committee. **C C00020974**
 Name of Employer Occupation
 Receipt For: 2004
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 4
Transaction ID: SA11C.13335
 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) ► **4000.00**
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 102 / 133
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)
CONNEALY 04

Full Name (Last, First, Middle Initial) A. PHYSICIANS FOR A DEMOCRATIC MAJORITY		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 4
Mailing Address 3201 MISSION ST		Transaction ID: SA11C.13036
City SAN FRANCISCO	State CA	Zip Code 94110
Amount of Each Receipt this Period 500.00		<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 C00400093		
Name of Employer	Occupation	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. REELECT EXON FOR US SENATE COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 4
Mailing Address 1900 FIRSTIER BANK BLDG		Transaction ID: SA11C.13404
City LINCOLN	State NE	Zip Code 68502
Amount of Each Receipt this Period 1000.00		<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 C00088120		
Name of Employer	Occupation	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) C. Schimek for Legislature		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 4
Mailing Address 2321 Camelot Court		Transaction ID: SA11C.12916
City Lincoln	State NE	Zip Code 68512
Amount of Each Receipt this Period 550.00		<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	Occupation	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	2050.00
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 103 / 133
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)
CONNEALY 04

Full Name (Last, First, Middle Initial) A. Scottsbluff County Democratic Party		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 4	
Mailing Address 2300 Kramer Place		Transaction ID: SA11C.11946	
City State Zip Code Gering NE 69341		Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. SERVICE EMPLOYEES INTERNATIONAL UNION COMMITTEE ON POLITICAL EDUCATION (SEIU) LOCAL 1027		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 4	
Mailing Address 1313 L Street NW		Transaction ID: SA11C.13337	
City State Zip Code Washington DC 20005		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C C00004036		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. SHEET METAL WORKERS' INTERNATIONAL ASSOCIATION POLITICAL ACTION LEAGUE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 4	
Mailing Address 1750 New York Avenue NW		Transaction ID: SA11C.12972	
City State Zip Code Washington DC 20006		Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C C00007542		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional) ▶	7900.00
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: (check only one)	PAGE 104 / 133
	<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)
CONNEALY 04

Full Name (Last, First, Middle Initial) A. SHEILA JACKSON LEE FOR CONGRESS		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 4
Mailing Address 4412 ALMEDA		Transaction ID: SA11C.13370
City HOUSTON	State TX	Zip Code 77044
FEC ID number of contributing federal political committee. C C00287904		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Earmarked contribution - DCCC <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 4
Mailing Address 430 South Capitol Street SE 2nd Floor		Transaction ID: SA11C.13370.0
City Washington	State DC	Zip Code 20003
FEC ID number of contributing federal political committee. C C00000935		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	conduit - DCCC <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM]
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 65415.00	

Full Name (Last, First, Middle Initial) C. SIERRA CLUB		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 4
Mailing Address 85 SECOND STREET		Transaction ID: SA11C.12925
City SAN FRANCISCO	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C C70001318		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

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 105 / 133
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)
CONNEALY 04

Full Name (Last, First, Middle Initial) A. The Committee for a Livable Future		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 4	
Mailing Address PO Box 6496		Transaction ID: SA11C.13326	
City State Zip Code Portland OR 97228		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. TITLE INDUSTRY POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 4	
Mailing Address 1828 L STREET NW SUITE 705		Transaction ID: SA11C.13317	
City State Zip Code WASHINGTON DC 20036		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00012914		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. TOM ALLEN FOR CONGRESS		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 4	
Mailing Address 236 OXFORD STREET		Transaction ID: SA11C.13322	
City State Zip Code PORTLAND ME 04101		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00328245		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	4000.00
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 106 / 133
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CONNEALY 04

A. Full Name (Last, First, Middle Initial)
TREASURY EMPLOYEES POLITICAL ACTION COMMITTEE

Mailing Address **1750 H Street NW**

City **Washington** State **DC** Zip Code **20006**

FEC ID number of contributing federal political committee. **C C00107128**

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
1 1 / 0 5 / 2 0 0 4

Transaction ID: SA11C.13043

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
U.A. Political Education Committee

Mailing Address **901 Massachusetts Ave NW**

City **Washington** State **DC** Zip Code **20001**

FEC ID number of contributing federal political committee. **C C00012476**

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **10000.00**

Date of Receipt
 M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 4

Transaction ID: SA11C.13321

Amount of Each Receipt this Period
5000.00

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

C. Full Name (Last, First, Middle Initial)
Vickie McDonald for Legislature

Mailing Address **PO Box 76**

City **Boelus** State **NE** Zip Code **68820**

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

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **200.00**

Date of Receipt
 M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 4

Transaction ID: SA11C.12344

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional) ► **5700.00**

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 107 / 133
	(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)
CONNEALY 04

A. Full Name (Last, First, Middle Initial)
WOOLSEY FOR CONGRESS

Mailing Address **P.O. Box 750176**

City Petaluma	State CA	Zip Code 94975
-------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee.
C C00260265

Name of Employer	Occupation
------------------	------------

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	0	4

Transaction ID: SA11C.14202

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)	1000.00
TOTAL This Period (last page this line number only)	86854.88

**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 108 / 133

<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)
CONNEALY 04

Full Name (Last, First, Middle Initial) A. AAA Rents		Transaction ID: SB17.12052 Date of Disbursement																					
Mailing Address 2700 N. 27th St.		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>2</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	2	1	/	2	0	0	4
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	2	1	/	2	0	0	4														
City Lincoln	State NE	Zip Code 68521																					
Purpose of Disbursement Stage Rental		<table border="1"> <tr> <td>007</td> </tr> </table>		007																			
007																							
Candidate Name CONNEALY 04		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: NE	District: 01																						

Amount of Each Disbursement this Period

521.41

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

Full Name (Last, First, Middle Initial) B. ADME Properties		Transaction ID: SB17.12096 Date of Disbursement																					
Mailing Address Best Efforts		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	9	/	2	0	0	4
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	0	9	/	2	0	0	4														
City Lincoln	State NE	Zip Code 68502																					
Purpose of Disbursement Campaign House		<table border="1"> <tr> <td>001</td> </tr> </table>		001																			
001																							
Candidate Name CONNEALY 04		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: NE	District: 01																						

Amount of Each Disbursement this Period

575.00

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

Full Name (Last, First, Middle Initial) C. Alltel Phone Company		Transaction ID: SB17.12063 Date of Disbursement																					
Mailing Address PO Box 81309		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>2</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	9	/	2	0	0	4
M	M	/	D	D	/	Y	Y	Y	Y														
1	0	/	2	9	/	2	0	0	4														
City Lincoln	State NE	Zip Code 68501																					
Purpose of Disbursement Long Distance Phone Bill		<table border="1"> <tr> <td>001</td> </tr> </table>		001																			
001																							
Candidate Name CONNEALY 04		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: NE	District: 01																						

Amount of Each Disbursement this Period

875.54

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

SUBTOTAL of Disbursements This Page (optional)	▶	1971.95
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)

<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)
CONNEALY 04

Full Name (Last, First, Middle Initial) A. Alltel Phone Company		Transaction ID: SB17.12057 Date of Disbursement 11 / 21 / 2004
Mailing Address PO Box 81309		Amount of Each Disbursement this Period 1982.94 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lincoln State NE Zip Code 68501	001 Category/Type	
Purpose of Disbursement Long Distance Phone bill		
Candidate Name CONNEALY 04		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Annette's Catering and Speciality Desserts		Transaction ID: SB17.12068 Date of Disbursement 10 / 29 / 2004
Mailing Address 13314 Adams Street		Amount of Each Disbursement this Period 800.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Weeping Water State NE Zip Code 68463	007 Category/Type	
Purpose of Disbursement Catering		
Candidate Name CONNEALY 04		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Nancy R. Bowen		Transaction ID: SB17.13389 Date of Disbursement 10 / 15 / 2004
Mailing Address 800 Hazelwood Drive		Amount of Each Disbursement this Period 766.93 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lincoln State NE Zip Code 68510	001 Category/Type	
Purpose of Disbursement Staff Payroll		
Candidate Name CONNEALY 04		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3549.87
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)

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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)
CONNEALY 04

Full Name (Last, First, Middle Initial) A. Nancy R. Bowen		Transaction ID: SB17.13400 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 4
Mailing Address 800 Hazelwood Drive		Amount of Each Disbursement this Period 766.93 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lincoln State NE Zip Code 68510		
Purpose of Disbursement Staff Payroll Candidate Name CONNEALY 04 Category/Type 001		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 01		

Full Name (Last, First, Middle Initial) B. Lee Clausen		Transaction ID: SB17.13383 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 4
Mailing Address 420 S. 11th St. Apt 411		Amount of Each Disbursement this Period 790.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Omaha State NE Zip Code 68102		
Purpose of Disbursement Staff Payroll Candidate Name CONNEALY 04 Category/Type 001		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 01		

Full Name (Last, First, Middle Initial) C. Lee Clausen		Transaction ID: SB17.13393 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 4
Mailing Address 420 S. 11th St. Apt 411		Amount of Each Disbursement this Period 790.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Omaha State NE Zip Code 68102		
Purpose of Disbursement Staff Payroll Candidate Name CONNEALY 04 Category/Type 001		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 01		

SUBTOTAL of Disbursements This Page (optional) ▶	2347.43
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)

<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)
CONNEALY 04

Full Name (Last, First, Middle Initial) A. Community Connections, Inc.		Transaction ID: SB17.12092 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 4
Mailing Address 3718 Diablo Drive		Amount of Each Disbursement this Period 115.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lincoln State NE Zip Code 68516		
Purpose of Disbursement Webpage Maintenance Candidate Name CONNEALY 04 Category/Type 004		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 01		

Full Name (Last, First, Middle Initial) B. Eagle Teleconferencing		Transaction ID: SB17.12095 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 4
Mailing Address 207 West Washington Street		Amount of Each Disbursement this Period 77.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Rushville State IL Zip Code 62681		
Purpose of Disbursement Teleconferencing Service Candidate Name CONNEALY 04 Category/Type 001		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 01		

Full Name (Last, First, Middle Initial) C. Global Payments		Transaction ID: SB17.12091 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 4
Mailing Address 10705 Red Run Boulevard		Amount of Each Disbursement this Period 137.74 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Owings Mills State MD Zip Code 21117		
Purpose of Disbursement Global Merchant Processing Fees Candidate Name CONNEALY 04 Category/Type 001		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 01		

SUBTOTAL of Disbursements This Page (optional) ▶	329.78
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)
CONNEALY 04

A. Goldenrod Printing Full Name (Last, First, Middle Initial) Mailing Address 2801 Cornhusker Hwy City Lincoln State NE Zip Code 68504 Purpose of Disbursement Invite and Reply Cards Candidate Name CONNEALY 04 Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01 Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.12056 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 4 Amount of Each Disbursement this Period 683.73 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Sarah Greathouse Full Name (Last, First, Middle Initial) Mailing Address 2565 Stockwell City Lincoln State NE Zip Code 68506 Purpose of Disbursement Staff Payroll Candidate Name CONNEALY 04 Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01 Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.13387 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 4 Amount of Each Disbursement this Period 1737.69 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Sarah Greathouse Full Name (Last, First, Middle Initial) Mailing Address 2565 Stockwell City Lincoln State NE Zip Code 68506 Purpose of Disbursement Staff Payroll Candidate Name CONNEALY 04 Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01 Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.13397 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 4 Amount of Each Disbursement this Period 1737.69 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	4159.11
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)

<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)
CONNEALY 04

<p>A. Sarah Greathouse</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 2565 Stockwell</p> <p>City Lincoln State NE Zip Code 68506</p> <p>Purpose of Disbursement Reimbursement</p> <p>Candidate Name CONNEALY 04</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NE District: 01</p>		<p>Transaction ID: SB17.13148</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="4"/> <input type="text" value="4"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2020.21"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Purpose of Disbursement Reimbursement</p> <p>Category/Type <input type="text" value="001"/></p> <p>Disbursement For: 2004</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		

<p>B. US Postmaster</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Lincoln Main PO</p> <p>City Lincoln State NE Zip Code 68508</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name CONNEALY 04</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NE District: 01</p>		<p>Transaction ID: SB17.13148.0</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="4"/> <input type="text" value="4"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="370.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Purpose of Disbursement Postage</p> <p>Category/Type <input type="text" value="001"/></p> <p>Disbursement For: 2004</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		

[MEMO ITEM]

<p>C. Office Depot</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 333 N. 50th St.</p> <p>City Lincoln State NE Zip Code 68504</p> <p>Purpose of Disbursement Toner and Office Supplies</p> <p>Candidate Name CONNEALY 04</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NE District: 01</p>		<p>Transaction ID: SB17.13148.1</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="4"/> <input type="text" value="4"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="395.68"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Purpose of Disbursement Toner and Office Supplies</p> <p>Category/Type <input type="text" value="001"/></p> <p>Disbursement For: 2004</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		

[MEMO ITEM]

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="2020.21"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text" value=""/></p>

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)

<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)
CONNEALY 04

Full Name (Last, First, Middle Initial) A. Embassy Suites Hotel		Transaction ID: SB17.13148.3 Date of Disbursement 11 / 03 / 2004
Mailing Address 1040 P Street		Amount of Each Disbursement this Period 740.33 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Lincoln State NE Zip Code 68508		
Purpose of Disbursement Hotel rooms Candidate Name CONNEALY 04	002 Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Office Max		Transaction ID: SB17.13148.6 Date of Disbursement 11 / 01 / 2004
Mailing Address 2301 O Street		Amount of Each Disbursement this Period 28.83 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Lincoln State NE Zip Code 68510		
Purpose of Disbursement Office Supplies Candidate Name CONNEALY 04	001 Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Hy-Vee		Transaction ID: SB17.13148.7 Date of Disbursement 11 / 02 / 2004
Mailing Address 2343 n. 48th St.		Amount of Each Disbursement this Period 93.09 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Lincoln State NE Zip Code 68504		
Purpose of Disbursement Flowers for Election Event Candidate Name CONNEALY 04	007 Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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 115 / 133

<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)
CONNEALY 04

Full Name (Last, First, Middle Initial) A. Sarah Greathouse		Transaction ID: SB17.13149 Date of Disbursement 11 / 09 / 2004	
Mailing Address 2565 Stockwell		Amount of Each Disbursement this Period 1132.87	
City Lincoln State NE Zip Code 68506	Purpose of Disbursement Reimbursement Candidate Name CONNEALY 04	Category/ Type 007	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01	Disbursement For: 2000 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		<input type="checkbox"/>	

Full Name (Last, First, Middle Initial) B. Embassy Suites Hotel		Transaction ID: SB17.13149.0 Date of Disbursement 11 / 02 / 2004	
Mailing Address 1040 P Street		Amount of Each Disbursement this Period 1132.87	
City Lincoln State NE Zip Code 68508	Purpose of Disbursement Election Night Candidate Name CONNEALY 04	Category/ Type 007	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		<input type="checkbox"/>	
[MEMO ITEM]			

Full Name (Last, First, Middle Initial) C. Arthur Harris		Transaction ID: SB17.12078 Date of Disbursement 10 / 15 / 2004	
Mailing Address 948 N.W. WESTMINISTER ST		Amount of Each Disbursement this Period 1500.00	
City WASHINGTON State DC Zip Code 20001-4130	Purpose of Disbursement Staff Salary Candidate Name CONNEALY 04	Category/ Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		<input type="checkbox"/>	

SUBTOTAL of Disbursements This Page (optional) ▶	2632.87
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)

<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)
CONNEALY 04

Full Name (Last, First, Middle Initial) A. Arthur Harris		Transaction ID: SB17.12079 Date of Disbursement 10 / 29 / 2004
Mailing Address 948 N.W. WESTMINISTER ST		Amount of Each Disbursement this Period 1500.00
City WASHINGTON State DC Zip Code 20001-4130	Purpose of Disbursement Staff Salary Category/Type 001	
Candidate Name CONNEALY 04	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" 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
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01		

Full Name (Last, First, Middle Initial) B. Arthur Harris		Transaction ID: SB17.12080 Date of Disbursement 11 / 09 / 2004
Mailing Address 948 N.W. WESTMINISTER ST		Amount of Each Disbursement this Period 1500.00
City WASHINGTON State DC Zip Code 20001-4130	Purpose of Disbursement Staff Salary Category/Type 001	
Candidate Name CONNEALY 04	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" 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
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01		

Full Name (Last, First, Middle Initial) C. Arthur Harris		Transaction ID: SB17.13170 Date of Disbursement 11 / 09 / 2004
Mailing Address 948 N.W. WESTMINISTER ST		Amount of Each Disbursement this Period 543.49
City WASHINGTON State DC Zip Code 20001-4130	Purpose of Disbursement Reimbursements Category/Type 001	
Candidate Name CONNEALY 04	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" 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
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01		

SUBTOTAL of Disbursements This Page (optional) ▶	3543.49
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)
CONNEALY 04

Full Name (Last, First, Middle Initial) A. Super 8		Transaction ID: SB17.13170.1 Date of Disbursement 10 / 30 / 2004
Mailing Address 22868 Filbert Ave I-29 Exit 112		Amount of Each Disbursement this Period 488.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Onawa State IA Zip Code 51040		
Purpose of Disbursement Hotel Rooms - Tour nebraska Candidate Name CONNEALY 04	002 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Jerrod Jaeger		Transaction ID: SB17.13392 Date of Disbursement 10 / 15 / 2004
Mailing Address 1736 N. 58th St.		Amount of Each Disbursement this Period 812.93 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lincoln State NE Zip Code 68505		
Purpose of Disbursement Staff Payroll Candidate Name CONNEALY 04	001 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Jerrod Jaeger		Transaction ID: SB17.13402 Date of Disbursement 10 / 29 / 2004
Mailing Address 1736 N. 58th St.		Amount of Each Disbursement this Period 812.93 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lincoln State NE Zip Code 68505		
Purpose of Disbursement Staff Payroll Candidate Name CONNEALY 04	001 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1625.86
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)

<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)
CONNEALY 04

Full Name (Last, First, Middle Initial) A. Lincoln Journal Star		Transaction ID: SB17.13168 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 4
Mailing Address 926 P Street		Amount of Each Disbursement this Period 693.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lincoln State NE Zip Code 68508		
Purpose of Disbursement Advertising Candidate Name CONNEALY 04 Category/Type 004		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 01		

Full Name (Last, First, Middle Initial) B. Media Strategies		Transaction ID: SB17.12076 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 4
Mailing Address 9990 Lee Highway Ste 220		Amount of Each Disbursement this Period 112971.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Fairfax State VA Zip Code 22030		
Purpose of Disbursement Television and Radio Candidate Name CONNEALY 04 Category/Type 003		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 01		

Full Name (Last, First, Middle Initial) C. Media Strategies		Transaction ID: SB17.12058 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 4
Mailing Address 9990 Lee Highway Ste 220		Amount of Each Disbursement this Period 221005.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Fairfax State VA Zip Code 22030		
Purpose of Disbursement Television and Radio Candidate Name CONNEALY 04 Category/Type 004		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 01		

SUBTOTAL of Disbursements This Page (optional) ▶	334669.90
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)
CONNEALY 04

Full Name (Last, First, Middle Initial) A. Media Strategies		Transaction ID: SB17.12059 Date of Disbursement
Mailing Address 9990 Lee Highway Ste 220		<input type="text" value="10"/> / <input type="text" value="28"/> / <input type="text" value="2004"/>
City Fairfax	State VA	Zip Code 22030
Purpose of Disbursement Television and Radio		Amount of Each Disbursement this Period <input type="text" value="25000.00"/>
Candidate Name CONNEALY 04		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NE	District: 01	

Full Name (Last, First, Middle Initial) B. Ashley Mild		Transaction ID: SB17.13386 Date of Disbursement
Mailing Address 2565 Stockwell St.		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2004"/>
City Lincoln	State NE	Zip Code 68502
Purpose of Disbursement Staff Payroll		Amount of Each Disbursement this Period <input type="text" value="790.25"/>
Candidate Name CONNEALY 04		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NE	District: 01	

Full Name (Last, First, Middle Initial) C. Ashley Mild		Transaction ID: SB17.12062 Date of Disbursement
Mailing Address 2565 Stockwell St.		<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2004"/>
City Lincoln	State NE	Zip Code 68502
Purpose of Disbursement Reimbursements		Amount of Each Disbursement this Period <input type="text" value="252.06"/>
Candidate Name CONNEALY 04		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NE	District: 01	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="26042.31"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)
CONNEALY 04

<p>A. Office Max</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 2301 O Street</p> <p>City Lincoln State NE Zip Code 68510</p> <p>Purpose of Disbursement Paper</p> <p>Candidate Name CONNEALY 04</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NE District: 01</p>		<p>Transaction ID: SB17.12062.0</p> <p>Date of Disbursement</p> <p>10 / 09 / 2004</p> <p>Amount of Each Disbursement this Period</p> <p>26.73</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>Disbursement For: 2004</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type: 001</p>		

<p>B. Office Max</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 2301 O Street</p> <p>City Lincoln State NE Zip Code 68510</p> <p>Purpose of Disbursement Paper</p> <p>Candidate Name CONNEALY 04</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NE District: 01</p>		<p>Transaction ID: SB17.12062.1</p> <p>Date of Disbursement</p> <p>10 / 15 / 2004</p> <p>Amount of Each Disbursement this Period</p> <p>33.90</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>Disbursement For: 2004</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type: 001</p>		

<p>C. Office Max</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 2301 O Street</p> <p>City Lincoln State NE Zip Code 68510</p> <p>Purpose of Disbursement Toner and Envelopes</p> <p>Candidate Name CONNEALY 04</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NE District: 01</p>		<p>Transaction ID: SB17.12062.2</p> <p>Date of Disbursement</p> <p>10 / 10 / 2004</p> <p>Amount of Each Disbursement this Period</p> <p>161.49</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>Disbursement For: 2004</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type: 001</p>		

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

**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)

<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)
CONNEALY 04

Full Name (Last, First, Middle Initial) A. Ashley Mild		Transaction ID: SB17.13396 Date of Disbursement 10 / 29 / 2004	
Mailing Address 2565 Stockwell St.		Amount of Each Disbursement this Period 790.25	
City Lincoln State NE Zip Code 68502	Purpose of Disbursement Staff Payroll	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name CONNEALY 04	Category/Type 001		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ashley Mild		Transaction ID: SB17.13206 Date of Disbursement 11 / 09 / 2004	
Mailing Address 2565 Stockwell St.		Amount of Each Disbursement this Period 1616.30	
City Lincoln State NE Zip Code 68502	Purpose of Disbursement Reimbursements	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name CONNEALY 04	Category/Type 001		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Office Max		Transaction ID: SB17.13206.2 Date of Disbursement 11 / 09 / 2004	
Mailing Address 2301 O Street		Amount of Each Disbursement this Period 139.09	
City Lincoln State NE Zip Code 68510	Purpose of Disbursement Toner	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name CONNEALY 04	Category/Type 001		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

SUBTOTAL of Disbursements This Page (optional) ▶	2406.55
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)

<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)
CONNEALY 04

Full Name (Last, First, Middle Initial) A. Office Max		Transaction ID: SB17.13206.4 Date of Disbursement 11 / 09 / 2004	
Mailing Address 2301 O Street		Amount of Each Disbursement this Period 25.67	
City Lincoln State NE Zip Code 68510	Purpose of Disbursement Office Supplies Category/Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Candidate Name CONNEALY 04	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. US Postmaster		Transaction ID: SB17.13206.5 Date of Disbursement 11 / 09 / 2004	
Mailing Address Lincoln Main PO		Amount of Each Disbursement this Period 1165.50	
City Lincoln State NE Zip Code 68508	Purpose of Disbursement Postage Category/Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Candidate Name CONNEALY 04	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Office Max		Transaction ID: SB17.13206.8 Date of Disbursement 09 / 09 / 2004	
Mailing Address 2301 O Street		Amount of Each Disbursement this Period 113.39	
City Lincoln State NE Zip Code 68510	Purpose of Disbursement Jump Drive Category/Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Candidate Name CONNEALY 04	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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)

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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)
CONNEALY 04

Full Name (Last, First, Middle Initial) A. Mark Munger		Transaction ID: SB17.13187 Date of Disbursement 11 / 09 / 2004	
Mailing Address 3423 M St.		Amount of Each Disbursement this Period 538.37	
City Lincoln State NE Zip Code 68510	Purpose of Disbursement Reimbursements Candidate Name CONNEALY 04	001 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" 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	

Full Name (Last, First, Middle Initial) B. Danielle Nantkes		Transaction ID: SB17.13391 Date of Disbursement 10 / 15 / 2004	
Mailing Address 730 S. 11th St. apt A1		Amount of Each Disbursement this Period 967.25	
City Lincoln State NE Zip Code 68508	Purpose of Disbursement Staff Payroll Candidate Name CONNEALY 04	001 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" 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	

Full Name (Last, First, Middle Initial) C. Danielle Nantkes		Transaction ID: SB17.13401 Date of Disbursement 10 / 29 / 2004	
Mailing Address 730 S. 11th St. apt A1		Amount of Each Disbursement this Period 967.25	
City Lincoln State NE Zip Code 68508	Purpose of Disbursement Staff Payroll Candidate Name CONNEALY 04	001 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" 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	

SUBTOTAL of Disbursements This Page (optional) ▶	2472.87
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)

<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)
CONNEALY 04

Full Name (Last, First, Middle Initial) A. NGP Software Inc		Transaction ID: SB17.12093 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 4
Mailing Address 5505 Connecticut Ave NW PMB 277		Amount of Each Disbursement this Period 400.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20015		
Purpose of Disbursement Campaign Software Program Candidate Name CONNEALY 04 Category/Type 001		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 01		

Full Name (Last, First, Middle Initial) B. Jim Rogers		Transaction ID: SB17.13388 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 4
Mailing Address 11889 Oakmont Drive #3		Amount of Each Disbursement this Period 1158.18 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Omaha State NE Zip Code 68136		
Purpose of Disbursement Staff Payroll Candidate Name CONNEALY 04 Category/Type 001		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 01		

Full Name (Last, First, Middle Initial) C. Jim Rogers		Transaction ID: SB17.13398 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 4
Mailing Address 11889 Oakmont Drive #3		Amount of Each Disbursement this Period 1158.18 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Omaha State NE Zip Code 68136		
Purpose of Disbursement Staff Payroll Candidate Name CONNEALY 04 Category/Type 001		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 01		

SUBTOTAL of Disbursements This Page (optional) ▶	2716.36
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)
CONNEALY 04

Full Name (Last, First, Middle Initial) A. Matt Schaefer		Transaction ID: SB17.13175 Date of Disbursement 11 / 09 / 2004
Mailing Address 3601 Apple St.		Amount of Each Disbursement this Period 176.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lincoln State NE Zip Code 68503	001 Category/Type	
Purpose of Disbursement Reimbursements Candidate Name CONNEALY 04		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01 Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Matt Schaefer		Transaction ID: SB17.13203 Date of Disbursement 11 / 09 / 2004
Mailing Address 3601 Apple St.		Amount of Each Disbursement this Period 387.38 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lincoln State NE Zip Code 68503	001 Category/Type	
Purpose of Disbursement Reimbursements Candidate Name CONNEALY 04		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01 Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Office Max		Transaction ID: SB17.13203.0 Date of Disbursement 10 / 29 / 2004
Mailing Address 2301 O Street		Amount of Each Disbursement this Period 387.38 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Lincoln State NE Zip Code 68510	007 Category/Type	
Purpose of Disbursement GOTV copies Candidate Name CONNEALY 04		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01 Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	564.02
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)

<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)
CONNEALY 04

Full Name (Last, First, Middle Initial) A. Matthew T. Schaefer		Transaction ID: SB17.13384 Date of Disbursement 10 / 15 / 2004	
Mailing Address 2214 34th St.		Amount of Each Disbursement this Period 212.31	
City Columbus State NE Zip Code 68601	Purpose of Disbursement Staff Payroll Category/Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name CONNEALY 04	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Matthew T. Schaefer		Transaction ID: SB17.13394 Date of Disbursement 10 / 29 / 2004	
Mailing Address 2214 34th St.		Amount of Each Disbursement this Period 212.31	
City Columbus State NE Zip Code 68601	Purpose of Disbursement Staff Payroll Category/Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name CONNEALY 04	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Matt Shultz		Transaction ID: SB17.13385 Date of Disbursement 10 / 15 / 2004	
Mailing Address 5145 Vine St. Apt 102		Amount of Each Disbursement this Period 404.73	
City Lincoln State NE Zip Code 68504	Purpose of Disbursement Staff Payroll Category/Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name CONNEALY 04	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	829.35
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)
CONNEALY 04

Full Name (Last, First, Middle Initial) A. Matt Shultz		Transaction ID: SB17.13395 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 4
Mailing Address 5145 Vine St. Apt 102		Amount of Each Disbursement this Period 404.73 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lincoln State NE Zip Code 68504	Purpose of Disbursement Staff Payroll Candidate Name CONNEALY 04 Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Struble Eichenbuam Communications		Transaction ID: SB17.12071 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 4
Mailing Address 700 Seventh St. S.E.		Amount of Each Disbursement this Period 9898.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003	Purpose of Disbursement Media Consultant Candidate Name CONNEALY 04 Category/Type 003	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Struble Eichenbuam Communications		Transaction ID: SB17.12094 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 4
Mailing Address 700 Seventh St. S.E.		Amount of Each Disbursement this Period 2831.84 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003	Purpose of Disbursement Media Consultant Candidate Name CONNEALY 04 Category/Type 003	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	13135.02
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)

<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)
CONNEALY 04

Full Name (Last, First, Middle Initial) A. The Lodge at Wilderness Ridge		Transaction ID: SB17.12064 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 4
Mailing Address 1800 Wilderness Woods Place		Amount of Each Disbursement this Period 790.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lincoln State NE Zip Code 68512		
Purpose of Disbursement Event Rental	Category/Type 007	
Candidate Name CONNEALY 04		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. US Bancorp		Transaction ID: SB17.12090 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 4
Mailing Address 800 Nicolett Mall		Amount of Each Disbursement this Period 155.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Minneapolis State MN Zip Code 55402		
Purpose of Disbursement Bank Fees	Category/Type 001	
Candidate Name CONNEALY 04		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. US Bancorp		Transaction ID: SB17.13297 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 4
Mailing Address 800 Nicolett Mall		Amount of Each Disbursement this Period 376.28 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Minneapolis State MN Zip Code 55402		
Purpose of Disbursement Merchant Card Fees	Category/Type 001	
Candidate Name CONNEALY 04		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1321.48
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)
CONNEALY 04

Full Name (Last, First, Middle Initial) A. US Bancorp		Transaction ID: SB17.14088 Date of Disbursement 11 / 16 / 2004	
Mailing Address 800 Nicolett Mall		Amount of Each Disbursement this Period 386.02	
City Minneapolis State MN Zip Code 55402	Purpose of Disbursement Bank Analysis Surcharge Candidate Name CONNEALY 04	Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Winning Directions		Transaction ID: SB17.12072 Date of Disbursement 10 / 18 / 2004	
Mailing Address 2700 S. Quincy St. Ste 540		Amount of Each Disbursement this Period 3974.00	
City Arlington State VA Zip Code 22206	Purpose of Disbursement Direct Mail 10,000 Candidate Name CONNEALY 04	Category/Type 003 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Winning Directions		Transaction ID: SB17.12073 Date of Disbursement 10 / 25 / 2004	
Mailing Address 2700 S. Quincy St. Ste 540		Amount of Each Disbursement this Period 23486.00	
City Arlington State VA Zip Code 22206	Purpose of Disbursement Direct Mail 41,000 Candidate Name CONNEALY 04	Category/Type 003 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	27846.02
TOTAL This Period (last page this line number only) ▶	436050.00

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

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NAME OF COMMITTEE (In Full)
CONNEALY 04

Full Name (Last, First, Middle Initial)

A. OUR CONGRESS POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 344

City PRESCOTT State AR Zip Code 71857

Purpose of Disbursement
returned deposit item from nov 1

Candidate Name
CONNEALY 04

Office Sought: House
 Senate
 President

State: NE District: 01

Disbursement For: 2004
 Primary General
 Other (specify) ▼

010
Category/
Type

Transaction ID: SB20C.14208

Date of Disbursement

11 / 08 / 2004

Amount of Each Disbursement this Period

1000.00

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

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 132 / 133
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
 CONNEALY 04

Transaction ID: SC/10.11729

LOAN SOURCE Full Name (Last, First, Middle Initial) Matthew J Connealy, - Personal funds	Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2999 Old Highway 118	
City Decatur State NE ZIP Code 68020	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
110000.00	0.00	110000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 1 0 D D 1 2 Y Y Y Y 2 0 0 4	10/12/2006	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial) Matthew J Connealy	Name of Employer Self
Mailing Address 2999 Old Highway 118	Occupation Farmer
City Decatur State NE ZIP Code 68020	Amount Guaranteed Outstanding: 110000.00
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	110000.00
TOTALS This Period (last page in this line only)	110000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Form/Schedule: **F3A**

Transaction ID:

Connealy 04 Committee; Description of Treasurer's Best Efforts. Our first step is to inquire within the committee members. I often can get the required information by asking Matt Connealy. However, other members of the committee have been able to provide the required information. When I am not able to obtain this information through these means, Matt will call on the individual parties when we have phone numbers. Our last attempt is by means of a letter signed by the candidate. I tried attaching a copy of a recent letter, but it will not paste. Therefore, the following is the verbage we have used in the past on our letters: DEAR JEAN, THANK YOU VERY MUCH FOR YOUR RECENT CONTRIBUTION TO THE CONNEALY FOR CONGRESS CAMPAIGN. BECAUSE FEDERAL LAW REQUIRES TO USE OUR BEST EFFORTS TO COLLECT AND REPORT THE NAME, ADDRESS, EMPLOYER AND OCCUPATION OF INDIVIDUALS WHOSE CONTRIBUTIONS EXCEED \$200 DOLLARS DURING AN ELECTION CYCLE, PLEASE COMPLETE AND THE ENCLOSED SELF-ADDRESSED MAILING CARD WITH THE REQUIRED INFORMATION AT YOUR EARLIEST CONVENIENCE.....since space is limited I needed to cut it short. I hope this helps for your documation. Thanks, Terry Lage, Treasurer Connealy 04.

Form/Schedule: **SA11A1**

Transaction ID: **SA11A1.13448**

This was a 48-Hour issue you were concerned with in your December 14, 2004 letter. Originally it was filed on the 30 Day Post-General Report as Sage Cowles on 10/26/2004. The reason for the discrepancy was due to the title of check is Sage Fuller Cowles and John Cowles, Jr. The Finance Director of the committee filed the 48-Hour report on 10/25/2004. When I filed the 30 report, I could not determine who signed the check, so I chose to file it under Sage Cowles. I hope this helps clear up the discrepancy. Thanks Vicki.