

RECEIVED  
FEC MAIL  
OPERATIONS CENTER

FEC  
FORM 3X

REPORT OF RECEIPTS  
AND DISBURSEMENTS  
For Other Than An Authorized Committee

2004 JUL 20 A 9 48

(Office Use Only)

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FB4ME  
COMMERCIAL FEDERAL POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 4512 IRISDENNY PARKWAY  
Check if different than previously recorded. (AGC) ATRIUM WEST  
DUMAS INE 68111

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE  
C00127274 3. IS THIS REPORT NEW OR AMENDED  
X (N) (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Month-End Year Only)
April 15 Quarterly Report (Q1)	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Year-End Year Only)	
X July 15 Quarterly Report (Q2)	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)	
October 15 Quarterly Report (Q3)	(c) 12-Day PRE-Election Report for the:	Primary (12P)	General (12G)	Runoff (12R)	
January 31 Year-End Report (YE)	Election on	Convention (12C)	Special (12S)		
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R)	Special (30S)	
Termination Report (TER)	Election on				

5. Covering Period 04 22 2004 through 06 30 2004

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

Type or Print Name of Treasurer JAMES R. MAY, JR.

Signature of Treasurer [Signature] Date 07 13 2004

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

Office Use Only

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FEC FORM 3X  
(Rev. 02/2003)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 07/2004)

Page 2

Write or Type Committee Name

Commercial Federal Political Action CommitteeReport Covering the Period: From: 04 22 2004 To: 06 30 2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2004</u>		47,024.07
(b) Cash on Hand at Beginning of Reporting Period.....	47,024.07	
(c) Total Receipts (from Line 3).....	5,495.00	13,783.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(b) and 6(c) for Column B).....	52,507.07	60,807.07
7. Total Disbursements (from Line 5).....	6,900.00	15,200.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	45,607.07	45,607.07
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	NONE	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	NONE	

This committee has qualified as a multi-candidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission  
998 E Street, NW  
Washington, DC 20483

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Commercial Foreign Political Action Committee

Report Covering the Period:

From:

04 22 2004

To:

06 30 2004

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11 Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (Use Schedule A).....	4,570.00	8,478.00
(ii) Unitemized.....	925.00	5,305.00
(iii) TOTAL (add Lines 11(a)(i) and (ii).....▶	5,495.00	13,783.00
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contributions (add Lines 11(a)(i), (b), and (c)) (Carry Totals to Line 55, page 5).....▶	5,495.00	13,783.00
12. Transfers From Affiliated/Other Party Committees.....		
13. All Loans Received.....		
14. Loan Repayments Received.....		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....		
17. Other Federal Receipts (Dividends, Interest, etc.).....		
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....		
(b) Levin Funds (from Schedule H5).....		
(c) Total Transfers (add 18(a) and 18(b)).....		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 16, 17, and 18(c)).....▶	5,495.00	13,783.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	5,495.00	13,783.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 2X (Rev. 02/20/83)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....		
(ii) Non-Federal Share .....		
(b) Other Federal Operating Expenditures .....		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....		
22. Transfers to Affiliated/Other Party Committees .....		
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	6,650.00	14,150.00
24. Independent Expenditures (use Schedule E) .....		
25. Coordinated Party Expenditures (2 U.S.C. 5411e(1)) (use Schedule F) .....		
26. Loan Repayments Made .....		
27. Loans Made .....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....		
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs) .....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....		
29. Other Disbursements .....	2,500.00	6,050.00
30. Federal Election Activity (2 U.S.C. 5431(a)(3))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....		
(ii) "Levin" Share .....		
(b) Federal Election Activity Paid Entirely With Federal Funds .....		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....		
31. Total Disbursements (add Lines 21(c), 22, 24, 25, 26, 27, 28(d), 29 and 30(c)) .....	6,900.00	15,200.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	6,900.00	15,200.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

II. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(c), page 3) .....	\$ 495.00	13,783.00
34. Total Contribution Refunds (from Line 28(d)) .....		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	\$ 495.00	13,783.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....		
37. Offsets to Operating Expenditures (from Line 15, page 3) .....		
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....		

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

Use separate schedule(s) for each category of the Detailed Summary Page	FEC LINE NUMBER: (check only one)	PAGE	OF 10
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17		

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

NAME OF COMMITTEE (in Full)  
**COMMERCIAL FEDERAL POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
**A. FITZGERALD, WILLIAM A.**

Mailing Address  
**13220 CALIFORNIA STREET**

City **OMAHA** State **NE** Zip Code **68154**

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

Name of Employer  
**COMMERCIAL FEDERAL BANK** Occupation **EXECUTIVE**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**18,000.00**

Date of Receipt  
**VARIABLES**

Amount of Each Receipt This Period  
**7,500.00**

**# 150.00 PER SEMI-MONTHLY PAY PERIOD**

Full Name (Last, First, Middle Initial)  
**B. FITZGERALD, WILLIAM T.**

Mailing Address  
**4501 DOUGLASS STREET**

City **OMAHA** State **NE** Zip Code **68132**

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

Name of Employer  
**COMMERCIAL FEDERAL BANK** Occupation **EXECUTIVE**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**6,000.00**

Date of Receipt  
**VARIABLES**

Amount of Each Receipt This Period  
**2,500.00**

**# 50.00 PER SEMI-MONTHLY PAY PERIOD**

Full Name (Last, First, Middle Initial)  
**C. FRITZCHE, JOSEPH L.**

Mailing Address  
**13220 CALIFORNIA STREET**

City **OMAHA** State **NE** Zip Code **68154**

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

Name of Employer  
**COMMERCIAL FEDERAL BANK** Occupation **EXECUTIVE**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**6,000.00**

Date of Receipt  
**VARIABLES**

Amount of Each Receipt This Period  
**2,500.00**

**# 50.00 PER SEMI-MONTHLY PAY PERIOD**

SUBTOTAL of Receipts This Page (optional) ..... ➤

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

**12,500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2 OF 10
	<input checked="" type="checkbox"/> 1a <input type="checkbox"/> 1b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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)  
**COMMERCIAL FEDERAL POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
**A. HUTCHINSON, ROBERT J.**

Mailing Address  
**13220 CALIFORNIA STREET**

City **OMAHA** State **NE** Zip Code **68154**

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

Name of Employer  
**COMMERCIAL FEDERAL BANK** Occupation **EXECUTIVE**

Receipt For:  
 Primary  General  
 Other (specify) **▼**

Aggregate Year-to-Date **60000**

Date of Receipt  
**V A R I O U S**

Amount of Each Receipt this Period  
**75.00**

**\$ 75.00 PER SEMI-MONTHLY PAY PERIOD**

Full Name (Last, First, Middle Initial)  
**B. LEWIS, ROGER L.**

Mailing Address  
**13220 CALIFORNIA STREET**

City **OMAHA** State **NE** Zip Code **68154**

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

Name of Employer  
**COMMERCIAL FEDERAL BANK** Occupation **EXECUTIVE**

Receipt For:  
 Primary  General  
 Other (specify) **▼**

Aggregate Year-to-Date **45000**

Date of Receipt  
**V A R I O U S**

Amount of Each Receipt this Period  
**20000**

**\$ 40.00 PER SEMI-MONTHLY PAY PERIOD**

Full Name (Last, First, Middle Initial)  
**C. MATTER, GARY L.**

Mailing Address  
**450 REGENCY PARKWAY**

City **OMAHA** State **NE** Zip Code **68114**

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

Name of Employer  
**COMMERCIAL FEDERAL BANK** Occupation **EXECUTIVE**

Receipt For:  
 Primary  General  
 Other (specify) **▼**

Aggregate Year-to-Date **60000**

Date of Receipt  
**V A R I O U S**

Amount of Each Receipt this Period  
**25000**

**\$ 50.00 PER SEMI-MONTHLY PAY PERIOD**

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

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

**5,2500**

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

Use separate schedules for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 3 OF 10  
 (check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**COMMERCIAL FEDERAL POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
**A. MORRIS, JOHN S.**

Date of Receipt  
**VA R I OUS**

Mailing Address  
**450 REGENCY PARKWAY**

City  
**OMAHA** State  
**NE** Zip Code  
**68114**

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

Name of Employer  
**COMMERCIAL FEDERAL BANK** Occupation  
**EXECUTIVE**

Receipt For:  
 Primary  General  
 Other (specify) **▼**

Aggregate Year-to-Date  
**46800**

Amount of Each Receipt This Period  
**19500**

**\$ 39.00 PER SEMI-MONTHLY PAY PERIOD**

Full Name (Last, First, Middle Initial)  
**B. PARIS, KEVIN C.**

Date of Receipt  
**VA R I OUS**

Mailing Address  
**450 REGENCY PARKWAY**

City  
**OMAHA** State  
**NE** Zip Code  
**68114**

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

Name of Employer  
**COMMERCIAL FEDERAL BANK** Occupation  
**EXECUTIVE**

Receipt For:  
 Primary  General  
 Other (specify) **▼**

Aggregate Year-to-Date  
**60000**

Amount of Each Receipt This Period  
**15000**

**\$ 50.00 PER SEMI-MONTHLY PAY PERIOD**

Full Name (Last, First, Middle Initial)  
**C. PERKINS, THOMAS N.**

Date of Receipt  
**VA R I OUS**

Mailing Address  
**450 REGENCY PARKWAY**

City  
**OMAHA** State  
**NE** Zip Code  
**68114**

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

Name of Employer  
**COMMERCIAL FEDERAL BANK** Occupation  
**EXECUTIVE**

Receipt For:  
 Primary  General  
 Other (specify) **▼**

Aggregate Year-to-Date  
**60000**

Amount of Each Receipt This Period  
**25000**

**\$ 50.00 PER SEMI-MONTHLY PAY PERIOD**

SUBTOTAL of Receipts This Page (optional) **69500**

TOTAL This Period (last page this line number only)



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

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

FOR LINE NUMBER: PAGE 4 OF 15

(check only one)

11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)

**COMMERCIAL FEDERAL POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

A. **COX, MARY J.**

Mailing Address

**740 NW BLUE PARKWAY**

City **LEE'S SUMMIT**

State **MO** Zip Code **64086**

FEC ID number of contributing federal political committee

**C**

Name of Employer

**COMMERCIAL FEDERAL BANK**

Occupation

**MANAGER**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**36000**

Date of Receipt

**VA RI OUS**

Amount of Each Receipt this Period

**15000**

**\$ 30.00 PER SEMI-MONTHLY PAY PERIOD**

Full Name (Last, First, Middle Initial)

B. **BROWN, GORDON T.**

Mailing Address

**6223 NALL AVENUE**

City **MISSION**

State **KS** Zip Code **66202**

FEC ID number of contributing federal political committee

**C**

Name of Employer

**COMMERCIAL FEDERAL BANK**

Occupation

**COMMERCIAL BANKER**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**24000**

Date of Receipt

**VA RI OUS**

Amount of Each Receipt this Period

**10000**

**\$ 20.00 PER SEMI-MONTHLY PAY PERIOD**

Full Name (Last, First, Middle Initial)

C. **CHEW, CHRISTOPHER B.**

Mailing Address

**740 NW BLUE PARKWAY**

City **LEE'S SUMMIT**

State **MO** Zip Code **64086**

FEC ID number of contributing federal political committee

**C**

Name of Employer

**COMMERCIAL FEDERAL BANK**

Occupation

**MANAGER**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**24000**

Date of Receipt

**VA RI OUS**

Amount of Each Receipt this Period

**10000**

**\$ 20.00 PER SEMI-MONTHLY PAY PERIOD**

SUBTOTAL of Receipts this Page (optional)

**35000**

TOTAL this Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)**

**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of this Detailed Statement Page

FOR LINE NUMBER: PAGE 5 OF 12

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 17

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NAME OF COMMITTEE (if any)

**COMMERCIAL FEDERAL POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. FRANK CMOLE M.**

Mailing Address

**303 EAST SIXTH STREET**

City **LOVELAND**

State **CO** Zip Code **80537**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

**COMMERCIAL FEDERAL BANK**

Occupation

**MANAGER**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**24000**

Date of Receipt

**VARIOUS**

Amount of Each Receipt this Period

**1,000.00**

**\$ 20.00 PER SEMI-MONTHLY PAY PERIOD**

Full Name (Last, First, Middle Initial)

**B. GARYN, HAL A.**

Mailing Address

**450 REVEREND PARKWAY**

City **OMAHA**

State **NE** Zip Code **68114**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

**COMMERCIAL FEDERAL BANK**

Occupation

**EXECUTIVE**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**24000**

Date of Receipt

**VARIOUS**

Amount of Each Receipt this Period

**10000**

**\$ 20.00 PER SEMI-MONTHLY PAY PERIOD**

Full Name (Last, First, Middle Initial)

**C. GRIFFITH, JOHN J.**

Mailing Address

**13220 CALIFORNIA STREET**

City **OMAHA**

State **NE** Zip Code **68157**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

**COMMERCIAL FEDERAL BANK**

Occupation

**EXECUTIVE**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**39000**

Date of Receipt

**VARIOUS**

Amount of Each Receipt this Period

**25000**

**\$ 50.00 PER SEMI-MONTHLY PAY PERIOD**

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page tells line number only)

**45000**

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

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

FOR LINE NUMBER: PAGE 6 OF 10  
 (check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (in full)  
**COMMERCIAL FEDERAL POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
**A. Hamm, Barbara D**

Mailing Address  
**5500 WESTTOWN PARKWAY #120**

City **WEST DES MOINES** State **IA** Zip Code **50326**

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

Name of Employer: **Commercial Federal Bank** Occupation: **MANAGER**

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date: **24,000**

Date of Receipt  
**VARIOUS**

Amount of Each Receipt this Period  
**1,000.00**

**\$ 20.00 PER SEMI-MONTHLY PAY PERIOD**

Full Name (Last, First, Middle Initial)  
**B. Heady, Stephen S**

Mailing Address  
**740 NW BLUE PARKWAY**

City **LEES SUMMIT** State **MO** Zip Code **64086**

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

Name of Employer: **Commercial Federal Bank** Occupation: **MANAGER**

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date: **24,000**

Date of Receipt  
**VARIOUS**

Amount of Each Receipt this Period  
**1,000.00**

**\$ 20.00 PER SEMI-MONTHLY PAY PERIOD**

Full Name (Last, First, Middle Initial)  
**C. Hensley, Christine L.**

Mailing Address  
**801 GRAND AVE. #300**

City **DES MOINES** State **IA** Zip Code **50309**

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

Name of Employer: **Commercial Federal Bank** Occupation: **MANAGER**

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date: **24,000**

Date of Receipt  
**VARIOUS**

Amount of Each Receipt this Period  
**1,000.00**

**\$ 20.00 PER SEMI-MONTHLY PAY PERIOD**

SUBTOTAL of Receipts This Page (optional) **3,000.00**

TOTAL This Period (see page this line number only)

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

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

FOR LINE NUMBER: (check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)

**COMMERCIAL FEDERAL POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

A. **HUMBAL, RICHARD R**

Mailing Address

**450 REGENCY PARKWAY**

City

**OMAHA**

State

**NE**

Zip Code

**68114**

FEC ID number of contributing federal political committee.

**0**

Name of Employer

**COMMERCIAL FEDERAL BANK**

Occupation

**MANAGER**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**24000**

Date of Receipt

**V.A. R.V. QUS**

Amount of Each Receipt this Period

**10000**  
**\$20.00 PER SEMI-MONTHLY PAY PERIOD**

Full Name (Last, First, Middle Initial)

B. **JOHANSEN, GLENDELL E.**

Mailing Address

**450 REGENCY PARKWAY**

City

**OMAHA**

State

**NE**

Zip Code

**68114**

FEC ID number of contributing federal political committee.

**0**

Name of Employer

**COMMERCIAL FEDERAL BANK**

Occupation

**EXECUTIVE**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**24000**

Date of Receipt

**V.A. R.V. QUS**

Amount of Each Receipt this Period

**10000**  
**\$20.00 PER SEMI-MONTHLY PAY PERIOD**

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

**0**

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

**20000**

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

Use separate schedules for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 12  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**COMMERCIAL FEDERAL POLITICAL ACTION COMMITTEE**

Full Name (Last, First Middle Initial)  
**A. MARY JAMES R.**

Mailing Address  
**450 RESEARCH PARKWAY**

City **OMAHA** State **NE** Zip Code **68114**

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

Name of Employer: **COMMERCIAL FEDERAL BANK** Occupation: **MANAGER**

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date: **24000**

Date of Receipt: **VA R 05**

Amount of Each Receipt this Period: **1,000.00**

**\$ 20.00 PER SEMI-MONTHLY PAY PERIOD**

Full Name (Last, First Middle Initial)  
**B. McINTYRE, Pamela M.**

Mailing Address  
**450 RESEARCH PARKWAY**

City **OMAHA** State **NE** Zip Code **68114**

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

Name of Employer: **COMMERCIAL FEDERAL BANK** Occupation: **ASST. CONTROLLER**

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date: **24000**

Date of Receipt: **VA R 05**

Amount of Each Receipt this Period: **1,000.00**

**\$ 20.00 PER SEMI-MONTHLY PAY PERIOD**

Full Name (Last, First Middle Initial)  
**C. MAESE, DANIEL U.**

Mailing Address  
**740 NW BIRCH PARKWAY**

City **LEES SUMMIT** State **MO** Zip Code **64086**

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

Name of Employer: **COMMERCIAL FEDERAL BANK** Occupation:

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date: **24000**

Date of Receipt: **VA R 05**

Amount of Each Receipt this Period: **1,000.00**

**\$ 20.00 PER SEMI-MONTHLY PAY PERIOD**

SUBTOTAL of Receipts This Page (optional): **3000.00**

TOTAL This Period (last page this line number only): **3000.00**

SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE 9		OF 10	
(check only one)					
<input checked="" type="checkbox"/> 1-3	<input type="checkbox"/> 4-6	<input type="checkbox"/> 7-9	<input type="checkbox"/> 10-12	<input type="checkbox"/> 13-15	<input type="checkbox"/> 16-17

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NAME OF COMMITTEE (in full)  
**COMMERCIAL FEDERAL POLITICAL ACTION COMMITTEE**

A. Full Name (Last, First, Middle Initial)  
**PLATT, RICK A.**

Mailing Address  
**450 RESIDENCY PARKWAY**

City **OMAHA** State **NE** Zip Code **68114**

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

Name of Employer  
**COMMERCIAL FEDERAL BANK** Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date **24000**

Date of Receipt  
**VARIABLE**

Amount of Each Receipt this Period  
**10000**

**\$20.00 PER SEMI-MONTHLY PAY PERIOD**

B. Full Name (Last, First, Middle Initial)  
**SCHAECHER, TERRA L.**

Mailing Address  
**450 RESIDENCY PARKWAY**

City **OMAHA** State **NE** Zip Code **68114**

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

Name of Employer  
**COMMERCIAL FEDERAL BANK** Occupation  
**MANAGER**

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date **24000**

Date of Receipt  
**VARIABLE**

Amount of Each Receipt this Period  
**10000**

**\$20.00 PER SEMI-MONTHLY PAY PERIOD**

C. Full Name (Last, First, Middle Initial)  
**TOPLA, GERARD J.**

Mailing Address  
**13220 CALIFORNIA STREET**

City **OMAHA** State **NE** Zip Code **68154**

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

Name of Employer  
**COMMERCIAL FEDERAL BANK** Occupation  
**MANAGER**

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date **24000**

Date of Receipt  
**VARIABLE**

Amount of Each Receipt this Period  
**10000**

**\$20.00 PER SEMI-MONTHLY PAY PERIOD**

SUBTOTAL of Receipts This Page (optional) **30000**

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 10 OF 10  
(check only one)

<input checked="" type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**COMMERCIAL FEDERAL POLITICAL ACTION COMMITTEE**

A. Full Name (Last, First, Middle Initial)  
**YAHARIK, DAVID E.**

Mailing Address  
**P.O. BOX 36**

City  
**Bloomfield**

State  
**IA**

Zip Code  
**52537**

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

Name of Employer  
**Commercial Federal Bank**

Occupation  
**Commercial Banker**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**24000**

Date of Receipt  
**V.A. R.I. OUS**

Amount of Each Receipt this Period  
**10,000**

**\$ 20.00 PER SEMI-MONTHLY PAY PERIOD**

B. Full Name (Last, First, Middle Initial)  
**ZIMMERMAN, DENNIS R**

Mailing Address  
**4501 DODGE STREET**

City  
**AMARIA**

State  
**NE**

Zip Code  
**68132**

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

Name of Employer  
**Commercial Federal Bank**

Occupation  
**EXECUTIVE**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**24000**

Date of Receipt  
**V.A. R.I. OUS**

Amount of Each Receipt this Period  
**10,000**

**\$ 20.00 PER SEMI-MONTHLY PAY PERIOD**

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

Mailing Address

City

State

Zip Code

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

Name of Employer

Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ▶

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

**20000**

**457000**

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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21a	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 28	<input type="checkbox"/> 30a

PAGE 1 OF 3

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NAME OF COMMITTEE (in Full)  
**COMMERCIAL FEDERAL POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial):  
**A. COMMITTEE TO ELECT JIM NUSSLE**

Date of Disbursement: **04 23 2004**

Mailing Address:  
**621 EAST 9TH STREET**

City: **DES MOINES** State: **IA** Zip Code: **50309**

Purpose of Disbursement: **CONTRIBUTION** Category/Type: **OLI**

Candidate Name: **JIM NUSSLE** Amount of Each Disbursement this Period: **15000**

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

State: **IA** District: **1**

Full Name (Last, First, Middle Initial):  
**B. THUNG FOR SENATE**

Date of Disbursement: **05 06 2004**

Mailing Address:  
**P.O. BOX 3308**

City: **SIOUX FALLS** State: **SD** Zip Code: **57101**

Purpose of Disbursement: **CONTRIBUTION** Category/Type: **OLI**

Candidate Name: **JOHN THUNG** Amount of Each Disbursement this Period: **5000**

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

State: **SD** District:

Full Name (Last, First, Middle Initial):  
**C. COMMITTEE TO ELECT JIM NUSSLE**

Date of Disbursement: **05 13 2004**

Mailing Address:  
**621 EAST 9TH STREET**

City: **DES MOINES** State: **IA** Zip Code: **50309**

Purpose of Disbursement: **CONTRIBUTION** Category/Type: **OLI**

Candidate Name: **JIM NUSSLE** Amount of Each Disbursement this Period: **4000**

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

State: **IA** District: **1**

**24000**

SUBTOTAL of Disbursements This Page (optional):

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



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 2 OF 3

21b  22  23  24  25  26  
 27  28a  28b  28c  29  30b

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NAME OF COMMITTEE (in Full)

**COMMERCIAL FEDERAL POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. NEBRASKA REPUBLICAN PARTY**

Date of Disbursement

05 13 2004

Mailing Address

421 SOUTH 9TH STREET

City

LINCOLN

State

NE

Zip Code

68508

Purpose of Disbursement

CONTRIBUTION

Candidate Name

N/A

011  
Category/Type

Amount of Each Disbursement this Period

15000

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**B. LEE TERRY FOR CONGRESS**

Date of Disbursement

05 13 2004

Mailing Address

P.O. BOX 540098

City

OMAHA

State

NE

Zip Code

68154

Purpose of Disbursement

CONTRIBUTION

Candidate Name

LEE TERRY

011  
Category/Type

Amount of Each Disbursement this Period

10000

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State: NE

District: 2

Full Name (Last, First, Middle Initial)

**C. JEFF FORTENBERRY FOR U.S. CONGRESS**

Date of Disbursement

05 16 2004

Mailing Address

P.O. BOX 30265

City

LINCOLN

State

NE

Zip Code

68503

Purpose of Disbursement

CONTRIBUTION

Candidate Name

JEFF FORTENBERRY

011  
Category/Type

Amount of Each Disbursement this Period

7500

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State: NE

District: 1

SUBTOTAL of Disbursements This Page (optional)

22500

TOTAL This Period (fill page this line number only)

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

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

FOR LINE NUMBERS:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 29a	<input type="checkbox"/> 29b	<input type="checkbox"/> 30

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NAME OF COMMITTEE (In Full)

**COMMERCIAL FEDERAL POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

Date of Disbursement

A.

**EMMANUEL CLEAVELAND FOR CONGRESS**

010 16 2004

Mailing Address

P.O. Box 411872

City

**KANSAS CITY**

State

**MO**

Zip Code

**64114**

Purpose of Disbursement

**CONTRIBUTION**

Category/Type  
**011**

Amount of Each Disbursement this Period

**10000**

Candidate Name

**EMMANUEL CLEAVELAND**

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: **MO**

District: **5**

B.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Amount of Each Disbursement this Period

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Amount of Each Disbursement this Period

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

10000  
665000

**SCHEDULE B (FEC Form 3X)**

**ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

PAGE 1 OF 1

21b  22  23  24  25  26  
 27  28a  28b  28c  29  30b

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NAME OF COMMITTEE (In Full)

**COMMERCIAL FEDERAL POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Tom Cavanaugh for County Council Committee**

Date of Disbursement:

05 06 2004

Mailing Address

4708 SHIRLEY STREET

City

OMAHA

State

NE

Zip Code

68106

Purpose of Disbursement

CONTRIBUTION

011  
Category/Type

Amount of Each Disbursement this Period

25000

Candidate Name

Tom Cavanaugh

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Amount of Each Disbursement this Period

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Amount of Each Disbursement this Period

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

25000  
25000

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
 FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 7-14-04
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> Delivery Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>AMP</i> PREPARER	7-20-04 DATE PREPARED