

# 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  
 Check if different than previously reported. (ACC)  
DECATUR NE 68020

2. **FEC IDENTIFICATION NUMBER** C00390005  
**CITY** **STATE** **ZIP CODE**  
**STATE** **DISTRICT**  
3. IS THIS REPORT  NEW (N) **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 [ ] [ ] [ ] in the State of [ ]

5. Covering Period 01 01 2004 through 03 31 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 07 19 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

CONNEALY 04

Report Covering the Period:

From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	4

To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	92762.71	164690.09
(b) Total Contribution Refunds (from Line 20(d)).....	350.00	350.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	92412.71	164340.09
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	49316.16	70792.04
(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)).....	49316.16	70792.04
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	93548.05	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name  
CONNEALY 04

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	4

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	4

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees	36127.71	67135.09
(i) Itemized (use Schedule A).....	25185.00	51305.00
(ii) Unitemized.....	61312.71	118440.09
(iii) TOTAL of contributions from individuals..... ▶	0.00	0.00
(b) Political Party Committees.....	29450.00	43050.00
(c) Other Political Committees (such as PACS).....	2000.00	3200.00
(d) The Candidate.....	92762.71	164690.09
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))		
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....</b>	0.00	0.00
<b>13. LOANS</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	92762.71	164690.09

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	49316.16	70792.04
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	250.00	250.00
(b) Political Party Committees.....	100.00	100.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	350.00	350.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	49666.16	71142.04

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	50451.50
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	92762.71
25. SUBTOTAL (add Line 23 and Line 24).....	143214.21
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	49666.16
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	93548.05

# 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 5 / 66
	<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)  
**CONNEALY 04**

<b>A.</b> Full Name (Last, First, Middle Initial) Michael Alberts		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 4	
Mailing Address 2004 E 24 Rd		<b>Transaction ID:</b> SA11A1.5676	
City Marquette	State NE	Zip Code 68854	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. <b>C</b>		<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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 202.00		

<b>B.</b> Full Name (Last, First, Middle Initial) M. Berri Balka		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 4	
Mailing Address 4831 Deer Creek Dr		<b>Transaction ID:</b> SA11A1.5256	
City Lincoln	State NE	Zip Code 68516	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>		<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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Frank Barrett		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 4	
Mailing Address 516 S. 119th St.		<b>Transaction ID:</b> SA11A1.5562	
City Omaha	State NE	Zip Code 68154	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. <b>C</b>		<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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	550.00
<b>TOTAL</b> 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 6 / 66
	<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) <b>A. William Berryman</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2004	
Mailing Address 9 Skyline Dr		<b>Transaction ID: SA11A1.5248</b>	
City State Zip Code Kearney NE 68847		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		<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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Christopher Beutler</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2004	
Mailing Address 3315 M St.		<b>Transaction ID: SA11A1.5417</b>	
City State Zip Code Lincoln NE 68510		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		<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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Boucher Law Firm</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2004	
Mailing Address 700 Lincoln Square 121 S. 13th St.		<b>Transaction ID: SA11A1.5403</b>	
City State Zip Code Lincoln NE 68508		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		<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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> 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 7 / 66
	<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**

<b>A.</b> Full Name (Last, First, Middle Initial) Mike Boyle		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2004
Mailing Address 1106 Howard St. Ste 6		<b>Transaction ID:</b> SA11A1.5494
City Omaha State NE Zip Code 68102	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		<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 Douglas County Commissioner	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 600.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Brett McArthur Law office, P.C., L.L.O		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2004
Mailing Address 6201 S. 58th St. Ste C		<b>Transaction ID:</b> SA11A1.5374
City Lincoln State NE Zip Code 68516	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		<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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Julie Shipman Burns		Date of Receipt M M / D D / Y Y Y Y 02 / 25 / 2004
Mailing Address 12909 N 70th St		<b>Transaction ID:</b> SA11A1.5654
City Lincoln State NE Zip Code 68517	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer McCord & Burns Law Firm	Occupation Attorney	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1050.00
<b>TOTAL</b> 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 / 66
	<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) <b>A. James A. Cada</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2004	
Mailing Address 1024 K Street		<b>Transaction ID: SA11A1.5158</b>	
City Lincoln	State NE	Amount of Each Receipt this Period 250.00	
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. <b>C</b>			
Name of Employer Self	Occupation Attorney		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 450.00		

Full Name (Last, First, Middle Initial) <b>B. Sandra Christensen</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 18 / 2004	
Mailing Address 1740 County Rd P		<b>Transaction ID: SA11A1.5864</b>	
City Lyons	State NE	Amount of Each Receipt this Period 50.00	
Zip Code 68038		<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. <b>C</b>			
Name of Employer Self	Occupation Farmer		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 550.00		

Full Name (Last, First, Middle Initial) <b>C. Stanley D. Cohen</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2004	
Mailing Address 8055 O Street Ste 120		<b>Transaction ID: SA11A1.5369</b>	
City Lincoln	State NE	Amount of Each Receipt this Period 250.00	
Zip Code 68510		<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. <b>C</b>			
Name of Employer Self	Occupation Attorney		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	550.00
<b>TOTAL</b> 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 / 66
	<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**

<b>A.</b> Full Name (Last, First, Middle Initial) Judith Connealy Mailing Address 2999 Old Highway 118 City Decatur State NE Zip Code 68020 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 4 <b>Transaction ID: SA11A1.5763</b> 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 Briar Cliff University Occupation Administrative Director Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Maggie J. Connealy Mailing Address 3950 N. 104th Plz Apt 208 City Omaha State NE Zip Code 68134 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 4 <b>Transaction ID: SA11A1.5347</b> 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 Ameritrade Occupation Trading Manager Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 225.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Marcella Connealy Mailing Address 3739 Somerset Drive City Prairie Village State KS Zip Code 66208 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 4 <b>Transaction ID: SA11A1.5541</b> 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 252.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>625.00</b>
<b>TOTAL</b> 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 / 66
	<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**

<b>A.</b> Full Name (Last, First, Middle Initial) Mary Jo Connealy Mailing Address 2801 County Rd U. City Decatur State NE Zip Code 68020 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 0 4 <b>Transaction ID: SA11A1.5896</b> 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 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 450.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Micheal A. Connealy Mailing Address 463 Waycliffe North City Wayzata State MN Zip Code 55391 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 4 <b>Transaction ID: SA11A1.5260</b> 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 Wells Fargo Bank Occupation Executive Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Patrick M Connealy Mailing Address 475 Cedar St City Chadron State NE Zip Code 69337 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 4 <b>Transaction ID: SA11A1.5662</b> Amount of Each Receipt this Period 249.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Cries, Schaffer, Connealy, Wat Occupation Attorney Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 249.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>499.00</b>
<b>TOTAL</b> 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 / 66
	<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**

<b>A.</b> Full Name (Last, First, Middle Initial) Vic Covalt, III Mailing Address 3124 Kucera Drive City Lincoln State NE Zip Code 68502 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2004 <b>Transaction ID: SA11A1.5389</b> 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 Self Occupation Attorney Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 850.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Dennis Crawford Mailing Address 5110 Fir Hollow Lane City Lincoln State NE Zip Code 68516 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2004 <b>Transaction ID: SA11A1.5385</b> 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 Crawford Law Office, PC Occupation Attorney Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 350.00		

<b>C.</b> Full Name (Last, First, Middle Initial) John M. Crowley Mailing Address 401 Lochland Road City Hastings State NE Zip Code 68901 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 18 / 2004 <b>Transaction ID: SA11A1.5159</b> 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 NE Independent College As-soc. Occupation Executive Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> 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 / 66
	<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)  
CONNEALY 04

Full Name (Last, First, Middle Initial) <b>A.</b> Kenneth H. Dinklage		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 4
Mailing Address 436 Seymour Ave		Transaction ID: SA11A1.5656
City State Zip Code Winter Park FL 32789	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		<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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Insurance Agent Election Cycle-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B.</b> John Dittrich		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 4
Mailing Address 83905 -537th Ave		Transaction ID: SA11A1.5456
City State Zip Code Meadow Grove NE 68752	Amount of Each Receipt this Period 800.00	
FEC ID number of contributing federal political committee. <b>C</b>		<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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Farmer Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Keith Dittrich		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 4
Mailing Address 53495 - 840 Rd		Transaction ID: SA11A1.5457
City State Zip Code Tilden NE 68781	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Farmer Election Cycle-to-Date ▼ 1225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2100.00
<b>TOTAL</b> 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 / 66
	<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) <b>A. Jack Dixon</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 4	
Mailing Address <b>PO Box 707</b>		<b>Transaction ID: SA11A1.5696</b>	
City <b>Wisner</b>	State <b>NE</b>	Amount of Each Receipt this Period 500.00	
Zip Code <b>68791</b>		<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. <b>C</b>			
Name of Employer <b>Kazaan Fertilizer</b>	Occupation <b>Retail Fertilizer</b>		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Ralph Dockery</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 4	
Mailing Address <b>675 Lionshead PI</b>		<b>Transaction ID: SA11A1.5660</b>	
City <b>Vail</b>	State <b>CO</b>	Amount of Each Receipt this Period 250.00	
Zip Code <b>81657</b>		<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. <b>C</b>			
Name of Employer <b>Eagle-Vail Properties Owners</b>	Occupation <b>President</b>		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. Richard Evnen</b>		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 4	
Mailing Address <b>1914 B Street</b>		<b>Transaction ID: SA11A1.5611</b>	
City <b>Lincoln</b>	State <b>NE</b>	Amount of Each Receipt this Period 1000.00	
Zip Code <b>68502</b>		<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. <b>C</b>			
Name of Employer <b>Lincoln Poultry</b>	Occupation <b>President</b>		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1750.00
<b>TOTAL</b> 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 / 66
	<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**

<b>A.</b> Full Name (Last, First, Middle Initial) Brian J. Fahey		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 4
Mailing Address 1024 Dodge St. Apt 208		<b>Transaction ID:</b> SA11A1.5816
City State Zip Code Omaha NE 68102	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Student Election Cycle-to-Date ▼ 1000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) John D. Feller		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 4
Mailing Address 409 Lambrecht St		<b>Transaction ID:</b> SA11A1.5692
City State Zip Code Beemer NE 68716	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Feller and Houston Attorneys Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Attorney Election Cycle-to-Date ▼ 300.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Terrence J. Ferguson		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 4
Mailing Address 6435 Prairie Ave		<b>Transaction ID:</b> SA11A1.6088
City State Zip Code Omaha NE 68132	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Frazier Striker Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Attorney Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2100.00
<b>TOTAL</b> 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 15 / 66
	<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**

<b>A.</b> Full Name (Last, First, Middle Initial) Beverly Forsberg		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2004	
Mailing Address 610 Logan Ave.		<b>Transaction ID:</b> SA11A1.5478	
City State Zip Code Lyons NE 68038		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Metropolitan Community College		Occupation Microcomputer Support Specialist	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Friedman Law Offices		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2004	
Mailing Address PO Box 82009		<b>Transaction ID:</b> SA11A1.5971	
City State Zip Code Lincoln NE 68501		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Leonard Gill		Date of Receipt M M / D D / Y Y Y Y 02 / 14 / 2004	
Mailing Address 124 Monona Blvd Box 126		<b>Transaction ID:</b> SA11A1.5658	
City State Zip Code Jackson NE 68743		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer L.P. Gill Inc		Occupation Owner	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1600.00
<b>TOTAL</b> 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 / 66
	<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)  
 Bernard Glaser

Mailing Address **PO Box 94902**

City **Lincoln** State **NE** Zip Code **68509**

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 ▼ **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 24 / 2004**

**Transaction ID: SA11A1.5401**

Amount of Each Receipt this Period  
**250.00**

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

**B.** Full Name (Last, First, Middle Initial)  
 Larry Gregerson

Mailing Address **3475 CR C**

City **Herman** State **NE** Zip Code **68029**

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

Name of Employer Self Occupation **Farmer/Cattle Feeder**

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 30 / 2004**

**Transaction ID: SA11A1.5341**

Amount of Each Receipt this Period  
**100.00**

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

**C.** Full Name (Last, First, Middle Initial)  
 Jim Grossman

Mailing Address **6734 Mill Creek**

City **Shawnee** State **KS** Zip Code **66217**

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

Name of Employer treasurer's best efforts Occupation

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 28 / 2004**

**Transaction ID: SA11A1.5573**

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) ..... ► **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 17 / 66
	<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**

<b>A.</b> Full Name (Last, First, Middle Initial) H. Jack Moors & Associates		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2004
Mailing Address 605 S. 14th St. Ste 405		<b>Transaction ID:</b> SA11A1.5491
City Lincoln State NE Zip Code 68508	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		<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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 252.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Leroy Hansen		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2004
Mailing Address 1521 G Road		<b>Transaction ID:</b> SA11A1.5275
City Minden State NE Zip Code 68959	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		<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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 300.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Paula L. Harre		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2004
Mailing Address 5910 Oakridge Drive		<b>Transaction ID:</b> SA11A1.5429
City Lincoln State NE Zip Code 68516	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Harre Orthodontics Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Orthodontist Election Cycle-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>550.00</b>
<b>TOTAL</b> 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 18 / 66
	<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) <b>A. James Harris</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2004	
Mailing Address 3400 O Street		Transaction ID: SA11A1.5378	
City Lincoln	State NE	Amount of Each Receipt this Period 250.00	
Zip Code 68503		<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. <b>C</b>			
Name of Employer Self	Occupation Attorney		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 750.00		

Full Name (Last, First, Middle Initial) <b>B. D. Paul Hartnett</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 11 / 2004	
Mailing Address 407 Greenbriar Ct.		Transaction ID: SA11A1.5496	
City Bellevue	State NE	Amount of Each Receipt this Period 500.00	
Zip Code 68005		<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. <b>C</b>			
Name of Employer State of Nebraska	Occupation State Senator		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00		

Full Name (Last, First, Middle Initial) <b>C. Eileen Hartnett</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2004	
Mailing Address 552 Joy Ct.		Transaction ID: SA11A1.5419	
City South Sioux City	State NE	Amount of Each Receipt this Period 300.00	
Zip Code 68776		<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. <b>C</b>			
Name of Employer Unemployed	Occupation		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1050.00
<b>TOTAL</b> 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 / 66
	<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**

<b>A.</b> Full Name (Last, First, Middle Initial) Sally Herrin		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 4
Mailing Address 2945 Sherman St. City Lincoln State NE Zip Code 68502		<b>Transaction ID:</b> SA11A1.5373
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 400.00
Name of Employer Southeast Community College Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Teacher Election Cycle-to-Date ▼ 1000.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b> Full Name (Last, First, Middle Initial) Jay Holmquist		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 4
Mailing Address 1600 Circle Drive City Lincoln State NE Zip Code 68506		<b>Transaction ID:</b> SA11A1.5636
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Nebraska Rural Electric Association Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Association Manager Election Cycle-to-Date ▼ 202.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b> Full Name (Last, First, Middle Initial) Jay Holmquist		Date of Receipt M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 4
Mailing Address 1600 Circle Drive City Lincoln State NE Zip Code 68506		<b>Transaction ID:</b> SA11A1.5199
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer Nebraska Rural Electric Association Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Association Manager Election Cycle-to-Date ▼ 352.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>600.00</b>
<b>TOTAL</b> 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 20 / 66
	<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) <b>A. Julia E. Holmquist</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2004	
Mailing Address 1600 Circle Drive		<b>Transaction ID: SA11A1.5200</b>	
City State Zip Code Lincoln NE 68506		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		<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 Sr. Legislative Aide			
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. James H. Hoppe</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 21 / 2004	
Mailing Address 140 N. 8th St. Ste 250		<b>Transaction ID: SA11A1.5868</b>	
City State Zip Code Lincoln NE 68508		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		<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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. James H. Hoppe</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2004	
Mailing Address 140 N. 8th St. Ste 250		<b>Transaction ID: SA11A1.5376</b>	
City State Zip Code Lincoln NE 68508		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		<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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	800.00
<b>TOTAL</b> 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 / 66
	<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**

<b>A.</b> Full Name (Last, First, Middle Initial) Frank Johannsen		Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2004	
Mailing Address HC 86 Box 149		<b>Transaction ID:</b> SA11A1.5305	
City State Zip Code Bayard NE 69334		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			
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 400.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Peter Katt		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2004	
Mailing Address 6001 NW 12th St.		<b>Transaction ID:</b> SA11A1.5383	
City State Zip Code Lincoln NE 68521		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 Pierson, Fitchett, Hunzeker Occupation Attorney			
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mike Kelley		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2004	
Mailing Address 7134 Pacific St.		<b>Transaction ID:</b> SA11A1.5575	
City State Zip Code Omaha NE 68106		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 Kelly & Lehan Occupation Lobbyist/Attorney			
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	600.00
<b>TOTAL</b> 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 / 66
	<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**

<b>A.</b> Full Name (Last, First, Middle Initial) Denny Klatt		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2004
Mailing Address 6105 Weir St.		<b>Transaction ID:</b> SA11A1.5250
City State Zip Code Omaha NE 68117	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer DK & B Construction Company	Occupation Chief Executive Officer	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Bill Langdon		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2004
Mailing Address 6808 Forest Lake Blvd		<b>Transaction ID:</b> SA11A1.5371
City State Zip Code Lincoln NE 68516	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer NE Title Company	Occupation Attorney	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Alison Larson		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2004
Mailing Address 6431 Barbara Lane		<b>Transaction ID:</b> SA11A1.5379
City State Zip Code Lincoln NE 68512	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		<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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1000.00
<b>TOTAL</b> 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 / 66
	<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**

<b>A.</b> Full Name (Last, First, Middle Initial) David S Lathrop, Jr.		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2004
Mailing Address 9290 W. Dodge Rd Ste 403		<b>Transaction ID:</b> SA11A1.5462
City State Zip Code Omaha NE 68114		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Hauptman, O'Brien, Wolf & Lat	Occupation Attorney	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Matthew A. Lathrop		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2004
Mailing Address 2320 S. 116th St.		<b>Transaction ID:</b> SA11A1.5342
City State Zip Code Omaha NE 68144		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Hauptman, O'Brien	Occupation Attorney	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Steven Lathrop		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2004
Mailing Address 1005 S. 107th Ave Ste 200		<b>Transaction ID:</b> SA11A1.5464
City State Zip Code Omaha NE 68114		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Hauptman, O'Brien, Wolf & Lath	Occupation Attorney	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> 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 / 66
	<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**

<b>A.</b> Full Name (Last, First, Middle Initial) John Lindsay Mailing Address 1537 Skylark Drive City State Zip Code Omaha NE 68144 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 04 / 2004 <b>Transaction ID: SA11A1.5593</b> 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 O'Hara, Lindsay and Associates Occupation Lobbyist/Attorney Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 750.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Alfredo Lobianco Mailing Address 1024 K Street City State Zip Code Lincoln NE 68508 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2004 <b>Transaction ID: SA11A1.5364</b> 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 Self Occupation Attorney Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Donald Macke Mailing Address 3833 Dudley St. City State Zip Code Lincoln NE 68503 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 02 / 2004 <b>Transaction ID: SA11A1.6100</b> 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 Rural Communities International Occupation Researcher Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>600.00</b>
<b>TOTAL</b> 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 / 66
	<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**

<b>A.</b> Full Name (Last, First, Middle Initial) Joe Malloy Mailing Address 2610 Cr U. City State Zip Code Decatur NE 68020 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 0 4 <b>Transaction ID: SA11A1.5903</b> 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 Self Occupation Farmer Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 400.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Joe Malloy Mailing Address 2610 Cr U. City State Zip Code Decatur NE 68020 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 4 <b>Transaction ID: SA11A1.5245</b> 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 Self Occupation Farmer Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 650.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Elizabeth G. Maude Mailing Address 6630 Blue Ridge Ln City State Zip Code Lincoln NE 68516 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 4 <b>Transaction ID: SA11A1.5386</b> 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 Vince Powers Law Occupation Attorney Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> 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 / 66
	<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**

<b>A.</b> Full Name (Last, First, Middle Initial) Dan Mauk		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2004
Mailing Address 2406 Hardison Drive		<b>Transaction ID:</b> SA11A1.5458
City State Zip Code Norfolk NE 68701	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Norfolk Area Chamber of Commerce	Occupation Business Association	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 375.38	

<b>B.</b> Full Name (Last, First, Middle Initial) Christopher A. McLean		Date of Receipt M M / D D / Y Y Y Y 01 / 23 / 2004
Mailing Address 4701 Davenport St NW		<b>Transaction ID:</b> SA11A1.5647
City State Zip Code Washington DC 20016	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		<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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Douglas Milbourn		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2004
Mailing Address 6157 Meyer Road		<b>Transaction ID:</b> SA11A1.5569
City State Zip Code Columbus NE 68601	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Milbourn, Fehring, Kessler,	Occupation Attorney	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1275.00
<b>TOTAL</b> 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 27 / 66
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NAME OF COMMITTEE (In Full)  
**CONNEALY 04**

<b>A.</b> Full Name (Last, First, Middle Initial) Robert Moodie Mailing Address 6840 S. 52nd St. City Lincoln State NE Zip Code 68516 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2004 <b>Transaction ID: SA11A1.5555</b> 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 Friedman Law Office Attorney Receipt For: 2004 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 750.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Lance G. Morgan Mailing Address PO Box 369 City Winnebago State NE Zip Code 68776 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2004 <b>Transaction ID: SA11A1.5969</b> 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 Ho-Chunk, Inc. CEO Receipt For: 2004 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		

<b>C.</b> Full Name (Last, First, Middle Initial) George Moyer Mailing Address 103 E 6th St PO Box 210 City Madison State NE Zip Code 68748 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2004 <b>Transaction ID: SA11A1.5567</b> 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 Occupation Moyer, Moyer, Egley, Full-ner & Attorney Receipt For: 2004 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1050.00</b>
<b>TOTAL</b> 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 / 66
	<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) <b>A. Charles Myers</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 0 4	
Mailing Address <b>432 County Road RS</b>		<b>Transaction ID: SA11A1.5886</b>	
City <b>Lyons</b>	State <b>NE</b>	Zip Code <b>68038</b>	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. <b>C</b>		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
Name of Employer Self	Occupation <b>Farmer</b>	Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 300.00			

Full Name (Last, First, Middle Initial) <b>B. Frederick Nance</b>		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 4	
Mailing Address <b>1980 E. Stratus Way</b>		<b>Transaction ID: SA11A1.5350</b>	
City <b>Tucson</b>	State <b>AZ</b>	Zip Code <b>85737</b>	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. <b>C</b>		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
Name of Employer Retired	Occupation	Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 300.00			

Full Name (Last, First, Middle Initial) <b>C. Kathleen Neary</b>		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 4	
Mailing Address <b>1903 Lake St.</b>		<b>Transaction ID: SA11A1.5398</b>	
City <b>Lincoln</b>	State <b>NE</b>	Zip Code <b>68502</b>	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. <b>C</b>		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
Name of Employer Self	Occupation <b>Attorney</b>	Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 350.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	450.00
<b>TOTAL</b> 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 / 66
	<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**

<b>A.</b> Full Name (Last, First, Middle Initial) Dave Newell		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2004
Mailing Address 7165 Morman Bridge Rd.		<b>Transaction ID:</b> SA11A1.5425
City State Zip Code Omaha NE 68152	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		<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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Coleen Nielsen		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2004
Mailing Address 8301 Horseshoe Drive		<b>Transaction ID:</b> SA11A1.5387
City State Zip Code Lincoln NE 68516	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Brennan & Neilsen Law Office	Occupation Attorney	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Timothy O'Brien		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2004
Mailing Address 3309 N. 128th Cr.		<b>Transaction ID:</b> SA11A1.5460
City State Zip Code Omaha NE 68164	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Hauptman, O'Brien, Wolf & Lath	Occupation Attorney	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	800.00
<b>TOTAL</b> 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 / 66
	<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 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 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1100.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 02 / 2004

**Transaction ID:** SA11A1.5614

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)  
 Pepperl, McMahon-Boies & Jones

Mailing Address 4547 Calvert PO Box 6476

City Lincoln State NE Zip Code 68506

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

Name of Employer Occupation

Receipt For: 2004 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 20 / 2004

**Transaction ID:** SA11A1.5366

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)  
 Vince Powers

Mailing Address 411 S. 13th St. Ste 300

City Lincoln State NE Zip Code 68508

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

Name of Employer Self Occupation Attorney

Receipt For: 2004 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1953.71

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 24 / 2004

**Transaction ID:** SA11A1.5322

Amount of Each Receipt this Period  
 478.71

catering costs

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1228.71**

**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 31 / 66
	<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) <b>A. Vince Powers</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2004	
Mailing Address 411 S. 13th St. Ste 300		<b>Transaction ID: SA11A1.5368</b>	
City Lincoln	State NE	Zip Code 68508	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>		<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 ▼ 2203.71		

Full Name (Last, First, Middle Initial) <b>B. Don Preister</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2004	
Mailing Address 3937 W St.		<b>Transaction ID: SA11A1.5195</b>	
City Omaha	State NE	Zip Code 68107	Amount of Each Receipt this Period 400.00
FEC ID number of contributing federal political committee. <b>C</b>		<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 State Senator		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. Glen Prinz</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 28 / 2004	
Mailing Address 575 S. Main St.		<b>Transaction ID: SA11A1.5488</b>	
City West Point	State NE	Zip Code 68788	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self	Occupation Prinz Grain & Feed, Inc.		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	900.00
<b>TOTAL</b> 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 / 66
	<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) <b>A. John A. Quirk</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2004
Mailing Address PO box 1142		Transaction ID: SA11A1.5547
City State Zip Code Hastings NE 68902	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		<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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Cattle Rancher Election Cycle-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. Rob Rauner, Jr.</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2004
Mailing Address 1037 - 12th Ave		Transaction ID: SA11A1.5218
City State Zip Code Sidney NE 69162	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		<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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation CPA Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Kevin Rose</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 12 / 2004
Mailing Address 16516 SE Auburn Black Diamond		Transaction ID: SA11A1.5508
City State Zip Code Auburn WA 98092	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Linear Broadband Services, Inc Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation CATV Technician Election Cycle-to-Date ▼ 752.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	650.00
<b>TOTAL</b> 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 / 66
	<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**

<b>A.</b> Full Name (Last, First, Middle Initial) Maryanne Rouse Mailing Address 669 J.E. George Blvd City State Zip Code Omaha NE 68132 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2004 <b>Transaction ID: SA11A1.5281</b> 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 New Community Development Co. Occupation Administrator Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Judith M. Scherer Connealy Mailing Address 2999 Old Hwy 118 City State Zip Code Decatur NE 68020 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 20 / 2004 <b>Transaction ID: SA11A1.5831</b> 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 Briar Cliff University Occupation Administrative Director Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Judith M. Scherer Connealy Mailing Address 2999 Old Hwy 118 City State Zip Code Decatur NE 68020 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2004 <b>Transaction ID: SA11A1.5416</b> 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 Briar Cliff University Occupation Administrative Director Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1050.00</b>
<b>TOTAL</b> 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 / 66
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Herbert Schimek Mailing Address 2321 Camelot Ct City Lincoln State NE Zip Code 68512 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2004 <b>Transaction ID:</b> SA11A1.5201 Amount of Each Receipt this Period 200.00
Name of Employer NSEA Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Lobbyist Election Cycle-to-Date ▼ 252.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b> Full Name (Last, First, Middle Initial) Victor Schlesinger Mailing Address 10906 N 61st St. City Omaha State NE Zip Code 68152 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2004 <b>Transaction ID:</b> SA11A1.5316 Amount of Each Receipt this Period 250.00
Name of Employer Schlesinger Consulting Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Consultant Election Cycle-to-Date ▼ 250.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b> Full Name (Last, First, Middle Initial) Stephen Schumacher Mailing Address 15678 Taylor St. City Omaha State NE Zip Code 68116 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2004 <b>Transaction ID:</b> SA11A1.5287 Amount of Each Receipt this Period 50.00
Name of Employer Dutton & Associates, P.C. Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Accountant Election Cycle-to-Date ▼ 250.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>500.00</b>
<b>TOTAL</b> 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 / 66
	<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**

<b>A.</b> Full Name (Last, First, Middle Initial) Earl Scudder Mailing Address PO Box 81277 City Lincoln State NE Zip Code 68501 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2004 <b>Transaction ID: SA11A1.5414</b> 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: Scudder Law Firm Occupation: Attorney Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00		

<b>B.</b> Full Name (Last, First, Middle Initial) H.W. Sears Mailing Address 5001 Earl Ct City Alta Loma State CA Zip Code 91701 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 12 / 2004 <b>Transaction ID: SA11A1.5741</b> 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: Retired 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>C.</b> Full Name (Last, First, Middle Initial) H.W. Sears Mailing Address 5001 Earl Ct City Alta Loma State CA Zip Code 91701 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2004 <b>Transaction ID: SA11A1.5242</b> Amount of Each Receipt this Period 2000.00 <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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 3000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3500.00</b>
<b>TOTAL</b> 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 / 66
	<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**

<b>A.</b> Full Name (Last, First, Middle Initial) Eugene Severens		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2004
Mailing Address 1222 Boucher Ave Apt C		<b>Transaction ID:</b> SA11A1.5254
City Annapolis State MD Zip Code 21403	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer NE Microenterprise Partnership Occupation Contractor	Election Cycle-to-Date ▼ 250.00	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b> Full Name (Last, First, Middle Initial) Kathleen Severens		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2004
Mailing Address 1222 C Boucher Ave		<b>Transaction ID:</b> SA11A1.5324
City Annapolis State MD Zip Code 21403	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer US Dept of Justice Occupation Attorney	Election Cycle-to-Date ▼ 250.00	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b> Full Name (Last, First, Middle Initial) Rolf Shasteen		Date of Receipt M M / D D / Y Y Y Y 02 / 04 / 2004
Mailing Address 1145 Fall Creek Road		<b>Transaction ID:</b> SA11A1.5797
City Lincoln State NE Zip Code 68510	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		<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 ▼ 1225.00	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	525.00
<b>TOTAL</b> 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 / 66
	<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**

<b>A.</b> Full Name (Last, First, Middle Initial) Jacqueline A. Sherwin		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 4
Mailing Address PO Box 188		<b>Transaction ID:</b> SA11A1.5860
City State Zip Code Blair NE 68008	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Blair Historic Preservation Al	Occupation Information Coordinator	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Steven Sidner		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 4
Mailing Address PO Box 335		<b>Transaction ID:</b> SA11A1.5551
City State Zip Code Fort Calhoun NE 68023	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer ACI Worldwide	Occupation Engineer	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

<b>C.</b> Full Name (Last, First, Middle Initial) James B. Stanosheck		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 4
Mailing Address 6628 W. Osage Dr. Box 300		<b>Transaction ID:</b> SA11A1.5834
City State Zip Code Odell NE 68415	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer State Bank of Odell	Occupation Banker	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> 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 / 66
	<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)  
**CONNALLY 04**

Full Name (Last, First, Middle Initial) <b>A. Dan Steinkruger</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2004	
Mailing Address 8140 Sanborn Dr.		Transaction ID: SA11A1.5552	
City Lincoln State NE Zip Code 68505	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>		<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	Election Cycle-to-Date 225.00		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>B. Roy Stoltenberg</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 24 / 2004	
Mailing Address 4656 N. 90th Rd.		Transaction ID: SA11A1.5649	
City Cairo State NE Zip Code 68824	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>		<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 250.00		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>C. Tyler Sutton</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 23 / 2004	
Mailing Address 2426 Ridge Rd.		Transaction ID: SA11A1.5807	
City Lincoln State NE Zip Code 68512	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		<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 550.00		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	725.00
<b>TOTAL</b> 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 / 66
	<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 Synowiecki

Mailing Address 2451 S. 27th Ave.

City State Zip Code  
Omaha NE 68105

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

Name of Employer  
State of Nebraska

Occupation  
State Senator

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2004

Transaction ID: SA11A1.5561

Amount of Each Receipt this Period  
300.00

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

**B.** Full Name (Last, First, Middle Initial)  
Arthur Tanderup

Mailing Address 18021 County Rd 16

City State Zip Code  
Blair NE 68008

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

Name of Employer  
Blair Schools

Occupation  
Teacher

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2004

Transaction ID: SA11A1.5592

Amount of Each Receipt this Period  
100.00

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

**C.** Full Name (Last, First, Middle Initial)  
Arthur Tanderup

Mailing Address 18021 County Rd 16

City State Zip Code  
Blair NE 68008

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

Name of Employer  
Blair Schools

Occupation  
Teacher

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2004

Transaction ID: SA11A1.5286

Amount of Each Receipt this Period  
50.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>450.00</b>
<b>TOTAL</b> 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 / 66
	<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**

<b>A.</b> Full Name (Last, First, Middle Initial) Marilyn Way Mailing Address 224 Stillcreek Dr City State Zip Code Franklin TN 37064 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2004 <b>Transaction ID: SA11A1.5246</b> 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 Treasurer's Best Efforts Receipt For: 2004 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Peter Wegman Mailing Address 1566 - 210th St. Unit 40 City State Zip Code Seward NE 68434 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2004 <b>Transaction ID: SA11A1.5381</b> 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 Rembolt, Ludtke & Berger Receipt For: 2004 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Elden Wesely Mailing Address 731 County Rd 5 City State Zip Code Oakland NE 68045 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2004 <b>Transaction ID: SA11A1.5263</b> 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 Retired Receipt For: 2004 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>600.00</b>
<b>TOTAL</b> 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 / 66
	<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) <b>A. Thomas M. White</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 4	
Mailing Address 2517 N 55th St		Transaction ID: SA11A1.5799	
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 White, Wolff & Smart	Occupation Attorney		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. Theresa Wiggs</b>		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 4	
Mailing Address 16317 Wakeley Cr.		Transaction ID: SA11A1.5299	
City State Zip Code Omaha NE 68118	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 Consulting Structural Engineer		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 650.00		

Full Name (Last, First, Middle Initial) <b>C. Winnebago Tribe of Nebraska</b>		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 4	
Mailing Address PO Box 687		Transaction ID: SA11A1.5421	
City State Zip Code Winnebago NE 68071	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	Occupation		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	36127.71

**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 / 66
	<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) <b>A. AMERICAN DENTAL POLITICAL ACTION CMTE.</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2004
Mailing Address 1111 14th Street NW Suite 1100		<b>Transaction ID: SA11C.5359</b>
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C C00000729</b>	<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 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		1000.00

Full Name (Last, First, Middle Initial) <b>B. AMERITAS FINANCIAL SERVICES POLITICAL ACTION COMMITTEE(FKA BANKERS LIFE NEBRASKA PAC)</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 16 / 2004
Mailing Address 5900 O STREET		<b>Transaction ID: SA11C.5961</b>
City State Zip Code LINCOLN NE 68510	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C C00187138</b>	<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 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		500.00

Full Name (Last, First, Middle Initial) <b>C. Asbestos Workers Local 39</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 27 / 2004
Mailing Address 9602 Martin Luther King Hwy		<b>Transaction ID: SA11C.5435</b>
City State Zip Code Lanham MD 20706	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>	<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 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2000.00
<b>TOTAL</b> 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 43 / 66
	<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) <b>A. ASH GROVE CEMENT POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 4
Mailing Address <b>11011 CODY STREET PO BOX 25900</b>		Transaction ID: SA11C.5963
City <b>OVERLAND PARK</b>	State <b>KS</b>	Amount of Each Receipt this Period 500.00
Zip Code <b>66225</b>	FEC ID number of contributing federal political committee. <b>C C00102517</b>	<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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. ASSOCIATION OF TRIAL LAWYERS OF AMERICA POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 4
Mailing Address <b>1050 31st Street N.W.</b>		Transaction ID: SA11C.5967
City <b>Washington</b>	State <b>DC</b>	Amount of Each Receipt this Period 2500.00
Zip Code <b>20007</b>	FEC ID number of contributing federal political committee. <b>C C00024521</b>	<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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>C. Bourne for Legislature</b>		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 4
Mailing Address <b>5121 Erskine St.</b>		Transaction ID: SA11C.5357
City <b>Omaha</b>	State <b>NE</b>	Amount of Each Receipt this Period 500.00
Zip Code <b>68104</b>	FEC ID number of contributing federal political committee. <b>C</b>	<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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3500.00
<b>TOTAL</b> 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 / 66
	<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) <b>A. CHIROPRACTORS OF NEBRASKA POLITICAL ACTION COMMITTEE (CN-PAC)</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 4
Mailing Address <b>414 S 11TH STREET P O BOX 2003</b>		Transaction ID: SA11C.5952
City <b>LINCOLN</b> State <b>NE</b> Zip Code <b>68508</b>	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C C00043471</b>	<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 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 100.00	

Full Name (Last, First, Middle Initial) <b>B. Democratic Central Committee</b>		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 4
Mailing Address <b>222 J St.</b>		Transaction ID: SA11C.5204
City <b>Blair</b> State <b>NE</b> Zip Code <b>68008</b>	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>	<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 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. DRIVE - DEMOCRAT REPUBLICAN INDEPENDENT VOTER EDUCATION - PAC FOR INT'L BROTHERHOOD OF</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 4
Mailing Address <b>25 Louisiana Ave. NW</b>		Transaction ID: SA11C.5953
City <b>Washington</b> State <b>DC</b> Zip Code <b>20001</b>	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C C00032979</b>	<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 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>5350.00</b>
<b>TOTAL</b> 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 / 66
	<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**

<b>A.</b> Full Name (Last, First, Middle Initial) FIRST NATIONAL OF NEBRASKA PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2004
Mailing Address 1620 DODGE STREET		<b>Transaction ID:</b> SA11C.5202
City State Zip Code OMAHA NE 68197	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00300863		<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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) INT'L Asbestos Workers		Date of Receipt M M / D D / Y Y Y Y 02 / 27 / 2004
Mailing Address 9602 Martin Luther King Hwy		<b>Transaction ID:</b> SA11C.5433
City State Zip Code Lanham MD 20706	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		<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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) INTERNATIONAL GAME TECHNOLOGY (IGT) PAC		Date of Receipt M M / D D / Y Y Y Y 02 / 11 / 2004
Mailing Address 9295 PROTOTYPE DRIVE		<b>Transaction ID:</b> SA11C.5973
City State Zip Code RENO NV 89511	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00316331		<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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> 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 46 / 66
	(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**

<b>A.</b> Full Name (Last, First, Middle Initial) NEBRASKA BANKERS ASSOCIATION FEDERAL POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2004
Mailing Address 233 SOUTH 13TH STREET SUITE 1100		Transaction ID: SA11C.5170
City State Zip Code LINCOLN NE 68508	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00083790		<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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Senator Ramon Janssen Campaign Fund		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2004
Mailing Address PO box 159		Transaction ID: SA11C.5406
City State Zip Code Nickerson NE 68044	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		<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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 100.00	

<b>C.</b> Full Name (Last, First, Middle Initial) U.A. Political Education Committee		Date of Receipt M M / D D / Y Y Y Y 01 / 29 / 2004
Mailing Address 901 Massachusetts Ave NW		Transaction ID: SA11C.5499
City State Zip Code Washington DC 20001	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00012476		<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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	6100.00
<b>TOTAL</b> 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 47 / 66
	<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) <b>A. UNITED FOOD &amp; COMMERCIAL WORKERS INTERNATIONAL UNION</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 18 / 2004
Mailing Address <b>1775 K STREET NW</b>		<b>Transaction ID: SA11C.5174</b>
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20006</b>
Amount of Each Receipt this Period 2000.00		<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. <b>C C70003645</b>		
Name of Employer	Occupation	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. UNITED STEELWORKERS OF AMERICA POLITICAL ACTION FUND</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 27 / 2004
Mailing Address <b>FIVE GATEWAY CENTER</b>		<b>Transaction ID: SA11C.5176</b>
City <b>PITTSBURGH</b>	State <b>PA</b>	Zip Code <b>15222</b>
Amount of Each Receipt this Period 2000.00		<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. <b>C C00003590</b>		
Name of Employer	Occupation	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>C. UNITED TRANSPORTATION UNION (UTU) TRANSPORTATION POLITICAL EDUCATION LEAGUE</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 19 / 2004
Mailing Address <b>14600 DETROIT AVENUE</b>		<b>Transaction ID: SA11C.5426</b>
City <b>CLEVELAND</b>	State <b>OH</b>	Zip Code <b>44107</b>
Amount of Each Receipt this Period 5000.00		<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. <b>C C00001636</b>		
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 ▼ 10000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>9000.00</b>
<b>TOTAL</b> 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 48 / 66
	(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**

Full Name (Last, First, Middle Initial)  
**A. WERNER ENTERPRISES INC POLITICAL ACTION COMMITTEE**

Mailing Address **PO Box 45308**

City **OMAHA** State **NE** Zip Code **68145**

FEC ID number of contributing federal political committee. **C C00236034**

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
0	3	/	1	5	/	2	0	0	4

Transaction ID: SA11C.5172

Amount of Each Receipt this Period  

500.00
--------

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>29450.00</b>



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 49 / 66	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)  
**CONNELY 04**

**A.** Full Name (Last, First, Middle Initial)  
 Matthew J Connealy

Mailing Address 2999 Old Highway 118

City	State	Zip Code
Decatur	NE	68020

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 ▼  
 3200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 30 / 2004

Transaction ID: SA11D.5549

Amount of Each Receipt this Period  
 2000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	2000.00

**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)

<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) <b>A. All Needs Computer</b>		Transaction ID: SB17.6055 Date of Disbursement 01 / 07 / 2004
Mailing Address 5609 S. 49th		Amount of Each Disbursement this Period 1330.38 <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 Fundraising/Postage 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 01		

Full Name (Last, First, Middle Initial) <b>B. Alltel Phone Company</b>		Transaction ID: SB17.6057 Date of Disbursement 01 / 07 / 2004
Mailing Address PO Box 81309		Amount of Each Disbursement this Period 75.55 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lincoln State NE Zip Code 68501		
Purpose of Disbursement Long Distance Phone Bill 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 01		

Full Name (Last, First, Middle Initial) <b>C. Alltel Phone Company</b>		Transaction ID: SB17.5982 Date of Disbursement 01 / 23 / 2004
Mailing Address PO Box 81309		Amount of Each Disbursement this Period 28.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lincoln State NE Zip Code 68501		
Purpose of Disbursement January Local Phone Bill 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1433.97
<b>TOTAL</b> 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)

<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) <b>A. Alltel Phone Company</b>		Transaction ID: SB17.5992 Date of Disbursement 02 / 18 / 2004
Mailing Address PO Box 81309		Amount of Each Disbursement this Period 27.03 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lincoln State NE Zip Code 68501		
Purpose of Disbursement February Local Phone Bill 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 01		

Full Name (Last, First, Middle Initial) <b>B. American Communications Group</b>		Transaction ID: SB17.6000 Date of Disbursement 02 / 03 / 2004
Mailing Address 1044 H Street		Amount of Each Disbursement this Period 543.00 <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 Rent and phone installation cost 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 01		

Full Name (Last, First, Middle Initial) <b>C. American Communications Group</b>		Transaction ID: SB17.5996 Date of Disbursement 03 / 02 / 2004
Mailing Address 1044 H Street		Amount of Each Disbursement this Period 1075.21 <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 voicemail and long distance; Rent 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1645.24
<b>TOTAL</b> 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)

<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) <b>A. Automatic Printing Company</b>		<b>Transaction ID:</b> SB17.14081 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 4
Mailing Address 1713 cuming Street		Amount of Each Disbursement this Period 2534.62 <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 Letterhead and envelopes 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 01		

Full Name (Last, First, Middle Initial) <b>B. Best Buy</b>		<b>Transaction ID:</b> SB17.6052 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 0 4
Mailing Address 400 N. 48th St.		Amount of Each Disbursement this Period 270.67 <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 Computer Network Setup 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 01		

Full Name (Last, First, Middle Initial) <b>C. Best Buy</b>		<b>Transaction ID:</b> SB17.6003 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 4
Mailing Address 400 N. 48th St.		Amount of Each Disbursement this Period 85.59 <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 Printer Toner 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2890.88</b>
<b>TOTAL</b> 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) <b>A. Best Buy</b>		<b>Transaction ID:</b> SB17.6018	
Mailing Address 400 N. 48th St.		Date of Disbursement 03 / 02 / 2004	
City Lincoln	State NE	Zip Code 68504	Amount of Each Disbursement this Period 16.04
Purpose of Disbursement Head Phone Set		001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NE	District: 01		

Full Name (Last, First, Middle Initial) <b>B. Best Buy</b>		<b>Transaction ID:</b> SB17.6015	
Mailing Address 400 N. 48th St.		Date of Disbursement 03 / 11 / 2004	
City Lincoln	State NE	Zip Code 68504	Amount of Each Disbursement this Period 85.59
Purpose of Disbursement Printer Toner		001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NE	District: 01		

Full Name (Last, First, Middle Initial) <b>C. Chris Longly</b>		<b>Transaction ID:</b> SB17.6058	
Mailing Address 1044 H St.		Date of Disbursement 02 / 03 / 2004	
City Lincoln	State NE	Zip Code 68508	Amount of Each Disbursement this Period 6000.00
Purpose of Disbursement Campaign Manager Salary		001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NE	District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>6101.63</b>
<b>TOTAL</b> 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) <b>A. Chris Longly</b>		<b>Transaction ID: SB17.6033</b> Date of Disbursement 03 / 02 / 2004	
Mailing Address 1044 H St.		Amount of Each Disbursement this Period 5000.00	
City Lincoln State NE Zip Code 68508	Purpose of Disbursement Campaign Manager Salary 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Community Connections, Inc.</b>		<b>Transaction ID: SB17.14079</b> Date of Disbursement 01 / 02 / 2004	
Mailing Address 3718 Diablo Drive		Amount of Each Disbursement this Period 110.00	
City Lincoln State NE Zip Code 68516	Purpose of Disbursement Monthly Domain Hosting Candidate Name CONNEALY 04	Category/Type 004 <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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Community Connections, Inc.</b>		<b>Transaction ID: SB17.5980</b> Date of Disbursement 02 / 03 / 2004	
Mailing Address 3718 Diablo Drive		Amount of Each Disbursement this Period 382.50	
City Lincoln State NE Zip Code 68516	Purpose of Disbursement Domain Hosting and Web Page Design Candidate Name CONNEALY 04	Category/Type 004 <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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5492.50
<b>TOTAL</b> 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) <b>A. Fairfield Inn</b>		<b>Transaction ID:</b> SB17.6071 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 4
Mailing Address 4221 Industrial Ave		Amount of Each Disbursement this Period 230.85 <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 Travel Expense Reimbursement 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. FMG</b>		<b>Transaction ID:</b> SB17.14082 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 4
Mailing Address C/O Scott Gale 5 Keyser Woods Ct.		Amount of Each Disbursement this Period 3750.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Baltimore State MD Zip Code 21208	Purpose of Disbursement Fundraising Consulting Fee 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. FMG</b>		<b>Transaction ID:</b> SB17.6013 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 4
Mailing Address C/O Scott Gale 5 Keyser Woods Ct.		Amount of Each Disbursement this Period 4219.15 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Baltimore State MD Zip Code 21208	Purpose of Disbursement Fundraising Consultant 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**8200.00**

**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)

<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) <b>A. Goldenrod Printing</b>		<b>Transaction ID:</b> SB17.14080 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 4
Mailing Address 2801 Cornhusker Hwy		Amount of Each Disbursement this Period 241.93 <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 Postcards for Holiday Fundraiser Candidate Name CONNEALY 04 Category/Type 007		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 01		

Full Name (Last, First, Middle Initial) <b>B. Goldenrod Printing</b>		<b>Transaction ID:</b> SB17.5993 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 0 4
Mailing Address 2801 Cornhusker Hwy		Amount of Each Disbursement this Period 95.23 <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 Hassebrook Invitations & Artwork Candidate Name CONNEALY 04 Category/Type 007		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 01		

Full Name (Last, First, Middle Initial) <b>C. Goldenrod Printing</b>		<b>Transaction ID:</b> SB17.5999 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 4
Mailing Address 2801 Cornhusker Hwy		Amount of Each Disbursement this Period 105.93 <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 Bernadt Invitations & Artwork Candidate Name CONNEALY 04 Category/Type 007		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	443.09
<b>TOTAL</b> 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) <b>A. Goldenrod Printing</b>		<b>Transaction ID:</b> SB17.6030 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 4
Mailing Address 2801 Cornhusker Hwy		Amount of Each Disbursement this Period 687.04 <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 Bulk Mailing Postage Hoppner Event	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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Jim Rogers</b>		<b>Transaction ID:</b> SB17.5985 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 4
Mailing Address 1044 H Street		Amount of Each Disbursement this Period 2500.00 <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 Finance Director January Fee	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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Jim Rogers</b>		<b>Transaction ID:</b> SB17.6034 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 4
Mailing Address 1044 H Street		Amount of Each Disbursement this Period 3200.00 <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 Finance Director Febuary Fee	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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6387.04
<b>TOTAL</b> 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) <b>A. Lancaster County Democrats</b>		<b>Transaction ID:</b> SB17.6060 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 4
Mailing Address PO Box 83213		Amount of Each Disbursement this Period 600.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lincoln State NE Zip Code 68501		
Purpose of Disbursement Patriots Dinner/Party Fee Candidate Name CONNEALY 04 Category/Type 007		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 01		

Full Name (Last, First, Middle Initial) <b>B. NGP Software Inc</b>		<b>Transaction ID:</b> SB17.5986 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 4
Mailing Address 5505 Connecticut Ave NW PMB 277		Amount of Each Disbursement this Period 2000.00 <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 First Payment Campaign Office Software 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 01		

Full Name (Last, First, Middle Initial) <b>C. NGP Software Inc</b>		<b>Transaction ID:</b> SB17.5995 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 0 4
Mailing Address 5505 Connecticut Ave NW PMB 277		Amount of Each Disbursement this Period 500.00 <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 Second Payment Campaign software 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3100.00
<b>TOTAL</b> 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) <b>A. Vince Powers</b>		<b>Transaction ID:</b> SB17.5323 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 4
Mailing Address 411 S. 13th St. Ste 300		Amount of Each Disbursement this Period 478.71 <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 catering costs 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 01		

Full Name (Last, First, Middle Initial) <b>B. State of Nebraska</b>		<b>Transaction ID:</b> SB17.6010 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 4
Mailing Address Rm 2001 Capitol Bldg		Amount of Each Disbursement this Period 1547.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lincoln State NE Zip Code 68509		
Purpose of Disbursement Filing Fee 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 01		

Full Name (Last, First, Middle Initial) <b>C. Struble Eichenbuam Communications</b>		<b>Transaction ID:</b> SB17.5990 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 4
Mailing Address 700 Seventh St. S.E.		Amount of Each Disbursement this Period 5000.00 <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, TV, Radio Consultant Fee 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7025.71
<b>TOTAL</b> 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) <b>A. US Bancorp</b>		<b>Transaction ID:</b> SB17.6054 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 4
Mailing Address 800 Nicolett Mall		Amount of Each Disbursement this Period 53.04 <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 Processing Fee 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 01		

Full Name (Last, First, Middle Initial) <b>B. US Bancorp</b>		<b>Transaction ID:</b> SB17.6059 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 4
Mailing Address 800 Nicolett Mall		Amount of Each Disbursement this Period 30.00 <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 Merchant Card Processing Fee 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 01		

Full Name (Last, First, Middle Initial) <b>C. US Bancorp</b>		<b>Transaction ID:</b> SB17.6062 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 4
Mailing Address 800 Nicolett Mall		Amount of Each Disbursement this Period 3.50 <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 Analysis Charge 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	86.54
<b>TOTAL</b> 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)

<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) <b>A. US Bancorp</b>		Transaction ID: SB17.6063 Date of Disbursement 02 / 24 / 2004	
Mailing Address 800 Nicolett Mall		Amount of Each Disbursement this Period 28.25	
City Minneapolis State MN Zip Code 55402	Purpose of Disbursement New Check Order 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. US Bancorp</b>		Transaction ID: SB17.6064 Date of Disbursement 02 / 24 / 2004	
Mailing Address 800 Nicolett Mall		Amount of Each Disbursement this Period 19.95	
City Minneapolis State MN Zip Code 55402	Purpose of Disbursement Deposit Books Order charge 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. US Bancorp</b>		Transaction ID: SB17.6065 Date of Disbursement 03 / 01 / 2004	
Mailing Address 800 Nicolett Mall		Amount of Each Disbursement this Period 30.00	
City Minneapolis State MN Zip Code 55402	Purpose of Disbursement Merchant Card Processing Fee 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	78.20
<b>TOTAL</b> 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) <b>A. US Postmaster</b>		Transaction ID: SB17.6035 Date of Disbursement 01 / 09 / 2004	
Mailing Address    Lincoln Main PO		Amount of Each Disbursement this Period 37.00	
City Lincoln	State NE	Zip Code 68508	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Postage for fund-raising requests		003 Category/ Type	
Candidate Name CONNEALY 04			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:    2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NE    District: 01			

Full Name (Last, First, Middle Initial) <b>B. US Postmaster</b>		Transaction ID: SB17.6045 Date of Disbursement 01 / 13 / 2004	
Mailing Address    Lincoln Main PO		Amount of Each Disbursement this Period 94.76	
City Lincoln	State NE	Zip Code 68508	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Postage for fund-raising requests		003 Category/ Type	
Candidate Name CONNEALY 04			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:    2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NE    District: 01			

Full Name (Last, First, Middle Initial) <b>C. US Postmaster</b>		Transaction ID: SB17.6008 Date of Disbursement 01 / 26 / 2004	
Mailing Address    Lincoln Main PO		Amount of Each Disbursement this Period 152.00	
City Lincoln	State NE	Zip Code 68508	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Postage for fundraising requests		003 Category/ Type	
Candidate Name CONNEALY 04			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:    2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NE    District: 01			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	283.76
<b>TOTAL</b> 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) <b>A. US Postmaster</b>		Transaction ID: SB17.6007 Date of Disbursement 02 / 10 / 2004
Mailing Address Lincoln Main PO		Amount of Each Disbursement this Period 60.00 <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 Postage for fundraising requests 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 01		

Full Name (Last, First, Middle Initial) <b>B. US Postmaster</b>		Transaction ID: SB17.6021 Date of Disbursement 02 / 19 / 2004
Mailing Address Lincoln Main PO		Amount of Each Disbursement this Period 37.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lincoln State NE Zip Code 68508		
Purpose of Disbursement Postage for fundraising requests 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 01		

Full Name (Last, First, Middle Initial) <b>C. US Postmaster</b>		Transaction ID: SB17.6019 Date of Disbursement 02 / 26 / 2004
Mailing Address Lincoln Main PO		Amount of Each Disbursement this Period 37.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lincoln State NE Zip Code 68508		
Purpose of Disbursement Postage for fundraising requests 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	134.00
<b>TOTAL</b> 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)

<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) <b>A. US Postmaster</b>		<b>Transaction ID:</b> SB17.6020 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 4	
Mailing Address    Lincoln Main PO		Amount of Each Disbursement this Period 37.00	
City Lincoln	State NE	Zip Code 68508	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/>
Purpose of Disbursement Postage for fundraising mailers		Category/ Type 003	
Candidate Name CONNEALY 04			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:    2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NE    District: 01			

Full Name (Last, First, Middle Initial) <b>B. US Postmaster</b>		<b>Transaction ID:</b> SB17.6016 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 4	
Mailing Address    Lincoln Main PO		Amount of Each Disbursement this Period 148.00	
City Lincoln	State NE	Zip Code 68508	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/>
Purpose of Disbursement Postage for fundraising mailers		Category/ Type 003	
Candidate Name CONNEALY 04			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:    2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NE    District: 01			

Full Name (Last, First, Middle Initial) <b>C. US Postmaster</b>		<b>Transaction ID:</b> SB17.6067 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 0 4	
Mailing Address    Lincoln Main PO		Amount of Each Disbursement this Period 370.00	
City Lincoln	State NE	Zip Code 68508	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/>
Purpose of Disbursement Postage for fundraising mass mail		Category/ Type 003	
Candidate Name CONNEALY 04			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:    2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NE    District: 01			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	555.00
<b>TOTAL</b> 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) <b>A. US Postmaster</b>		<b>Transaction ID:</b> SB17.6068 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 4
Mailing Address Lincoln Main PO		Amount of Each Disbursement this Period 148.00 <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 Postage for fundraising mailers 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 01		

Full Name (Last, First, Middle Initial) <b>B. Wal-Mart</b>		<b>Transaction ID:</b> SB17.6047 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 0 4
Mailing Address 4700 N. 27th		Amount of Each Disbursement this Period 532.86 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lincoln State NE Zip Code 68521		
Purpose of Disbursement Office Computer 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 01		

Full Name (Last, First, Middle Initial) <b>C. Winning Directions</b>		<b>Transaction ID:</b> SB17.5997 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 4
Mailing Address 2700 S. Quincy St. Ste 540		Amount of Each Disbursement this Period 3850.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Arlington State VA Zip Code 22206		
Purpose of Disbursement 10,000 Shortfold 9 x 4 Mailers 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>4530.86</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<b>48388.42</b>

**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 66 / 66

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

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)  
CONNEALY 04

**A.** Full Name (Last, First, Middle Initial)  
CHIROPRACTORS OF NEBRASKA POLITICAL ACTION COMMITTEE (C-N-PAC)

Mailing Address 414 S 11TH STREET  
P O BOX 2003

City LINCOLN State NE Zip Code 68508

Purpose of Disbursement  
Wrong PAC account used

Candidate Name  
CONNEALY 04

Office Sought:  House  
 Senate  
 President

State: NE District: 01

Disbursement For: 2004  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB20B.6101

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	9	/	2	0	0	4

Amount of Each Disbursement this Period

100.00
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Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

100.00

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

100.00