

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

CONNEALY 04

Report Covering the Period: From:

M	M
0	4

D	D
2	2

Y	Y	Y	Y
2	0	0	4

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	146944.30	333456.15
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	350.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	146944.30	333106.15
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	104727.76	201499.06
(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)).....	104727.76	201499.06
8. Cash on Hand at Close of Reporting Period (from Line 27).....	131607.09	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	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	4

D	D
2	2

Y	Y	Y	Y
2	0	0	4

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	4

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

47545.00

120533.12

(ii) Unitemized.....

26045.74

83299.47

(iii) TOTAL of contributions

73590.74

203832.59

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

70000.00

123050.00

(c) Other Political Committees (such as PACS).....

3353.56

6573.56

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS (other than loans)

146944.30

333456.15

(add Lines 11(a)(iii), (b), (c), and (d))

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(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

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

146944.30

333456.15

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	104727.76	201499.06
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.....	0.00	250.00
(b) Political Party Committees.....	0.00	100.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	350.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	104727.76	201849.06

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	89390.55
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	146944.30
25. SUBTOTAL (add Line 23 and Line 24).....	236334.85
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	104727.76
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	131607.09

**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 / 75
	<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)
 Alexander & Associates, P.C.
 Mailing Address 619 N. 90th St.
 City State Zip Code
 Omaha NE 68114
 FEC ID number of contributing federal political committee. **C**
 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 Y
 06 / 03 / 2004
Transaction ID: SA11A1.6451
 Amount of Each Receipt this Period
 500.00
 Jerry Alexander
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
 James H. Applegate
 Mailing Address HC 72
 Box 41
 City State Zip Code
 Sutherland NE 69165
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Rancher
 Receipt For: 2004
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 30 / 2004
Transaction ID: SA11A1.6563
 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)
 Steven E. Archelpohl
 Mailing Address 1823 Harney Street
 Ste 1010
 City State Zip Code
 Omaha NE 68102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Attorney
 Receipt For: 2004
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 25 / 2004
Transaction ID: SA11A1.6974
 Amount of Each Receipt this Period
 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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 6 / 75
	<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) Charles Backer Mailing Address 1104 N St. City State Zip Code Tekamah NE 68061 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 04 / 27 / 2004 Transaction ID: SA11A1.6659 Amount of Each Receipt this Period 25.00 Cash <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 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 325.00		

B. Full Name (Last, First, Middle Initial) Charles Backer Mailing Address 1104 N St. City State Zip Code Tekamah NE 68061 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 05 / 24 / 2004 Transaction ID: SA11A1.6997 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 Retired Occupation Receipt For: 2004 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 350.00		

C. Full Name (Last, First, Middle Initial) Charles Backer Mailing Address 1104 N St. City State Zip Code Tekamah NE 68061 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 05 / 24 / 2004 Transaction ID: SA11A1.6999 Amount of Each Receipt this Period 50.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Retired Occupation Receipt For: 2004 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 400.00		

SUBTOTAL of Receipts This Page (optional)	100.00
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 7 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CONNEALY 04

A. Full Name (Last, First, Middle Initial) Frank Barrett		Date of Receipt M M / D D / Y Y Y Y 06 / 01 / 2004
Mailing Address 516 S. 119th St.		Transaction ID: SA11A1.7136
City State Zip Code Omaha NE 68154	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self Occupation Attorney	Election Cycle-to-Date 500.00	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Amount of Each Receipt this Period 200.00	

B. Full Name (Last, First, Middle Initial) Jo Ellen Benecke		Date of Receipt M M / D D / Y Y Y Y 06 / 01 / 2004
Mailing Address 5605 Tucker Street		Transaction ID: SA11A1.7132
City State Zip Code Omaha NE 68152	Amount of Each Receipt this Period 800.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Alegent Occupation Lab Tech	Election Cycle-to-Date 800.00	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Amount of Each Receipt this Period 800.00	

C. Full Name (Last, First, Middle Initial) Penny J Berger		Date of Receipt M M / D D / Y Y Y Y 05 / 03 / 2004
Mailing Address 3511 Cape Charles Rd E		Transaction ID: SA11A1.6651
City State Zip Code Lincoln NE 68516	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Rembolt Ludtke Occupation Attorney	Election Cycle-to-Date 300.00	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Amount of Each Receipt this Period 250.00	

SUBTOTAL of Receipts This Page (optional)	1250.00
TOTAL This Period (last page this line number only)	1250.00

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 / 75
	<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) William Berndt		Date of Receipt M M / D D / Y Y Y Y 05 / 05 / 2004
Mailing Address 8017 County Road P34		Transaction ID: SA11A1.6586
City State Zip Code Fort Calhoun NE 68023	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer University of Nebraska Medical Center	Occupation Administrator	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

B. Full Name (Last, First, Middle Initial) Christopher Beutler		Date of Receipt M M / D D / Y Y Y Y 05 / 05 / 2004
Mailing Address 3315 M St.		Transaction ID: SA11A1.6632
City State Zip Code Lincoln NE 68510	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer State of Nebraska	Occupation Senator	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

C. Full Name (Last, First, Middle Initial) Jack Block		Date of Receipt M M / D D / Y Y Y Y 05 / 24 / 2004
Mailing Address 1395 Rfle Range		Transaction ID: SA11A1.7001
City State Zip Code el Cerrito CA 94530	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer University of California-Berke	Occupation Professor	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	500.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 75
	<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) Kelly Boryca Mailing Address 16003 Taylor St. City State Zip Code Omaha NE 68116 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 06 / 01 / 2004 Transaction ID: SA11A1.7134 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 Occupation Pfizer Lobbyist Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00		

B. Full Name (Last, First, Middle Initial) Beatty Brasch Mailing Address 3303 S. 31st St. City State Zip Code Lincoln NE 68502 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2004 Transaction ID: SA11A1.6501 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 Occupation Center for People in Need Executive Director Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1050.00		

C. Full Name (Last, First, Middle Initial) Thomas Brown Mailing Address 4241 N. Sand Rd City State Zip Code Hershey NE 69143 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 06 / 07 / 2004 Transaction ID: SA11A1.6493 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 Self Farmer Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 350.00		

SUBTOTAL of Receipts This Page (optional)	1400.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CONNEALY 04

Full Name (Last, First, Middle Initial) A. E. Ramona Brownson		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 4	
Mailing Address 2205 Southwood Pl.		Transaction ID: SA11A1.6730	
City Lincoln	State NE	Amount of Each Receipt this Period 15.00	
Zip Code 68512		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation n/a		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 212.00		

Full Name (Last, First, Middle Initial) B. E. Ramona Brownson		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 4	
Mailing Address 2205 Southwood Pl.		Transaction ID: SA11A1.6394	
City Lincoln	State NE	Amount of Each Receipt this Period 25.00	
Zip Code 68512		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation n/a		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 237.00		

Full Name (Last, First, Middle Initial) C. E. Ramona Brownson		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 4	
Mailing Address 2205 Southwood Pl.		Transaction ID: SA11A1.7377	
City Lincoln	State NE	Amount of Each Receipt this Period 10.00	
Zip Code 68512		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation n/a		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 247.00		

SUBTOTAL of Receipts This Page (optional) ▶	50.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 75
	<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) Devon G. Buffett		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 8 / 2 0 0 4
Mailing Address 407 Southmoreland Place		Transaction ID: SA11A1.7074
City State Zip Code Decatur IL 62521	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Treasurer's Best Efforts	Occupation Treasurer's Best Efforts	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

B. Full Name (Last, First, Middle Initial) Lucy M Buntain		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 4
Mailing Address 6201 Andrew Ct		Transaction ID: SA11A1.7325
City State Zip Code Lincoln NE 68512	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer University NE Foundation	Occupation Development Director	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 220.00	

C. Full Name (Last, First, Middle Initial) James A. Cada		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 4
Mailing Address 1024 K Street		Transaction ID: SA11A1.6478
City State Zip Code Lincoln NE 68508	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self	Occupation Attorney	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 700.00	

SUBTOTAL of Receipts This Page (optional) ▶	2270.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CONNALLY 04

Full Name (Last, First, Middle Initial) A. Sandra Christensen		Date of Receipt M M / D D / Y Y Y Y 04 / 27 / 2004	
Mailing Address 1740 County Rd P		Transaction ID: SA11A1.6684	
City Lyons	State NE	Zip Code 68038	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self	Occupation Farmer	Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 600.00			

Full Name (Last, First, Middle Initial) B. Bonnie A Coffey		Date of Receipt M M / D D / Y Y Y Y 06 / 11 / 2004	
Mailing Address 2815 Park Place Dr		Transaction ID: SA11A1.7215	
City Lincoln	State NE	Zip Code 68506	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer London Bridge Regional Bus.	Occupation Software Manager	Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 500.00			

Full Name (Last, First, Middle Initial) C. Daniel P. Connealy		Date of Receipt M M / D D / Y Y Y Y 05 / 18 / 2004	
Mailing Address 2108 W 114th		Transaction ID: SA11A1.6470	
City Leawood	State KS	Zip Code 66211-3060	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Merchant Card <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Frank Russell Investment Co.	Occupation Corporate Director	Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 1000.00			

SUBTOTAL of Receipts This Page (optional)	1550.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 75
	<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) Judith Connealy Mailing Address 2999 Old Highway 118 City State Zip Code Decatur NE 68020 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 06 / 24 / 2004 Transaction ID: SA11A1.7369 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 Occupation Briar Cliff University Administrative Director Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 3000.00		

B. Full Name (Last, First, Middle Initial) K J Connealy Mailing Address 3305 W 121st St City State Zip Code Leawood KS 66209 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 06 / 18 / 2004 Transaction ID: SA11A1.7187 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 Occupation Self Accountant Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		

C. Full Name (Last, First, Middle Initial) Maggie J. Connealy Mailing Address 3950 N. 104th Plz Apt 208 City State Zip Code Omaha NE 68134 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 05 / 08 / 2004 Transaction ID: SA11A1.6729 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 Ameritrade Trading Manager Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 825.00		

SUBTOTAL of Receipts This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 75
	<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) Maggie J. Connealy Mailing Address 3950 N. 104th Plz Apt 208 City State Zip Code Omaha NE 68134 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2004 Transaction ID: SA11A1.7484 Amount of Each Receipt this Period 25.00 Merchant Card <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Ameritrade Trading Manager Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 850.00		

B. Full Name (Last, First, Middle Initial) Mary Jo Connealy Mailing Address 2801 County Rd U. City State Zip Code Decatur NE 68020 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 05 / 24 / 2004 Transaction ID: SA11A1.6993 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 n/a Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 550.00		

C. Full Name (Last, First, Middle Initial) Donald Conrad Mailing Address 2041 Arbor Cir City State Zip Code Blair NE 68008 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 05 / 17 / 2004 Transaction ID: SA11A1.6951 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 n/a Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional)	225.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 75
	<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) Donald Conrad		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 4
Mailing Address 2041 Arbor Cir		Transaction ID: SA11A1.7517
City Blair	State NE	Zip Code 68008
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Retired	Occupation n/a	Merchant Card <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 400.00	

B. Full Name (Last, First, Middle Initial) Vic Covalt, III		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 4
Mailing Address 3124 Kucera Drive		Transaction ID: SA11A1.6954
City Lincoln	State NE	Zip Code 68502
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self	Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 950.00	

C. Full Name (Last, First, Middle Initial) Bruce Cutshall		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 4
Mailing Address 3240 E. Pershing Rd.		Transaction ID: SA11A1.7282
City Lincoln	State NE	Zip Code 68502
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Cutshall and Associates	Occupation Lobbyist	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CONNEALY 04

A. Full Name (Last, First, Middle Initial) Robert Bruce Davis		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 4
Mailing Address 5850 Cameron Run Ter 511		Transaction ID: SA11A1.7452
City State Zip Code Alexandria VA 22303	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Treasurer's Best Efforts	Occupation Treasurer's Best Efforts	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 215.00	

B. Full Name (Last, First, Middle Initial) Brandon Day		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 0 4
Mailing Address 1004 Woodcrest		Transaction ID: SA11A1.6551
City State Zip Code Norfolk NE 68701	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 Day Company	Occupation President	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1250.00	

C. Full Name (Last, First, Middle Initial) Brandon Day		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 4
Mailing Address 1004 Woodcrest		Transaction ID: SA11A1.7393
City State Zip Code Norfolk NE 68701	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		Cash <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Day Company	Occupation President	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1270.00	

SUBTOTAL of Receipts This Page (optional) ▶	1040.00
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 / 75
	<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) Brandon Day		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 4
Mailing Address 1004 Woodcrest		Transaction ID: SA11A1.7482
City Norfolk State NE Zip Code 68701	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Day Company	Occupation President	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1370.00	

B. Full Name (Last, First, Middle Initial) Kenneth H. Dinklage		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 4
Mailing Address 436 Seymour Ave		Transaction ID: SA11A1.6976
City Winter Park State FL Zip Code 32789	Amount of Each Receipt this Period 35.00	
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 Insurance Agent	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 335.00	

C. Full Name (Last, First, Middle Initial) John Dittrich		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 4
Mailing Address 83905 -537th Ave		Transaction ID: SA11A1.7429
City Meadow Grove State NE Zip Code 68752	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1050.00	

SUBTOTAL of Receipts This Page (optional) ▶	185.00
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 18 / 75
	<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) Keith Dittrich Mailing Address 53495 - 840 Rd		Date of Receipt M M / D D / Y Y Y Y 06 / 26 / 2004
City State Zip Code Tilden NE 68781		Transaction ID: SA11A1.7426 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 Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Farmer Election Cycle-to-Date ▼ 1275.00	

B. Full Name (Last, First, Middle Initial) Jack Dixon Mailing Address PO Box 707		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2004
City State Zip Code Wisner NE 68791		Transaction ID: SA11A1.6504 Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Kazaan Fertilizer Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retail Fertilizer Election Cycle-to-Date ▼ 1000.00	

C. Full Name (Last, First, Middle Initial) Ralph Dockery Mailing Address 675 Lionshead Pl		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2004
City State Zip Code Vail CO 81657		Transaction ID: SA11A1.6519 Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Eagle-Vail Properties Owners Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation President Election Cycle-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional) ▶	650.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 75
	<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) Mike Dunlap Mailing Address 6651 Eastshore Drive City Lincoln State NE Zip Code 68516 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 4 Transaction ID: SA11A1.7375 Amount of Each Receipt this Period 1000.00 Cashiers Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Nelnet Occupation Chairman & CEO Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		

B. Full Name (Last, First, Middle Initial) Ernst Epstein Mailing Address 420 Edgewood Rd City San Mateo State CA Zip Code 94402 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 4 Transaction ID: SA11A1.7222 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 Physician Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00		

C. Full Name (Last, First, Middle Initial) Julie Erickson Mailing Address 2838 Jackson Drive City Lincoln State NE Zip Code 68502 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 4 Transaction ID: SA11A1.6957 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 American Comm. Group Occupation Lobbyist Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 267.00		

SUBTOTAL of Receipts This Page (optional)	1350.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 75
	<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 Fahey

Mailing Address 4250 William

City State Zip Code
 Omaha NE 68105

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

Name of Employer Self Occupation
 Self Attorney

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 09 / 2004

Transaction ID: SA11A1.6498

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)
 Kathleen Fahey

Mailing Address 1451 N. 133rd St.

City State Zip Code
 Omaha NE 68154

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

Name of Employer Self Occupation
 Self Developer

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 17 / 2004

Transaction ID: SA11A1.6949

Amount of Each Receipt this Period
 2000.00

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

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

Mailing Address 631 Road 115

City State Zip Code
 Sidney NE 69162

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

Name of Employer Self Occupation
 Self Farmer

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 275.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 03 / 2004

Transaction ID: SA11A1.6456

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)	2500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 75
	<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) Pearle Francis Finigan Mailing Address 6321 A Street City Lincoln State NE Zip Code 68510 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 8 / 2 0 0 4 Transaction ID: SA11A1.7084 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 Self Occupation Retired Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Beverly Forsberg Mailing Address 610 Logan Ave. City Lyons State NE Zip Code 68038 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 4 Transaction ID: SA11A1.6989 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 Metropolitan Community College Occupation Microcomputer Support Specialist Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 275.00	

C. Full Name (Last, First, Middle Initial) Doug German Mailing Address 407 N. Hamilton PO Box 248 City Eustis State NE Zip Code 69028 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 4 Transaction ID: SA11A1.7118 Amount of Each Receipt this Period 200.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self Occupation Attorney Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	725.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 75
	<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 Haessler

Mailing Address 6400 Rogers Cr.

City Lincoln State NE Zip Code 68506

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

Name of Employer Self Occupation Attorney

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 550.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 03 / 2004

Transaction ID: SA11A1.6469

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)
 Bruce Hamilton

Mailing Address 433 Sylvan Ave #51

City Mountain View State CA Zip Code 94041

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 ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2004

Transaction ID: SA11A1.6397

Amount of Each Receipt this Period
 200.00

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

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

Mailing Address 433 Sylvan Ave #51

City Mountain View State CA Zip Code 94041

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 ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 29 / 2004

Transaction ID: SA11A1.7500

Amount of Each Receipt this Period
 200.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **650.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CONNEALY 04

A. Full Name (Last, First, Middle Initial)
John Hansen

Mailing Address 635 Washington St.

City Lincoln State NE Zip Code 68502

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

Name of Employer NE Farmers Union Occupation President

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 0 4

Transaction ID: SA11A1.6733

Amount of Each Receipt this Period
50.00

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

B. Full Name (Last, First, Middle Initial)
Karen Hansen

Mailing Address 635 Washington St.

City Lincoln State NE Zip Code 68502

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

Name of Employer Bottlers Salon Occupation Hair Stylist

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 0 4

Transaction ID: SA11A1.6510

Amount of Each Receipt this Period
50.00

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

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

Mailing Address 1521 G Road

City Minden State NE Zip Code 68959

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

Name of Employer Retired Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

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

Transaction ID: SA11A1.7115

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional)	▶	200.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 75
	<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) James Harris Mailing Address 3400 O Street City Lincoln State NE Zip Code 68503 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 4 Transaction ID: SA11A1.6601 Amount of Each Receipt this Period 200.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self Occupation Attorney Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 950.00		

B. Full Name (Last, First, Middle Initial) Robert Harris Mailing Address 3601 L Street City Lincoln State NE Zip Code 68510 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 4 Transaction ID: SA11A1.7111 Amount of Each Receipt this Period 100.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Retired Occupation Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 300.00		

C. Full Name (Last, First, Middle Initial) Kim Hawkins Mailing Address P.O. Box 9008 Station C City Omaha State NE Zip Code 68109 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 4 Transaction ID: SA11A1.6506 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 Hawkins Construction Co. Occupation General Contractor Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00		

SUBTOTAL of Receipts This Page (optional)	2300.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 75
	<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) Sally Herrin		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 4
Mailing Address 2945 Sherman St. City Lincoln State NE Zip Code 68502		Transaction ID: SA11A1.7204 Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Southeast Community College Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Teacher Election Cycle-to-Date ▼ 1403.03	

B. Full Name (Last, First, Middle Initial) Mark Hesser		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 4
Mailing Address 2111 The Knolls City Lincoln State NE Zip Code 68512		Transaction ID: SA11A1.7230 Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Pinnacle Bank Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation President Election Cycle-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) Timothy Higgins		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 4
Mailing Address 1327 S. 35th Ave City Omaha State NE Zip Code 68105		Transaction ID: SA11A1.7183 Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Pedersen Products Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation CEO Election Cycle-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional) ▶	800.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 75
	<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) Don Hinds		Date of Receipt M M / D D / Y Y Y Y 06 / 03 / 2004
Mailing Address Box 661		Transaction ID: SA11A1.6453
City State Zip Code Fremont NE 68025	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired Occupation		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) Richard D. Holland		Date of Receipt M M / D D / Y Y Y Y 05 / 10 / 2004
Mailing Address 1501 S. 80th St.		Transaction ID: SA11A1.6934
City State Zip Code Omaha NE 68124	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self Occupation Retired		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

C. Full Name (Last, First, Middle Initial) Glenna Hoops		Date of Receipt M M / D D / Y Y Y Y 05 / 24 / 2004
Mailing Address 1231 Chestnut St.		Transaction ID: SA11A1.6992
City State Zip Code North Bend NE 68649	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 Trucking company dispatcher		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	2150.00
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 27 / 75
	<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 L Hoppe, Jr. Mailing Address PO Box 6074		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 4 Transaction ID: SA11A1.7360
City State Zip Code Lincoln NE 68506	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 225.00
Name of Employer Self Occupation Attorney	Election Cycle-to-Date 225.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) Dr. David Imes Mailing Address 1850 20th st.		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 4 Transaction ID: SA11A1.6752
City State Zip Code Gering NE 69341	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00
Name of Employer Self Occupation Doctor	Election Cycle-to-Date 400.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) Dr. David Imes Mailing Address 1850 20th st.		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 4 Transaction ID: SA11A1.6998
City State Zip Code Gering NE 69341	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00
Name of Employer Self Occupation Doctor	Election Cycle-to-Date 500.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	425.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 75
	<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) Ronald L. Jensen		Date of Receipt M M / D D / Y Y Y Y 06 / 01 / 2004	
Mailing Address 1701 K Street B		Transaction ID: SA11A1.7127	
City Lincoln State NE Zip Code 68512		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 Jensen Assoc. Inc. Occupation Lobbyist			
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 350.00	

B. Full Name (Last, First, Middle Initial) Christopher D. Jerram		Date of Receipt M M / D D / Y Y Y Y 06 / 03 / 2004	
Mailing Address 7134 Pacific St.		Transaction ID: SA11A1.6432	
City Omaha State NE Zip Code 68106		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Kelley & Lehan Occupation Attorney			
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 750.00	

C. Full Name (Last, First, Middle Initial) Matthew Johnson		Date of Receipt M M / D D / Y Y Y Y 06 / 04 / 2004	
Mailing Address 111 N. 54st St.		Transaction ID: SA11A1.6399	
City Omaha State NE Zip Code 68132		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 Omaha Public Schools Occupation Teacher			
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 3000.00	

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 / 75
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CONNALLY 04

A. Full Name (Last, First, Middle Initial) Vard Johnson		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2004
Mailing Address 8823 Capitol Ave.		Transaction ID: SA11A1.6555
City State Zip Code Omaha NE 68114	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Attorney Election Cycle-to-Date ▼ 750.00	

B. Full Name (Last, First, Middle Initial) Mike Kelley		Date of Receipt M M / D D / Y Y Y Y 05 / 08 / 2004
Mailing Address 7134 Pacific St.		Transaction ID: SA11A1.6712
City State Zip Code Omaha NE 68106	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Kelly & Lehan Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Lobbyist/Attorney Election Cycle-to-Date ▼ 700.00	

C. Full Name (Last, First, Middle Initial) Richard Lombardi		Date of Receipt M M / D D / Y Y Y Y 05 / 08 / 2004
Mailing Address 3730 Prescott		Transaction ID: SA11A1.6739
City State Zip Code Lincoln NE 68506	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer American Comm. Group Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Lobbyist Election Cycle-to-Date ▼ 202.00	

SUBTOTAL of Receipts This Page (optional) ▶	750.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 75
	<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

A. Full Name (Last, First, Middle Initial) David Lovewell		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 4	
Mailing Address RT 2 Box 26		Transaction ID: SA11A1.7420	
City State Zip Code Superior NE 68978		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		Cash <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired Occupation Retired			
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 238.00	

B. Full Name (Last, First, Middle Initial) Allan Lozier		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 4	
Mailing Address 3611 Hawk Woods Circle		Transaction ID: SA11A1.7195	
City State Zip Code Omaha NE 68112		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 Lozier Occupation Owner			
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

C. Full Name (Last, First, Middle Initial) Dianne S Lozier		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 4	
Mailing Address 3611 Hawk Woods Circle		Transaction ID: SA11A1.7179	
City State Zip Code Omaha NE 68112		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 Lozier Occupation Attorney			
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	2050.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CONNEALY 04

Full Name (Last, First, Middle Initial) A. Joe Malloy		Date of Receipt M M / D D / Y Y Y Y 06 / 11 / 2004	
Mailing Address 2610 Cr U. City State Zip Code Decatur NE 68020		Transaction ID: SA11A1.7217 Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Farmer Election Cycle-to-Date ▼ 750.00		

Full Name (Last, First, Middle Initial) B. Mardy McCullough		Date of Receipt M M / D D / Y Y Y Y 05 / 05 / 2004	
Mailing Address 1300 G St. City State Zip Code Lincoln NE 68508		Transaction ID: SA11A1.6600 Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Consultant Election Cycle-to-Date ▼ 252.00		

Full Name (Last, First, Middle Initial) C. Christopher A. McLean		Date of Receipt M M / D D / Y Y Y Y 06 / 24 / 2004	
Mailing Address 4701 Davenport St NW City State Zip Code Washington DC 20016		Transaction ID: SA11A1.7253 Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Attorney Election Cycle-to-Date ▼ 500.00		

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 75
	<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) Roy Miller		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 4
Mailing Address 215 N. 5th St. PO Box 200		Transaction ID: SA11A1.7471
City Lyons State NE Zip Code 68038	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer First National Bank	Occupation Ag Lender	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) Maxine B. Moul		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 4
Mailing Address 2627 Van Dorn St		Transaction ID: SA11A1.6502
City Lincoln State NE Zip Code 68502	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 NE Community Foundation	Occupation Executive Director	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1175.00	

C. Full Name (Last, First, Middle Initial) George Moyer		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 4
Mailing Address 103 E 6th St PO Box 210		Transaction ID: SA11A1.7199
City Madison State NE Zip Code 68748	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 Moyer, Moyer, Egley, Fullner &	Occupation Attorney	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 550.00	

SUBTOTAL of Receipts This Page (optional) ▶	1300.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 75
	<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

A. Full Name (Last, First, Middle Initial) Mark Munger		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 4	
Mailing Address 3423 M St.		Transaction ID: SA11A1.7406	
City Lincoln	State NE	Zip Code 68510	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C		Cash	
Name of Employer City of Lincoln	Occupation Firefighter	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 520.00		

B. Full Name (Last, First, Middle Initial) Glen A. Murray		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 4	
Mailing Address 511 W. 5th		Transaction ID: SA11A1.7144	
City Grand Island	State NE	Zip Code 68801	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self	Occupation Attorney		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00		

C. Full Name (Last, First, Middle Initial) Kathleen Neary		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 4	
Mailing Address 1903 Lake St.		Transaction ID: SA11A1.6580	
City Lincoln	State NE	Zip Code 68502	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer 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		

SUBTOTAL of Receipts This Page (optional)	320.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 75
	<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) Dave Newell Mailing Address 7165 Morman Bridge Rd. City State Zip Code Omaha NE 68152 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 4 Transaction ID: SA11A1.6764 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 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 350.00		

B. Full Name (Last, First, Middle Initial) Kenneth Nickerson Mailing Address 1241 N. 41st City State Zip Code Lincoln NE 68503 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 4 Transaction ID: SA11A1.7203 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 UNL Professor Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 600.00		

C. Full Name (Last, First, Middle Initial) Harlan J Noddle Mailing Address 13710 FNB PKWY Ste 100 PO Box 542010 City State Zip Code Omaha NE 68154 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 4 Transaction ID: SA11A1.7285 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 Occupation Noddle Development President Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional)	1600.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 75
	<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) Michael Nolan		Date of Receipt M M / D D / Y Y Y Y 06 / 07 / 2004
Mailing Address 1302 Galeta Unit A		Transaction ID: SA11A1.6480
City Norfolk	State NE	Zip Code 68701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer City of Norfolk	Occupation City Administrator	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 700.00	

B. Full Name (Last, First, Middle Initial) Betty G. Olson		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2004
Mailing Address PO Box 63		Transaction ID: SA11A1.6518
City Decatur	State NE	Zip Code 68020
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self	Occupation Retired	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 225.00	

C. Full Name (Last, First, Middle Initial) Allen Overcash		Date of Receipt M M / D D / Y Y Y Y 05 / 05 / 2004
Mailing Address 1530 S 52nd St		Transaction ID: SA11A1.6642
City Lincoln	State NE	Zip Code 68506
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 950.00
Name of Employer Self	Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	1550.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CONNEALY 04

A. Full Name (Last, First, Middle Initial) Neil Oxtou Mailing Address 2425 folkway Blvd City Lincoln State NE Zip Code 68521 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 0 4 Transaction ID: SA11A1.6428 Amount of Each Receipt this Period 50.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Retired Occupation Retired Receipt For: 2004 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 202.00		

B. Full Name (Last, First, Middle Initial) Ronald J. Palagi Mailing Address 3131 s. 72nd St. City Omaha State NE Zip Code 68124 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 4 Transaction ID: SA11A1.7128 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 Self Occupation Attorney Receipt For: 2004 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2000.00		

C. Full Name (Last, First, Middle Initial) Mary Pipher Mailing Address 3160 S. 31st City Lincoln State NE Zip Code 68502 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 0 4 Transaction ID: SA11A1.6423 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 UNL Occupation Clinical Psychologist/Professor Receipt For: 2004 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.00		

SUBTOTAL of Receipts This Page (optional)	2150.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 75
	<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) Vince Powers		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 4	
Mailing Address 411 S. 13th St. Ste 300		Transaction ID: SA11A1.6577	
City Lincoln	State NE	Amount of Each Receipt this Period 100.00	
Zip Code 68508		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Attorney		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2303.71		

B. Full Name (Last, First, Middle Initial) Rob Rauner, Jr.		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 0 4	
Mailing Address 1037 - 12th Ave		Transaction ID: SA11A1.6468	
City Sidney	State NE	Amount of Each Receipt this Period 250.00	
Zip Code 69162		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation CPA		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

C. Full Name (Last, First, Middle Initial) Jeffrey L. Renner		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 4	
Mailing Address 224 Shawdow Road		Transaction ID: SA11A1.6965	
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. C			
Name of Employer Treasurer's Best Efforts	Occupation Treasurer's Best Efforts		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)	850.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 75
	<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) Ryan Renner		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2004	
Mailing Address 423 S. Main		Transaction ID: SA11A1.7516	
City State Zip Code West Point NE 68788	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		Merchant Card <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 250.00		

B. Full Name (Last, First, Middle Initial) Kevin Rose		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2004	
Mailing Address 16516 SE Auburn Black Diamond		Transaction ID: SA11A1.7503	
City State Zip Code Auburn WA 98092	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C		Mrchant Card <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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation CATV Technician Election Cycle-to-Date ▼ 902.00		

C. Full Name (Last, First, Middle Initial) Timothy E Scherer		Date of Receipt M M / D D / Y Y Y Y 06 / 11 / 2004	
Mailing Address 1802 Beacon Ave E		Transaction ID: SA11A1.7211	
City State Zip Code Montesano WA 98563	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 Weyerhaeuser Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Engineer Election Cycle-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	500.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 75
	<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) Herbert Schimek Mailing Address 2321 Camelot Ct City Lincoln State NE Zip Code 68512 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 4 Transaction ID: SA11A1.7407 Amount of Each Receipt this Period 40.00 Cash <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer NSEA Occupation Lobbyist Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 292.00		

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. C		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 4 Transaction ID: SA11A1.7123 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		

C. Full Name (Last, First, Middle Initial) Donna Sears Mailing Address 5001 Earl Ct City Alta Loma State CA Zip Code 91701 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 4 Transaction ID: SA11A1.7618 Amount of Each Receipt this Period 2000.00 Reattribute: <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 ▼ 2000.00		

SUBTOTAL of Receipts This Page (optional)	2540.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 75
	<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) H.W. Sears		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 4	
Mailing Address 5001 Earl Ct		Transaction ID: SA11A1.7000	
City State Zip Code Alta Loma CA 91701		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired Occupation			
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 3100.00	

B. Full Name (Last, First, Middle Initial) H.W. Sears		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 4	
Mailing Address 5001 Earl Ct		Transaction ID: SA11A1.7139	
City State Zip Code Alta Loma CA 91701		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired Occupation			
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 5100.00	

C. Full Name (Last, First, Middle Initial) H.W. Sears		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 4	
Mailing Address 5001 Earl Ct		Transaction ID: SA11A1.7617	
City State Zip Code Alta Loma CA 91701		Amount of Each Receipt this Period -2000.00	
FEC ID number of contributing federal political committee. C		Reattribute: <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 ▼ 3100.00	

SUBTOTAL of Receipts This Page (optional) ▶	100.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 75
	<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) Rolf Shasteen		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 4
Mailing Address 1145 Fall Creek Road		Transaction ID: SA11A1.6685
City State Zip Code Lincoln NE 68510		Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self	Occupation Attorney	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1325.00	

B. Full Name (Last, First, Middle Initial) Rolf Shasteen		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 4
Mailing Address 1145 Fall Creek Road		Transaction ID: SA11A1.6717
City State Zip Code Lincoln NE 68510		Amount of Each Receipt this Period 675.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self	Occupation Attorney	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

C. Full Name (Last, First, Middle Initial) Rolf Shasteen		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 4
Mailing Address 1145 Fall Creek Road		Transaction ID: SA11A1.6943
City State Zip Code Lincoln NE 68510		Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self	Occupation Attorney	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

SUBTOTAL of Receipts This Page (optional) ▶	2775.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 75
	<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) Frederick Simon Mailing Address 442 S. 82nd St. City State Zip Code Omaha NE 68114 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 06 / 18 / 2004 Transaction ID: SA11A1.7176 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 Omaha Steaks Executive Director Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 350.00		

B. Full Name (Last, First, Middle Initial) Dan Steinkruger Mailing Address 8140 Sanborn Dr. City State Zip Code Lincoln NE 68505 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 05 / 05 / 2004 Transaction ID: SA11A1.6602 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 Occupation Farm Service Agency Executive Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 275.00		

C. Full Name (Last, First, Middle Initial) Dan Steinkruger Mailing Address 8140 Sanborn Dr. City State Zip Code Lincoln NE 68505 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 06 / 03 / 2004 Transaction ID: SA11A1.6413 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 Occupation Farm Service Agency Executive Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional)	175.00
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 43 / 75
	<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) Barbara J. Sturgis		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 4
Mailing Address 1507 Skyline Drive		Transaction ID: SA11A1.7476
City State Zip Code Norfolk NE 68701	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 Norfolk Regional Center	Occupation Psychologist	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

B. Full Name (Last, First, Middle Initial) John Synowiecki		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 4
Mailing Address 2451 S. 27th Ave.		Transaction ID: SA11A1.6692
City State Zip Code Omaha NE 68105	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer State of Nebraska	Occupation State Senator	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 375.00	

C. Full Name (Last, First, Middle Initial) Arthur Tanderup		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 4
Mailing Address 18021 County Rd 16		Transaction ID: SA11A1.6671
City State Zip Code Blair NE 68008	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Blair Schools	Occupation Teacher	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional) ▶	425.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CONNALLY 04

Full Name (Last, First, Middle Initial) A. Arthur Tanderup		Date of Receipt M M / D D / Y Y Y Y 06 / 01 / 2004	
Mailing Address 18021 County Rd 16		Transaction ID: SA11A1.7119	
City State Zip Code Blair NE 68008	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Blair Schools	Occupation Teacher		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 550.00		

Full Name (Last, First, Middle Initial) B. Max Thelen, Jr.		Date of Receipt M M / D D / Y Y Y Y 06 / 04 / 2004	
Mailing Address 199 Moutain View Ave		Transaction ID: SA11A1.6403	
City State Zip Code San Rafael CA 94901	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 NA	Occupation Retired		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Annette R. Tobin		Date of Receipt M M / D D / Y Y Y Y 06 / 01 / 2004	
Mailing Address 1957 Sondrio Drive		Transaction ID: SA11A1.7116	
City State Zip Code Las Vegas NV 89134	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 Treasurer's Best Efforts	Occupation Treasurer's Best Efforts		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	600.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 45 / 75
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CONNEALY 04

Full Name (Last, First, Middle Initial) A. Kevin P. Tobin		Date of Receipt M M / D D / Y Y Y Y 04 / 27 / 2004	
Mailing Address 404 N. 15th St.		Transaction ID: SA11A1.6693	
City Tekamah	State NE	Amount of Each Receipt this Period 250.00	
Zip Code 68061		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer MUD	Occupation Manager		
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. Stephen Vandivere		Date of Receipt M M / D D / Y Y Y Y 06 / 11 / 2004	
Mailing Address 13825 Baywood Ct		Transaction ID: SA11A1.7632	
City Centerville	State VA	Amount of Each Receipt this Period 390.00	
Zip Code 20120		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer NA	Occupation Retired		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 420.00		

Full Name (Last, First, Middle Initial) C. Jan Walkenhorst		Date of Receipt M M / D D / Y Y Y Y 04 / 22 / 2004	
Mailing Address 4631 Old Cheney Rd 18		Transaction ID: SA11A1.6579	
City Lincoln	State NE	Amount of Each Receipt this Period 100.00	
Zip Code 68516		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer LES	Occupation Teacher		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 260.00		

SUBTOTAL of Receipts This Page (optional)	740.00
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 46 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CONNEALY 04

Full Name (Last, First, Middle Initial) A. Jan Walkenhorst		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 4	
Mailing Address 4631 Old Cheney Rd 18		Transaction ID: SA11A1.6591	
City State Zip Code Lincoln NE 68516		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 LES	Occupation Teacher		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 310.00		

Full Name (Last, First, Middle Initial) B. Jan Walkenhorst		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 4	
Mailing Address 4631 Old Cheney Rd 18		Transaction ID: SA11A1.6745	
City State Zip Code Lincoln NE 68516		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 LES	Occupation Teacher		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 360.00		

Full Name (Last, First, Middle Initial) C. Jan Walkenhorst		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 4	
Mailing Address 4631 Old Cheney Rd 18		Transaction ID: SA11A1.6983	
City State Zip Code Lincoln NE 68516		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer LES	Occupation Teacher		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 460.00		

SUBTOTAL of Receipts This Page (optional) ▶	200.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 75
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CONNEALY 04

Full Name (Last, First, Middle Initial) A. James A Walker, D.D.S		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 4	
Mailing Address 2500 Woodscrest Ave		Transaction ID: SA11A1.7461	
City State Zip Code Lincoln NE 68502	Amount of Each Receipt this Period 400.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Dentist Election Cycle-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) B. Terrance Werner		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 4	
Mailing Address 3483 Anaheim Drive		Transaction ID: SA11A1.7302	
City State Zip Code Lincoln NE 68506	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Nebraska Discount Travel Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Travel Agent Election Cycle-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) C. Angela Wood		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 0 4	
Mailing Address 2805 Ponca St.		Transaction ID: SA11A1.6454	
City State Zip Code Lincoln NE 68506	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Lobbyist Election Cycle-to-Date ▼ 400.00		

SUBTOTAL of Receipts This Page (optional) ▶	700.00
TOTAL This Period (last page this line number only) ▶	47545.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 75
	<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. ACTION COMMITTEE FOR RURAL ELECTRIFICATION (ACRE) NATIONAL RURAL ELECTRIC COOP. ASSOC.		Date of Receipt M M / D D / Y Y Y Y 06 / 11 / 2004
Mailing Address 4301 Wilson Boulevard		Transaction ID: SA11C.7381
City State Zip Code Arlington VA 22203	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C C00002972	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) B. AFL-CIO COPE POLITICAL CONTRIBUTIONS COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 06 / 24 / 2004
Mailing Address 815 16th Street N.W.		Transaction ID: SA11C.7373
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00003806	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. AMALGAMATED TRANSIT UNION-COPE		Date of Receipt M M / D D / Y Y Y Y 05 / 11 / 2004
Mailing Address 5025 WISCONSIN AVE. N.W.		Transaction ID: SA11C.6922
City State Zip Code WASHINGTON DC 20016	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C C00032995	<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		

SUBTOTAL of Receipts This Page (optional) ▶	7500.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 75
	<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. AMERICAN FEDERATION OF GOVT. EMPL. POLITICAL ACTION COMMITTEE		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	0		2	0	0	4
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		1	0		2	0	0	4													
Mailing Address 80 F Street NW		Transaction ID: SA11C.6552																				
City Washington	State DC	Zip Code 20001																				
FEC ID number of contributing federal political committee. C C00009936		Amount of Each Receipt this Period 1000.00																				
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																				
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00																					

Full Name (Last, First, Middle Initial) B. AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, AFL-CIO (D.C.)		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	0	4
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		3	0		2	0	0	4													
Mailing Address 1625 L STREET, N.W.		Transaction ID: SA11C.6573																				
City WASHINGTON	State DC	Zip Code 20036																				
FEC ID number of contributing federal political committee. C C70000120		Amount of Each Receipt this Period 1000.00																				
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																				
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00																					

Full Name (Last, First, Middle Initial) C. AMERICAN SUGARBEET GROWERS ASSOCIATION POLITICAL ACTION COMMITTEE		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	8		2	0	0	4
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		1	8		2	0	0	4													
Mailing Address 1156 15TH ST NW SUITE 1101		Transaction ID: SA11C.7387																				
City WASHINGTON	State DC	Zip Code 20005																				
FEC ID number of contributing federal political committee. C C00167684		Amount of Each Receipt this Period 1000.00																				
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																				
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00																					

SUBTOTAL of Receipts This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 75
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CONNALLY 04

Full Name (Last, First, Middle Initial) A. AMERIPAC: THE FUND FOR A GREATER AMERICA		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	0		2	0	0	4
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		1	0		2	0	0	4													
Mailing Address 499 South Capitol Street SW Suite 108		Transaction ID: SA11C.6947																				
City Washington	State DC	Zip Code 20003																				
FEC ID number of contributing federal political committee. C C00271338		Amount of Each Receipt this Period 5000.00																				
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																				
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 7500.00																					

Full Name (Last, First, Middle Initial) B. AMERIPAC: THE FUND FOR A GREATER AMERICA		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	0		2	0	0	4
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		1	0		2	0	0	4													
Mailing Address 499 South Capitol Street SW Suite 108		Transaction ID: SA11C.7659																				
City Washington	State DC	Zip Code 20003																				
FEC ID number of contributing federal political committee. C C00271338		Amount of Each Receipt this Period -2500.00																				
Name of Employer	Occupation	Redesignate: <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM]																				
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ .00																					

Full Name (Last, First, Middle Initial) C. AMERIPAC: THE FUND FOR A GREATER AMERICA		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	0		2	0	0	4
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		1	0		2	0	0	4													
Mailing Address 499 South Capitol Street SW Suite 108		Transaction ID: SA11C.7660																				
City Washington	State DC	Zip Code 20003																				
FEC ID number of contributing federal political committee. C C00271338		Amount of Each Receipt this Period 2500.00																				
Name of Employer	Occupation	Redesignate: Excess Primary contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM]																				
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ .00																					

SUBTOTAL of Receipts This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 75
	<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. AMERIPAC: THE FUND FOR A GREATER AMERICA		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	8		2	0	0	4
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		1	8		2	0	0	4													
Mailing Address 499 South Capitol Street SW Suite 108		Transaction ID: SA11C.7383																				
City Washington State DC Zip Code 20003	Amount of Each Receipt this Period <table border="1"> <tr> <td>2500.00</td> </tr> </table>		2500.00																			
2500.00																						
FEC ID number of contributing federal political committee. C C00271338	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																					
Name of Employer Occupation	Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <table border="1"> <tr> <td>10000.00</td> </tr> </table>		10000.00																			
10000.00																						

Full Name (Last, First, Middle Initial) B. BLUE CROSS AND BLUE SHIELD OF NEBRASKA PAC		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	8		2	0	0	4
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		0	8		2	0	0	4													
Mailing Address 7261 MERCY ROAD PO BOX 3248		Transaction ID: SA11C.6766																				
City OMAHA State NE Zip Code 68180	Amount of Each Receipt this Period <table border="1"> <tr> <td>3000.00</td> </tr> </table>		3000.00																			
3000.00																						
FEC ID number of contributing federal political committee. C C00276311	<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 ▼ <table border="1"> <tr> <td>3000.00</td> </tr> </table>		3000.00																			
3000.00																						

Full Name (Last, First, Middle Initial) C. CHICAGO AND MIDWEST REGIONAL JOINT BOARD UNITE-PEC		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	0		2	0	0	4
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		1	0		2	0	0	4													
Mailing Address 333 SOUTH ASHLAND AVENUE		Transaction ID: SA11C.6963																				
City CHICAGO State IL Zip Code 60607	Amount of Each Receipt this Period <table border="1"> <tr> <td>500.00</td> </tr> </table>		500.00																			
500.00																						
FEC ID number of contributing federal political committee. C C00026096	<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 ▼ <table border="1"> <tr> <td>500.00</td> </tr> </table>		500.00																			
500.00																						

SUBTOTAL of Receipts This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 52 / 75
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CONNEALY 04

A. Full Name (Last, First, Middle Initial)
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Mailing Address 501 Third Street N.W.

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00002089

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 0 4

Transaction ID: SA11C.6588

Amount of Each Receipt this Period
5000.00

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

B. Full Name (Last, First, Middle Initial)
ENGINEERS POLITICAL EDUCATION COMMITTEE (EPEC)/INTERNATIONAL UNION OF OPERATING ENGINEERS

Mailing Address 1125 17TH ST. NW

City State Zip Code
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00029504

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: SA11C.6940

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
FIRST NATIONAL OF NEBRASKA PAC

Mailing Address 1620 DODGE STREET

City State Zip Code
OMAHA NE 68197

FEC ID number of contributing federal political committee. **C** C00300863

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6500.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 0 4

Transaction ID: SA11C.6455

Amount of Each Receipt this Period
5000.00

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

SUBTOTAL of Receipts This Page (optional) ► **11000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 75
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CONNALLY 04

Full Name (Last, First, Middle Initial) A. INTERNATIONAL ASSOCIATION OF FIREFIGHTERS INTERESTED IN REGISTRATION AND EDUCATION		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	1		2	0	0	4
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		1	1		2	0	0	4													
Mailing Address 1750 NEW YORK AVE NW		Transaction ID: SA11C.6959																				
City WASHINGTON State DC Zip Code 20006	Amount of Each Receipt this Period 5000.00																					
FEC ID number of contributing federal political committee. C C00029447	<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																					

Full Name (Last, First, Middle Initial) B. INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS COMMITTEE ON POLITICAL EDUCATION		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	1		2	0	0	4
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		1	1		2	0	0	4													
Mailing Address 1125 15TH ST N.W.		Transaction ID: SA11C.6967																				
City WASHINGTON State DC Zip Code 20005	Amount of Each Receipt this Period 2500.00																					
FEC ID number of contributing federal political committee. C C00027342	<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																					

Full Name (Last, First, Middle Initial) C. INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS COMMITTEE ON POLITICAL EDUCATION		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	6		2	0	0	4
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		2	6		2	0	0	4													
Mailing Address 1125 15TH ST N.W.		Transaction ID: SA11C.7151																				
City WASHINGTON State DC Zip Code 20005	Amount of Each Receipt this Period 2500.00																					
FEC ID number of contributing federal political committee. C C00027342	<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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 7500.00																					

SUBTOTAL of Receipts This Page (optional)	10000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 54 / 75
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CONNEALY 04

Full Name (Last, First, Middle Initial) A. INTL. UNION OF BRICKLAYERS & ALLIED CRAFTWORKERS PAC		Date of Receipt M M / D D / Y Y Y Y 06 / 01 / 2004
Mailing Address 1776 Eye St. NW		Transaction ID: SA11C.7145
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00003632		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Ironworkers Political Action League		Date of Receipt M M / D D / Y Y Y Y 05 / 11 / 2004
Mailing Address 1750 New York Avenue		Transaction ID: SA11C.6926
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 2500.00	
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 ▼ 2500.00	

Full Name (Last, First, Middle Initial) C. MACHINISTS NON PARTISAN POLITICAL LEAGUE		Date of Receipt M M / D D / Y Y Y Y 05 / 10 / 2004
Mailing Address 9000 Machinists Place		Transaction ID: SA11C.6945
City State Zip Code Upper Marlboro MD 20772	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C C00002469		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 75
	<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. MIDWEST REGION LABORERS' POLITICAL LEAGUE		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 4
Mailing Address 117 SOUTH FIFTH STREET SUITE 720		Transaction ID: SA11C.6658
City SPRINGFIELD	State IL	Amount of Each Receipt this Period 5000.00
Zip Code 62701	FEC ID number of contributing federal political committee. C C00342907	<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	

Full Name (Last, First, Middle Initial) B. NATFARMPAC		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 4
Mailing Address 11900 E CORNELL AVE		Transaction ID: SA11C.7385
City AURORA	State CO	Amount of Each Receipt this Period 500.00
Zip Code 80014	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. NEA FUND FOR CHILDREN AND PUBLIC EDUCATION		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 4
Mailing Address 1201 16th St NW Ste 421		Transaction ID: SA11C.6589
City Washington	State DC	Amount of Each Receipt this Period 1000.00
Zip Code 20036	FEC ID number of contributing federal political committee. C C00003251	<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 ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional) ▶	6500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 75
	<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. NEA FUND FOR CHILDREN AND PUBLIC EDUCATION		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2004
Mailing Address 1201 16th St NW Ste 421		Transaction ID: SA11C.6541
City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C C00003251		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 7000.00	

Full Name (Last, First, Middle Initial) B. NEBRASKA BANKERS ASSOCIATION FEDERAL POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 06 / 18 / 2004
Mailing Address 233 SOUTH 13TH STREET SUITE 1100		Transaction ID: SA11C.7384
City State Zip Code LINCOLN NE 68508	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. NEBRASKA LEADERSHIP PAC (NELPAC)		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2004
Mailing Address P.O. Box 540186		Transaction ID: SA11C.6571
City State Zip Code Omaha NE 68154	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C C00366419		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional) ▶	11000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 75
	<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. PLASTERERS' AND CEMENTS MASONS' ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 4
Mailing Address 14405 LAUREL PLACE, SUITE 300		Transaction ID: SA11C.6656
City LAUREL	State MD	Amount of Each Receipt this Period 500.00
Zip Code 20707	FEC ID number of contributing federal political committee. C C00134742	<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. RESPONSIBLE CITIZENS POLITICAL LEAGUE A PROJECT OF THE TRANS. COMM. INT'L UNION		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 4
Mailing Address 3 Research Place		Transaction ID: SA11C.7379
City Rockville	State MD	Amount of Each Receipt this Period 1000.00
Zip Code 20850	FEC ID number of contributing federal political committee. C C00006338	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. SHEET METAL WORKERS' INTERNATIONAL ASSOCIATION POLITICAL ACTION LEAGUE		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 4
Mailing Address 1750 New York Avenue NW		Transaction ID: SA11C.6961
City Washington	State DC	Amount of Each Receipt this Period 2500.00
Zip Code 20006	FEC ID number of contributing federal political committee. C C00007542	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	7000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 58 / 75
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input checked="" type="checkbox"/> 11d
		<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) Matthew J Connealy		Date of Receipt M M / D D / Y Y Y Y 06 / 02 / 2004
Mailing Address 2999 Old Highway 118		Transaction ID: SA11D.7646
City State Zip Code Decatur NE 68020	Amount of Each Receipt this Period 73.92	
FEC ID number of contributing federal political committee. C	In-kind - Office Supplies <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 ▼ 3293.92	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) Matthew J Connealy		Date of Receipt M M / D D / Y Y Y Y 06 / 17 / 2004
Mailing Address 2999 Old Highway 118		Transaction ID: SA11D.7648
City State Zip Code Decatur NE 68020	Amount of Each Receipt this Period 737.05	
FEC ID number of contributing federal political committee. C	In-kind - Travel Expense <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 ▼ 4030.97	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) Matthew J Connealy		Date of Receipt M M / D D / Y Y Y Y 06 / 19 / 2004
Mailing Address 2999 Old Highway 118		Transaction ID: SA11D.7650
City State Zip Code Decatur NE 68020	Amount of Each Receipt this Period 201.15	
FEC ID number of contributing federal political committee. C	In-kind - Parade Supplies <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 ▼ 4232.12	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	1012.12
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 75
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input checked="" type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CONNELY 04

A. Full Name (Last, First, Middle Initial) Matthew J Connealy Mailing Address 2999 Old Highway 118 City Decatur State NE Zip Code 68020 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 4 Transaction ID: SA11D.7652 Amount of Each Receipt this Period 248.38 In-kind - Computer Supplies <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self Occupation Farmer Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4480.50	

B. Full Name (Last, First, Middle Initial) Matthew J Connealy Mailing Address 2999 Old Highway 118 City Decatur State NE Zip Code 68020 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 4 Transaction ID: SA11D.7645 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 Self Occupation Farmer Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 6480.50	

C. Full Name (Last, First, Middle Initial) Matthew J Connealy Mailing Address 2999 Old Highway 118 City Decatur State NE Zip Code 68020 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 4 Transaction ID: SA11D.7654 Amount of Each Receipt this Period 93.06 In-kind - Toner and Ink cartridges <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self Occupation Farmer Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 6573.56	

SUBTOTAL of Receipts This Page (optional)	2341.44
TOTAL This Period (last page this line number only)	3353.56

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CONNEALY 04

Full Name (Last, First, Middle Initial) A. Alltel Phone Company		Transaction ID: SB17.7546 Date of Disbursement 05 / 17 / 2004	
Mailing Address PO Box 81309		Amount of Each Disbursement this Period 800.00	
City Lincoln State NE Zip Code 68501	Purpose of Disbursement Business Deposit for Phone Hookups Candidate Name CONNEALY 04	001 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

Full Name (Last, First, Middle Initial) B. Alltel Phone Company		Transaction ID: SB17.7564 Date of Disbursement 05 / 17 / 2004	
Mailing Address PO Box 81309		Amount of Each Disbursement this Period 27.03	
City Lincoln State NE Zip Code 68501	Purpose of Disbursement Local Phone Bill Candidate Name CONNEALY 04	001 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

Full Name (Last, First, Middle Initial) C. Alltel Phone Company		Transaction ID: SB17.7537 Date of Disbursement 06 / 10 / 2004	
Mailing Address PO Box 81309		Amount of Each Disbursement this Period 82.43	
City Lincoln State NE Zip Code 68501	Purpose of Disbursement Cell Phone Bill Candidate Name CONNEALY 04	001 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

SUBTOTAL of Disbursements This Page (optional) ▶	909.46
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CONNEALY 04

Full Name (Last, First, Middle Initial) A. American Communications Group		Transaction ID: SB17.7547 Date of Disbursement 05 / 10 / 2004
Mailing Address 1044 H Street		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lincoln State NE Zip Code 68508	001 Category/Type	
Purpose of Disbursement Rent		
Candidate Name CONNEALY 04		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. American Communications Group		Transaction ID: SB17.7553 Date of Disbursement 05 / 10 / 2004
Mailing Address 1044 H Street		Amount of Each Disbursement this Period 962.47 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lincoln State NE Zip Code 68508	001 Category/Type	
Purpose of Disbursement Long Distance Phone Bill		
Candidate Name CONNEALY 04		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. American Communications Group		Transaction ID: SB17.7527 Date of Disbursement 06 / 25 / 2004
Mailing Address 1044 H Street		Amount of Each Disbursement this Period 1492.79 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lincoln State NE Zip Code 68508	001 Category/Type	
Purpose of Disbursement Long Distance Charges		
Candidate Name CONNEALY 04		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2705.26
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CONNEALY 04

Full Name (Last, First, Middle Initial) A. Bank One		Transaction ID: SB17.7634 Date of Disbursement 04 / 28 / 2004
Mailing Address PO Box 8650		Amount of Each Disbursement this Period 4453.59
City Wilmington State DE Zip Code 19899	Purpose of Disbursement Campaign Manager Credit Card Reimburseme Candidate Name CONNEALY 04 Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. US Postmaster		Transaction ID: SB17.7634.0 Date of Disbursement 04 / 14 / 2004
Mailing Address Lincoln Main PO		Amount of Each Disbursement this Period 185.00
City Lincoln State NE Zip Code 68508	Purpose of Disbursement Postage 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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

Full Name (Last, First, Middle Initial) C. Best Buy		Transaction ID: SB17.7634.1 Date of Disbursement 04 / 13 / 2004
Mailing Address 400 N. 48th St.		Amount of Each Disbursement this Period 85.59
City Lincoln State NE Zip Code 68504	Purpose of Disbursement Toner 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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	4453.59
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CONNEALY 04

Full Name (Last, First, Middle Initial) A. Wal-Mart		Transaction ID: SB17.7634.2 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 4
Mailing Address 4700 N. 27th		Amount of Each Disbursement this Period 19.97 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Lincoln State NE Zip Code 68521		
Purpose of Disbursement Office Supplies 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. US Postmaster		Transaction ID: SB17.7634.3 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 4
Mailing Address Lincoln Main PO		Amount of Each Disbursement this Period 185.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Lincoln State NE Zip Code 68508		
Purpose of Disbursement 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) C. Graphic Impressions		Transaction ID: SB17.7634.4 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 4
Mailing Address 1055 Valley Drive		Amount of Each Disbursement this Period 3998.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Bettendorf State IA Zip Code 52722		
Purpose of Disbursement Yard Signs 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		

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CONNEALY 04

A. Kevin Bernadt Full Name (Last, First, Middle Initial) Mailing Address 4140 Washington St. City Lincoln State NE Zip Code 68506 Purpose of Disbursement Volunteer Coordinator Candidate Name CONNEALY 04 Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01 Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.7525 Date of Disbursement 06 / 30 / 2004 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
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B. Blaemire Communications Full Name (Last, First, Middle Initial) Mailing Address 1890 Preston White Drive Ste 105 City Reston State VA Zip Code 20191 Purpose of Disbursement Dodge County Voter History Candidate Name CONNEALY 04 Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01 Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.7554 Date of Disbursement 05 / 17 / 2004 Amount of Each Disbursement this Period 350.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Chris Longly Full Name (Last, First, Middle Initial) Mailing Address 1044 H St. City Lincoln State NE Zip Code 68508 Purpose of Disbursement Campaign Manager Candidate Name CONNEALY 04 Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01 Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.7600 Date of Disbursement 05 / 01 / 2004 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
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SUBTOTAL of Disbursements This Page (optional) ▶	5850.00
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

A. Chris Longly Full Name (Last, First, Middle Initial) Mailing Address 1044 H St. City Lincoln State NE Zip Code 68508 Purpose of Disbursement Campaign Manager Candidate Name CONNEALY 04 Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01 Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.7586 Date of Disbursement 05 / 27 / 2004 Amount of Each Disbursement this Period 9000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Community Connections, Inc. Full Name (Last, First, Middle Initial) Mailing Address 3718 Diablo Drive City Lincoln State NE Zip Code 68516 Purpose of Disbursement Domain Hosting/Web Page Updates Candidate Name CONNEALY 04 Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01 Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.7566 Date of Disbursement 05 / 17 / 2004 Amount of Each Disbursement this Period 324.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Community Connections, Inc. Full Name (Last, First, Middle Initial) Mailing Address 3718 Diablo Drive City Lincoln State NE Zip Code 68516 Purpose of Disbursement Website Hosting Candidate Name CONNEALY 04 Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01 Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.7540 Date of Disbursement 06 / 08 / 2004 Amount of Each Disbursement this Period 115.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional)	9439.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 66 / 75

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

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NAME OF COMMITTEE (In Full)
CONNEALY 04

Full Name (Last, First, Middle Initial) A. Matthew J Connealy		Transaction ID: SB17.7649 Date of Disbursement 06 / 17 / 2004
Mailing Address 2999 Old Highway 118		Amount of Each Disbursement this Period 737.05 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Decatur State NE Zip Code 68020	<input type="checkbox"/> Category/Type	
Purpose of Disbursement In-kind - Travel Expense		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Matthew J Connealy		Transaction ID: SB17.7651 Date of Disbursement 06 / 19 / 2004
Mailing Address 2999 Old Highway 118		Amount of Each Disbursement this Period 201.15 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Decatur State NE Zip Code 68020	<input type="checkbox"/> Category/Type	
Purpose of Disbursement In-kind - Parade Supplies		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Matthew J Connealy		Transaction ID: SB17.7653 Date of Disbursement 06 / 22 / 2004
Mailing Address 2999 Old Highway 118		Amount of Each Disbursement this Period 248.38 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Decatur State NE Zip Code 68020	<input type="checkbox"/> Category/Type	
Purpose of Disbursement In-kind - Computer Supplies		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1186.58
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CONNEALY 04

Full Name (Last, First, Middle Initial) A. Matthew J Connealy		Transaction ID: SB17.7655 Date of Disbursement 06 / 30 / 2004	
Mailing Address 2999 Old Highway 118		Amount of Each Disbursement this Period 93.06	
City Decatur State NE Zip Code 68020	Purpose of Disbursement In-kind - Toner and Ink cartridges	<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 State: NE District: 01	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Design 4		Transaction ID: SB17.7539 Date of Disbursement 06 / 10 / 2004	
Mailing Address 8938 L Street		Amount of Each Disbursement this Period 124.12	
City Omaha State NE Zip Code 68127	Purpose of Disbursement 4' x 6' Banner 3 color	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name CONNEALY 04	Category/Type 004		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Lynden Eckery		Transaction ID: SB17.7602 Date of Disbursement 05 / 01 / 2004	
Mailing Address 1923 B Street Apt 2		Amount of Each Disbursement this Period 1500.00	
City Lincoln State NE Zip Code 68502	Purpose of Disbursement Scheduling Manager	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name CONNEALY 04	Category/Type 001		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	1717.18
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

A. Lynden Eckery Full Name (Last, First, Middle Initial) Mailing Address 1923 B Street Apt 2 City Lincoln State NE Zip Code 68502 Purpose of Disbursement Scheduling manager Candidate Name CONNEALY 04 Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01 Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.7589 Date of Disbursement 06 / 01 / 2004 Amount of Each Disbursement this Period 1500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Global Payments Full Name (Last, First, Middle Initial) Mailing Address 10705 Red Run Boulevard City Owings Mills State MD Zip Code 21117 Purpose of Disbursement Merchant Set up fees Candidate Name CONNEALY 04 Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01 Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.7612 Date of Disbursement 06 / 02 / 2004 Amount of Each Disbursement this Period 433.51 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Goldenrod Printing Full Name (Last, First, Middle Initial) Mailing Address 2801 Cornhusker Hwy City Lincoln State NE Zip Code 68504 Purpose of Disbursement Art Work for Envelopes/Letterhead/Invite Candidate Name CONNEALY 04 Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01 Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.7544 Date of Disbursement 06 / 03 / 2004 Amount of Each Disbursement this Period 4267.01 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	6200.52
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CONNEALY 04

Full Name (Last, First, Middle Initial) A. Greenberg Research Inc		Transaction ID: SB17.7542 Date of Disbursement 06 / 08 / 2004
Mailing Address 10 G Street NE Ste 400		Amount of Each Disbursement this Period 14000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20002	Purpose of Disbursement Polling/Survey Category/Type 005	
Candidate Name CONNEALY 04	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NE District: 01	Purpose of Disbursement Finance Director Candidate Name CONNEALY 04 Category/Type 001	

Full Name (Last, First, Middle Initial) B. Jim Rogers		Transaction ID: SB17.7601 Date of Disbursement 05 / 01 / 2004
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 Category/Type 001	
Candidate Name CONNEALY 04	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NE District: 01	Purpose of Disbursement Finance Director Candidate Name CONNEALY 04 Category/Type 001	

Full Name (Last, First, Middle Initial) C. Jim Rogers		Transaction ID: SB17.7587 Date of Disbursement 06 / 01 / 2004
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 Category/Type 001	
Candidate Name CONNEALY 04	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NE District: 01	Purpose of Disbursement Finance Director Candidate Name CONNEALY 04 Category/Type 001	

SUBTOTAL of Disbursements This Page (optional) ▶	20400.00
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) A. Media Strategies		Transaction ID: SB17.7562 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 4
Mailing Address 9990 Lee Highway Ste 220		Amount of Each Disbursement this Period 19000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Fairfax State VA Zip Code 22030	Purpose of Disbursement Media Consulting Candidate Name CONNEALY 04 Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. NGP Software Inc		Transaction ID: SB17.7565 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 4
Mailing Address 5505 Connecticut Ave NW PMB 277		Amount of Each Disbursement this Period 1250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20015	Purpose of Disbursement Campaign Office Software License Candidate Name CONNEALY 04 Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Pioneer Promotions		Transaction ID: SB17.7559 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 4
Mailing Address 9270 Pioneers Ct		Amount of Each Disbursement this Period 310.77 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lincoln State NE Zip Code 68520	Purpose of Disbursement Screen Print Expense for Tshirts Candidate Name CONNEALY 04 Category/Type 004	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	20560.77
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CONNEALY 04

Full Name (Last, First, Middle Initial) A. Pioneer Promotions		Transaction ID: SB17.7560 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 4
Mailing Address 9270 Pioneers Ct		Amount of Each Disbursement this Period 301.49 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lincoln State NE Zip Code 68520		
Purpose of Disbursement Polo Shirts with Embroidery work Candidate Name CONNEALY 04	004 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01 Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Pioneer Promotions		Transaction ID: SB17.7538 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 0 4
Mailing Address 9270 Pioneers Ct		Amount of Each Disbursement this Period 321.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lincoln State NE Zip Code 68520		
Purpose of Disbursement Art Work Connealy for Congress Logo Candidate Name CONNEALY 04	004 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01 Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Struble Eichenbuam Communications		Transaction ID: SB17.7550 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 0 4
Mailing Address 700 Seventh St. S.E.		Amount of Each Disbursement this Period 403.79 <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 Conference Call / Consult Fees Candidate Name CONNEALY 04	001 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01 Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1026.28
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CONNEALY 04

Full Name (Last, First, Middle Initial) A. Thompson Realty Group		Transaction ID: SB17.7592 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 0 4
Mailing Address 2930 Ridge Line Rd Ste 105		Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lincoln State NE Zip Code 68516		
Purpose of Disbursement June 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 01		

Full Name (Last, First, Middle Initial) B. US Bancorp		Transaction ID: SB17.7533 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 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 Bank Analysis Charges Candidate Name CONNEALY 04 Category/Type 001		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 01		

Full Name (Last, First, Middle Initial) C. US Bancorp		Transaction ID: SB17.7524 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 4
Mailing Address 800 Nicolett Mall		Amount of Each Disbursement this Period 14.50 <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 Bank Analysis Charges Candidate Name CONNEALY 04 Category/Type 001		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 01		

SUBTOTAL of Disbursements This Page (optional) ▶	344.50
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CONNEALY 04

Full Name (Last, First, Middle Initial) A. US Postmaster		Transaction ID: SB17.7603 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 4
Mailing Address Lincoln Main PO		Amount of Each Disbursement this Period 209.97 <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 Candidate Name CONNEALY 04 Category/Type 003		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 01		

Full Name (Last, First, Middle Initial) B. US Postmaster		Transaction ID: SB17.7523 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 4
Mailing Address Lincoln Main PO		Amount of Each Disbursement this Period 4.42 <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 Certified Letter Postage Candidate Name CONNEALY 04 Category/Type 001		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 01		

Full Name (Last, First, Middle Initial) C. US Postmaster		Transaction ID: SB17.7541 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 0 4
Mailing Address Lincoln Main PO		Amount of Each Disbursement this Period 370.00 <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 Candidate Name CONNEALY 04 Category/Type 003		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 01		

SUBTOTAL of Disbursements This Page (optional) ▶	584.39
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CONNEALY 04

Full Name (Last, First, Middle Initial) A. US Postmaster		Transaction ID: SB17.7590 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 4
Mailing Address Lincoln Main PO		Amount of Each Disbursement this Period 111.00 <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 Candidate Name CONNEALY 04 Category/Type 003		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 01		

Full Name (Last, First, Middle Initial) B. Voter Roll Call		Transaction ID: SB17.7557 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 4
Mailing Address Acct Receivable 16311 Ventrua Blvd #900		Amount of Each Disbursement this Period 724.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Encino State CA Zip Code 91436		
Purpose of Disbursement Bob Kerry GOTV Calls Candidate Name CONNEALY 04 Category/Type 003		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 01		

Full Name (Last, First, Middle Initial) C. Winning Directions		Transaction ID: SB17.7551 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 4
Mailing Address 2700 S. Quincy St. Ste 540		Amount of Each Disbursement this Period 12922.04 <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 13,500 Brochures, 11 x 17, 4 Color Candidate Name CONNEALY 04 Category/Type 004		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 01		

SUBTOTAL of Disbursements This Page (optional) ▶	13757.48
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CONNEALY 04

<p>A. Winning Directions</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 2700 S. Quincy St. Ste 540</p> <p>City Arlington State VA Zip Code 22206</p> <p>Purpose of Disbursement 14,302 Brochures, 11 x 17, 4 color</p> <p>Candidate Name CONNEALY 04</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NE District: 01</p>		<p>Transaction ID: SB17.7552</p> <p>Date of Disbursement 04 / 28 / 2004</p> <p>Amount of Each Disbursement this Period 14098.65</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2004</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type 004</p>		

<p>B. Tom Worster</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Treasurer's Best Effort</p> <p>City Treasurer's Best State NE Zip Code 68521</p> <p>Purpose of Disbursement Network new phone lines</p> <p>Candidate Name CONNEALY 04</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NE District: 01</p>		<p>Transaction ID: SB17.7608</p> <p>Date of Disbursement 05 / 24 / 2004</p> <p>Amount of Each Disbursement this Period 600.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2004</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type 001</p>		

SUBTOTAL of Disbursements This Page (optional)

14698.65

TOTAL This Period (last page this line number only)

103833.66