

HD

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED
SECRETARY OF THE SENATE

06 JAN 26 PM 3:32

Office Use Only

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

[Redacted]

Hagel for Senate Committee

ADDRESS (number and street)

PO Box 241497

Check if different than previously reported. (ACC)

Omaha

NE

68124

2. FEC IDENTIFICATION NUMBER

C00326611

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT NEW (N) OR AMENDED (A)

NE

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on

[Redacted]

In the State of

[Redacted]

(c) 30-Day POST-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on

[Redacted]

In the State of

[Redacted]

5. Covering Period

10 01 2005

through

12 31 2005

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

Type or Print Name of Treasurer Michael R. McCarthy

Signature of Treasurer

Date

01 23 2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 437g.

Office Use Only

FEC FORM 3
(Revised 02/2003)

26020012951

SUMMARY PAGE
of Receipts and Disbursements.

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Legal for Senate Committee

Report Covering the Period:

From:

MM
10DD
01YYYYYY
2005

To:

MM
12DD
31YYYYYY
2005

	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)).....	42550.00	337154.99
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	-200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	42550.00	337354.99
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	37642.95	660109.23
(b) Total Offsets to Operating Expenditures (from Line 14).....	212.20	12090.82
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	37430.75	648018.41
8. Cash on Hand at Close of Reporting Period (from Line 27).....	154066.27	
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

FED Form 3 (Revised 02/2003)

Page 3

Write or Type Committee Name
Hagel for Senate Committee

Report Covering the Period:

From:

M M
1 0D D
0 1Y Y Y Y
2 0 0 5

To:

M M
1 2D D
3 1Y Y Y Y
2 0 0 5**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).....

40150.00

220950.00

(ii) Unitemized.....

100.00

22669.00

(iii) TOTAL of contributions

from individuals..... ▶

40250.00

243619.00

(b) Political Party Committees.....

0.00

2220.72

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

2300.00

91315.27

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

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

42550.00

337154.99

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.).....

212.20

12090.82

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

56.83

12145.97

16. TOTAL RECEIPTS (add Lines

11(e), 12, 13(c), 14, and 15)

(Carry Total to Line 24, page 4)..... ▶

42819.03

361391.78

26020012953

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	37642.95	660109.23
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	-200.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	-200.00
21. OTHER DISBURSEMENTS.....	10000.00	92500.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) >	47642.95	752409.23

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	158890.19
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	42819.03
25. SUBTOTAL (add Line 23 and Line 24).....	201709.22
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	47642.95
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	154066.27

26020012954

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

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

FOR LINE NUMBER: PAGE 5 / 48

(check only one)

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

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 committees.

NAME OF COMMITTEE (In Full)
Hagel for Senate Committee

A. Full Name (Last, First, Middle Initial)
Geoffrey C. Bible

Mailing Address One East Putnam Avenue

City State Zip Code
Greenwich CT 06830

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Wagga Enterprises Chairman

Receipt For: Primary General
 Other (specify) _____

Election Cycle-to-Date

Date of Receipt
MM / DD / YYYY
10 / 28 / 2005

Transaction ID: SA11A1.17881

Amount of Each Receipt this Period

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1a-1))

B. Full Name (Last, First, Middle Initial)
Camille S. Bicos

Mailing Address 6703 Landon Lane

City State Zip Code
Bethesda MD 20817-5639

FEC ID number of contributing federal political committee.

Name of Employer Occupation
The Feinberg Group, LLP Administrator

Receipt For: Primary General
 Other (specify) _____

Election Cycle-to-Date

Date of Receipt
MM / DD / YYYY
10 / 26 / 2005

Transaction ID: SA11A1.17878

Amount of Each Receipt this Period

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1a-1))

C. Full Name (Last, First, Middle Initial)
Camille S. Bicos

Mailing Address 6703 Landon Lane

City State Zip Code
Bethesda MD 20817-5639

FEC ID number of contributing federal political committee.

Name of Employer Occupation
The Feinberg Group, LLP Administrator

Receipt For: Primary General
 Other (specify) _____

Election Cycle-to-Date

Date of Receipt
MM / DD / YYYY
10 / 26 / 2005

Transaction ID: SA11A1.17880

Amount of Each Receipt this Period

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1a-1))

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

26020012955

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

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

FOR LINE NUMBER: PAGE 6 / 48

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Haget for Senate Committee

Full Name (Last, First, Middle Initial)
A. Louisa Camileri
Mailing Address 120 Park Avenue, 22nd Floor
City New York State NY Zip Code 10017-5523
FEC ID number of contributing federal political committee. C
Name of Employer Altria Group, Inc. Occupation Chairman & CEO
Receipt For: Primary General Other (specify)
Election Cycle-to-Date 1000.00

Date of Receipt 10 / 26 / 2005
Transaction ID: SA11A1.17885
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

Full Name (Last, First, Middle Initial)
B. Teresa S. D'Agostino
Mailing Address 8714 Woolworth Ave.
City Omaha State NE Zip Code 68124
FEC ID number of contributing federal political committee. C
Name of Employer Anesthesia West Occupation Physician
Receipt For: Primary General Other (specify)
Election Cycle-to-Date 500.00

Date of Receipt 12 / 28 / 2005
Transaction ID: SA11A1.18041
Amount of Each Receipt this Period 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

Full Name (Last, First, Middle Initial)
C. Dmyr S. Devine
Mailing Address 120 Park Avenue
City New York State NY Zip Code 10017
FEC ID number of contributing federal political committee. C
Name of Employer Altria Group, Inc. Occupation Sr. VP & CFO
Receipt For: Primary General Other (specify)
Election Cycle-to-Date 1000.00

Date of Receipt 10 / 28 / 2005
Transaction ID: SA11A1.17883
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

SUBTOTAL of Receipts This Page (optional) 2600.00
TOTAL This Period (last page this line number only)

26020012956

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

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

FOR LINE NUMBER:		PAGE 7 / 48	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (in Full)
Hagel for Senate Committee

A. Full Name (Last, First, Middle Initial)
David L. Feinberg

Mailing Address **1455 Pennsylvania Ave. NW
Suite 390**

City **Washington** State **DC** Zip Code **20004-1008**

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

Name of Employer **The Feinberg Group LLP** Occupation **Manager**

Receipt For:
 Primary General
 Other (specify)▼

Election Cycle-to-Date ▼
2100.00

Date of Receipt
11 / 18 / 2005

Transaction ID: SA11A1.1795B

Amount of Each Receipt this Period
2100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

B. Full Name (Last, First, Middle Initial)
David L. Feinberg

Mailing Address **1455 Pennsylvania Ave. NW
Suite 390**

City **Washington** State **DC** Zip Code **20004-1008**

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

Name of Employer **The Feinberg Group LLP** Occupation **Manager**

Receipt For:
 Primary General
 Other (specify)▼

Election Cycle-to-Date ▼
4200.00

Date of Receipt
11 / 18 / 2005

Transaction ID: SA11A1.17960

Amount of Each Receipt this Period
2100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

C. Full Name (Last, First, Middle Initial)
Diane S. Feinberg

Mailing Address **5200 Edgemoor Lane**

City **Bethesda** State **MD** Zip Code **20814**

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

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

Receipt For:
 Primary General
 Other (specify)▼

Election Cycle-to-Date ▼
2100.00

Date of Receipt
10 / 26 / 2005

Transaction ID: SA11A1.17875

Amount of Each Receipt this Period
2100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

SUBTOTAL of Receipts This Page (optional) **6300.00**

TOTAL This Period (last page this line number only)

26020012957

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

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

FOR LINE NUMBER: PAGE 8 / 18

(check only one)

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

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NAME OF COMMITTEE (In Full)
Hagel for Senate Committee

A. Diane S. Feinberg
Full Name (Last, First, Middle Initial)
Mailing Address: 5200 Edgemoor Lane
City: **Bethesda** State: **MD** Zip Code: **20814**
FEC ID number of contributing federal political committee: **C**
Name of Employer: **Self** Occupation: **Homemaker**
Receipt For: Primary General Other (specify)
Election Cycle-to-Date: **4200.00**

Date of Receipt: **10 / 26 / 2005**
Transaction ID: SA11A1.17877
Amount of Each Receipt this Period: **2100.00**
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

B. Kenneth Feinberg
Full Name (Last, First, Middle Initial)
Mailing Address: 1120 20th St. NW Ste 740-S
City: **Washington** State: **DC** Zip Code: **20036**
FEC ID number of contributing federal political committee: **C**
Name of Employer: **The Feinberg Group, LLP** Occupation: **Attorney**
Receipt For: Primary General Other (specify)
Election Cycle-to-Date: **2100.00**

Date of Receipt: **10 / 26 / 2005**
Transaction ID: SA11A1.17871
Amount of Each Receipt this Period: **2100.00**
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

C. Kenneth Feinberg
Full Name (Last, First, Middle Initial)
Mailing Address: 1120 20th St. NW Ste 740-S
City: **Washington** State: **DC** Zip Code: **20036**
FEC ID number of contributing federal political committee: **C**
Name of Employer: **The Feinberg Group, LLP** Occupation: **Attorney**
Receipt For: Primary General Other (specify)
Election Cycle-to-Date: **4200.00**

Date of Receipt: **10 / 26 / 2005**
Transaction ID: SA11A1.17872
Amount of Each Receipt this Period: **2100.00**
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

SUBTOTAL of Receipts This Page (optional) **6300.00**
TOTAL This Period (last page this line number only)

26020012958

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

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

FOR LINE NUMBER: PAGE 8 / 48

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Hagel for Senate Committee

A. Full Name (Last, First, Middle Initial)
Michael L. Feinberg

Mailing Address **30 Christopher Street, Apt 5F**

City **New York** State **NY** Zip Code **10014**

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

Name of Employer **Werner, Cutler, Hafe & Do-IT** Occupation **Lawyer**

Receipt For: Primary General
 Other (specify)▼

Election Cycle-to-Date ▼ **2100.00**

Date of Receipt
10 / 26 / 2005

Transaction ID: **SA11A1.17868**

Amount of Each Receipt this Period
2100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1))

B. Full Name (Last, First, Middle Initial)
Michael L. Feinberg

Mailing Address **30 Christopher Street, Apt 5F**

City **New York** State **NY** Zip Code **10014**

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

Name of Employer **Werner, Cutler, Hafe & Do-IT** Occupation **Lawyer**

Receipt For: Primary General
 Other (specify)▼

Election Cycle-to-Date ▼ **4200.00**

Date of Receipt
10 / 26 / 2005

Transaction ID: **SA11A1.17870**

Amount of Each Receipt this Period
2100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1))

C. Full Name (Last, First, Middle Initial)
Michael R. McCarthy

Mailing Address **2807 County Road P40**

City **Omaha** State **NE** Zip Code **68112**

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

Name of Employer **McCarthy Group, Inc.** Occupation **Chairman**

Receipt For: Primary General
 Other (specify)▼

Election Cycle-to-Date ▼ **2100.00**

Date of Receipt
10 / 30 / 2005

Transaction ID: **SA11A1.17975**

Amount of Each Receipt this Period
2100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1))

SUBTOTAL of Receipts This Page (optional) **6300.00**

TOTAL This Period (last page this line number only) **6300.00**

26020012959

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

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

FDR LINE NUMBER: PAGE 10 / 48

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

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NAME OF COMMITTEE (in Full)
Hagel for Senate Committee

A. Full Name (Last, First, Middle Initial)
Michael R. McCarthy
 Mailing Address **2807 County Road P40**
 City **Omaha** State **NE** Zip Code **68112**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **McCarthy Group, Inc.** Occupation **Chairman**
 Receipt For: Primary General Other (specify)
 Election Cycle-to-Date **4200.00**

Date of Receipt **11 / 30 / 2005**
 Transaction ID: SA11A1.17978
 Amount of Each Receipt this Period **2100.00**
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

B. Full Name (Last, First, Middle Initial)
Nancy A. McCarthy
 Mailing Address **2807 County Road P40**
 City **Omaha** State **NE** Zip Code **68112**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **Self** Occupation **Homemaker**
 Receipt For: Primary General Other (specify)
 Election Cycle-to-Date **2100.00**

Date of Receipt **11 / 30 / 2005**
 Transaction ID: SA11A1.17978
 Amount of Each Receipt this Period **2100.00**
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

C. Full Name (Last, First, Middle Initial)
Nancy A. McCarthy
 Mailing Address **2807 County Road P40**
 City **Omaha** State **NE** Zip Code **68112**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **Self** Occupation **Homemaker**
 Receipt For: Primary General Other (specify)
 Election Cycle-to-Date **4200.00**

Date of Receipt **11 / 30 / 2005**
 Transaction ID: SA11A1.17974
 Amount of Each Receipt this Period **2100.00**
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

SUBTOTAL of Receipts This Page (optional) **6300.00**
 TOTAL This Period (last page this line number only)

26020012960

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

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

FOR LINE NUMBER: PAGE 11 / 48

(check only one)

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

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NAME OF COMMITTEE (In Full)
Hegel for Senate Committee

A. Full Name (Last, First, Middle Initial)
Steven C. Parish

Mailing Address 5 McMahon Lane

City Westport State CT Zip Code 06880

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

Name of Employer Altria Group, Inc. Occupation Executive VP

Receipt For:
 Primary General
 Other (specify)▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
10 / 26 / 2005

Transaction ID: SA11A1.17889

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Douglas M. Pick

Mailing Address 6315 S. 159th St.

City Omaha State NE Zip Code 68135

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

Name of Employer Pharmaceutical Technologi- es Inc. Occupation President & CEO

Receipt For:
 Primary General
 Other (specify)▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
11 / 16 / 2005

Transaction ID: SA11A1.17822

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Joanne F. Shephard

Mailing Address 507 Elenora Dr.

City Valentine State NE Zip Code 68201

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

Name of Employer Self Occupation Homemaker

Receipt For:
 Primary General
 Other (specify)▼

Election Cycle-to-Date ▼
1100.00

Date of Receipt
10 / 07 / 2005

Transaction ID: SA11A1.17818

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ 2250.00

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

26020012961

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

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

FOR LINE NUMBER: PAGE 12 / 48

(check only one)

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

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NAME OF COMMITTEE (In Full)
Hagel for Senate Committee

A. Full Name (Last, First, Middle Initial)
Gene P. Spence
Mailing Address **9737 Frederick St.**
City **Omaha** State **NE** Zip Code **68124**
FEC ID number of contributing federal political committee. **C**
Name of Employer **Spence Title Co.** Occupation **President**
Receipt For: Primary General
 Other (specify) **Election Cycle-to-Date** **2000.00**

Date of Receipt **12 / 28 / 2005**
Transaction ID: **SA11A1.18040**
Amount of Each Receipt this Period **2000.00**
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

B. Full Name (Last, First, Middle Initial)
Charles R. Wall
Mailing Address **188 E. 70th St., Apt 10A**
City **New York** State **NY** Zip Code **10021-5170**
FEC ID number of contributing federal political committee. **C**
Name of Employer **Atria Group, Inc.** Occupation **Attorney**
Receipt For: Primary General
 Other (specify) **Election Cycle-to-Date** **1000.00**

Date of Receipt **10 / 28 / 2005**
Transaction ID: **SA11A1.17887**
Amount of Each Receipt this Period **1000.00**
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

C. Full Name (Last, First, Middle Initial)
William H. Webb
Mailing Address **147 Round Hill Road**
City **Greenwich** State **CT** Zip Code **06831**
FEC ID number of contributing federal political committee. **C**
Name of Employer **Retired** Occupation **Retired**
Receipt For: Primary General
 Other (specify) **Election Cycle-to-Date** **1000.00**

Date of Receipt **10 / 26 / 2005**
Transaction ID: **SA11A1.17881**
Amount of Each Receipt this Period **1000.00**
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

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

26020012962

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

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

FOR LINE NUMBER: PAGE 13 / 48

(check only one)

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

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NAME OF COMMITTEE (In Full)
Hegel for Senate Committee

Full Name (Last, First, Middle Initial)
A. Richard W. Weckley

Mailing Address 3708 Inverness

City	State	Zip Code
Houston	TX	77019

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

Name of Employer Weckley Development Co.	Occupation Chairman
---	------------------------

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date ▼
2000.00

Date of Receipt
10 / 07 / 2005

Transaction ID: SA11A1.17817

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441e(f)(4)(1a-1))

SUBTOTAL of Receipts This Page (optional) ➔

1000.00

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

40160.00

26020012963

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

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

FDR LINE NUMBER: PAGE 14 / 48

(check only one)

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

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NAME OF COMMITTEE (In Full)
Hegel for Senate Committee

Full Name (Last, First, Middle Initial)
A. American International Group Inc. Employee PAC
Mailing Address 70 Pine Street
19th Floor
City New York State NY Zip Code 10270
FEC ID number of contributing federal political committee. C C00097725
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify)
Election Cycle-to-Date
1300.00

Date of Receipt
10 / 24 / 2005
Transaction ID: SA11C.17901
Amount of Each Receipt this Period
1300.00
In-kind - Event Expense - Catering
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j);441a-1)

Full Name (Last, First, Middle Initial)
B. AON CORPORATION POLITICAL ACTION COMMITTEE (AON PAC)
Mailing Address 123 North Wacker Drive
City Chicago State IL Zip Code 60606
FEC ID number of contributing federal political committee. C C00211250
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify)
Election Cycle-to-Date
1000.00

Date of Receipt
12 / 28 / 2005
Transaction ID: SA11C.18042
Amount of Each Receipt this Period
1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j);441a-1)

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

26020012964

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

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

FOR LINE NUMBER: PAGE 15 / 48

(check only one)

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

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NAME OF COMMITTEE (In Full)
Hagel for Senate Committee

Full Name (Last, First, Middle Initial)

A. Direct Communications Refund

Mailing Address 5325 Zuni St. Rm 789 Refund

City	State	Zip Code
Denver	CO	80221

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)▼

Election Cycle-to-Date ▼
212.20

Date of Receipt

MM / DD / YYYY
10 / 24 / 2005

Transaction ID: SA14.17638

Amount of Each Receipt this Period

212.20

Refund-Reduction in depos-
it requirements

Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(l)(4)41a-1)

SUBTOTAL of Receipts This Page (optional)

212.20

TOTAL This Period (last page this line number only)

212.20

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
Hagel for Senate Committee

A. Full Name (Last, First, Middle Initial)
First National Bank, Savings
Mailing Address 1620 Dodge St.
City Omaha State NE Zip Code 68124-5497
FEC ID number of contributing federal political committee. C
Name of Employer Occupation
Receipt For: Primary General Other (specify)
Election Cycle-to-Date 5782.61

Date of Receipt 10 / 31 / 2005
Transaction ID: SA15.17912
Amount of Each Receipt this Period 15.20
Interest
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

B. Full Name (Last, First, Middle Initial)
First National Bank, Savings
Mailing Address 1620 Dodge St.
City Omaha State NE Zip Code 68124-5497
FEC ID number of contributing federal political committee. C
Name of Employer Occupation
Receipt For: Primary General Other (specify)
Election Cycle-to-Date 5801.60

Date of Receipt 11 / 30 / 2005
Transaction ID: SA15.18004
Amount of Each Receipt this Period 18.99
Interest
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

C. Full Name (Last, First, Middle Initial)
First National Bank, Savings
Mailing Address 1620 Dodge St.
City Omaha State NE Zip Code 68124-5497
FEC ID number of contributing federal political committee. C
Name of Employer Occupation
Receipt For: Primary General Other (specify)
Election Cycle-to-Date 5824.24

Date of Receipt 12 / 30 / 2005
Transaction ID: SA15.18064
Amount of Each Receipt this Period 22.64
Interest
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

SUBTOTAL of Receipts This Page (optional) 56.83
TOTAL This Period (last page this line number only) 56.83

26020012966

**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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20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Hegel for Senate Committee

A. Full Name (Last, First, Middle Initial)
Alitel - IL

Mailing Address PO Box 94255

City Palatine State IL Zip Code 60094-4255

Purpose of Disbursement
Telephone
Candidate Name

Office Sought: House Senate President
State: District

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB17.17795
Date of Disbursement
10 / 04 / 2005

Amount of Each Disbursement this Period
52.36

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

B. Full Name (Last, First, Middle Initial)
Alitel - IL

Mailing Address PO Box 94255

City Palatine State IL Zip Code 60094-4255

Purpose of Disbursement
Telephone
Candidate Name

Office Sought: House Senate President
State: District

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB17.17845
Date of Disbursement
11 / 03 / 2005

Amount of Each Disbursement this Period
52.44

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

C. Full Name (Last, First, Middle Initial)
Alitel - IL

Mailing Address PO Box 94255

City Palatine State IL Zip Code 60094-4255

Purpose of Disbursement
Telephone
Candidate Name

Office Sought: House Senate President
State: District

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB17.17863
Date of Disbursement
12 / 05 / 2005

Amount of Each Disbursement this Period
52.29

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

SUBTOTAL of Disbursements This Page (optional) ▶ 157.09

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

26020012967

**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 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 18a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
Hagel for Senate Committee

Full Name (Last, First, Middle Initial)
A. American International Group Inc. Employee PAC

Mailing Address 70 Pine Street
19th Floor

City New York State NY Zip Code 10270

Purpose of Disbursement
In-kind - Event Expense - Catering

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.17903
Date of Disbursement
10 / 24 / 2005

Amount of Each Disbursement this Period
1300.00

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

Full Name (Last, First, Middle Initial)
B. Cafe di Coppia

Mailing Address 721 N. 132nd Street

City Omaha State NE Zip Code 68154

Purpose of Disbursement
Event Expense - Meals

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.17982
Date of Disbursement
11 / 30 / 2005

Amount of Each Disbursement this Period
1000.00

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

Full Name (Last, First, Middle Initial)
C. Cafe di Coppia

Mailing Address 721 N. 132nd Street

City Omaha State NE Zip Code 68154

Purpose of Disbursement
Event Expense - Meals

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.18014
Date of Disbursement
12 / 07 / 2005

Amount of Each Disbursement this Period
1580.70

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

SUBTOTAL of Disbursements This Page (optional) 3880.70

TOTAL This Period (last page this line number only)

26020012968

**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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20a 20b 20c 21

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NAME OF COMMITTEE (in Full)
Hegel for Senate Committee

A. Full Name (Last, First, Middle Initial)
Kevin W. Chapman

Mailing Address 1421 Chapin Street, NW
#2

City Washington State DC Zip Code 20009

Purpose of Disbursement Salary
Candidate Name _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: SB17.17895
Date of Disbursement
10 / 28 / 2005

Amount of Each Disbursement this Period
1012.90

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

B. Full Name (Last, First, Middle Initial)
Kevin W. Chapman

Mailing Address 1421 Chapin Street, NW
#2

City Washington State DC Zip Code 20009

Purpose of Disbursement Salary
Candidate Name _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: SB17.17888
Date of Disbursement
11 / 30 / 2005

Amount of Each Disbursement this Period
1012.90

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

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

Mailing Address 1421 Chapin Street, NW
#2

City Washington State DC Zip Code 20009

Purpose of Disbursement Salary
Candidate Name _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: SB17.18035
Date of Disbursement
12 / 30 / 2005

Amount of Each Disbursement this Period
1012.90

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

SUBTOTAL of Disbursements This Page (optional) ➔ 3038.70

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

26020012969

**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 20 / 48

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NAME OF COMMITTEE (In Full)
Hagel for Senate Committee

A. Full Name (Last, First, Middle Initial)
Douglas CO Republican Party

Transaction ID: SB17.17812
Date of Disbursement
10 / 03 / 2005

Mailing Address 11263 Wright Circle

City Omaha State NE Zip Code 68144

Purpose of Disbursement
Rent

Candidate Name

Amount of Each Disbursement this Period
400.00

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

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

State: District:

B. Full Name (Last, First, Middle Initial)
Douglas CO Republican Party

Transaction ID: SB17.17887
Date of Disbursement
11 / 30 / 2005

Mailing Address 11263 Wright Circle

City Omaha State NE Zip Code 68144

Purpose of Disbursement
Rent

Candidate Name

Amount of Each Disbursement this Period
400.00

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

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

State: District:

C. Full Name (Last, First, Middle Initial)
Douglas CO Republican Party

Transaction ID: SB17.18008
Date of Disbursement
12 / 12 / 2005

Mailing Address 11263 Wright Circle

City Omaha State NE Zip Code 68144

Purpose of Disbursement
Rent

Candidate Name

Amount of Each Disbursement this Period
400.00

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

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

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶ 1200.00

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

26020012970

**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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NAME OF COMMITTEE (In Full)
Hegel for Senate Committee

A. Full Name (Last, First, Middle Initial)
Aaron T. Dowd

Transaction ID: SB17.17896
Date of Disbursement
10 / 28 / 2005

Mailing Address 355 Eye Street, SW
S224

City Washington State DC Zip Code 20024

Purpose of Disbursement Salary
Candidate Name _____ Category/Type _____

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

State: _____ District: _____

Amount of Each Disbursement this Period
554.10

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

B. Full Name (Last, First, Middle Initial)
Aaron T. Dowd

Transaction ID: SB17.17964
Date of Disbursement
11 / 30 / 2005

Mailing Address 355 Eye Street, SW
S224

City Washington State DC Zip Code 20024

Purpose of Disbursement Salary
Candidate Name _____ Category/Type _____

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

State: _____ District: _____

Amount of Each Disbursement this Period
554.10

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

C. Full Name (Last, First, Middle Initial)
Aaron T. Dowd

Transaction ID: SB17.18033
Date of Disbursement
12 / 30 / 2005

Mailing Address 355 Eye Street, SW
S224

City Washington State DC Zip Code 20024

Purpose of Disbursement Salary
Candidate Name _____ Category/Type _____

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

State: _____ District: _____

Amount of Each Disbursement this Period
554.10

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

SUBTOTAL of Disbursements This Page (optional) 1662.30

TOTAL This Period (last page this line number only)

26020012971

**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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20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Hegel for Senate Committee

Full Name (Last, First, Middle Initial)
A. Dundee Florist

Mailing Address 675 N. 50th Street

City Omaha State NE Zip Code 68108

Purpose of Disbursement
Flowers

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: SB17.17840
Date of Disbursement
10 / 24 / 2005

Amount of Each Disbursement this Period
52.42

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

Full Name (Last, First, Middle Initial)
B. Dundee Florist

Mailing Address 675 N. 50th Street

City Omaha State NE Zip Code 68108

Purpose of Disbursement
Flowers

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: SB17.18007
Date of Disbursement
12 / 12 / 2005

Amount of Each Disbursement this Period
147.54

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

Full Name (Last, First, Middle Initial)
C. Elliott Aviation Flight Services

Mailing Address PO Box 78892

City Milwaukee State WI Zip Code 53278

Purpose of Disbursement
Travel Expense - Charter Catering

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: SB17.17981
Date of Disbursement
11 / 30 / 2005

Amount of Each Disbursement this Period
126.22

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

SUBTOTAL of Disbursements This Page (optional) 326.28

TOTAL This Period (last page this line number only)

26020012972

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Hegel for Senate Committee

A. FedEx
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 94515
City Palatine State IL Zip Code 60094-4515
Purpose of Disbursement Deliveries
Candidate Name
Office Sought: House Senate President
State: District:
Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: SB17.17634
Date of Disbursement
10 / 27 / 2005
Amount of Each Disbursement this Period
328.86
 Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B. FedEx
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 94515
City Palatine State IL Zip Code 60094-4515
Purpose of Disbursement Deliveries
Candidate Name
Office Sought: House Senate President
State: District:
Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: SB17.17920
Date of Disbursement
11 / 18 / 2005
Amount of Each Disbursement this Period
125.70
 Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C. FedEx
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 94515
City Palatine State IL Zip Code 60094-4515
Purpose of Disbursement Deliveries
Candidate Name
Office Sought: House Senate President
State: District:
Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: SB17.18008
Date of Disbursement
12 / 12 / 2005
Amount of Each Disbursement this Period
148.41
 Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 602.97
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Hagel for Senate Committee

A. FedEx

Transaction ID: SB17.18017
Date of Disbursement: 12 / 16 / 2005

Mailing Address: PO Box 94515
City: Palatine, State: IL, Zip Code: 80094-4515

Purpose of Disbursement: Deliveries
Candidate Name: _____
Amount of Each Disbursement this Period: 54.70

Office Sought: House, Senate, President
Disbursement For: Primary, General, Other (specify) _____
State: _____, District: _____

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

B. First National Bank, Taxes

Transaction ID: SB17.17810
Date of Disbursement: 10 / 03 / 2005

Mailing Address: 16th & Dodge Streets
City: Omaha, State: NE, Zip Code: 68102

Purpose of Disbursement: Payroll Taxes - Federal Unemployment
Candidate Name: _____
Amount of Each Disbursement this Period: 35.02

Office Sought: House, Senate, President
Disbursement For: Primary, General, Other (specify) _____
State: _____, District: _____

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

C. First National Bank, Taxes

Transaction ID: SB17.17898
Date of Disbursement: 10 / 28 / 2005

Mailing Address: 16th & Dodge Streets
City: Omaha, State: NE, Zip Code: 68102

Purpose of Disbursement: Payroll Taxes
Candidate Name: _____
Amount of Each Disbursement this Period: 822.20

Office Sought: House, Senate, President
Disbursement For: Primary, General, Other (specify) _____
State: _____, District: _____

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

SUBTOTAL of Disbursements This Page (optional) 911.92

TOTAL This Period (last page this line number only)

26020012974

**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 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
Hagel for Senate Committee

A. Full Name (Last, First, Middle Initial)
First National Bank, Taxes

Mailing Address 16th & Dodge Streets

City Omaha State NE Zip Code 68102

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB17.17985
Date of Disbursement
11 / 30 / 2005

Amount of Each Disbursement this Period
855.28

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

B. Full Name (Last, First, Middle Initial)
First National Bank, Taxes

Mailing Address 16th & Dodge Streets

City Omaha State NE Zip Code 68102

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB17.18038
Date of Disbursement
12 / 30 / 2005

Amount of Each Disbursement this Period
1020.64

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

C. Full Name (Last, First, Middle Initial)
First National Bank, Visa

Mailing Address PO Box 2814

City Omaha State NE Zip Code 68103-2814

Purpose of Disbursement
Credit Card Payment

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB17.17781
Date of Disbursement
10 / 01 / 2005

Amount of Each Disbursement this Period
475.61

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

SUBTOTAL of Disbursements This Page (optional) 2351.53

TOTAL This Period (last page this line number only)

26020012975

**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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20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Hagel for Senate Committee

A. Full Name (Last, First, Middle Initial)
Hampton Inn & Suites

Mailing Address 301 West Highway 26

City Scottsbluff State NE Zip Code 69361

Purpose of Disbursement
Travel Expense - Lodging

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.17781.4
Date of Disbursement
10 / 01 / 2005

Amount of Each Disbursement this Period
67.20

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Verizon Wireless

Mailing Address PO Box 25506

City Lehigh Valley State PA Zip Code 18002-5506

Purpose of Disbursement
Telephone

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.17781.6
Date of Disbursement
10 / 01 / 2005

Amount of Each Disbursement this Period
133.87

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
US Senate Photographic Studio

Mailing Address Dirksen Senate Bldg. SD-G10

City Washington State DC Zip Code 20510-7218

Purpose of Disbursement
Photography

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.17781.8
Date of Disbursement
10 / 01 / 2005

Amount of Each Disbursement this Period
22.80

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

26020012976

**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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20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Hegel for Senate Committee

A. Full Name (Last, First, Middle Initial)
First National Bank, Visa

Mailing Address PO Box 2814

City Omaha State NE Zip Code 68103-2814

Purpose of Disbursement
Credit Card Payment

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: SB17.17846
Date of Disbursement
11 / 03 / 2005

Amount of Each Disbursement this Period
899.88

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

Category/
Type

B. Full Name (Last, First, Middle Initial)
FedEx

Mailing Address PO Box 94515

City Palatine State IL Zip Code 60094-4515

Purpose of Disbursement
Deliveries

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: SB17.17846.0
Date of Disbursement
11 / 03 / 2005

Amount of Each Disbursement this Period
5.90

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

Category/
Type

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Deer Park Natural Spring Water

Mailing Address 2757 E. Imperial Hwy

City Brea State CA Zip Code 92821

Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: SB17.17846.1
Date of Disbursement
11 / 03 / 2005

Amount of Each Disbursement this Period
94.20

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

Category/
Type

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 899.88

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

26020012977

**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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NAME OF COMMITTEE (In Full)
Hagel for Senate Committee

A. Dundee Florist

Full Name (Last, First, Middle Initial)
Dundee Florist

Mailing Address 675 N. 50th Street

City Omaha State NE Zip Code 68106

Purpose of Disbursement
Flowers

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB17.17846.2
Date of Disbursement
11 / 03 / 2005

Amount of Each Disbursement this Period
181.55

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
[MEMO ITEM]

B. Schneiders of Capitol Hill

Full Name (Last, First, Middle Initial)
Schneiders of Capitol Hill

Mailing Address 300 Massachusetts Avenue

City Washington State DC Zip Code 20002

Purpose of Disbursement
Meeting Expense - Food & Beverage

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB17.17846.6
Date of Disbursement
11 / 03 / 2005

Amount of Each Disbursement this Period
45.71

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
[MEMO ITEM]

C. Enterprise Rent-A-Car

Full Name (Last, First, Middle Initial)
Enterprise Rent-A-Car

Mailing Address 11724 West Dodge Road

City Omaha State NE Zip Code 68154

Purpose of Disbursement
Travel Expense - Rental Car

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB17.17846.8
Date of Disbursement
11 / 03 / 2005

Amount of Each Disbursement this Period
182.64

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ➔

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

0.00

26020012978

**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 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (in Full)
Hagel for Senate Committee

A. Full Name (Last, First, Middle Initial)
First National Bank, Visa

Mailing Address PO Box 2814

City Omaha State NE Zip Code 68103-2814

Purpose of Disbursement
Credit Card Payment

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.17923
Date of Disbursement
12 / 01 / 2005

Amount of Each Disbursement this Period
2002.30

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

B. Full Name (Last, First, Middle Initial)
US Senate Restaurant

Mailing Address First & C Streets, NE

City Washington State DC Zip Code 20510

Purpose of Disbursement
Meeting Expense - Meals

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.17923.0
Date of Disbursement
12 / 01 / 2005

Amount of Each Disbursement this Period
102.50

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

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Deer Park Natural Spring Water

Mailing Address 2767 E. Imperial Hwy

City Brea State CA Zip Code 92821

Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.17923.1
Date of Disbursement
12 / 01 / 2005

Amount of Each Disbursement this Period
46.10

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 2002.30

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

26020012979

**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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NAME OF COMMITTEE (In Full)
Hagel for Senate Committee

A. Office Depot #521
Full Name (Last, First, Middle Initial)
Mailing Address 11011 Lee Highway
City Fairfax State VA Zip Code 22030
Purpose of Disbursement Office Equipment - Fax Machine
Candidate Name
Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB17.17923.2
Date of Disbursement
MM / DD / YYYY
12 / 01 / 2005

Amount of Each Disbursement this Period
461.43

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

(MEMO ITEM)

B. La Colline
Full Name (Last, First, Middle Initial)
Mailing Address 400 North Capitol St NW
City Washington State DC Zip Code 20001
Purpose of Disbursement Meeting Expense - Meals
Candidate Name
Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB17.17923.3
Date of Disbursement
MM / DD / YYYY
12 / 01 / 2005

Amount of Each Disbursement this Period
51.67

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

(MEMO ITEM)

C. University of Nebraska Athletic Dept
Full Name (Last, First, Middle Initial)
Mailing Address 103 South Stadium PO Box 880120
City Lincoln State NE Zip Code 68588-0120
Purpose of Disbursement Meeting Expense - Football Tickets
Candidate Name
Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB17.17923.4
Date of Disbursement
MM / DD / YYYY
12 / 01 / 2005

Amount of Each Disbursement this Period
130.00

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

(MEMO ITEM)

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

26020012980

**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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NAME OF COMMITTEE (in Full)
Hegel for Senate Committee

Full Name (Last, First, Middle Initial)
A. US Postal Service West Omaha

Mailing Address 8451 W. Center Road

City Omaha State NE Zip Code 68124

Purpose of Disbursement Postage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.17923.7
Date of Disbursement
12 / 01 / 2005

Amount of Each Disbursement this Period
74.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. Intuit Inc.

Mailing Address PO Box 7580

City Mountain View State CA Zip Code 94039

Purpose of Disbursement Intuit Payroll Subscription

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.17923.18
Date of Disbursement
12 / 01 / 2005

Amount of Each Disbursement this Period
208.95

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. Enterprise Rent-A-Car

Mailing Address 11724 West Dodge Road

City Omaha State NE Zip Code 68154

Purpose of Disbursement Car Rental

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.17923.20
Date of Disbursement
12 / 01 / 2005

Amount of Each Disbursement this Period
284.86

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

26020012981

**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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NAME OF COMMITTEE (In Full)
Hagel for Senate Committee

A. **Geeks!**
Full Name (Last, First, Middle Initial)
Mailing Address 11323 Wright Circle
City Omaha State NE Zip Code 68144
Purpose of Disbursement Computer Servicing
Candidate Name
Office Sought: House Senate President
Disbursement For: Primary General
 Other (specify) ▼
State: District:

Transaction ID: SB17.17831
Date of Disbursement
10 / 14 / 2005
Amount of Each Disbursement this Period
355.78
 Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B. **Host Coffee Service**
Full Name (Last, First, Middle Initial)
Mailing Address 4320 South 102nd Street
City Omaha State NE Zip Code 68127
Purpose of Disbursement Office Supplies
Candidate Name
Office Sought: House Senate President
Disbursement For: Primary General
 Other (specify) ▼
State: District:

Transaction ID: SB17.18002
Date of Disbursement
12 / 02 / 2005
Amount of Each Disbursement this Period
22.50
 Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C. **Jewish Press**
Full Name (Last, First, Middle Initial)
Mailing Address 333 South 132nd St.
City Omaha State NE Zip Code 68154-2198
Purpose of Disbursement Advertisement
Candidate Name
Office Sought: House Senate President
Disbursement For: Primary General
 Other (specify) ▼
State: District:

Transaction ID: SB17.17833
Date of Disbursement
10 / 14 / 2005
Amount of Each Disbursement this Period
138.00
 Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ➔ 516.28
TOTAL This Period (last page this line number only) ➔

26020012982

**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 33 / 48
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Hagel for Senate Committee

A. **Lauren R. Johnson**
 Full Name (Last, First, Middle Initial)
 Mailing Address 3371 S. 114th Street
 City Omaha State NE Zip Code 68144
 Purpose of Disbursement Salary
 Candidate Name
 Office Sought: House Senate President
 State: District: Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB17.17894
 Date of Disbursement
 10 / 28 / 2005

Amount of Each Disbursement this Period
 554.10
 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. **Lauren R. Johnson**
 Full Name (Last, First, Middle Initial)
 Mailing Address 3371 S. 114th Street
 City Omaha State NE Zip Code 68144
 Purpose of Disbursement Salary
 Candidate Name
 Office Sought: House Senate President
 State: District: Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB17.17987
 Date of Disbursement
 11 / 30 / 2005

Amount of Each Disbursement this Period
 554.10
 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. **Lauren R. Johnson**
 Full Name (Last, First, Middle Initial)
 Mailing Address 3371 S. 114th Street
 City Omaha State NE Zip Code 68144
 Purpose of Disbursement Salary
 Candidate Name
 Office Sought: House Senate President
 State: District: Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB17.18036
 Date of Disbursement
 12 / 30 / 2005

Amount of Each Disbursement this Period
 554.10
 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 1662.30
 TOTAL This Period (last page this line number only) ▶

26020012983

**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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20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Hagel for Senate Committee

A. Full Name (Last, First, Middle Initial)
Barbara J. McQueen

Mailing Address 3405 Ambrust Drive

City Omaha State NE Zip Code 68124

Purpose of Disbursement Salary
Candidate Name _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: SB17.17897
Date of Disbursement 10 / 28 / 2005

Amount of Each Disbursement this Period 547.44

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

B. Full Name (Last, First, Middle Initial)
Barbara J. McQueen

Mailing Address 3405 Ambrust Drive

City Omaha State NE Zip Code 68124

Purpose of Disbursement Salary
Candidate Name _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: SB17.17965
Date of Disbursement 11 / 30 / 2005

Amount of Each Disbursement this Period 651.09

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

C. Full Name (Last, First, Middle Initial)
Barbara J. McQueen

Mailing Address 3405 Ambrust Drive

City Omaha State NE Zip Code 68124

Purpose of Disbursement Salary
Candidate Name _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: SB17.18034
Date of Disbursement 12 / 30 / 2005

Amount of Each Disbursement this Period 1059.16

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

SUBTOTAL of Disbursements This Page (optional) 2257.69

TOTAL This Period (last page this line number only)

26020012984

**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 35 / 48
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b
	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Hegel for Senate Committee

A. NE Department of Revenue

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 98915

City Lincoln State NE Zip Code 68509-8915

Purpose of Disbursement
Payroll Taxes
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB17.17899
Date of Disbursement
10 / 28 / 2005

Amount of Each Disbursement this Period
14.81

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

B. NE Department of Revenue

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 98915

City Lincoln State NE Zip Code 68509-8915

Purpose of Disbursement
Payroll Taxes
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB17.17988
Date of Disbursement
11 / 30 / 2005

Amount of Each Disbursement this Period
19.17

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

C. NE Department of Revenue

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 98915

City Lincoln State NE Zip Code 68509-8915

Purpose of Disbursement
Payroll Taxes
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB17.18039
Date of Disbursement
12 / 30 / 2005

Amount of Each Disbursement this Period
39.17

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

SUBTOTAL of Disbursements This Page (optional) ▶ 72.95

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

26020012985

**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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20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Hagel for Senate Committee

A. Paul Fell Cartoons

Full Name (Last, First, Middle Initial)
Paul Fell Cartoons

Mailing Address 3215 Jamestown Lane

City Lincoln State NE Zip Code 68518

Purpose of Disbursement
Cartoon Reprints

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.17917
Date of Disbursement
11 / 14 / 2005

Amount of Each Disbursement this Period
105.00

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

B. Postmaster Omaha

Full Name (Last, First, Middle Initial)

Mailing Address 1124 Pacific Street

City Omaha State NE Zip Code 68108

Purpose of Disbursement
Postage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.17992
Date of Disbursement
12 / 02 / 2005

Amount of Each Disbursement this Period
4070.00

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

C. Postmaster Omaha

Full Name (Last, First, Middle Initial)

Mailing Address 1124 Pacific Street

City Omaha State NE Zip Code 68108

Purpose of Disbursement
Postage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.18013
Date of Disbursement
12 / 09 / 2005

Amount of Each Disbursement this Period
925.00

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

SUBTOTAL of Disbursements This Page (optional) ➔ 5100.00

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

26020012986

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

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

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(check only one)

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20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Hagel for Senate Committee

A. Qwest

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 91104

City Seattle State WA Zip Code 98111-9204

Purpose of Disbursement
Telephone
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB17.17813
Date of Disbursement
10 / 07 / 2005

Amount of Each Disbursement this Period
66.22

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

Category/
Type

B. Qwest

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 91104

City Seattle State WA Zip Code 98111-9204

Purpose of Disbursement
Telephone
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB17.17909
Date of Disbursement
11 / 09 / 2005

Amount of Each Disbursement this Period
65.36

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

Category/
Type

C. Qwest

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 91104

City Seattle State WA Zip Code 98111-9204

Purpose of Disbursement
Telephone
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB17.17988
Date of Disbursement
12 / 09 / 2005

Amount of Each Disbursement this Period
66.70

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

Category/
Type

SUBTOTAL of Disbursements This Page (optional) 198.28

TOTAL This Period (last page this line number only)

26020012987

**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)
Hagel for Senate Committee

Full Name (Last, First, Middle Initial)
A. Senate Gift Shop

Mailing Address Senate Office Bldg, 1st & C St. NE

City Washington State DC Zip Code 20510

Purpose of Disbursement
Holiday Gifts for Supporters

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.17978
Date of Disbursement 11 / 03 / 2005

Amount of Each Disbursement this Period
2064.00

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

Full Name (Last, First, Middle Initial)
B. Senate Gift Shop

Mailing Address Senate Office Bldg, 1st & C St. NE

City Washington State DC Zip Code 20510

Purpose of Disbursement
Holiday Gifts for Supporters

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.17977
Date of Disbursement 11 / 30 / 2005

Amount of Each Disbursement this Period
720.00

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

Full Name (Last, First, Middle Initial)
C. The Century Council

Mailing Address 1310 G Street, NW Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
Rent

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.17816
Date of Disbursement 10 / 05 / 2005

Amount of Each Disbursement this Period
1162.00

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

SUBTOTAL of Disbursements This Page (optional) 3946.00

TOTAL This Period (last page this line number only)

26020012988

**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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NAME OF COMMITTEE (In Full)
Hagel for Senate Committee

Full Name (Last, First, Middle Initial)
A. The Century Council

Mailing Address 1310 G Street, NW
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement
Rent

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: SB17.17906
Date of Disbursement
11 / 03 / 2005

Amount of Each Disbursement this Period
1065.62

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

Full Name (Last, First, Middle Initial)
B. The Century Council

Mailing Address 1310 G Street, NW
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement
Rent

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: SB17.18030
Date of Disbursement
12 / 28 / 2005

Amount of Each Disbursement this Period
968.75

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

Full Name (Last, First, Middle Initial)
C. Verizon 17577

Mailing Address PO Box 17577

City Baltimore State MD Zip Code 21287-0513

Purpose of Disbursement
Telephone

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: SB17.17803
Date of Disbursement
10 / 12 / 2005

Amount of Each Disbursement this Period
31.80

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

SUBTOTAL of Disbursements This Page (optional) ▶

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

2065.97

26020012989

**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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20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Hagel for Senate Committee

Full Name (Last, First, Middle Initial)

A. Verizon 17577

Mailing Address PO Box 17577

City Baltimore State MD Zip Code 21297-0513

Purpose of Disbursement
Telephone
Candidate Name

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

Transaction ID: SB17.17866

Date of Disbursement
10 / 26 / 2005

Amount of Each Disbursement this Period

105.08

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

Full Name (Last, First, Middle Initial)

B. Verizon 17577

Mailing Address PO Box 17577

City Baltimore State MD Zip Code 21297-0513

Purpose of Disbursement
Telephone
Candidate Name

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

Transaction ID: SB17.17900

Date of Disbursement
11 / 11 / 2005

Amount of Each Disbursement this Period

30.87

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

Full Name (Last, First, Middle Initial)

C. Verizon 17577

Mailing Address PO Box 17577

City Baltimore State MD Zip Code 21297-0513

Purpose of Disbursement
Telephone
Candidate Name

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

Transaction ID: SB17.17962

Date of Disbursement
11 / 23 / 2005

Amount of Each Disbursement this Period

102.94

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

SUBTOTAL of Disbursements This Page (optional) ▶

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

238.89

26020012990

**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 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
Hegel for Senate Committee

A. Full Name (Last, First, Middle Initial)
Verizon 17577

Mailing Address PO Box 17577

City Baltimore State MD Zip Code 21297-0513

Purpose of Disbursement
Telephone
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: SB17.17989
Date of Disbursement
12 / 12 / 2005

Amount of Each Disbursement this Period
30.76

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

B. Full Name (Last, First, Middle Initial)
Verizon 17577

Mailing Address PO Box 17577

City Baltimore State MD Zip Code 21297-0513

Purpose of Disbursement
Telephone
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: SB17.18032
Date of Disbursement
12 / 28 / 2005

Amount of Each Disbursement this Period
114.34

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

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

Mailing Address PO Box 25606

City Lehigh Valley State PA Zip Code 18002-5606

Purpose of Disbursement
Telephone
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: SB17.17830
Date of Disbursement
10 / 13 / 2005

Amount of Each Disbursement this Period
38.43

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

SUBTOTAL of Disbursements This Page (optional) ▶

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

183.53

26020012991

**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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20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Hagel for Senate Committee

Full Name (Last, First, Middle Initial)

A. Verizon Wireless

Mailing Address PO Box 25506

City Lehigh Valley State PA Zip Code 18002-5506

Purpose of Disbursement
Telephone

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB17.17967
Date of Disbursement

10 / 28 / 2005

Amount of Each Disbursement this Period

43.34

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

Full Name (Last, First, Middle Initial)

B. Verizon Wireless

Mailing Address PO Box 25506

City Lehigh Valley State PA Zip Code 18002-5506

Purpose of Disbursement
Telephone

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB17.17915
Date of Disbursement

11 / 14 / 2005

Amount of Each Disbursement this Period

41.51

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

Full Name (Last, First, Middle Initial)

C. Verizon Wireless

Mailing Address PO Box 25506

City Lehigh Valley State PA Zip Code 18002-5506

Purpose of Disbursement
Telephone

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB17.18005
Date of Disbursement

12 / 14 / 2005

Amount of Each Disbursement this Period

95.73

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

SUBTOTAL of Disbursements This Page (optional) ▶

180.58

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

26020012992

**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
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)
Hagel for Senate Committee

Full Name (Last, First, Middle Initial)
A. Verizon Wireless 174B4

Mailing Address PO Box 174B4

City Baltimore State MD Zip Code 21297-1464

Purpose of Disbursement
Telephone

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: SB17.17807
Date of Disbursement
11 / 03 / 2005

Amount of Each Disbursement this Period
158.89

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

Full Name (Last, First, Middle Initial)
B. Washington Office Petty Cash

Mailing Address 818 Connecticut Ave, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Postage

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: SB17.17841
Date of Disbursement
10 / 24 / 2005

Amount of Each Disbursement this Period
88.93

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

Full Name (Last, First, Middle Initial)
C. Washington Office Petty Cash

Mailing Address 818 Connecticut Ave, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Flags

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: SB17.17842
Date of Disbursement
10 / 24 / 2005

Amount of Each Disbursement this Period
51.15

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

SUBTOTAL of Disbursements This Page (optional) ▶

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

276.37

26020012993

**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 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
Hegel for Senate Committee

A. Washington Office Petty Cash

Transaction ID: SB17.17843
Date of Disbursement: 10 / 24 / 2005

Mailing Address: 818 Connecticut Ave, NW
City: Washington State: DC Zip Code: 20006

Purpose of Disbursement: Office Supplies
Candidate Name: _____

Amount of Each Disbursement this Period: 68.60

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

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) _____
State: _____ District: _____

B. Washington Office Petty Cash

Transaction ID: SB17.17994
Date of Disbursement: 12 / 02 / 2005

Mailing Address: 818 Connecticut Ave, NW
City: Washington State: DC Zip Code: 20006

Purpose of Disbursement: Postage
Candidate Name: _____

Amount of Each Disbursement this Period: 37.00

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

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) _____
State: _____ District: _____

C. Washington Office Petty Cash

Transaction ID: SB17.17995
Date of Disbursement: 12 / 02 / 2005

Mailing Address: 818 Connecticut Ave, NW
City: Washington State: DC Zip Code: 20006

Purpose of Disbursement: Office Supplies
Candidate Name: _____

Amount of Each Disbursement this Period: 82.38

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

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) _____
State: _____ District: _____

SUBTOTAL of Disbursements This Page (optional) 187.98

TOTAL This Period (last page this line number only)

26020012994

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

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

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20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Hagel for Senate Committee

A. Full Name (Last, First, Middle Initial)
Washington Office Petty Cash

Mailing Address 818 Connecticut Ave, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement Meeting Expense - Meals

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: SB17.17996
Date of Disbursement 12 / 02 / 2005

Amount of Each Disbursement this Period 59.77

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

B. Full Name (Last, First, Middle Initial)
Washington Office Petty Cash

Mailing Address 818 Connecticut Ave, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement Travel Expense - Ground Transportation

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: SB17.17998
Date of Disbursement 12 / 02 / 2005

Amount of Each Disbursement this Period 10.00

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

C. Full Name (Last, First, Middle Initial)
Washington Office Petty Cash

Mailing Address 818 Connecticut Ave, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement Constituent Gift

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: SB17.17999
Date of Disbursement 12 / 02 / 2005

Amount of Each Disbursement this Period 17.97

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

SUBTOTAL of Disbursements This Page (optional) 87.74

TOTAL This Period (last page this line number only)

26020012995

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)
Hegel for Senate Committee

Full Name (Last, First, Middle Initial)

A. Washington Office Petty Cash

Mailing Address 818 Connecticut Ave, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement

Postage

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Transaction ID: SB17.18009

Date of Disbursement

12 / 12 / 2005

Amount of Each Disbursement this Period

27.05

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

Full Name (Last, First, Middle Initial)

B. Washington Office Petty Cash

Mailing Address 818 Connecticut Ave, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement

Office Supplies

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Transaction ID: SB17.18010

Date of Disbursement

12 / 12 / 2005

Amount of Each Disbursement this Period

54.17

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

Full Name (Last, First, Middle Initial)

C. Washington Office Petty Cash

Mailing Address 818 Connecticut Ave, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement

Flags

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Transaction ID: SB17.18011

Date of Disbursement

12 / 12 / 2005

Amount of Each Disbursement this Period

17.05

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

SUBTOTAL of Disbursements This Page (optional)

98.27

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (in Full)
Hagel for Senate Committee

A. Full Name (Last, First, Middle Initial)
Wiley Rein & Fielding

Mailing Address 1778 K Street

City Washington State DC Zip Code 20006

Purpose of Disbursement
Legal Fees
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: SB17.17865
Date of Disbursement
10 / 26 / 2005

Amount of Each Disbursement this Period
1001.35

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

B. Full Name (Last, First, Middle Initial)
Wiley Rein & Fielding

Mailing Address 1776 K Street

City Washington State DC Zip Code 20006

Purpose of Disbursement
Legal Fees
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: SB17.17861
Date of Disbursement
11 / 23 / 2005

Amount of Each Disbursement this Period
1003.35

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

C. Full Name (Last, First, Middle Initial)
Wiley Rein & Fielding

Mailing Address 1776 K Street

City Washington State DC Zip Code 20006

Purpose of Disbursement
Legal Fees
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: SB17.18031
Date of Disbursement
12 / 28 / 2005

Amount of Each Disbursement this Period
1001.35

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

SUBTOTAL of Disbursements This Page (optional)	3006.05
TOTAL This Period (last page this line number only)	37112.55

26020012997

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

Use separate schedule(s)
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Detailed Summary Page

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 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Hagel for Senate Committee

Full Name (Last, First, Middle Initial)

A. NEBRASKA REPUBLICAN FEDERAL CAMPAIGN COMMITTEE

Transaction ID: SB21.17921

Date of Disbursement

Mailing Address 1810 N Street

11 / 18 / 2005

City
LINCOLN

State
NE

Zip Code
68508

Amount of Each Disbursement this Period

10000.00

Purpose of Disbursement
Transfer of Campaign Funds

Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.83

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

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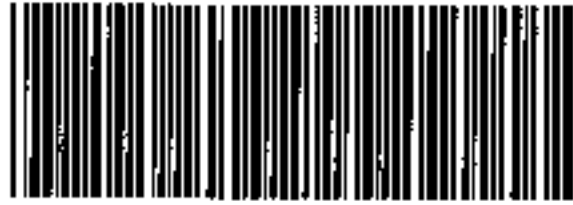
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