

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

CONNEALY 04

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	4

To:

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	0	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	94327.59	728383.44
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	450.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	94327.59	727933.44
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	181758.21	524304.31
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	181758.21	524304.31
8. Cash on Hand at Close of Reporting Period (from Line 27).....	313529.13	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	110000.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
 CONNEALY 04

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	4

 To:

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	0	4

I. RECEIPTS

COLUMN A
 Total This Period

COLUMN B
 Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
 Political Committees

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

38190.00

276564.52

(ii) Unitemized.....

13719.00

178477.77

(iii) TOTAL of contributions

51909.00

455042.29

from individuals..... ▶

500.00

11750.00

(b) Political Party Committees.....

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

41918.59

255017.59

(d) The Candidate.....

0.00

6573.56

(e) TOTAL CONTRIBUTIONS
 (other than loans)

94327.59

728383.44

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

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

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the
 Candidate.....

110000.00

110000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS
 (add Lines 13(a) and (b)).....

110000.00

110000.00

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

0.00

0.00

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

0.00

0.00

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

204327.59

838383.44

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	181758.21	524304.31
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	350.00
(b) Political Party Committees.....	0.00	100.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	450.00
21. OTHER DISBURSEMENTS.....	0.00	100.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	181758.21	524854.31

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	290959.75
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	204327.59
25. SUBTOTAL (add Line 23 and Line 24).....	495287.34
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	181758.21
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	313529.13

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CONNEALY 04

A. Full Name (Last, First, Middle Initial) Frank D. Adams		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 4
Mailing Address 1013 N Douglas		Transaction ID: SA11A1.11613
City State Zip Code Wayne NE 68787	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Wayne State College	Occupation Professor	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 700.00	

B. Full Name (Last, First, Middle Initial) Michael Alberts		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 4
Mailing Address 2004 E 24 Rd		Transaction ID: SA11A1.11252
City State Zip Code Marquette NE 68854	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self	Occupation Farmer	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 402.00	

C. Full Name (Last, First, Middle Initial) William P Avery		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 4
Mailing Address 1925 E Street		Transaction ID: SA11A1.11311
City State Zip Code Lincoln NE 68510	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer University of Nebraska	Occupation Professor	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 425.00	

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CONNALLY 04

A. Full Name (Last, First, Middle Initial) Thomas Black		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 4
Mailing Address 610 W. Park St.		Transaction ID: SA11A1.11858
City West Point State NE Zip Code 68788	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Retired Occupation n/a		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 400.00	

B. Full Name (Last, First, Middle Initial) Randolph Bohaty		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 4
Mailing Address 12400 NW 56th St.		Transaction ID: SA11A1.11583
City Raymond State NE Zip Code 68428	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer City of Lincoln Occupation Firefighter		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 400.00	

C. Full Name (Last, First, Middle Initial) Patrick Bourne		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 4
Mailing Address 5121 Erskine St.		Transaction ID: SA11A1.11318
City Omaha State NE Zip Code 68104	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Blue Cross/Blue Shield Occupation Attorney		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CONNALLY 04

A. Full Name (Last, First, Middle Initial)
 E. Ramona Brownson

Mailing Address 2205 Southwood Pl.

City Lincoln State NE Zip Code 68512

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

Name of Employer Retired Occupation n/a

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 337.00

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

Transaction ID: SA11A1.11320

Amount of Each Receipt this Period
 10.00

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

B. Full Name (Last, First, Middle Initial)
 Krynn Keller Buckley, M.D.

Mailing Address 3505 Hillside Circle

City Lincoln State NE Zip Code 68506

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

Name of Employer Gynecology & Fertility L.-G. Occupation Doctor

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: SA11A1.11861

Amount of Each Receipt this Period
 250.00

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

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

Mailing Address P.O. Box 232

City Omaha State NE Zip Code 68101

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

Name of Employer Mutual of Omaha Occupation Actuary

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: SA11A1.11414

Amount of Each Receipt this Period
 250.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **510.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CONNALLY 04

A. Full Name (Last, First, Middle Initial) John E Carter Mailing Address 940 Elmwood Ave City Lincoln State NE Zip Code 68510 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 4 Transaction ID: SA11A1.11585 Amount of Each Receipt this Period 200.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer self Occupation Historian Receipt For: 2004 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		

B. Full Name (Last, First, Middle Initial) Fred Christensen Mailing Address 1740 County Rd P City Lyons State NE Zip Code 68038 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 4 Transaction ID: SA11A1.11416 Amount of Each Receipt this Period 1980.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self Occupation Farmer Receipt For: 2004 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2000.00		

C. Full Name (Last, First, Middle Initial) Sandra Christensen Mailing Address 1740 County Rd P City Lyons State NE Zip Code 68038 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 4 Transaction ID: SA11A1.11417 Amount of Each Receipt this Period 520.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self Occupation Farmer Receipt For: 2004 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1120.00		

SUBTOTAL of Receipts This Page (optional)	2700.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CONNEALY 04

Full Name (Last, First, Middle Initial) A. Gary G. Chunka		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 4	
Mailing Address 7206 Shamrock Ct.		Transaction ID: SA11A1.11862	
City Lincoln	State NE	Zip Code 68506	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Best Efforts	Occupation Best Efforts		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. Douglas R Clark		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 4	
Mailing Address 1835 N. 53rd St		Transaction ID: SA11A1.11863	
City Omaha	State NE	Zip Code 68104	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer MUD	Occupation Government Relations		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) C. Judith A Clementson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 4	
Mailing Address 1101 Mill Road		Transaction ID: SA11A1.11446	
City Raymond	State NE	Zip Code 68428	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Madonna	Occupation Psychycologist		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 450.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CONNELY 04

Full Name (Last, First, Middle Initial) A. Maggie J. Connealy		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 4	
Mailing Address 3950 N. 104th Plz Apt 208		Transaction ID: SA11A1.11878	
City State Zip Code Omaha NE 68134		Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Ameritrade Trading Manager			
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1575.00	

Full Name (Last, First, Middle Initial) B. Jonathan Cook		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 4	
Mailing Address 2701 Stratford Ave		Transaction ID: SA11A1.11586	
City State Zip Code Lincoln NE 68502		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation City of Lincoln City Councilman			
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1050.00	

Full Name (Last, First, Middle Initial) C. Dan D. Crawford		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 4	
Mailing Address 925 Piedmont Rd		Transaction ID: SA11A1.11388	
City State Zip Code Lincoln NE 68510		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation University of Nebraska Professor			
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	1625.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CONNEALY 04

A. Full Name (Last, First, Middle Initial) Dan D. Crawford		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 4
Mailing Address 925 Piedmont Rd		Transaction ID: SA11A1.11864
City State Zip Code Lincoln NE 68510	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer University of Nebraska	Occupation Professor	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

B. Full Name (Last, First, Middle Initial) David Crouse		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 4
Mailing Address 3708 S. 95th Street		Transaction ID: SA11A1.11449
City State Zip Code Omaha NE 68124	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Best Efforts	Occupation Best Efforts	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) Robert Bruce Davis		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 4
Mailing Address 5850 Cameron Run Ter 511		Transaction ID: SA11A1.11707
City State Zip Code Alexandria VA 22303	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Treasurer's Best Efforts	Occupation Treasurer's Best Efforts	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional) ▶	770.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CONNALLY 04

A. Full Name (Last, First, Middle Initial) Robert Decker		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 4
Mailing Address 16318 Elm St.		Transaction ID: SA11A1.11708
City State Zip Code Omaha NE 68130	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Mutual Life	Occupation Investment Planner	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00	

B. Full Name (Last, First, Middle Initial) John Dittrich		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 4
Mailing Address 83905 -537th Ave		Transaction ID: SA11A1.11452
City State Zip Code Meadow Grove NE 68752	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self	Occupation Farmer	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1150.00	

C. Full Name (Last, First, Middle Initial) Mike Dunlap		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 4
Mailing Address 6651 Eastshore Drive		Transaction ID: SA11A1.11867
City State Zip Code Lincoln NE 68516	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Nelnet	Occupation Chairman & CEO	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional) ▶	1200.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CONNEALY 04

A. Full Name (Last, First, Middle Initial) Craig Eckhardt Mailing Address 3833 S. 58th St. City Lincoln State NE Zip Code 68506 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 4 Transaction ID: SA11A1.11240 Amount of Each Receipt this Period 100.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Board of Regents Occupation Educator Receipt For: 2004 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 400.00		

B. Full Name (Last, First, Middle Initial) Keith Edquist Mailing Address 12005 N. 72nd Street City Omaha State NE Zip Code 68122 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 4 Transaction ID: SA11A1.11402 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer North Omaha Airport Occupation President Receipt For: 2004 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		

C. Full Name (Last, First, Middle Initial) Richard Edwards Mailing Address 6619 Blue Ridge Lane City Lincoln State NE Zip Code 68516 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 4 Transaction ID: SA11A1.11587 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer University of Nebraska Occupation Professor Receipt For: 2004 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 350.00		

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CONNALLY 04

A. Full Name (Last, First, Middle Initial) Brian J. Fahey		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 4
Mailing Address 1024 Dodge St. Apt 208		Transaction ID: SA11A1.11868
City Omaha State NE Zip Code 68102	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation Student	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

B. Full Name (Last, First, Middle Initial) John Fahey		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 4
Mailing Address 4250 William		Transaction ID: SA11A1.11622
City Omaha State NE Zip Code 68105	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self	Occupation Attorney	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3250.00	

C. Full Name (Last, First, Middle Initial) Aubrianna Faustman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 4
Mailing Address 2607 SW 16th St.		Transaction ID: SA11A1.11332
City Lincoln State NE Zip Code 68522	Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer American Communications Group	Occupation Office Manager	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 326.86	

SUBTOTAL of Receipts This Page (optional) ▶	1015.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CONNEALY 04

A. Full Name (Last, First, Middle Initial) Renee A. Fry		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 4	
Mailing Address 5121 Erskine St.		Transaction ID: SA11A1.11334	
City State Zip Code Omaha NE 68104		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer First Data Corp.		Occupation Attorney	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 700.00	

B. Full Name (Last, First, Middle Initial) Joyce Gleason		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 4	
Mailing Address 3125 W Summit Blvd		Transaction ID: SA11A1.12014	
City State Zip Code Lincoln NE 68502		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Treasurer's Best Efforts		Occupation Treasurer's Best Efforts	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 210.00	

C. Full Name (Last, First, Middle Initial) James E Gordon		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 4	
Mailing Address 134 S 13th St Ste 800		Transaction ID: SA11A1.11589	
City State Zip Code Lincoln NE 68508		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Demars, Gordon, Olson, & Zalew		Occupation Attorney	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CONNEALY 04

A. Full Name (Last, First, Middle Initial) Robert Green		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 0 4
Mailing Address 2601 Mariposa Street		Transaction ID: SA11A1.11904
City State Zip Code San Francisco CA 94110	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		Earmarked to Conduit DCCC <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Investment Analyst	Occupation Self	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

B. Full Name (Last, First, Middle Initial) DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 0 4
Mailing Address 430 South Capitol Street SE 2nd Floor		Transaction ID: SA11A1.11904.0
City State Zip Code Washington DC 20003	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C C00000935		Earmarked to Conduit DCCC <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM]
Name of Employer	Occupation	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 35600.00	

C. Full Name (Last, First, Middle Initial) Howard Fredrick Hahn		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 4
Mailing Address 1620 Dodge Street Ste.2100		Transaction ID: SA11A1.11875
City State Zip Code Omaha NE 68102	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Blackwell, Shaders, Pepper, Ma	Occupation Attorney	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	2250.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CONNALLY 04

A. Full Name (Last, First, Middle Initial) Karen Hansen Mailing Address 635 Washington St. City Lincoln State NE Zip Code 68502 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 4 Transaction ID: SA11A1.11336 Amount of Each Receipt this Period 200.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Bottlers Salon Occupation Hair Stylist Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 600.00		

B. Full Name (Last, First, Middle Initial) Robert Harris Mailing Address 3601 L Street City Lincoln State NE Zip Code 68510 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 4 Transaction ID: SA11A1.11418 Amount of Each Receipt this Period 700.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Retired Occupation Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		

C. Full Name (Last, First, Middle Initial) Arnold Hiatt Mailing Address 45 Autum Road City Weston State MA Zip Code 02493 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 4 Transaction ID: SA11A1.11827 Amount of Each Receipt this Period 2000.00 Earmarked to Conduit DCCC <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Stride Rite Foundation Occupation Chairman Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00		

SUBTOTAL of Receipts This Page (optional)	2900.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CONNALLY 04

Full Name (Last, First, Middle Initial) A. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 4
Mailing Address 430 South Capitol Street SE 2nd Floor		Transaction ID: SA11A1.11827.0
City Washington State DC Zip Code 20003	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C C00000935	Earmarked to Arnold Hiatt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	[MEMO ITEM]	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 37815.00	

Full Name (Last, First, Middle Initial) B. Richard D. Holland		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 4
Mailing Address 1501 S. 80th St.		Transaction ID: SA11A1.11419
City Omaha State NE Zip Code 68124	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self Occupation Retired		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) C. Jay Holmquist		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 4
Mailing Address 1600 Circle Drive		Transaction ID: SA11A1.11274
City Lincoln State NE Zip Code 68506	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Nebraska Rural Electric Association Occupation Association Manager		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1352.00	

SUBTOTAL of Receipts This Page (optional) ▶	1050.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CONNALLY 04

A. Full Name (Last, First, Middle Initial) Mary Hewitt Jones Mailing Address 3193 Sheridan Blvd City Lincoln State NE Zip Code 68502 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 4 Transaction ID: SA11A1.11277 Amount of Each Receipt this Period 150.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self Occupation Attorney Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 400.00		

B. Full Name (Last, First, Middle Initial) Shel Kaphan Mailing Address 1629 9th Ave. W. City Seattle State WA Zip Code 98119 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 0 4 Transaction ID: SA11A1.11910 Amount of Each Receipt this Period 1000.00 Earmarked to Conduit DCCC <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self Occupation Investor Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		

C. Full Name (Last, First, Middle Initial) DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE Mailing Address 430 South Capitol Street SE 2nd Floor City Washington State DC Zip Code 20003 FEC ID number of contributing federal political committee. C C00000935		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 0 4 Transaction ID: SA11A1.11910.0 Amount of Each Receipt this Period 100.00 Earmarked to Conduit DCCC <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM]
Name of Employer Occupation Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 35800.00		

SUBTOTAL of Receipts This Page (optional)	1150.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CONNEALY 04

A. Full Name (Last, First, Middle Initial) Marcia K. Karel Mailing Address 194 E. Seward		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 4 Transaction ID: SA11A1.11626 Amount of Each Receipt this Period 250.00
City State Zip Code Seward NE 68434	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Best Efforts Occupation Best Efforts Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) Mike Kelley Mailing Address 7134 Pacific St.		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 4 Transaction ID: SA11A1.11420 Amount of Each Receipt this Period 1000.00
City State Zip Code Omaha NE 68106	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Kelly & Lehan Occupation Lobbyist/Attorney Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1900.00	

C. Full Name (Last, First, Middle Initial) Steven Lathrop Mailing Address 1005 S. 107th Ave Ste 200		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 0 4 Transaction ID: SA11A1.11493 Amount of Each Receipt this Period 200.00
City State Zip Code Omaha NE 68114	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Hauptman, O'Brien, Wolf & Lath Occupation Attorney Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 850.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CONNEALY 04

Full Name (Last, First, Middle Initial) A. Joel Lebowitz		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 0 4	
Mailing Address 52 Locust Lane		Transaction ID: SA11A1.14190	
City State Zip Code Princeton NJ 08540		Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C		Credit Card Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Rutgers University	Occupation Professor		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Michelle Locher		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 4	
Mailing Address 153 E. 53rd Street 43rd Floor		Transaction ID: SA11A1.11686	
City State Zip Code New York NY 10022		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self	Occupation Mother		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) C. Robert F. Lundeen		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 0 4	
Mailing Address 3302 Stewart Ln.		Transaction ID: SA11A1.11497	
City State Zip Code North Platte NE 69101		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Lundeen Inc.	Occupation Contractor		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		

SUBTOTAL of Receipts This Page (optional) ▶	4125.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CONNEALY 04

Full Name (Last, First, Middle Initial) A. Sandra K. Lundeen		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 0 4	
Mailing Address 3302 Stewart Ln		Transaction ID: SA11A1.11495	
City North Platte	State NE	Amount of Each Receipt this Period 2000.00	
Zip Code 69101		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Lundeen inc.	Occupation contractor		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) B. Vincent A. Mai		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 4	
Mailing Address 50 Cornwall Lane		Transaction ID: SA11A1.11830	
City Port Washington	State NY	Amount of Each Receipt this Period 1000.00	
Zip Code 11050		Earmarked to Conduit DCCC	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer AEA Investors Inc.		Occupation DCC	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 4	
Mailing Address 430 South Capitol Street SE 2nd Floor		Transaction ID: SA11A1.11830.0	
City Washington	State DC	Amount of Each Receipt this Period 1000.00	
Zip Code 20003		Earmarked to Vincent Mai	
FEC ID number of contributing federal political committee. C C00000935		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer		Occupation	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 38815.00	[MEMO ITEM]	

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CONNEALY 04

A. Full Name (Last, First, Middle Initial)
Scott Makinster

Mailing Address 405 N. 115th St.

City State Zip Code
Omaha NE 68154

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

Name of Employer Occupation
US Assets, LLC Real Estate

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

1250.00

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

Transaction ID: SA11A1.11499

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Anne McGuire

Mailing Address 604 N. 38th Street

City State Zip Code
Omaha NE 68131

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

Name of Employer Occupation
OPPD Chair of the Board

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

250.00

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

Transaction ID: SA11A1.11404

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Christopher A. McLean

Mailing Address 4701 Davenport St NW

City State Zip Code
Washington DC 20016

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

Name of Employer Occupation
Self Attorney

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

650.00

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

Transaction ID: SA11A1.11387

Amount of Each Receipt this Period
100.00

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CONNALLY 04

A. Full Name (Last, First, Middle Initial) Julie J. Meister Mailing Address 2426 3rd Ave. City State Zip Code Scottsbluff NE 69361 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 4 Transaction ID: SA11A1.11281 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer self Occupation Homemaker Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00		

B. Full Name (Last, First, Middle Initial) Douglas E. Merz Mailing Address PO Box 569 City State Zip Code Falls City NE 68355 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 4 Transaction ID: SA11A1.11632 Amount of Each Receipt this Period 100.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Weaver, Merz, & Goltz Occupation Attorney Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 400.00		

C. Full Name (Last, First, Middle Initial) J. Gates Minnick Mailing Address 7225 Carmen Dr City State Zip Code Lincoln NE 68516 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 4 Transaction ID: SA11A1.11606 Amount of Each Receipt this Period 100.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation car dealer Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 300.00		

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CONNEALY 04

A. Full Name (Last, First, Middle Initial) Roger Moore Mailing Address 3701 Union Drive City Lincoln State NE Zip Code 68516 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 4 Transaction ID: SA11A1.11268 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer: Rehm Bennett Occupation: Attorney Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 600.00		

B. Full Name (Last, First, Middle Initial) Robert E. Mundy Mailing Address 120 S. 72nd St. Ste 1125 City Omaha State NE Zip Code 68124 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 4 Transaction ID: SA11A1.11460 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer: Mundy & Associates Occupation: Executive Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 450.00		

C. Full Name (Last, First, Middle Initial) Glen A. Murray Mailing Address 511 W. 5th City Grand Island State NE Zip Code 68801 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 4 Transaction ID: SA11A1.11269 Amount of Each Receipt this Period 200.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer: Self Occupation: Attorney Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 600.00		

SUBTOTAL of Receipts This Page (optional)	950.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CONNEALY 04

A. Full Name (Last, First, Middle Initial) Jack Nagel		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 4
Mailing Address 4100 Rock Creek Rd		Transaction ID: SA11A1.11633
City State Zip Code Davey NE 68336	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self Occupation Farmer	Election Cycle-to-Date ▼ 275.00	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) James O. O'Hanlon		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 0 4
Mailing Address 3233 Sherman Pl		Transaction ID: SA11A1.11502
City State Zip Code Lincoln NE 68506	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer University of Nebraska Occupation Professor	Election Cycle-to-Date ▼ 450.00	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) Dorothy L. Obbink		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 4
Mailing Address 3500 Faulkner Dr B305		Transaction ID: SA11A1.11293
City State Zip Code Lincoln NE 68516	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired Occupation Retired	Election Cycle-to-Date ▼ 375.00	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CONNEALY 04

Full Name (Last, First, Middle Initial) A. John Owens		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 4
Mailing Address 9011 Whispering Wind Road		Transaction ID: SA11A1.12012
City Lincoln State NE Zip Code 68512	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer University of Nebraska Occupation Professor	Election Cycle-to-Date 250.00	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. James Paloucek		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 4
Mailing Address 302 Center Ave. Box 151		Transaction ID: SA11A1.11396
City Curtis State NE Zip Code 69025	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Norman, Paloucek & Herman Law Occupation Attorney	Election Cycle-to-Date 250.00	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) C. Alan E. Peterson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 4
Mailing Address 3024 Georgian Ct.		Transaction ID: SA11A1.11842
City Lincoln State NE Zip Code 68502	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Cline Williams Occupation Attorney	Election Cycle-to-Date 450.00	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CONNALLY 04

A. Full Name (Last, First, Middle Initial)
 Glen Prinz

Mailing Address **575 S. Main St.**

City **West Point** State **NE** Zip Code **68788**

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

Name of Employer Self
 Occupation **Prinz Grain & Feed, Inc.**

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **350.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 13 / 2004

Transaction ID: SA11A1.11845

Amount of Each Receipt this Period
50.00

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

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

Mailing Address **PO box 1142**

City **Hastings** State **NE** Zip Code **68902**

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

Name of Employer Self
 Occupation **Cattle Rancher**

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 06 / 2004

Transaction ID: SA11A1.11427

Amount of Each Receipt this Period
100.00

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

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

Mailing Address **3701 Union Drive**

City **Lincoln** State **NE** Zip Code **68516**

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

Name of Employer Self
 Occupation **Attorney**

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **750.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 05 / 2004

Transaction ID: SA11A1.11298

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **400.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CONNALLY 04

A. Full Name (Last, First, Middle Initial) Lynn Roper Mailing Address 3227 S. 29th City Lincoln State NE Zip Code 68502 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 0 4 Transaction ID: SA11A1.11504 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Best Efforts Occupation Best Efforts Receipt For: 2004 Election Cycle-to-Date <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		

B. Full Name (Last, First, Middle Initial) Kevin Rose Mailing Address 16516 SE Auburn Black Diamond City Auburn State WA Zip Code 98092 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 4 Transaction ID: SA11A1.12019 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Linear Broadband Services, Inc Occupation CATV Technician Receipt For: 2004 Election Cycle-to-Date <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1402.00		

C. Full Name (Last, First, Middle Initial) Wallace Rose Mailing Address 2411 Ave. F City Gothenburg State NE Zip Code 69138 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 4 Transaction ID: SA11A1.11407 Amount of Each Receipt this Period 200.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Retired Occupation n/a Receipt For: 2004 Election Cycle-to-Date <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 700.00		

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CONNEALY 04

A. Full Name (Last, First, Middle Initial) DiAnna Schimek		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 4
Mailing Address 2321 Camelot Ct.		Transaction ID: SA11A1.11374
City Lincoln State NE Zip Code 68512	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer State of Nebraska	Occupation State Senator	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 370.00	

B. Full Name (Last, First, Middle Initial) Margaret L. Schneider		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 4
Mailing Address 311 S. happy Hollow Blvd.		Transaction ID: SA11A1.11640
City Omaha State NE Zip Code 68132	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self	Occupation Homemaker	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) Susan S Seacrest		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 4
Mailing Address 6540 Crooked Creek Dr		Transaction ID: SA11A1.11308
City Lincoln State NE Zip Code 68516	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Ground Water Foundation	Occupation Executive	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1100.00	

SUBTOTAL of Receipts This Page (optional)	370.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CONNEALY 04

A. Full Name (Last, First, Middle Initial) Frank C. Sidles Mailing Address PO Box 95043		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 4 Transaction ID: SA11A1.11696
City State Zip Code Lincoln NE 68509	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Capital Contractors Occupation Executive	Election Cycle-to-Date ▼ 250.00	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) Frederick Simon Mailing Address 442 S. 82nd St.		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 4 Transaction ID: SA11A1.11406
City State Zip Code Omaha NE 68114	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Omaha Steaks Occupation Executive Director	Election Cycle-to-Date ▼ 600.00	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) Thomas Simons Mailing Address 2205 Sandstone Road		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 0 4 Transaction ID: SA11A1.11507
City State Zip Code Lincoln NE 68512	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Best Efforts Occupation Best Efforts	Election Cycle-to-Date ▼ 300.00	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
CONNALLY 04

Full Name (Last, First, Middle Initial) A. Jay C. Stoddard		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 4
Mailing Address 1810 W. Charles		Transaction ID: SA11A1.11429
City State Zip Code Grand Island NE 68803		Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Election Cycle-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. Lawrence J. Stupski		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 0 4
Mailing Address 2 Belvedere Place Suite 100		Transaction ID: SA11A1.11485
City State Zip Code Mill Valley CA 94941		Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Best Efforts Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Best Efforts Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Ruth Thompson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 4
Mailing Address 11864 County Road P26		Transaction ID: SA11A1.11703
City State Zip Code Blair NE 68008		Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Thompson Agency Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Sales Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	2200.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CONNEALY 04

A. Full Name (Last, First, Middle Initial)
 Katherine Walter

Mailing Address **605 N 26th**

City **Lincoln** State **NE** Zip Code **68503**

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

Name of Employer **Best Efforts** Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 01 / 2004

Transaction ID: SA11A1.11273

Amount of Each Receipt this Period
50.00

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

B. Full Name (Last, First, Middle Initial)
 Nancy Wender

Mailing Address **291 Church Street**

City **New York** State **NY** Zip Code **10013**

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

Name of Employer **self** Occupation **psychotherapist**

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 08 / 2004

Transaction ID: SA11A1.11901

Amount of Each Receipt this Period
2000.00

Earmarked to Conduit DCCC

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

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

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

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

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

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **33600.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 08 / 2004

Transaction ID: SA11A1.11901.0

Amount of Each Receipt this Period
2000.00

Earmarked to Conduit DCCC

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

SUBTOTAL of Receipts This Page (optional) ► **2050.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CONNALLY 04

A. Full Name (Last, First, Middle Initial) Elaine Wolf		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 4	
Mailing Address 1015 S. 6th St.		Transaction ID: SA11A1.11531	
City Albion	State NE	Zip Code 68620	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Homemaker Election Cycle-to-Date ▼ 1400.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	

B. Full Name (Last, First, Middle Initial) James Ziebarth		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 4	
Mailing Address RT 1 box 14A		Transaction ID: SA11A1.11466	
City Wilcox	State NE	Zip Code 68982	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Farmer Election Cycle-to-Date ▼ 302.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	

C. Full Name (Last, First, Middle Initial) Wayne W. Ziebarth		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 4	
Mailing Address Route 1 Box 15		Transaction ID: SA11A1.11467	
City Wilcox	State NE	Zip Code 68982	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Farmer Election Cycle-to-Date ▼ 500.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 35 / 69
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CONNEALY 04

A. Full Name (Last, First, Middle Initial)
 Larry Zink

Mailing Address 4926 Leighton Ave

City Lincoln State NE Zip Code 68504

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

Name of Employer State of Nebraska Occupation Information Technology Coordinator

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 202.00

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

Transaction ID: SA11A1.11532

Amount of Each Receipt this Period
 50.00

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

SUBTOTAL of Receipts This Page (optional)	▶	50.00
TOTAL This Period (last page this line number only)	▶	38190.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 69
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CONNELY 04

Full Name (Last, First, Middle Initial) A. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 4
Mailing Address 430 South Capitol Street SE 2nd Floor		Transaction ID: SA11B.11731
City Washington State DC Zip Code 20003	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C C00000935		Earmarked to Connealy '04 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM]
Name of Employer	Occupation	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ .00	

Full Name (Last, First, Middle Initial) B. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 4
Mailing Address 430 South Capitol Street SE 2nd Floor		Transaction ID: SA11B.11894
City Washington State DC Zip Code 20003	Amount of Each Receipt this Period 5215.00	
FEC ID number of contributing federal political committee. C C00000935		Earmarked to Conduit Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM]
Name of Employer	Occupation	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ .00	

Full Name (Last, First, Middle Initial) C. Scottsbluff County Democratic Party		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 4
Mailing Address 2300 Kramer Place		Transaction ID: SA11B.11540
City Gering State NE Zip Code 69341	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 100.00	

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 37 / 69
	(check only one)	
<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
		<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full) CONNEALY 04

Full Name (Last, First, Middle Initial) A. Seward County Democratic Party	
Mailing Address 616 Bradford	
City Seward	State NE
Zip Code 68434	
FEC ID number of contributing federal political committee. C	
Name of Employer	Occupation
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 400.00

Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 4
Transaction ID: SA11B.11519
Amount of Each Receipt this Period 400.00
<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	400.00
TOTAL This Period (last page this line number only)	500.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 69
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CONNEALY 04

Full Name (Last, First, Middle Initial) A. ACTBLUE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 4	
Mailing Address P.O. Box 382110		Transaction ID: SA11C.11668	
City Cambridge	State MA	Zip Code 02238	Amount of Each Receipt this Period 48.76
FEC ID number of contributing federal political committee. C C00401224		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 48.76		

Full Name (Last, First, Middle Initial) B. ACTBLUE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 4	
Mailing Address P.O. Box 382110		Transaction ID: SA11C.11536	
City Cambridge	State MA	Zip Code 02238	Amount of Each Receipt this Period 19.83
FEC ID number of contributing federal political committee. C C00401224		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 68.59		

Full Name (Last, First, Middle Initial) C. AG PAC		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 0 4	
Mailing Address 12700 W. Dodge Road PO Box 2047		Transaction ID: SA11C.11471	
City Omaha	State NE	Zip Code 68103	Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00		

SUBTOTAL of Receipts This Page (optional) ▶	2568.59
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 69
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CONNEALY 04

Full Name (Last, First, Middle Initial) A. AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFIED		Date of Receipt
Mailing Address 1625 L STREET NW		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 08 / 2004
City WASHINGTON	State DC	Zip Code 20036
FEC ID number of contributing federal political committee. C C00011114		Transaction ID: SA11C.11473
Name of Employer		Occupation
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼
		<input type="text"/> Amount of Each Receipt this Period 4000.00
		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial) B. AMERITAS FINANCIAL SERVICES POLITICAL ACTION COMMITTEE(FKA BANKERS LIFE NEBRASKA PAC)		Date of Receipt
Mailing Address 5900 O STREET		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 13 / 2004
City LINCOLN	State NE	Zip Code 68510
FEC ID number of contributing federal political committee. C C00187138		Transaction ID: SA11C.11688
Name of Employer		Occupation
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼
		<input type="text"/> Amount of Each Receipt this Period 500.00
		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial) C. ANNA ESHOO FOR CONGRESS		Date of Receipt
Mailing Address 555 Capitol Mall Suite 1425		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 05 / 2004
City Sacramento	State CA	Zip Code 95814
FEC ID number of contributing federal political committee. C C00258475		Transaction ID: SA11C.11824
Name of Employer		Occupation
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼
		<input type="text"/> Amount of Each Receipt this Period 1000.00
		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
		Earmarked to Conduit DCCC

SUBTOTAL of Receipts This Page (optional)	5500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 69
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CONNALLY 04

Full Name (Last, First, Middle Initial) A. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 4
Mailing Address 430 South Capitol Street SE 2nd Floor		Transaction ID: SA11C.11824.0
City Washington State DC Zip Code 20003	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00000935	Earmarked to Anna Eshoo for Congress <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM]	
Name of Employer Occupation	Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 31600.00		

Full Name (Last, First, Middle Initial) B. BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL NO 3 NEW YORK NIAGARA FALLS/BUFFALO CHAPTER		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 0 / 2 0 0 4
Mailing Address 2350 North Forest Rd. Suite 17A		Transaction ID: SA11C.11534
City Getzville State NY Zip Code 14068	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C C00373423	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Bridge PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 4
Mailing Address 499 S. Capital Street		Transaction ID: SA11C.11680
City Washington State DC Zip Code 20003	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 1000.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 69
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CONNEALY 04

A. Full Name (Last, First, Middle Initial) CALUMET PAC Mailing Address 8000 UTAH STREET City State Zip Code MERRILLVILLE IN 46410 FEC ID number of contributing federal political committee. C C00386300 Name of Employer Occupation Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 0 4 Transaction ID: SA11C.11476 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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B. Full Name (Last, First, Middle Initial) CITIZENS FOR GOOD GOVERNMENT Mailing Address 38500 WOODWARD AVENUE SUITE 310 City State Zip Code BLOOMFIELD HILLS MI 48304 FEC ID number of contributing federal political committee. C C00386011 Name of Employer Occupation Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 4 Transaction ID: SA11C.11833 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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C. Full Name (Last, First, Middle Initial) CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE Mailing Address 501 Third Street N.W. City State Zip Code Washington DC 20001 FEC ID number of contributing federal political committee. C C00002089 Name of Employer Occupation Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 9100.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 4 Transaction ID: SA11C.11538 Amount of Each Receipt this Period 2100.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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SUBTOTAL of Receipts This Page (optional)	4100.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 69
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CONNEALY 04

Full Name (Last, First, Middle Initial) A. INDEPENDENT COMMUNITY BANKERS OF AMERICA POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 4
Mailing Address One Thomas Circle NW Suite 400		Transaction ID: SA11C.11835
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C C00032698		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. MACHINISTS NON PARTISAN POLITICAL LEAGUE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 4
Mailing Address 9000 Machinists Place		Transaction ID: SA11C.11681
City Upper Marlboro	State MD	Zip Code 20772
FEC ID number of contributing federal political committee. C C00002469		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. MIDWEST REGION LABORERS' POLITICAL LEAGUE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 4
Mailing Address 117 SOUTH FIFTH STREET SUITE 720		Transaction ID: SA11C.11521
City SPRINGFIELD	State IL	Zip Code 62701
FEC ID number of contributing federal political committee. C C00342907		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 10000.00	

SUBTOTAL of Receipts This Page (optional) ▶	8000.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 69
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CONNEALY 04

Full Name (Last, First, Middle Initial) A. MIKE ROSS FOR CONGRESS COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 0 4
Mailing Address PO Box 360		Transaction ID: SA11C.11478
City Prescott	State AR	Zip Code 71857
Amount of Each Receipt this Period 1000.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. C C00345710		
Name of Employer	Occupation	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCO)		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 0 4
Mailing Address 1325 Massachusetts Ave. NW		Transaction ID: SA11C.11475
City Washington	State DC	Zip Code 20005
Amount of Each Receipt this Period 2500.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. C C00238725		
Name of Employer	Occupation	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 4
Mailing Address 2901 Telestar Court		Transaction ID: SA11C.11684
City Falls Church	State VA	Zip Code 22042
Amount of Each Receipt this Period 2500.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. C C00005249		
Name of Employer	Occupation	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 69
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CONNEALY 04

Full Name (Last, First, Middle Initial) A. NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 4
Mailing Address 122 C STREET NW SUITE 650		Transaction ID: SA11C.11682
City WASHINGTON	State DC	Amount of Each Receipt this Period 2500.00
Zip Code 20001	FEC ID number of contributing federal political committee. C C00003558	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) B. NATIONAL LEADERSHIP PAC		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 4
Mailing Address PO box 5577		Transaction ID: SA11C.11661
City New York	State NY	Amount of Each Receipt this Period 4000.00
Zip Code 10027	FEC ID number of contributing federal political committee. C C00302588	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. NEBRASKA BANKERS ASSOCIATION FEDERAL POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 4
Mailing Address 233 SOUTH 13TH STREET SUITE 1100		Transaction ID: SA11C.11542
City LINCOLN	State NE	Amount of Each Receipt this Period 250.00
Zip Code 68508	FEC ID number of contributing federal political committee. C C00083790	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2250.00	

SUBTOTAL of Receipts This Page (optional) ▶	6750.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 45 / 69
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CONNEALY 04

A. OUR COMMON VALUES PAC Full Name (Last, First, Middle Initial) Mailing Address 101 West Grand Ave Suite 200 City Chicago State IL Zip Code 60610		Date of Receipt M M / D D / Y Y Y Y 10 / 13 / 2004 Transaction ID: SA11C.11689 Amount of Each Receipt this Period 3000.00
FEC ID number of contributing federal political committee. C C00399014		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 3000.00	

B. PHYSICAL THERAPY POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Mailing Address 1111 North Fairfax Street City Alexandria State VA Zip Code 22314		Date of Receipt M M / D D / Y Y Y Y 10 / 05 / 2004 Transaction ID: SA11C.11666 Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C C00012880		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1000.00	

C. RANGEL FOR CONGRESS Full Name (Last, First, Middle Initial) Mailing Address PO Box 5577 MANHATTANVILLE STA City New York State NY Zip Code 10027		Date of Receipt M M / D D / Y Y Y Y 10 / 06 / 2004 Transaction ID: SA11C.11665 Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C C00302422		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 69
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CONNEALY 04

Full Name (Last, First, Middle Initial) A. SAC PAC		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 4	
Mailing Address 6380 Wilshire Blvd. #1612		Transaction ID: SA11C.11732	
City State Zip Code Los Angeles CA 90048		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00165548		Earmarked to Conduit DCCC <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 4	
Mailing Address 430 South Capitol Street SE 2nd Floor		Transaction ID: SA11C.11732.0	
City State Zip Code Washington DC 20003		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00000935		Conduit - Earmarked Contributions <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM]	
Name of Employer Occupation			
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 30600.00	

Full Name (Last, First, Middle Initial) C. Schimek for Legislature		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 0 4	
Mailing Address 2321 Camelot Court		Transaction ID: SA11C.11480	
City State Zip Code Lincoln NE 68512		Amount of Each Receipt this Period 450.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 450.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 47 / 69
	(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)
CONNALLY 04

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

Mailing Address **PO BOX 830**

City **YORK** State **SC** Zip Code **29745**

FEC ID number of contributing federal political committee. **C C00155796**

Name of Employer _____ Occupation _____

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

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

Transaction ID: SA11C.11664

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Darrell Wagner

Mailing Address **218-8th Street
PO Box 23**

City **Uehling** State **NE** Zip Code **68063**

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

Name of Employer _____ Occupation _____

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **170.00**

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

Transaction ID: SA11C.11522

Amount of Each Receipt this Period
50.00

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

SUBTOTAL of Receipts This Page (optional)	1050.00
TOTAL This Period (last page this line number only)	41918.59

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 69	
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 13a	<input type="checkbox"/> 13b
		<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CONNEALY 04

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

Mailing Address 2999 Old Highway 118

City State Zip Code
 Decatur NE 68020

FEC ID number of contributing federal political committee.
C

Name of Employer Self Occupation
 Farmer

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

117092.34

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

Transaction ID: SA13A.11729

Amount of Each Receipt this Period
 110000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	110000.00
TOTAL This Period (last page this line number only)	▶	110000.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CONNEALY 04

Full Name (Last, First, Middle Initial) A. ADME Properties		Transaction ID: SB17.11744 Date of Disbursement 10 / 01 / 2004
Mailing Address Best Efforts		Amount of Each Disbursement this Period 1150.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lincoln State NE Zip Code 68502		
Purpose of Disbursement Campaign housing Candidate Name CONNEALY 04 Category/Type 001		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 01		

Full Name (Last, First, Middle Initial) B. Alltel Phone Company		Transaction ID: SB17.11736 Date of Disbursement 10 / 01 / 2004
Mailing Address PO Box 81309		Amount of Each Disbursement this Period 779.51 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lincoln State NE Zip Code 68501		
Purpose of Disbursement Local and Long Distance Candidate Name CONNEALY 04 Category/Type 001		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 01		

Full Name (Last, First, Middle Initial) C. Automatic Printing Company		Transaction ID: SB17.11755 Date of Disbursement 10 / 08 / 2004
Mailing Address 1713 cuming Street		Amount of Each Disbursement this Period 635.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Omaha State NE Zip Code 68102		
Purpose of Disbursement Letterhead Envelopes Candidate Name CONNEALY 04 Category/Type 001		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 01		

SUBTOTAL of Disbursements This Page (optional) ▶	2565.41
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CONNEALY 04

A. Bottlers, LLC Full Name (Last, First, Middle Initial) Mailing Address 2930 Ridge Line Road City Lincoln State NE Zip Code 68516 Purpose of Disbursement Rent Payment Candidate Name CONNEALY 04 Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01 Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.11734 Date of Disbursement 10 / 01 / 2004 Amount of Each Disbursement this Period 600.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Nancy R. Bowen Full Name (Last, First, Middle Initial) Mailing Address 800 Hazelwood Drive City Lincoln State NE Zip Code 68510 Purpose of Disbursement Reimbursements Candidate Name CONNEALY 04 Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01 Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.11767 Date of Disbursement 10 / 01 / 2004 Amount of Each Disbursement this Period 175.69 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Sam's Club Full Name (Last, First, Middle Initial) Mailing Address 4900 N. 27th St. City Lincoln State NE Zip Code 68521 Purpose of Disbursement Parade Treats Candidate Name CONNEALY 04 Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01 Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.11767.0 Date of Disbursement 09 / 11 / 2004 Amount of Each Disbursement this Period 110.13 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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SUBTOTAL of Disbursements This Page (optional) ▶	775.69
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CONNEALY 04

<p>A. Office Depot</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 333 N. 50th St.</p> <p>City Lincoln State NE Zip Code 68504</p> <p>Purpose of Disbursement Toner Cartridge</p> <p>Candidate Name CONNEALY 04</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01</p>		<p>Transaction ID: SB17.11767.1</p> <p>Date of Disbursement 09 / 12 / 2004</p> <p>Amount of Each Disbursement this Period 85.56</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type 001</p>

<p>B. Nancy R. Bowen</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 800 Hazelwood Drive</p> <p>City Lincoln State NE Zip Code 68510</p> <p>Purpose of Disbursement Reimbursements</p> <p>Candidate Name CONNEALY 04</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01</p>		<p>Transaction ID: SB17.11774</p> <p>Date of Disbursement 10 / 08 / 2004</p> <p>Amount of Each Disbursement this Period 142.78</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type 001</p>

<p>C. Office Depot</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 333 N. 50th St.</p> <p>City Lincoln State NE Zip Code 68504</p> <p>Purpose of Disbursement Ink Cartridges</p> <p>Candidate Name CONNEALY 04</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01</p>		<p>Transaction ID: SB17.11774.1</p> <p>Date of Disbursement 09 / 30 / 2004</p> <p>Amount of Each Disbursement this Period 109.11</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type 001</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>142.78</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CONNEALY 04

Full Name (Last, First, Middle Initial) A. Community Connections, Inc.		Transaction ID: SB17.11741 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 4
Mailing Address 3718 Diablo Drive		Amount of Each Disbursement this Period 115.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lincoln State NE Zip Code 68516		
Purpose of Disbursement Webmaster Candidate Name CONNEALY 04 Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01	001 Category/Type	
Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE		Transaction ID: SB17.11915 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 4
Mailing Address 430 South Capitol Street SE 2nd Floor		Amount of Each Disbursement this Period 43.14 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Washington State DC Zip Code 20003		
Purpose of Disbursement Earmarked to Connealy 04 Candidate Name CONNEALY 04 Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01	001 Category/Type	
Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Design 4		Transaction ID: SB17.11735 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 4
Mailing Address 8938 L Street		Amount of Each Disbursement this Period 7436.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Omaha State NE Zip Code 68127		
Purpose of Disbursement Yard Signs Candidate Name CONNEALY 04 Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01	006 Category/Type	
Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	7551.50
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CONNEALY 04

Full Name (Last, First, Middle Initial) A. Eagle Teleconferencing		Transaction ID: SB17.11756 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 0 4
Mailing Address 207 West Washington Street		Amount of Each Disbursement this Period 217.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Rushville State IL Zip Code 62681		
Purpose of Disbursement Teleconferencing Service Fee	001 Category/ Type	
Candidate Name CONNEALY 04		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Erickson & Company, Inc.		Transaction ID: SB17.11742 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 4
Mailing Address 38 Ivy Street, S.E.		Amount of Each Disbursement this Period 3447.77 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003		
Purpose of Disbursement PAC Fundraiser	001 Category/ Type	
Candidate Name CONNEALY 04		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Global Payments		Transaction ID: SB17.11748 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 4
Mailing Address 10705 Red Run Boulevard		Amount of Each Disbursement this Period 71.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Owings Mills State MD Zip Code 21117		
Purpose of Disbursement Merchant Processing Fee	001 Category/ Type	
Candidate Name CONNEALY 04		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3737.12
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 54 / 69

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

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NAME OF COMMITTEE (In Full)
CONNEALY 04

<p>A. Goldenrod Printing</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 2801 Cornhusker Hwy</p> <p>City Lincoln State NE Zip Code 68504</p> <p>Purpose of Disbursement Invitation cards for events</p> <p>Candidate Name CONNEALY 04</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01</p>		<p>Transaction ID: SB17.11757</p> <p>Date of Disbursement 10 / 08 / 2004</p> <p>Amount of Each Disbursement this Period 128.40</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type 006</p>

<p>B. Sarah Greathouse</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 2565 Stockwell</p> <p>City Lincoln State NE Zip Code 68506</p> <p>Purpose of Disbursement Reimbursements</p> <p>Candidate Name CONNEALY 04</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01</p>		<p>Transaction ID: SB17.11764</p> <p>Date of Disbursement 10 / 01 / 2004</p> <p>Amount of Each Disbursement this Period 2785.39</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type 001</p>

<p>C. Office Max</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 2301 O Street</p> <p>City Lincoln State NE Zip Code 68510</p> <p>Purpose of Disbursement Toner</p> <p>Candidate Name CONNEALY 04</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01</p>		<p>Transaction ID: SB17.11764.0</p> <p>Date of Disbursement 09 / 07 / 2004</p> <p>Amount of Each Disbursement this Period 110.19</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type 001</p> <p>[MEMO ITEM]</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>2913.79</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CONNEALY 04

A. US Postmaster

Full Name (Last, First, Middle Initial)

Mailing Address Lincoln Main PO

City Lincoln State NE Zip Code 68508

Purpose of Disbursement Postage

Candidate Name CONNEALY 04

Office Sought: House Senate President

Disbursement For: 2004 Primary General Other (specify) ▼

State: NE District: 01

Transaction ID: SB17.11764.1

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

B. US Postmaster

Full Name (Last, First, Middle Initial)

Mailing Address Lincoln Main PO

City Lincoln State NE Zip Code 68508

Purpose of Disbursement Postage

Candidate Name CONNEALY 04

Office Sought: House Senate President

Disbursement For: 2004 Primary General Other (specify) ▼

State: NE District: 01

Transaction ID: SB17.11764.2

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

C. Hy-Vee

Full Name (Last, First, Middle Initial)

Mailing Address 2343 n. 48th St.

City Lincoln State NE Zip Code 68504

Purpose of Disbursement Parade Supplies

Candidate Name CONNEALY 04

Office Sought: House Senate President

Disbursement For: 2004 Primary General Other (specify) ▼

State: NE District: 01

Transaction ID: SB17.11764.4

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CONNEALY 04

Full Name (Last, First, Middle Initial) A. Office Max		Transaction ID: SB17.11764.6 Date of Disbursement 08 / 17 / 2004
Mailing Address 2301 O Street		Amount of Each Disbursement this Period 490.11 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Lincoln State NE Zip Code 68510		
Purpose of Disbursement Office Supplies Candidate Name CONNEALY 04 Category/Type 001		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 01		

Full Name (Last, First, Middle Initial) B. Office Max		Transaction ID: SB17.11764.7 Date of Disbursement 08 / 02 / 2004
Mailing Address 2301 O Street		Amount of Each Disbursement this Period 103.22 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Lincoln State NE Zip Code 68510		
Purpose of Disbursement Office Supplies Candidate Name CONNEALY 04 Category/Type 001		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 01		

Full Name (Last, First, Middle Initial) C. Office Max		Transaction ID: SB17.11764.8 Date of Disbursement 08 / 23 / 2004
Mailing Address 2301 O Street		Amount of Each Disbursement this Period 335.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Lincoln State NE Zip Code 68510		
Purpose of Disbursement Office Supplies Candidate Name CONNEALY 04 Category/Type 001		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 01		

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CONNEALY 04

Full Name (Last, First, Middle Initial) A. Office Max		Transaction ID: SB17.11764.9 Date of Disbursement 10 / 01 / 2004
Mailing Address 2301 O Street		Amount of Each Disbursement this Period 13.88 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Lincoln State NE Zip Code 68510		
Purpose of Disbursement Office Supplies Candidate Name CONNEALY 04 Category/Type 001		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 01		

Full Name (Last, First, Middle Initial) B. Fairfield Inn		Transaction ID: SB17.11764.11 Date of Disbursement 07 / 13 / 2004
Mailing Address 4221 Industrial Ave		Amount of Each Disbursement this Period 80.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Lincoln State NE Zip Code 68504		
Purpose of Disbursement Hotel Charges Candidate Name CONNEALY 04 Category/Type 001		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 01		

Full Name (Last, First, Middle Initial) C. Arthur Harris		Transaction ID: SB17.11743 Date of Disbursement 10 / 01 / 2004
Mailing Address 948 N.W. WESTMINISTER ST		Amount of Each Disbursement this Period 1500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City WASHINGTON State DC Zip Code 20001-4130		
Purpose of Disbursement Staff Salary Candidate Name CONNEALY 04 Category/Type 001		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 01		

SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CONNEALY 04

Full Name (Last, First, Middle Initial) A. Internal Revenue Service		Transaction ID: SB17.11926 Date of Disbursement 10 / 01 / 2004
Mailing Address PO Box 660264		Amount of Each Disbursement this Period 10127.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dallas State TX Zip Code 75266		
Purpose of Disbursement Quarter 3 Federal Taxes Form 941 Candidate Name CONNEALY 04 Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01	Category/Type 001	
Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Lazy D Ranch Meats		Transaction ID: SB17.11753 Date of Disbursement 10 / 08 / 2004
Mailing Address RR 1 Box 42		Amount of Each Disbursement this Period 295.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Fullerton State NE Zip Code 68638		
Purpose of Disbursement Food for Fundraiser Candidate Name CONNEALY 04 Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01	Category/Type 007	
Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Lincoln Electric System		Transaction ID: SB17.11760 Date of Disbursement 10 / 08 / 2004
Mailing Address 1040 O Street PO Box 80869		Amount of Each Disbursement this Period 85.61 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lincoln State NE Zip Code 68501		
Purpose of Disbursement Electric bill Candidate Name CONNEALY 04 Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01	Category/Type 001	
Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	10508.05
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CONNEALY 04

Full Name (Last, First, Middle Initial)

A. Media Strategies

Mailing Address 9990 Lee Highway
Ste 220

City Fairfax State VA Zip Code 22030

Purpose of Disbursement
Television Advertising

004
Category/
Type

Candidate Name
CONNEALY 04

Office Sought: House
 Senate
 President

Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: NE District: 01

Transaction ID: SB17.11746

Date of Disbursement

10 / 01 / 2004

Amount of Each Disbursement this Period

61500.00

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

Full Name (Last, First, Middle Initial)

B. Media Strategies

Mailing Address 9990 Lee Highway
Ste 220

City Fairfax State VA Zip Code 22030

Purpose of Disbursement
Television Advertising

004
Category/
Type

Candidate Name
CONNEALY 04

Office Sought: House
 Senate
 President

Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: NE District: 01

Transaction ID: SB17.11747

Date of Disbursement

10 / 06 / 2004

Amount of Each Disbursement this Period

74800.00

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

Full Name (Last, First, Middle Initial)

C. Ashley Mild

Mailing Address 2565 Stockwell St.

City Lincoln State NE Zip Code 68502

Purpose of Disbursement
Reimbursements

001
Category/
Type

Candidate Name
CONNEALY 04

Office Sought: House
 Senate
 President

Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: NE District: 01

Transaction ID: SB17.11765

Date of Disbursement

10 / 01 / 2004

Amount of Each Disbursement this Period

4110.30

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

SUBTOTAL of Disbursements This Page (optional) ▶

140410.30

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CONNEALY 04

A. US Postmaster Full Name (Last, First, Middle Initial) Mailing Address Lincoln Main PO City Lincoln State NE Zip Code 68508 Purpose of Disbursement Postage Candidate Name CONNEALY 04 Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01 Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.11765.0 Date of Disbursement: 09 / 30 / 2004 Amount of Each Disbursement this Period 740.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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B. US Postmaster Full Name (Last, First, Middle Initial) Mailing Address Lincoln Main PO City Lincoln State NE Zip Code 68508 Purpose of Disbursement Postage Candidate Name CONNEALY 04 Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01 Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.11765.1 Date of Disbursement: 09 / 29 / 2004 Amount of Each Disbursement this Period 740.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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C. Office Max Full Name (Last, First, Middle Initial) Mailing Address 2301 O Street City Lincoln State NE Zip Code 68510 Purpose of Disbursement Office Supplies Candidate Name CONNEALY 04 Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01 Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.11765.2 Date of Disbursement: 09 / 29 / 2004 Amount of Each Disbursement this Period 28.34 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CONNEALY 04

A. US Postmaster
Full Name (Last, First, Middle Initial)

Mailing Address Lincoln Main PO

City Lincoln State NE Zip Code 68508

Purpose of Disbursement Postage

001
Category/
Type

Candidate Name CONNEALY 04

Office Sought: House
 Senate
 President
State: NE District: 01

Disbursement For: 2004
 Primary General
 Other (specify) ▼

Transaction ID: SB17.11765.3
Date of Disbursement

10 / 01 / 2004

Amount of Each Disbursement this Period

740.00

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

[MEMO ITEM]

B. Goldenrod Printing
Full Name (Last, First, Middle Initial)

Mailing Address 2801 Cornhusker Hwy

City Lincoln State NE Zip Code 68504

Purpose of Disbursement Labels and Cards

006
Category/
Type

Candidate Name CONNEALY 04

Office Sought: House
 Senate
 President
State: NE District: 01

Disbursement For: 2004
 Primary General
 Other (specify) ▼

Transaction ID: SB17.11765.4
Date of Disbursement

09 / 29 / 2004

Amount of Each Disbursement this Period

84.53

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

[MEMO ITEM]

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

Mailing Address Lincoln Main PO

City Lincoln State NE Zip Code 68508

Purpose of Disbursement Postage

001
Category/
Type

Candidate Name CONNEALY 04

Office Sought: House
 Senate
 President
State: NE District: 01

Disbursement For: 2004
 Primary General
 Other (specify) ▼

Transaction ID: SB17.11765.5
Date of Disbursement

09 / 09 / 2004

Amount of Each Disbursement this Period

740.00

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) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CONNEALY 04

Full Name (Last, First, Middle Initial) A. US Postmaster		Transaction ID: SB17.11765.6 Date of Disbursement 09 / 13 / 2004	
Mailing Address Lincoln Main PO		Amount of Each Disbursement this Period 740.00	
City Lincoln	State NE	Zip Code 68508	[MEMO ITEM] <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Postage		001 Category/ Type	
Candidate Name CONNEALY 04			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NE District: 01			

Full Name (Last, First, Middle Initial) B. Office Max		Transaction ID: SB17.11765.7 Date of Disbursement 09 / 15 / 2004	
Mailing Address 2301 O Street		Amount of Each Disbursement this Period 145.99	
City Lincoln	State NE	Zip Code 68510	[MEMO ITEM] <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Office Supplies		001 Category/ Type	
Candidate Name CONNEALY 04			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NE District: 01			

Full Name (Last, First, Middle Initial) C. Office Max		Transaction ID: SB17.11765.8 Date of Disbursement 09 / 16 / 2004	
Mailing Address 2301 O Street		Amount of Each Disbursement this Period 151.44	
City Lincoln	State NE	Zip Code 68510	[MEMO ITEM] <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Office Supplies		001 Category/ Type	
Candidate Name CONNEALY 04			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NE District: 01			

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CONNEALY 04

Full Name (Last, First, Middle Initial) A. Ashley Mild		Transaction ID: SB17.11775 Date of Disbursement 10 / 08 / 2004	
Mailing Address 2565 Stockwell St.		Amount of Each Disbursement this Period 1725.11	
City Lincoln State NE Zip Code 68502	Purpose of Disbursement Reimbursements	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name CONNEALY 04	Category/Type 001		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. US Postmaster		Transaction ID: SB17.11775.0 Date of Disbursement 10 / 07 / 2004	
Mailing Address Lincoln Main PO		Amount of Each Disbursement this Period 1110.00	
City Lincoln State NE Zip Code 68508	Purpose of Disbursement Postage	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name CONNEALY 04	Category/Type 001		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) C. US Postmaster		Transaction ID: SB17.11775.1 Date of Disbursement 10 / 05 / 2004	
Mailing Address Lincoln Main PO		Amount of Each Disbursement this Period 460.00	
City Lincoln State NE Zip Code 68508	Purpose of Disbursement Postage	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name CONNEALY 04	Category/Type 001		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

SUBTOTAL of Disbursements This Page (optional) ▶	1725.11
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CONNEALY 04

<p>A. Office Max</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 2301 O Street</p> <p>City Lincoln State NE Zip Code 68510</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name CONNEALY 04</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NE District: 01</p>		<p>Transaction ID: SB17.11775.2</p> <p>Date of Disbursement</p> <p>10 / 05 / 2004</p> <p>Amount of Each Disbursement this Period</p> <p>81.28</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>Disbursement For: 2004</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type: 001</p>		

<p>B. Goldenrod Printing</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 2801 Cornhusker Hwy</p> <p>City Lincoln State NE Zip Code 68504</p> <p>Purpose of Disbursement Labels</p> <p>Candidate Name CONNEALY 04</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NE District: 01</p>		<p>Transaction ID: SB17.11775.3</p> <p>Date of Disbursement</p> <p>10 / 04 / 2004</p> <p>Amount of Each Disbursement this Period</p> <p>73.83</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>Disbursement For: 2004</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type: 001</p>		

<p>C. Lisa Munger</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 2901 A Street</p> <p>City Lincoln State NE Zip Code 68510</p> <p>Purpose of Disbursement Reimbursements</p> <p>Candidate Name CONNEALY 04</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NE District: 01</p>		<p>Transaction ID: SB17.11771</p> <p>Date of Disbursement</p> <p>10 / 01 / 2004</p> <p>Amount of Each Disbursement this Period</p> <p>37.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2004</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type: 001</p>		

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>37.50</p>
<p>TOTAL This Period (last page this line number only)</p>	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CONNEALY 04

Full Name (Last, First, Middle Initial) A. Nebraska Business Printing		Transaction ID: SB17.11737 Date of Disbursement 10 / 01 / 2004	
Mailing Address PO Box 367		Amount of Each Disbursement this Period 535.00	
City Ellinwood State KS Zip Code 67526	Purpose of Disbursement Posters Category/Type 006	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name CONNEALY 04	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Nebraska Department of Revenue		Transaction ID: SB17.11928 Date of Disbursement 10 / 01 / 2004	
Mailing Address PO Box 98915		Amount of Each Disbursement this Period 845.21	
City Lincoln State NE Zip Code 68509	Purpose of Disbursement Nebraska Withholding Form 941N Category/Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name CONNEALY 04	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Nebraska Workforce Development DOL Unemployment Ins. Tax		Transaction ID: SB17.11930 Date of Disbursement 10 / 01 / 2004	
Mailing Address PO Box 94600		Amount of Each Disbursement this Period 1154.13	
City Lincoln State NE Zip Code 68509	Purpose of Disbursement Unemployment Insurance form UI11T Category/Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name CONNEALY 04	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2534.34
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CONNEALY 04

Full Name (Last, First, Middle Initial) A. NGP Software Inc		Transaction ID: SB17.11752 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 0 4
Mailing Address 5505 Connecticut Ave NW PMB 277		Amount of Each Disbursement this Period 400.00
City Washington State DC Zip Code 20015	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Campaign Software Candidate Name CONNEALY 04	Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Paychex		Transaction ID: SB17.11762 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 4
Mailing Address 11128 John Galt Blvd Ste 25		Amount of Each Disbursement this Period 202.99
City Omaha State NE Zip Code 68137	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Processing Candidate Name CONNEALY 04	Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Pioneer Promotions		Transaction ID: SB17.11751 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 0 4
Mailing Address 9270 Pioneers Ct		Amount of Each Disbursement this Period 474.49
City Lincoln State NE Zip Code 68520	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Bumper Stickers Candidate Name CONNEALY 04	Category/Type 006	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1077.48
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CONNEALY 04

Full Name (Last, First, Middle Initial) A. Matt Shultz		Transaction ID: SB17.11776 Date of Disbursement 10 / 08 / 2004	
Mailing Address 5145 Vine St. Apt 102		Amount of Each Disbursement this Period 40.44	
City Lincoln State NE Zip Code 68504	Purpose of Disbursement Reimbursements Candidate Name CONNEALY 04 Category/Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Struble Eichenbuam Communications		Transaction ID: SB17.11740 Date of Disbursement 10 / 01 / 2004	
Mailing Address 700 Seventh St. S.E.		Amount of Each Disbursement this Period 5335.42	
City Washington State DC Zip Code 20003	Purpose of Disbursement Media Consultant Candidate Name CONNEALY 04 Category/Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. US Bancorp		Transaction ID: SB17.11745 Date of Disbursement 10 / 01 / 2004	
Mailing Address 800 Nicolett Mall		Amount of Each Disbursement this Period 374.55	
City Minneapolis State MN Zip Code 55402	Purpose of Disbursement Merchant Card Processing Candidate Name CONNEALY 04 Category/Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 01	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	5750.41
TOTAL This Period (last page this line number only) ▶	181229.48

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 68 / 69
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
 CONNEALY 04

Transaction ID: SC/10.11729

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

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

TERMS

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

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

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

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

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

