

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

FEDERAL ELECTION COMMISSION  
4411 ROSTER

FEB 3 12 20 PM '95

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)  
WERNER ENTERPRISES, INC. P.A.C.

ADDRESS (number and street)  Check if different than previously reported  
14507 FRONTIER ROAD

CITY, STATE and ZIP CODE  
OMAHA, NE 68137

2. FEC IDENTIFICATION NUMBER  
C0023064

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

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year End Report  
 July 31 Mid Year Report (Non-election Year Only)  
 Termination Report

Monthly Report Due On:

- February 20     June 20     October 20  
 March 20     July 20     November 20  
 April 20     August 20     December 20  
 May 20     September 20     January 31

- Twelfth day report preceding \_\_\_\_\_ (Type of Election)  
 election on \_\_\_\_\_ in the State of \_\_\_\_\_
- Thirtieth day report following the General Election on \_\_\_\_\_  
 in the State of \_\_\_\_\_

(b) Is this Report an Amendment?     YES     NO

## SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>11-29-94</u> through <u>12-31-94</u>		
6. (a) Cash on Hand January 1, 19 <u>94</u>		\$ <u>5317.25</u>
(b) Cash on Hand at Beginning of Reporting Period	\$ <u>1386.19</u>	
(c) Total Receipts (from Line 1B)	\$ <u>NONE</u>	\$ <u>14168.94</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ <u>1386.19</u>	\$ <u>19486.19</u>
7. Total Disbursements (from Line 3C)	\$ <u>NONE</u>	\$ <u>18100.00</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ <u>1386.19</u>	\$ <u>1386.19</u>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ <u>NONE</u>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ <u>NONE</u>	

For further information contact:  
Federal Election Commission  
888 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-219-3420

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

Type or Print Name of Treasurer

ROBERT SYNOWICKI

Signature of Treasurer

*Robert Synowicki*

Date

1/31/95

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

**FEC FORM 3X**

(revised 9/93)

9 5 0 3 9 6 3 5 0 4 6

**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS  
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

95039635047

NAME OF COMMITTEE <u>WARREN ENTERPRISES, INC. P.A.C.</u>		REPORT COVERING PERIOD FROM <u>11-29-94</u> TO <u>12-31-94</u>	
I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		NONE	9435.00
ii. Unitemized		NONE	4633.94
iii. Total (add i and ii) >		NONE	14068.94
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contributions (add a ii, b and c) >		NONE	14068.94
12. Transfers From Affiliated/Other Party Committees			
13. All Loans Received			
14. Loan Repayments Received			
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			
17. Other Federal Receipts (Dividends, Interest, etc.)		NONE	100.00
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		NONE	14168.94
20. Total Federal Receipts (subtract line 16 from line 19) >		NONE	14168.94
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			
ii. Non-Federal Share			
b. Other Federal Operating Expenditures			
c. Total Operating Expenditures (add a i, a ii, and b) >			
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees		NONE	12550.00
24. Independent Expenditures (use Schedule E)			
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			
26. Loan Repayments Made			
27. Loans Made			
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contribution Refunds (add a, b and c) >			
29. Other Disbursements		NONE	5550.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		NONE	18100.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		NONE	18100.00
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		NONE	14068.94
33. Total Contribution Refunds (from line 28d)		NONE	NONE
34. Net Contributions (other than loans)(subtract line 33 from 32)		NONE	14068.94
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		NONE	NONE
36. Offsets to Operating Expenditures (from line 15)		NONE	NONE
37. Net Operating Expenditures (subtract line 36 from 35) >		NONE	NONE

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2  
FOR LINE NUMBER 11e

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)

WERNER ENTERPRISES, INC. P.A.C.

95039635048

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ALAN ADAMS 5816 S. 167TH AVE OMAHA, NE 68135	WERNER ENTERPRISES, INC.	NONE	NONE
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: EXECUTIVE Aggregate Year-to-Date > \$ 600.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DUANE HENN 1326 SCOTT ROAD PAPILLION, NE 68128	WERNER ENTERPRISES, INC.	NONE	NONE
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: EXECUTIVE Aggregate Year-to-Date > \$ 500.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KIRK HOOTEN P.O. Box 371071 OMAHA, NE 68137	WERNER ENTERPRISES, INC.	NONE	NONE
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: EXECUTIVE Aggregate Year-to-Date > \$ 250.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARK MARTIN 16198 WAKELEY ST. OMAHA, NE 68118	WERNER ENTERPRISES, INC.	NONE	NONE
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: EXECUTIVE Aggregate Year-to-Date > \$ 325.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD REISER 541 S. 53RD ST. OMAHA, NE 68106	WERNER ENTERPRISES, INC.	NONE	NONE
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: EXECUTIVE Aggregate Year-to-Date > \$ 750.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN STEELE 1220 N. 161ST CIRCLE OMAHA, NE 68115	WERNER ENTERPRISES, INC.	NONE	NONE
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: EXECUTIVE Aggregate Year-to-Date > \$ 300.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT SYNOWICKI 17211 O STREET OMAHA, NE 68135	WERNER ENTERPRISES, INC.	NONE	NONE
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: EXECUTIVE Aggregate Year-to-Date > \$ 250.00		

SUBTOTAL of Receipts This Page (optional)

NONE

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 3  
FOR LINE NUMBER 11a

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)

WERNER ENTERPRISES, INC. P.A.C.

95039635049

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
C.L. WERNER P.O. Box 37308 Omaha, NE 68137	WERNER ENTERPRISES, INC.	NONE	NONE
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: EXECUTIVE Aggregate Year-to-Date > \$ 2200.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GARY WERNER 4535 S. 162ND AVE Omaha, NE 68135	WERNER ENTERPRISES, INC.	NONE	NONE
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: EXECUTIVE Aggregate Year-to-Date > \$ 1200.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GREG WERNER 10404 MADISON Omaha, NE 68127	WERNER ENTERPRISES, INC.	NONE	NONE
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: EXECUTIVE Aggregate Year-to-Date > \$ 1000.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CURT WERNER P.O. Box 37308 Omaha, NE 68137	WERNER ENTERPRISES, INC.	NONE	NONE
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: EXECUTIVE Aggregate Year-to-Date > \$ 1500		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

NONE

TOTAL This Period (last page this line number only)

NONE

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

WERNER ENTERPRISES, INC. P.A.C

95039635050

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

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

NONE

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

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

Hand Delivered

DATE OF RECEIPT

First Class Mail

POSTMARKED

Registered/Certified Mail

POSTMARKED

1-31-95

No Postmark

Postmark Illegible

Received from the House Office of Records  
and Registration

DATE OF RECEIPT

Received from the Senate Office of Public  
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

*JMK*  
PREPARER

2-3-95  
DATE PREPARED

95039635051