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# HDR

September 5, 1996

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

Mr. Neil Evans  
Reports Analyst  
Federal Election Commission  
999 E Street, N.W.  
Washington, DC 20463

Identification Number: C00103803

RE: 1) July Quarterly Report (4/4/96 - 6/30/96)  
2) Florida Primary Report (7/1/96 - 8/14/96)

Dear Mr. Evans:

Pursuant to your August 30, 1996 letter to Wendy Lacey and our telephone conversation of this date, enclosed please find amended Schedule Bs supporting Line 23 of the above-referenced reports. If you need additional information, please contact me at (402) 399-1145.

Very truly yours,

PROFESSIONALS POLITICAL ACTION  
COMMITTEE (P-PAC) (HDR, INC., ET AL.)



Bonnie J. Kudron  
Legal Assistant

Enclosures

c: Wendy Lacey

HDR, Inc.

6404 Indian Hills Drive  
Omaha, Nebraska  
68114-4048

Telephone  
402 399-1000

Architecture  
Engineering  
Construction Services



FEDERAL ELECTION COMMISSION

WASHINGTON, D.C. 20463

RQ-5

AUG 30 1996

Wendy L. Lacey, Treasurer  
Professionals Political Action  
Committee (P-PAC) (HDR INC. ET AL)  
8404 Indian Hills Drive  
Omaha, NE 68114

Identification Number: C00103903

Reference: July Quarterly Report (4/4/96-6/30/96)

Dear Ms. Lacey:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Please amend your report by providing the election designation for each disbursement itemized on Schedule B supporting Line 23.

Any amendment or clarification should be filed with the Federal Election Commission. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 219-3580.

Sincerely,

A handwritten signature in black ink, appearing to read "Neil Evans".

Neil Evans  
Reports Analyst  
Reports Analysis Division

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 23

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)**

Professionals Political Action Committee (P-PAC) (HDR, Inc., et al.)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement U.S. Senate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Nebraskans for Nelson P.O. Box 250 Boys Town, NE 68010 Attn: Michael Shrier, Treasurer	U.S. Senate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/23/96	500.00
B. Full Name, Mailing Address and ZIP Code Friends of Ron Packard 601 13th St. N.W., Suite 710 Washington, DC 20005 Attn: William D. Lowery	U.S. Congress Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/23/96	250.00
C. Full Name, Mailing Address and ZIP Code Friends of Larry Pressler P.O. Box 77166 Washington, DC 20013 Attn: Daniel Nelson, Treasurer	U.S. Senate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/14/96	500.00
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	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	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	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	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

*July  
Quarterly  
Report*

SUBTOTAL of Disbursements This Page (optional)

1,250.00

TOTAL This Period (last page this line number only)

1,250.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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)  
 Professionals Political Action Committee (P-PAC) (HDR, Inc., et al)

A. Full Name, Mailing Address and ZIP Code Busansky for Congress P.O. Box 274167 Tampa, FL 33688-4167 Attn: Rebecca Busansky, Chair	Purpose of Disbursement U.S. House of Representatives	Date (month, day, year) 7/5/96	Amount of Each Disbursement This Period 150.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	<input type="checkbox"/> Primary <input type="checkbox"/> General		

C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>Florida</i>	<input type="checkbox"/> Primary <input type="checkbox"/> General		

D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>Primary</i>	<input type="checkbox"/> Primary <input type="checkbox"/> General		

E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>Report</i>	<input type="checkbox"/> Primary <input type="checkbox"/> General		

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

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

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

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

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	150.00

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.

<input type="checkbox"/> Hand Delivered	DATE OF RECEIPT
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 9/5/96
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House Office of Records and Registration	DATE OF RECEIPT
<input type="checkbox"/> Received from the Senate Office of Public Records	DATE OF RECEIPT
<input type="checkbox"/> Other (Specify):	POSTMARKED and/or DATE OF RECEIPT
<i>SMN</i> PREPARER	9/16/96 DATE PREPARED