

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

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
00023064

3. This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

OCT 20 12 10 PM '94

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>07-01-94</u> through <u>09-30-94</u>		\$ <u>5,317.25</u>
6. (b) Cash on Hand January 1, 19 <u>94</u>		
(b) Cash on Hand at Beginning of Reporting Period	\$ <u>3,917.69</u>	
(c) Total Receipts (from Line 19)	\$ <u>5,568.50</u>	\$ <u>14,168.94</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ <u>9,486.19</u>	\$ <u>19,486.19</u>
7. Total Disbursements (from Line 30)	\$ <u>7,600.00</u>	\$ <u>17,600.00</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ <u>1,886.19</u>	\$ <u>1,886.19</u>
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$ <u>NONE</u>	For further information contact: Federal Election Commission 988 E Street, NW Washington, DC 20483 Tel Free 800-424-9630 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ <u>NONE</u>	

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: DELLA LEMMON
Signature of Treasurer: [Signature] Date: 10-17-94

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 8/93)

FECAM101

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

(revised 1/1/91)

NAME OF COMMITTEE <u>WERNER ENTERPRISES, INC. P.A.C.</u>		REPORT COVERING PERIOD FROM <u>07-01-94</u> TO <u>09-30-94</u>	
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11.	Contributions (other than loans) From:		
a.	Individual/Persons Other Than Political Committees		
i.	Itemized (use Schedule A)	3,600.00	9,435.00
ii.	Unitemized	1,968.50	4,633.94
iii.	Total (add i and ii) >	5,568.50	14,068.94
b.	Political Party Committees		
c.	Other Political Committees (such as PACs)		
d.	Total Contributions (add a iii, b and c) >	5,568.50	14,068.94
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		100.00
17.	Other Federal Receipts (Dividends, Interest, etc.)		
18.	Transfers from Nonfederal Account for Joint Activity		
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	5,568.50	14,168.94
20.	Total Federal Receipts (subtract line 18 from line 19) >	5,568.50	14,168.94
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	3,750.00	12,050.00
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.	Individuals/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) >	3,850.00	5,550.00
29.	Other Disbursements		
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	7,600.00	17,600.00
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	7,600.00	17,600.00
III. Net Contributions/Operating Expenditures			
32.	Total Contributions (other than loans) (from line 11d)	5,568.50	14,068.94
33.	Total Contribution Refunds (from line 28d)	NONE	NONE
34.	Net Contributions (other than loans) (subtract line 33 from 32)	5,568.50	14,068.94
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 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.

A. Full Name, Mailing Address and ZIP Code

ALAN ADAMS
5814 S. 167TH AVE.
OMAHA, NE 68135

Receipt For: Primary General
 Other (specify):

Name of Employer

WERNER ENTERPRISES, INC.

Occupation

EXECUTIVE

Aggregate Year-to-Date > \$ 600.00

Date (month, day, year)

NONE

Amount of Each Receipt this Period

NONE

B. Full Name, Mailing Address and ZIP Code

DWANE HENN
1326 SCOTT ROAD
PAPILLION, NE 68128

Receipt For: Primary General
 Other (specify):

Name of Employer

WERNER ENTERPRISES, INC.

Occupation

EXECUTIVE

Aggregate Year-to-Date > \$ 500.00

Date (month, day, year)

NONE

Amount of Each Receipt this Period

NONE

C. Full Name, Mailing Address and ZIP Code

KIRK HOOTEN
P.O. Box 371071
OMAHA, NE 68137

Receipt For: Primary General
 Other (specify):

Name of Employer

WERNER ENTERPRISES, INC.

Occupation

EXECUTIVE

Aggregate Year-to-Date > \$ 250.00

Date (month, day, year)

NONE

Amount of Each Receipt this Period

NONE

D. Full Name, Mailing Address and ZIP Code

MARK MARTIN
16198 WARELEY ST.
OMAHA, NE 68118

Receipt For: Primary General
 Other (specify):

Name of Employer

WERNER ENTERPRISES, INC.

Occupation

EXECUTIVE

Aggregate Year-to-Date > \$ 385.00

Date (month, day, year)

NONE

Amount of Each Receipt this Period

NONE

E. Full Name, Mailing Address and ZIP Code

RICHARD REISER
541 S. 53RD ST.
OMAHA, NE 68106

Receipt For: Primary General
 Other (specify):

Name of Employer

WERNER ENTERPRISES, INC.

Occupation

EXECUTIVE

Aggregate Year-to-Date > \$ 250.00

Date (month, day, year)

NONE

Amount of Each Receipt this Period

NONE

F. Full Name, Mailing Address and ZIP Code

JOHN STEBLE
1220 N. 161ST CIRCLE
OMAHA, NE 68118

Receipt For: Primary General
 Other (specify):

Name of Employer

WERNER ENTERPRISES, INC.

Occupation

EXECUTIVE

Aggregate Year-to-Date > \$ 300.00

Date (month, day, year)

NONE

Amount of Each Receipt this Period

NONE

G. Full Name, Mailing Address and ZIP Code

ROBERT SYNOWICKI
17211 O ST.
OMAHA, NE 68135

Receipt For: Primary General
 Other (specify):

Name of Employer

WERNER ENTERPRISES, INC.

Occupation

EXECUTIVE

Aggregate Year-to-Date > \$ 750.00

Date (month, day, year)

NONE

Amount of Each Receipt this Period

NONE

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 2

FOR LINE NUMBER 119

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NAME OF COMMITTEE (in Full)

WERNER ENTERPRISES, INC. P.A.C.

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.	8-15-94 9-28-94	1,100.00 1,500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: EXECUTIVE	Aggregate Year-to-Date: \$ 3,700.00	
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: \$ 1,200.00	
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.	7-5-94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: EXECUTIVE	Aggregate Year-to-Date: \$ 1,000.00	
D. 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: \$	
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: \$	

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SUBTOTAL of Receipts This Page (optional)	3,600.00
TOTAL This Period (last page this line number only)	3,600.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER
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NAME OF COMMITTEE (In Full)

WERNER ENTERPRISES, INC. P.H.C.

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A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<u>JON CHRISTENSEN</u> <u>630 N. 108TH CT.</u> <u>OMAHA, NE 68154</u>	<u>U.S. REPRESENTATIVE</u> <u>CONTRIBUTION</u> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<u>7-20-94</u> <u>9-30-94</u>	<u>500.00</u> <u>2,000.00</u>
<u>J. ROBERT KERREY</u> <u>7602 PACIFIC ST.</u> <u>OMAHA, NE 68144</u>	<u>U.S. SENATE</u> <u>CONTRIBUTION</u> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<u>9-6-94</u>	<u>500.00</u>
<u>JAN STONEY</u> <u>14441 DUPONT COURT, SUITE 100</u> <u>OMAHA, NE 68144</u>	<u>U.S. SENATE</u> <u>CONTRIBUTION</u> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<u>9-6-94</u>	<u>750.00</u>
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) 3,250.00

TOTAL This Period (last page this line number only) 3,750.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)

WERNER ENTERPRISES, INC. P.A.C.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement 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
<p>TIM GAY 1001 HOGAN DRIVE PAPILLION, NE 68046</p>	<p>PURPOSE OF DISBURSEMENT <u>SARPY CO. COMMISSIONER - CONTRIBUTION</u></p>	<p>7-20-94</p>	<p>250.00</p>
<p>RICH JAMES FOR SARPY CO. TREASURER COMMITTEE 304 LEWINGTON LANE PAPILLION, NE 68122</p>	<p>PURPOSE OF DISBURSEMENT <u>SARPY CO. TREASURER - CONTRIBUTION</u></p>	<p>8-15-94</p>	<p>100.00</p>
<p>GENE KELLY 1105 ROUSSEAU CT. PAPILLION, NE 68046</p>	<p>PURPOSE OF DISBURSEMENT <u>STATE LEGISLATURE - CONTRIBUTION</u></p>	<p>9-6-94</p>	<p>500.00</p>
<p>E. BENJAMIN NELSON 1701 K ST. BOX 81010 LINCOLN, NE 68501</p>	<p>PURPOSE OF DISBURSEMENT <u>GOVERNOR - CONTRIBUTION</u></p>	<p>8-1-94 7-19-94</p>	<p>1,000.00 1,000.00</p>
<p>KIM ROBAK 101 LINCOLN MALL, STE 102 LINCOLN, NE 68508</p>	<p>PURPOSE OF DISBURSEMENT <u>LT. GOVERNOR - CONTRIBUTION</u></p>	<p>7-20-94</p>	<p>250.00</p>
<p>GENE SPENCE 5028 SOUTH 108TH ST. OMAHA, NE 68137</p>	<p>PURPOSE OF DISBURSEMENT <u>GOVERNOR - CONTRIBUTION</u></p>	<p>7-20-94</p>	<p>250.00</p>
<p>PAT THOMAS FOR SARPY COUNTY SHERIFF PAPILLION, NE</p>	<p>PURPOSE OF DISBURSEMENT <u>COUNTY SHERIFF - CONTRIBUTION</u></p>	<p>8-23-94</p>	<p>500.00</p>
<p>H. Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement This Period</p>
<p>I. Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement This Period</p>

SUBTOTAL of Disbursements This Page (optional)

3,850.00

TOTAL This Period (last page this line number only)

3,850.00

**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.

Hand Delivered DATE OF RECEIPT

First Class Mail POSTMARKED

Registered/Certified Mail POSTMARKED
10/17/94

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

D.A.Q.
PREPARER

10/20/94
DATE PREPARED

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