

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

DEC 12 1 15 PM '94

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) WEAVER ENTERPRISES INC. P.A.C.	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 14507 FRONTIER ROAD	
CITY, STATE and ZIP CODE OMAHA, NE 68137	
2. FEC IDENTIFICATION NUMBER	
3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)	

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 16 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report
- Monthly Report Due On:
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |
- Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____
- Thirtieth day report following the General Election on 11-8-94 in the State of NE

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>10-20-94</u> through <u>11-28-94</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 19)	\$ <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 30)	\$ <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>	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20483 Toll 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 ROBERT SYNOWICKI	
Signature of Treasurer <i>Robert Synowicki</i>	Date <u>12/1/94</u>

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

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

(revised 1/1/91)

NAME OF COMMITTEE: WERNER ENTERPRISES, INC. P.A.C. REPORT COVERING PERIOD FROM 10-20-94 TO: 11-28-94

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	11(a)(i)
ii. Unitemized	NONE	4633.94	11(a)(ii)
iii. Total	NONE	14068.94	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions	NONE	14068.94	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)	NONE	100.00	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts	NONE	14168.94	19
20. Total Federal Receipts	NONE	14168.94	20

II. Disbursements

21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures			21(b)
c. Total Operating Expenditures			21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	NONE	12550.00	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds			28(d)
29. Other Disbursements	NONE	5550.00	29
30. Total Disbursements	NONE	18100.00	30
31. Total Federal Disbursements	NONE	18100.00	31

III. Net Contributions/Operating Expenditures

32. Total Contributions (other than loans)(from line 11d)	NONE	14068.94	32
33. Total Contribution Refunds (from line 28d)	NONE	NONE	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	NONE	14068.94	34
35. Total Federal Operating Expenditures	NONE	NONE	35
36. Offsets to Operating Expenditures (from line 15)	NONE	NONE	36
37. Net Operating Expenditures	NONE	NONE	37

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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.

3
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3
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3
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9

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

SUBTOTAL of Receipts This Page (optional)	<u>NONE</u>
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 13
FOR LINE NUMBER 112

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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.	NONE	NONE
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: EXECUTIVE Aggregate Year-to-Date: \$ 200.00		
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: \$ 1500.00		
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

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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.

94039512415

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

12-07-94

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

MMR

PREPARER

12-12-94

DATE PREPARED

94039512416