



FEDERAL ELECTION COMMISSION

WASHINGTON, D.C. 20463

RQ-3

April 27, 1995

Robert Synowicki, Treasurer
Werner Enterprises Inc. Political
Action Committee
14507 Frontier Road
Omaha, NE 68137

Identification Number: C00236034

Reference: Amended October Quarterly Report (7/1/94-9/30/94)
dated 2/3/95

Dear Mr. Synowicki:

This letter is to inform you that as of April 26, 1995, the Commission has not received your response to our request for additional information, dated April 5, 1995. This notice requests information essential to full public disclosure of your federal election campaign finances. To ensure compliance with the provisions of the Federal Election Campaign Act (the Act), please respond to this request (copy enclosed).

If no response is received within fifteen (15) days from the date of this notice, the Commission may choose to initiate audit or legal enforcement action.

If you should have any questions regarding this matter, please contact Amy Reynolds on our toll-free number (800) 424-9530 or our local number (202) 219-3580.

Sincerely,

John D. Gibson
Assistant Staff Director
Reports Analysis Division

Enclosure

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FEDERAL ELECTION COMMISSION

WASHINGTON, D.C. 20463

BQ-2

Robert Synowicki, Treasurer
Werner Enterprises Inc.
Political Action Committee
14507 Frontier Road
Omaha, NE 68137

APR 5 1995

Identification Number: C00236034

Reference: Amended October Quarterly Report (7/1/94-9/30/94)
dated 2/3/95

Dear Mr. Synowicki:

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:

-Schedule B of your report (pertinent portion(s) attached) discloses a contribution(s) which appears to exceed the limits set forth in the Act. 2 U.S.C. §441a(s) precludes a multicandidate committee from making a contribution to a candidate for federal office in excess of \$5,000 per election.

If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with clarifying information. If you have made an excessive contribution, you should notify the recipient and request a refund of the amount in excess of \$5,000 and/or notify the recipient in writing of your redesignation of the contribution. In the best interest of your committee, all refunds and redesignations should be made within sixty days of the treasurer's receipt of the contribution(s).

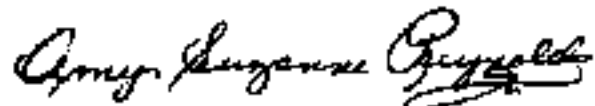
Please inform the Commission of your corrective action immediately in writing and provide a photocopy of the refund request sent to the contributor. In addition, any refunds should be disclosed on Schedule A supporting Line 16 of the report covering the period during which they are received. Any redesignations should be disclosed as memo entries on Schedule B supporting Line 23 of the report covering the period during which the redesignation is made. 11 CFR §110.1(b)

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Although the Commission may take further legal action regarding the excessive contribution(s), your prompt action in obtaining a refund and/or redesignating the contribution(s) will be taken into consideration.

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. 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,



Amy Susanne Reynolds
Reports Analyst
Reports Analysis Division

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SCHEDULE B

ITEMIZED DISBURSEMENTS

All 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 gain, 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. PAC

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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><u>CHRISTENSON FOR CONGRESS</u> <u>P.O. Box 340621</u> <u>OMAHA, NE 68154-0621</u></p>	<p><u>CONTRIBUTION</u></p>	<p><u>10/13/93</u></p>	<p><u>\$1,000.00</u></p>
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

<p>Ⓢ TOTAL of Disbursements This Page (optional) _____</p>	<p><u>\$1,000.00</u></p>
<p>TOTAL This Period (see page this line number only) _____</p>	<p><u>\$1,000.00</u></p>

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 any special purpose, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

WARNER ENTERPRISES INC. P.A.C.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BRAD ASHFORD FOR CONGRESS 310 SOUTH 72ND ST. OMAHA, NE 68114	CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-2-94	500.00
AMERICAN TRUCKING PAC 430 FIRST STREET, S.E. WASHINGTON D.C. 20003-1875	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) PAC CONTRIBUTION	5-2-94	1000.00
DOUG BREUTER FOR CONGRESS P.O. BOX 94794 LINCOLN, NE 68509	CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-2-94	500.00
ION CHRISTENSEN 630 N. 10TH CT. OMAHA NE 68154	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-25-94	3000.00
NEBRASKA DEMOCRATS JEFFERSON - JACKSON DAY DINNER 715 S. 14TH ST. OMAHA, NE 68108	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) FUND RAISER	4-11-94	2500.00
JAN STONEY 14441 DUPONT COURT SUITE 100 OMAHA, NE 68144	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-18-94	300.00

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SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

7800.00

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)

WEENER ENTERPRISES INC P.A.C

A. Full Name, Mailing Address and ZIP Code

JES CHRISTENSEN
630 N. 10TH CT.
OMAHA, NE 68154

Purpose of Disbursement
U.S. REPRESENTATIVE
CONTRIBUTION
Disbursement for: Primary General
 Other (specify)

Date (month, day, year)
7-26-94

Amount of Each Disbursement This Period
500.00

B. Full Name, Mailing Address and ZIP Code

JON CHRISTENSEN
630 N. 10TH CT
OMAHA, NE 68154

Purpose of Disbursement
U.S. REPRESENTATIVE
CONTRIBUTION
Disbursement for: Primary General
 Other (specify)

Date (month, day, year)
9-30-94

Amount of Each Disbursement This Period
2000.00

C. Full Name, Mailing Address and ZIP Code

J. ROBERT KERRY
7602 PACIFIC ST
OMAHA, NE 68144

Purpose of Disbursement
U.S. SENATE
CONTRIBUTION
Disbursement for: Primary General
 Other (specify)

Date (month, day, year)
9-6-94

Amount of Each Disbursement This Period
500.00

D. Full Name, Mailing Address and ZIP Code

JAN STONEY
14441 DUPONT COURT, SUITE 100
OMAHA, NE 68144

Purpose of Disbursement
U.S. SENATE
CONTRIBUTION
Disbursement for: Primary General
 Other (specify)

Date (month, day, year)
9-6-94

Amount of Each Disbursement This Period
750.00

E. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement
Disbursement for: Primary General
 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: Primary General
 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: Primary General
 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: Primary General
 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: Primary General
 Other (specify)

Date (month, day, year)

Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

3,250.00

TOTAL This Period (Full page file line number only)

3,250.00

2
3
4
5
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