

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)
WEENER ENTERPRISES, INC., P.A.C.
ADMITTED TO THE STATUS OF A PARTY TO AN ELECTION BY THE FEDERAL ELECTION COMMISSION
14502 FRONTIER ROAD
STATE OF NEBRASKA
OMAHA, NE 68132

2. FEC IDENTIFICATION NUMBER
C0023064
 3. This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

FEB 5 11 06 am '93

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:

- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <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 _____
 in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY

5. Covering Period: <u>01-01-93</u> through <u>12-31-93</u>	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 1993		\$ 9,467.25
(b) Cash on Hand at Beginning of Reporting Period	\$ 7,317.25	
(c) Total Receipts (from Line 19)	\$ NONE	\$ NONE
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 7,317.25	\$ 9,467.25
7. Total Disbursements (from Line 30)	\$ 2,000.00	\$ 4,150.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 5,317.25	\$ 5,317.25
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$ NONE	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20483 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ NONE	

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

Type of Committee Name of Treasurer
ROBERT SYNOWICK
 Signature: *Robert Synowick* Date: 1/21/93

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)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/81)

NAME OF COMMITTEE WEAVER ENTERPRISES, INC. P.A.C.		REPORT COVERING PERIOD: FROM 07-01-93 TO 12-31-93	
		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)		
	ii. Unitemized		
	iii Total (add i and ii) >		
	b. Political Party Committees		
	c. Other Political Committees (such as PACs)		
	d. Total Contributions (add a iii, b and c) >		
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.)		
18	Transfers from Nonfederal Account for Joint Activity		
19	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	NONE	NONE
20	Total Federal Receipts (subtract line 18 from line 19) >	NONE	NONE
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	1,000.00	2,300.00
24	Independent Expenditures (use Schedule E)		
25	Coordinated Expenditures Made by Party Committees (2 U.S.C. 447a(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	1,000.00	1,850.00
30	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	2,000.00	4,150.00
31	Total Federal Disbursements (subtract line 21 a, i from line 30) >	2,000.00	4,150.00
III. Net Contributions/Operating Expenditures			
32	Total Contributions (other than loans) (from line 11d)	NONE	NONE
33	Total Contribution Refunds (from line 28d)	NONE	NONE
34	Net Contributions (other than loans) (subtract line 33 from 32)	NONE	NONE
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 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)
WERNER ENTERPRISES, INC. PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<u>CHRISTENSEN FOR CONGRESS</u> <u>P.O. BOX 540621</u> <u>OMAHA, NE 68154-0621</u>	CONTRIBUTION <input type="checkbox"/> Other (specify)	<u>10/13/93</u>	<u>\$1,000.00</u>
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	<u>\$1,000.00</u>
TOTAL This Period (last page this line number only)	<u>\$1,000.00</u>

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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 29

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NAME OF COMMITTEE (In Full)

WEBNER 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
NELSON FOR GOVERNOR COMMITTEE 1701 K STREET P.O. Box 81010 LINCOLN, NE 68501-1010	CONTRIBUTION <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-13-93	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	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

SUM TOTAL of Disbursements This Page (optional)

1,000.00

TOTAL This Period (last page this line number only)

1,000.00

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
2-3-94

No Postmark

Postmark Illegible

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and Registration

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Records

Other (Specify): POSTMARKED
and/or DATE OF RECEIPT

JM H
PREPARER

2-6-94
DATE PREPARED