

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

FEDERAL ELECTION COMMISSION  
APR 6 2 34 PM '96

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)  
 C00103903 022876 p 234  
 WENDY L LACEY  
 PROFESSIONALS POLITICAL ACTION  
 COMMITTEE (P-PAC) (HDR INC ET  
 8404 INDIAN HILLS DRIVE  
 OMAHA NE 68114

2. FEC IDENTIFICATION NUMBER  
 C00103903

3.  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 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 Primary  
 (Type of Election)  
 election on 4/23/96 in the State of Pennsylvania
- Thirtieth day report following the General Election on \_\_\_\_\_  
 in the State of \_\_\_\_\_

(b) Is this Report an Amendment?  YES  NO

3  
1  
7  
1  
3  
8  
1  
7  
1  
3  
9  
6  
0  
3  
0

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	<u>1/1/96</u> through <u>4/03/96</u>		
6. (a) Cash on Hand January 1, 19 <u>96</u>			\$ 26,250.68
(b) Cash on Hand at Beginning of Reporting Period		\$ 26,250.68	
(c) Total Receipts (from Line 19)		\$ 4,689.32	\$ 4,689.32
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 30,940.00	\$ 30,940.00
7. Total Disbursements (from Line 30)		\$ 5,249.00	\$ 5,249.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 25,691.00	\$ 25,691.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$ .00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		\$ .00	

For further information contact:  
 Federal Election Commission  
 999 E Street, NW  
 Washington, DC 20463  
 Toll Free 800-424-9630  
 Local 202-219-3420

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: Wendy L. Lacey

Signature of Treasurer: Wendy L. Lacey Date: 4/3/96

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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FEC FORM 3X  
(revised 9/93)

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

(revised 1/1/91)

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

REPORT COVERING PERIOD

FROM 1/1/96 TO: 4/3/96

		REPORT COVERING PERIOD		
		FROM 1/1/96	TO: 4/3/96	
		COLUMN A Total This Period	COLUMN B Calendar Year	
<b>I. Receipts</b>				
11.	Contributions (other than loans) From:			
a.	Individual/Persons Other Than Political Committees			
i.	Itemized (use Schedule A)	300.00	300.00	11(a)(i)
ii.	Unitemized	4,180.00	4,180.00	11(a)(ii)
iii.	Total (add i and ii) >	4,480.00	4,480.00	11(a)(iii)
b.	Political Party Committees	.00	.00	11(b)
c.	Other Political Committees (such as PACs)	.00	.00	11(c)
d.	Total Contributions (add a ii, b and c) >	4,480.00	4,480.00	11(d)
12.	Transfers From Affiliated/Other Party Committees	.00	.00	12
13.	All Loans Received	.00	.00	13
14.	Loan Repayments Received	.00	.00	14
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)	.00	.00	15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees	.00	.00	16
17.	Other Federal Receipts (Dividends, Interest, etc.)	209.32	209.32	17
18.	Transfers from Nonfederal Account for Joint Activity	.00	.00	18
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	4,689.32	4,689.32	19
20.	Total Federal Receipts (subtract line 18 from line 19) >	4,689.32	4,689.32	20
<b>II. Disbursements</b>				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			
i.	Federal Share	.00	.00	21(a)(i)
ii.	Non-Federal Share	.00	.00	21(a)(ii)
b.	Other Federal Operating Expenditures	351.00	351.00	21(b)
c.	Total Operating Expenditures (add a i, a ii, and b) >	351.00	351.00	21(c)
22.	Transfers to Affiliated/Other Party Committees	.00	.00	22
23.	Contributions to Federal Candidates/Committees and Other Political Committees	800.00	800.00	23
24.	Independent Expenditures (use Schedule E)	.00	.00	24
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	.00	.00	25
26.	Loan Repayments Made	.00	.00	26
27.	Loans Made	.00	.00	27
28.	Refunds of Contributions To:			
a.	Individuals/Persons Other Than Political Committees	.00	.00	28(a)
b.	Political Party Committees	.00	.00	28(b)
c.	Other Political Committees (such as PACs)	.00	.00	28(c)
d.	Total Contribution Refunds (add a, b and c) >	.00	.00	28(d)
29.	Other Disbursements	4,098.00	4,098.00	29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	5,249.00	5,249.00	30
31.	Total Federal Disbursements (subtract line 21 a & d from line 30) >	5,249.00	5,249.00	31
<b>III. Net Contributions/Operating Expenditures</b>				
32.	Total Contributions (other than loans)(from line 11d)	4,480.00	4,480.00	32
33.	Total Contribution Refunds (from line 28d)	.00	.00	33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	4,480.00	4,480.00	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	351.00	351.00	35
36.	Offsets to Operating Expenditures (from line 15)	.00	.00	36
37.	Net Operating Expenditures (subtract line 36 from 35) >	351.00	351.00	37

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 11a(i)

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.)

96030381715

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Francis Jelensperger 8404 Indian Hills Drive Omaha, NE 68114-4049	HDR, Inc.	Payroll Deduction	\$300.00 (\$50.00 bi-weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO	Aggregate Year-to-Date	\$300.00
B. 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	\$
C. 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	\$
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	\$

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	\$300.00
<b>TOTAL</b> This Period (last page this line number only) .....	\$300.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 21b

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**NAME OF COMMITTEE (In Full)**

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

96030381716

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Internal Revenue Service Department of the Treasury Ogden, UT	Federal Taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/7/96	303.00
B. Full Name, Mailing Address and ZIP Code Nebraska Dept. of Revenue P.O. Box 94818 Lincoln, NE 68509	State Taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/7/96	48.00
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) .....

\$351.00

TOTAL This Period (last page this line number only) .....

\$351.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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**NAME OF COMMITTEE (In Full)**

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

96030381717

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Coyne for Congress 3365 Babcock Blvd. Pittsburgh, PA 15237 Attn: Dan Kinross, Chairman	U.S. Congress Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/5/96	50.00
B. Full Name, Mailing Address and ZIP Code Davis for Congress 980 So. 72nd Street Omaha, NE 68114 Attn: Mickey Staley, Treasurer	U.S. Congress Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/18/96	500.00
C. Full Name, Mailing Address and ZIP Code Doyle for Congress P.O. Box 17426 Pittsburgh, PA 15235 Attn: Karen S. Oleyar, Treasurer	U.S. Congress Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/22/96	250.00
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	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) .....

800.00

**TOTAL** This Period (last page this line number only) .....

800.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 2

FOR LINE NUMBER

29

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**NAME OF COMMITTEE (In Full)**

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

9303081718

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends for Ray Grabinski 3817 Atlantic Ave. Long Beach, CA 90807 Attn: Cathy Hickman, Treasurer	Long Beach, CA City Council Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/12/96	249.00
B. Full Name, Mailing Address and ZIP Code Carole Woods Harris Re-election 1004 Farnam-on-the-Mall, Suite 400 Omaha, NE 68102 Attn: Teressa Schaefer, Treasurer	Purpose of Disbursement Douglas County, NE Board Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/17/96	100.00
C. Full Name, Mailing Address and ZIP Code People for Priester 3937 W Street Omaha, NE 68107 Attn: M.A. Krzemien, Treasurer	Purpose of Disbursement Nebraska State Senator Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/17/96	100.00
D. Full Name, Mailing Address and ZIP Code Douglas County Democratic Party 7701 Pacific Street, Suite 122 Omaha, NE 68114 Attn: Vickie Anderson, Treasurer	Purpose of Disbursement Douglas County, NE Democratic Party Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/24/96	1,200.00
E. Full Name, Mailing Address and ZIP Code Terry Box Campaign Fund 2817 Cobre Valle Piano, TX Attn: Mary Scruggs, Treasurer	Purpose of Disbursement Sheriff of Collin County, TX Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/6/96	500.00
F. Full Name, Mailing Address and ZIP Code Friends of Pete McGowan 47 Lubber Street Stony Brook, NY 11790 Attn: Peter A. Scully, Treasurer	Purpose of Disbursement Suffolk County, NY Supervisor Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/4/96	600.00
G. Full Name, Mailing Address and ZIP Code Committee to Elect Helen Wilson P.O. Box 5022-246 Lake Forest, CA 92630 Attn: Ann Hileman, Treasurer	Purpose of Disbursement Orange County, CA Supervisor Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/6/96	100.00
H. Full Name, Mailing Address and ZIP Code Mike Heiligenstein Re-election P.O. Box 250 Round Rock, TX 78680 Attn: Mike Swayze, Treasurer	Purpose of Disbursement Williamson County, TX Commissioner Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/8/96	250.00
I. Full Name, Mailing Address and ZIP Code Nebraska Democratic Party 715 So. 14th Street Lincoln, NE 68508 Attn: Fran White, Chairman	Purpose of Disbursement Jefferson-Jackson Day Dinner Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/18/96	500.00

SUBTOTAL of Disbursements This Page (optional)

3,599.00

TOTAL This Period (last page this line number only)

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 2  
FOR LINE NUMBER 29

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**NAME OF COMMITTEE (in Full)**

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

296030381719

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends for Jeff Kellogg P.O. Box 91822 Long Beach, CA 90809-1822 Attn: Todd Jones, Treasurer	Long Beach, CA City Council Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/20/96	249.00
B. Full Name, Mailing Address and ZIP Code Dan Park for OPPD Board 4779 So. 162nd Ave. Omaha, NE 68135 Attn: Bill Green, Treasurer	Purpose of Disbursement OPPD (Omaha, NE) Board Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/26/96	250.00
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

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	499.00
<b>TOTAL</b> This Period (last page this line number only) .....	4,098.00

**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

*4-4-96*

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

*JES*

PREPARER

*4-8-96*

DATE PREPARED

96030381700