

# 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) <b>WERNER ENTERPRISES, INC. P.A.C.</b>		2. FEC IDENTIFICATION NUMBER <b>C0023064</b>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <b>14507 FRONTIER ROAD</b>		
CITY, STATE and ZIP CODE <b>OMAHA, NE 68137</b>		

### 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

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <b>04-01-94</b> through <b>06-30-94</b>		
6. (a) Cash on Hand January 1, 19 <b>94</b>		\$ <b>5317.25</b>
(b) Cash on Hand at Beginning of Reporting Period	\$ <b>3817.25</b>	
(c) Total Receipts (from Line 15)	\$ <b>8500.44</b>	\$ <b>8600.44</b>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ <b>12317.69</b>	\$ <b>13917.69</b>
7. Total Disbursements (from Line 30)	\$ <b>8400.00</b>	\$ <b>10000.00</b>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ <b>3917.69</b>	\$ <b>3917.69</b>
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$ <b>NONE</b>	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-218-3420
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ <b>NONE</b>	

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 SYDOWSKI**

Signature of Treasurer: *Robert Sydowski* Date: **2/3/95**

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

9503966336

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

(revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD	
LEARNER ENTERPRISES, INC. P.A.C.		FROM 04-01-94	TO 06-30-94
		COLUMN A	COLUMN B
		Total This Period	Calendar Year
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		5835.00	5835.00
ii. Unitemized		2665.44	2665.44
iii. Total	(add i and ii) >	8500.44	8500.44
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contributions	(add a ii, b and c) >	8500.44	8500.44
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			100.00
19. Total Receipts	(add 11d, 12, 13, 14, 15, 16, 17, and 18) >	8500.44	8600.44
20. Total Federal Receipts	(subtract line 18 from line 19) >	8500.44	8600.44
<b>II. Disbursements</b>			
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		7800.00	8300.00
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. 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		600.00	1700.00
30. Total Disbursements	(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	8400.00	10000.00
31. Total Federal Disbursements	(subtract line 21 a ii from line 30) >	8400.00	10000.00
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)		8500.44	8500.44
33. Total Contribution Refunds (from line 28d)		NONE	NONE
34. Net Contributions (other than loans)(subtract line 33 from 32)		8500.44	8500.44
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

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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.

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN STEELE 1220 N. 161ST CIRCLE OMAHA, NE 68118	WERNER ENTERPRISES, INC.	4-29-94	300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: EXECUTIVE	Aggregate Year-to-Date: \$ 300.00	
GARY WERNER 4335 S. 162ND AVE. OMAHA, NE 68135	WERNER ENTERPRISES, INC.	5-2-94	1200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: EXECUTIVE	Aggregate Year-to-Date: \$ 1200.00	
ROBERT SYNOWICKI 17211 O. ST. OMAHA, NE 68135	WERNER ENTERPRISES, INC.	5-3-94	750.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: EXECUTIVE	Aggregate Year-to-Date: \$ 750.00	
ALAN ADAMS 5814 S. 167TH AVE OMAHA, NE 68135	WERNER ENTERPRISES, INC.	4-11-94	600.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: EXECUTIVE	Aggregate Year-to-Date: \$ 600.00	
KIRK HOOTEN P.O. Box 371001 OMAHA, NE 68137	WERNER ENTERPRISES, INC.	4-19-94	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: EXECUTIVE	Aggregate Year-to-Date: \$ 250.00	
DUANE HEAN 1326 SCOTT RD. PAPILLION, NE 68122	WERNER ENTERPRISES, INC.	4-11-94	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: EXEC	Aggregate Year-to-Date: \$ 500.00	
MARK MARTIN 16197 WAKLEY ST. OMAHA, NE 68118	WERNER ENTERPRISES, INC.	4-11-94	385.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: EXEC	Aggregate Year-to-Date: \$ 385.00	

SUBTOTAL of Receipts This Page (optional)

3985.00

TOTAL This Period (last page this line number only)

9503263358

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 2  
FOR LINE NUMBER 11a

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NAME OF COMMITTEE (in Full)

WERNER ENTERPRISES, INC. P.A.C.

A. Full Name, Mailing Address and ZIP Code

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

Name of Employer  
WERNER ENTERPRISES, INC

Date (month, day, year)

4-15-94

Amount of Each Receipt this Period

750.00

Receipt For:  Primary  General  Other (specify):

Occupation  
EXECUTIVE

Aggregate Year-to-Date > \$ 750.00

B. Full Name, Mailing Address and ZIP Code

E. L. WERNER  
P.O. Box 37308  
OMAHA, NE 68137

Name of Employer  
WERNER ENTERPRISES, INC.

Date (month, day, year)

6-20-94

Amount of Each Receipt this Period

1100.00

Receipt For:  Primary  General  Other (specify):

Occupation  
EXECUTIVE

Aggregate Year-to-Date > \$ 1100.00

C. Full Name, Mailing Address and ZIP Code

Receipt For:  Primary  General  Other (specify):

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

Aggregate Year-to-Date > \$

D. Full Name, Mailing Address and ZIP Code

Receipt For:  Primary  General  Other (specify):

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

Aggregate Year-to-Date > \$

E. Full Name, Mailing Address and ZIP Code

Receipt For:  Primary  General  Other (specify):

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

Aggregate Year-to-Date > \$

F. Full Name, Mailing Address and ZIP Code

Receipt For:  Primary  General  Other (specify):

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

Aggregate Year-to-Date > \$

G. Full Name, Mailing Address and ZIP Code

Receipt For:  Primary  General  Other (specify):

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

Aggregate Year-to-Date > \$

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

1850.00

95039563879

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. P.A.C.

9503763840

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BRAO 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
B. Full Name, Mailing Address and ZIP Code 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 CONTRIB	5-2-94	1000.00
C. Full Name, Mailing Address and ZIP Code DON B BERGNER FOR CONGRESS R.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
D. Full Name, Mailing Address and ZIP Code JON CHRISTENSEN 630 N. 108TH 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
E. Full Name, Mailing Address and ZIP Code NEBRASKA DEMOCRATS JEFFERSON - JACKSON DAY DINNER 715 S. 14TH ST. OMAHA, NE 68508	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) FUND RAISER	4-11-94	2500.00
F. Full Name, Mailing Address and ZIP Code 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
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)

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 29

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NAME OF COMMITTEE (in Full)

WERNER ENTERPRISES, INC P.A.C

95039063851

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
COMMITTEE TO ELECT DICK HARRIMAN 1357 GOLDEN GATE DR. SUITE 300 PAVILLION, NE 68046	SAPPY COUNTY COMMISSIONER Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-2-94	250.00
LOWELL ISKE 1210 GOLDEN GATE DR. SUITE 1122 PAVILLION, NE 68046	SAPPY CO. ASSESSOR (CONTRIBUTION RETURNED) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-19-94	(500.00)
RICH JAMES FOR SAPPY COUNTY TREASURER COMMITTEE 804 LENINGTON LANE PAVILLION, NE 68128	SAPPY COUNTY TREASURER Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-2-94	100.00
ELMER OWEN P.O. Box 216 INDIANOLA, NE 68034	NE-LEGISLATIVE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-2-94	200.00
TOM SKUTT FOR LEGISLATURE P.O. Box 4365 OMAHA, NE 68104	NE-LEGISLATIVE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-4-94	300.00
DON STENBERG FOR ATTORNEY GENERAL COMMITTEE 6107 SOUTH 23TH STREET LINCOLN, NE 68512	NE ATTORNEY GENERAL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-2-94	250.00
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)	600.00

**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

*2-6-95*

Registered/Certified Mail

POSTMARKED

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

*JMN*  
 PREPARER

*2-21-95*  
 DATE PREPARED

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