

# REPORT OF RECEIPTS AND DISBURSEMENTS

(Other Than An Authorized Committee  
Primary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

AUG 3 1 42 PM '98

USE FEC MAILING LABEL OR TYPE OR PRINT

NAME OF COMMITTEE (in full)  
**WERNER ENTERPRISES, INC. P.A.C.**

ADDRESS (number and street)  Check if different than previously reported  
**14507 FRONTIER ROAD**

CITY, STATE and ZIP CODE  
**OMAHA NE 68137**

2. FEC IDENTIFICATION NUMBER  
**C00236034**

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

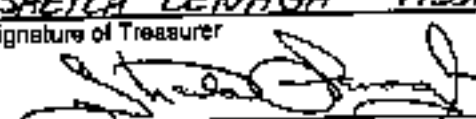
## 4. TYPE OF REPORT

- (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:
- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <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  |
- 12-Day Pre-Election Report for the \_\_\_\_\_ (Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_
- 30-Day Post-Election Report following the General Election  
on \_\_\_\_\_ in the State of \_\_\_\_\_
- (b) Is this Report an Amendment?  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>4-1-98</u> through <u>6-30-98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$ 3,000.91
(b) Cash on Hand at Beginning of Reporting Period	\$ 1,950.91	
(c) Total Receipts (from Line 1B)	\$ 12,395.00	\$ 12,395.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 14,345.91	\$ 15,395.91
7. Total Disbursements (from Line 3C)	\$ 3,200.00	\$ 4,250.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 11,145.91	\$ 11,145.91
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 20463 Toll Free 800-424-9630 Local 202-694-1100
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 or Print Name of Treasurer  
**SHEILA LENAGH ASSISTANT TREASURER**

Signature of Treasurer 

Date  
**7-30-98**

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 1/1/81)

NAME OF COMMITTEE  
**WERNER ENTERPRISES, INC. PAC**

REPORT COVERING PERIOD  
FROM **4-1-98** TO **6-30-98**

COLUMN A  
Total This Period

COLUMN B  
Calendar Year

### I. Receipts

11.	Contributions (other than loans) From:			
	a. Individual/Persons Other Than Political Committees			11(a)(i)
	i. Itemized (use Schedule A)	10,450.00	10,450.00	11(a)(ii)
	ii. Unitemized	1,945.00	1,945.00	11(a)(iii)
	Total (add i and ii) >	12,395.00	12,395.00	11(b)
	b. Political Party Committees			11(c)
	c. Other Political Committees (such as PACs)			11(d)
	d. Total Contributions (add a iii, b and c) >	12,395.00	12,395.00	12
12.	Transfers From Affiliated/Other Party Committees			13
13.	All Loans Received			14
14.	Loan Repayments Received			15
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)			16
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees			17
17.	Other Federal Receipts (Dividends, Interest, etc.)			18
18.	Transfers from Non-Federal Account for Joint Activity	NONE	NONE	18
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	12,395.00	12,395.00	20
20.	Total Federal Receipts (subtract line 18 from line 19) >	12,395.00	12,395.00	

### II. Disbursements

21.	Operating Expenditures:			
	a. Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)(i)
	i. Federal Share			21(a)(ii)
	ii. Non-Federal Share			21(b)
	b. Other Federal Operating Expenditures			21(c)
	c. Total Operating Expenditures (add a i, a ii, and b) >			22
22.	Transfers to Affiliated/Other Party Committees			23
23.	Contributions to Federal Candidates/Committees and Other Political Committees	2,500.00	3,000.00	24
24.	Independent Expenditures (use Schedule E)			25
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			26
26.	Loan Repayments Made			27
27.	Loans Made			
28.	Refunds of Contributions To:			28(a)
	a. Individual/Persons Other Than Political Committees			28(b)
	b. Political Party Committees			28(c)
	c. Other Political Committees (such as PACs)			28(d)
	d. Total Contribution Refunds (add a, b and c) >	200.00	1,250.00	29
29.	Other Disbursements			30
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	3,200.00	4,250.00	31
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >			

### III. Net Contributions/Operating Expenditures

32.	Total Contributions (other than loans) (from line 11d)	12,395.00	12,395.00	32
33.	Total Contribution Refunds (from line 28d)	NONE	NONE	33
34.	Net Contributions (other than loans) (subtract line 33 from 32)	12,395.00	12,395.00	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	NONE	NONE	35
36.	Offsets to Operating Expenditures (from line 15)	NONE	NONE	36
37.	Net Operating Expenditures (subtract line 36 from 35) >	NONE	NONE	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2  
FOR LINE NUMBER 11(a) (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)

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
CLARENCE L. WERNER P.O. Box 45308 OMAHA, NE. 68145	WERNER ENTERPRISES, INC. Occupation: CHIEF EXECUTIVE OFFICER	4-3-98	2,750.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,750.		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WALT AMACHER 8805 G. STREET APT 319 OMAHA, NE. 68127	WERNER ENTERPRISES, INC. Occupation: SERVICE DIRECTOR TCU	4-3-98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT SYNOWICKI 17211 O STREET OMAHA NE 68135	WERNER ENTERPRISES, INC. Occupation: EXECUTIVE VICE-PRESIDENT/CO GENERAL COUNSEL	4-3-98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD REISER 541 SOUTH 53 STREET OMAHA NE 68106	WERNER ENTERPRISES, INC. Occupation: EXECUTIVE VICE-PRESIDENT/GENERAL COUNSEL	4-3-98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LEO WEILER 1012 SHERWOOD LANE PAPILLION, NE 68046	WERNER ENTERPRISES, INC. Occupation: COMPANY PHYSICIAN	4-3-98	300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STERLING BRONNELL 16161 LAMP ST. OMAHA NE 68118	WERNER ENTERPRISES, INC. Occupation: DIRECTOR WEST CENTRAL REGION	4-3-98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN STEELE 1220 N. 161 CIRCLE OMAHA NE 68118	WERNER ENTERPRISES, INC. Occupation: VICE-PRESIDENT, TREASURER-CEO	4-3-98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.		

SUBTOTAL of Receipts This Page (optional)

6,050.00

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 2  
FOR LINE NUMBER 11 (a) (i)

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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)
MARK MARTIN 16329 CHICAGO CIRCLE OMAHA NE 68118 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	WERNER ENTERPRISES, INC. Occupation: SENIOR VICE-PRESIDENT OF MANUFACTURING Aggregate Year-to-Date > \$ 850.	4-8-98	850.00
B. Full Name, Mailing Address and ZIP Code GARY WERNER P.O. BOX 45308 OMAHA NE 68145 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	WERNER ENTERPRISES, INC. Occupation: VICE CHAIRMAN Aggregate Year-to-Date > \$ 1,250.	4-8-98	1,250.00
C. Full Name, Mailing Address and ZIP Code CURTIS WERNER PO BOX 45308 OMAHA NE 68145 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	WERNER ENTERPRISES, INC. Occupation: VICE CHAIRMAN CORPORATE DEVELOPMENT Aggregate Year-to-Date > \$ 1,500.	4-15-98	1,500.00
D. Full Name, Mailing Address and ZIP Code SCOTT SIX 11235 SANKER OMAHA NE 68164 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	WERNER ENTERPRISES, INC. Occupation: FLEET TRUCK SALES Aggregate Year-to-Date > \$ 400.	5-28-98	400.00
E. Full Name, Mailing Address and ZIP Code DWAYNE HAUG 21265 HARVEY ST. ELKHORN, NE. 68022 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	WERNER ENTERPRISES, INC. Occupation: VICE-PRESIDENT MANUFACTURING Aggregate Year-to-Date > \$ 400.	4-3-98	400.00
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt (this Period)
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt (this Period)

SUBTOTAL of Receipts This Page (optional) ..... 4,400.00  
 TOTAL This Period (last page this line number only) ..... 10,450.00

**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)

*WERNER 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
<i>STEVE KUPKA 10011 J. STREET OMAHA NE 68127</i>	<i>YTD 2,000.00 KUPKA FOR CONGRESS</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>5-5-98</i>	<i>2,000.00</i>
<i>LEE TERRY 1107 S. 119TH ST. OMAHA NE 68144</i>	<i>YTD 1,000.00 LEE TERRY FOR CONGRESS</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>5-6-98</i>	<i>500.00</i>
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) .....

*2,500.00*

**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.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
TIM SCARAM 14002 S. 234TH ST. GRETA, NE 68028	SARDY COUNTY COMMISSIONER Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-5-98	500.00
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) .....

500.00

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 7-30-98
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>mpe</i> PREPARER	8-3-98 DATE PREPARED