

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

MAY 18 11 28 AM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (In full)
 000103903 030498 P 250
 WENDY L LACEY
 PROFESSIONALS POLITICAL ACTION
 COMMITTEE (P-FAC) (HDR INC ET
 2404 INDIAN HILLS DRIVE
 OMAHA NE 68114

2. FEC IDENTIFICATION NUMBER
 000103903

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

12-Day Pre-Election Report for the Primary
 (Type of Election)
 election on May 19 in the State of Pennsylvania

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	4/1/98 through 4/29/98		
6. (a) Cash on Hand January 1, 1998			\$ 27,772.00
(b) Cash on Hand at Beginning of Reporting Period		\$ 27,173.75	
(c) Total Receipts (from Line 19)		\$ 1,552.63	\$ 6,253.38
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 28,726.38	\$ 34,025.38
7. Total Disbursements (from Line 30)		\$ 3,193.50	\$ 8,492.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 25,532.88	\$ 25,532.88
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 800-424-9530
 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


Date
 5/12/98

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 1/1/91)

NAME OF COMMITTEE Professionals Political Action Committee (P-PAC) (HDR, Inc. et al.)		REPORT COVERING PERIOD FROM 4/1/98 TO 4/29/98	
		COLUMN A Total This Period	COLUMN B Calendar Year
I Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	.00	.00	11644
ii. Unitemized	1,465.75	5,868.75	11645
iii. Total (add i and ii) >	1,465.75	5,868.75	11646
b. Political Party Committees	.00	.00	2004
c. Other Political Committees (such as PACs)	.00	.00	2104
d. Total Contributions (add a ii, b and c) >	1,465.75	5,868.75	2105
12. Transfers From Affiliated/Other Party Committees	.00	.00	22
13. All Loans Received	.00	.00	23
14. Loan Repayments Received	.00	.00	24
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	.00	.00	25
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	.00	.00	26
17. Other Federal Receipts (Dividends, Interest, etc.)	86.88	384.63	27
18. Transfers from Nonfederal Account for Joint Activity	.00	.00	28
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	1,552.63	6,253.38	29
20. Total Federal Receipts (subtract line 18 from line 19) >	1,552.63	6,253.38	30
II Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	.00	.00	29a(i)
ii. Non-Federal Share	.00	.00	29a(ii)
b. Other Federal Operating Expenditures	93.50	477.50	2101
c. Total Operating Expenditures (add a i, a ii, and b) >	93.50	477.50	2102
22. Transfers to Affiliated/Other Party Committees	.00	.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	450.00	700.00	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. Individual/Persons Other Than Political Committees	.00	.00	28a
b. Political Party Committees	.00	.00	28b
c. Other Political Committees (such as PACs)	.00	.00	28c
d. Total Contribution Refunds (add a, b and c) >	.00	.00	28d
29. Other Disbursements	2,650.00	7,315.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	3,193.50	8,492.50	30
31. Total Federal Disbursements (subtract line 21 a, ii from line 30) >	3,193.50	8,492.50	31
III Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	1,465.75	5,868.75	32
33. Total Contribution Refunds (from line 28d)	.00	.00	33
34. Net Contributions (other than loans) (subtract line 33 from 32)	1,465.75	5,868.75	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	93.50	477.50	35
36. Offsets to Operating Expenditures (from line 15)	.00	.00	36
37. Net Operating Expenditures (subtract line 36 from 35) >	93.50	477.50	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.)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
None This Reporting Period			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$	
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 \$	

SUBTOTAL of Receipts This Page (optional)00
TOTAL This Period (last page this line number only)00

FEDERAL
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)

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Doyle for Congress P.O. Box 17426 Pittsburgh, PA 15235 Attn: Karen S. Oleyar, Treasurer	U.S. Congress	4/2/98	250.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Thurman for Congress P.O. Box 5058 Inverness, FL 34450 Attn: Don Sutton, Treasurer	U.S. Congress	4/10/98	200.00
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)

TOTAL This Period (last page this line number only)

450.00

OTHER
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)

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Gov. Tom Ridge P.O. Box 11667 Harrisburg, PA 17108 Attn: David Gianad-DiCarlo, Treasurer	Governor of PA Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/8/98	1,000.00
B. Full Name, Mailing Address and ZIP Code Ed Collins Campaign P.O. Box 978 Port Richey, FL 34673 Attn: Corrine Collins, Treasurer	County Commissioner Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/10/98	100.00
C. Full Name, Mailing Address and ZIP Code Taxpayers for Dave Cox 4010 Riva Ridge Drive Fair Oaks, CA 95628 Attn: Ann Kramer, Treasurer	Assemblyman Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/16/98	250.00
D. Full Name, Mailing Address and ZIP Code Danny Sparks Campaign Fund 7314 Rodger Drive Panama City, FL 32404 Attn: Chrissy Qualls, Chairman	County Commissioner Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/21/98	500.00
E. Full Name, Mailing Address and ZIP Code Nancy Hedrick Campaign 907 N. Wilson Avenue, #333 Bartow, FL 33830 Attn: Sharon Postell, Treasurer	County Commissioner Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/21/98	200.00
F. Full Name, Mailing Address and ZIP Code Mark Doyle for MUD 1723 Harney Omaha, NE 68102 Attn: Bill Green, Treasurer	MUD Board Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/27/98	300.00
G. Full Name, Mailing Address and ZIP Code Friends of Frank Gigliotti P.O. Box 96082 Pittsburgh, PA 15228 Attn: Anthony Wolkiewicz, Treasurer	State Representative Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/27/98	300.00
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)

2,650.00

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 type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 5-12-98
<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>JEK</i> PREPARER	5-18-98 DATE PREPARED