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)
AMERITAS FINANCIAL SERVICES PAC

ADDRESS (number and street) ☐ Check if different than previously reported
5900 "O" STREET

CITY, STATE and ZIP CODE
LINCOLN, NEBRASKA 68510

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM
JUL 13 1 24 PM '98

2. FEC IDENTIFICATION NUMBER
C00187138

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 _____ (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 APRIL 1, 1998 through JUNE 30, 1998		
6. (a) Cash on Hand January 1, 19 98		$ 24,462.41
(b) Cash on Hand at Beginning of Reporting Period	$ 17,871.48	
(c) Total Receipts (from Line 19)	$ 5,527.46	$ 10,851.53
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 23,398.94	$ 35,313.94
7. Total Disbursements (from Line 30)	$ ∅	$ 11,915.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 23,398.94	$ 23,398.94
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ —	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ —	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

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 (ASSISTANT)
CRAIG L. MAHEL

Signature of Treasurer: Craig L. Mahel
Date: July 8, 1998

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)

FEBA-N004

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

(revised 1/3/91)

NAME OF COMMITTEE: AMERITAS FINANCIAL SERVICES 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			
i. Itemized (use Schedule A)	3850.50	7,543.56	11(a)(i)
ii. Unitemized	1,676.96	3,307.97	11(a)(ii)
iii. Total (add i and ii) ➤	5,527.46	10,851.53	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) ➤	5,527.46	10,851.53	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	5,527.46	10,851.53	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	5,527.46	10,851.53	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures			21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤			21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	Ø	3,295.00	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) ➤			28(d)
29. Other Disbursements	Ø	8,620.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	Ø	11,915.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	Ø	11,915.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	5,527.46	10,851.53	32
33. Total Contribution Refunds (from line 28d)	Ø	Ø	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	5,527.46	10,851.53	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	Ø	Ø	35
36. Offsets to Operating Expenditures (from line 15)	Ø	Ø	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	Ø	Ø	37

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 3

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)

AMERITAS FINANCIAL SERVICES PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Lawrence J. Arth. 1301 Evergreen Drive Lincoln, Ne 68510	Ameritas Life / Chief Exec. Officer	TWICE PER MONTH	512.94 THIS PERIOD; 95.99 PER PAY PERIOD
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1,116.72		
B. Roxanne Brennfoerder 1010 Evergreen Drive Lincoln, Ne 68510	Ameritas Life / Officer	"	141.88 THIS PERIOD; 23.65 PER PAY PERIOD
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 280.24		
C. Gerald B. Dimon 6615 Old Cheney Road Lincoln Ne 68516	Ameritas Life / Officer	"	130.82 THIS PERIOD; 21.80 PER PAY PERIOD
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 258.32		
D. William R. Giovanzzi 6410 Prairie Run Road Lincoln, Ne 68526	Ameritas Investment Corp / President	"	107.72 THIS PERIOD; 17.95 PER PAY PERIOD
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 212.12		
E. Thomas D. Nigley 8229 Dorset Drive Lincoln, Ne 68510	Ameritas Life / Officer	"	177.46 THIS PERIOD; 29.58 PER PAY PERIOD
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 350.32		
F. Leslie D. Inman P.O. Box 8920 Palmyra, Ne 68418	Ameritas Life / Officer	"	120.30 THIS PERIOD; 20.08 PER PAY PERIOD
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 236.00		
G. Kenneth R. Jones, Jr. 6728 Flint Ridge Road Lincoln, Ne 68506	Ameritas Life / Officer	"	149.18 THIS PERIOD; 24.86 PER PAY PERIOD
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 294.20		

SUBTOTAL of Receipts This Page (optional) 1400.00

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

FEBAN004

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11a i

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NAME OF COMMITTEE (In Full)
AMERITAS FINANCIAL SERVICES PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Norman M. Krivosha 2835 O'Reilly Lincoln, Ne 68502 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Ameritas Life Occupation: Officer Aggregate Year-to-Date > $ 503.72	TWICE PER MONTH	255.82 THIS PERIOD 42.64 PER PAY PERIOD
B. Kenneth C. Jones 830 Combrian Drive Lincoln, Ne 68510 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Ameritas Life Occupation: President Aggregate Year-to-Date > $ 820.86	"	420.86 THIS PERIOD 70.14 PER PAY PERIOD
C. JoAnn M. Martin 6310 Campbell Drive Lincoln, Ne 68510 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Ameritas Life Occupation: Officer Aggregate Year-to-Date > $ 409.96	"	209.98 THIS PERIOD 35.49 PER PAY PERIOD
D. Thomas Q. McCabe 4410 Old Hollow Court Lincoln, Ne 68516 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Ameritas Life Occupation: Officer Aggregate Year-to-Date > $ 259.92	"	132.30 THIS PERIOD 22.05 PER PAY PERIOD
E. David C. Moore 1641 Deuce Drive Lincoln, Ne 68506 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Ameritas Life Occupation: Officer Aggregate Year-to-Date > $ 617.52	"	315.09 THIS PERIOD 52.50 PER PAY PERIOD
F. William H. Nelson 7941 Hickory Lane Lincoln, Ne 68510 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Ameritas Life Occupation: Officer Aggregate Year-to-Date > $ 239.52	"	121.50 THIS PERIOD 20.25 PER PAY PERIOD
G. Gary A. Raymond 2021 Common Avenue Lincoln, Ne 68505 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Ameritas Life Occupation: Officer Aggregate Year-to-Date > $ 273.76	"	138.64 THIS PERIOD 23.11 PER PAY PERIOD

SUBTOTAL of Receipts This Page (optional) 1,594.10

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11a i

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NAME OF COMMITTEE (In Full)

AMERITAS FINANCIAL SERVICES PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Barry C. Ritter 1220 Twin Ridge Road Lincoln, NE 68510 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Ameritas Life Occupation: Officer Aggregate Year-to-Date > $ 393.32	TWICE PER MONTH	199.58 THIS PERIOD 33.26 PER PAY PERIOD
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Donald Q. Slading 3315 Grimsby Ave Lincoln, NE 68502 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Ameritas Life Occupation: Officer Aggregate Year-to-Date > $ 296.52	"	158.52 THIS PERIOD 26.92 PER PAY PERIOD
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Kenneth L. VanCleave 7633 Cooper Avenue Lincoln, NE 68506 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Ameritas Life Occupation: Officer Aggregate Year-to-Date > $ 296.24	"	150.38 THIS PERIOD 25.06 PER PAY PERIOD
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Jon C. Hedrick 7917 "A" Street Lincoln, NE 68506 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Ameritas Investment Advisors Occupation: Officer Aggregate Year-to-Date > $ 449.20	"	227.92 THIS PERIOD 37.99 PER PAY PERIOD
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Patrick J. Henry 1460 Buckingham Drive Lincoln, NE 68506 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Ameritas Investment Advisors Occupation: Officer Aggregate Year-to-Date > $ 235.48	"	119.50 THIS PERIOD 19.92 PER PAY PERIOD
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) 855.90

TOTAL This Period (last page this line number only) 3,850.50

FE8AN064

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)

AMERITAS FINANCIAL SERVICES PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
None	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	Ø
TOTAL This Period (last page this line number only)	Ø

FEBAN084

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)

AMERITAS FINANCIAL SERVICES PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
None	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		

SUBTOTAL of Disbursements This Page (optional) ..... Ø

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

FE8AN064

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 7-8-98
☐	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
☐	Electronic Filing	

JMB
PREPARER

7-13-98
DATE PREPARED

(4/98)