

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <b>AMERITAS FINANCIAL SERVICES PAC</b>	RECEIVED FEDERAL ELECTION COMMISSION MAIL ROOM APR 10 12 34 PM '98
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <b>5900 "O" STREET</b>	2. FEC IDENTIFICATION NUMBER <b>000187138</b>
CITY, STATE and ZIP CODE <b>LINCOLN, NEBRASKA 68510</b>	3. <input type="checkbox"/> 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>JAN 1, 1998</u> through <u>MARCH 31, 1998</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$ 24,462. <sup>41</sup>
(b) Cash on Hand at Beginning of Reporting Period	\$ 24,462. <sup>41</sup>	
(c) Total Receipts (from Line 19)	\$ 5,324. <sup>07</sup>	\$ 5,324. <sup>07</sup>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 29,786. <sup>48</sup>	\$ 29,786. <sup>48</sup>
7. Total Disbursements (from Line 30)	\$ 11,915. <sup>00</sup>	\$ 11,915. <sup>00</sup>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 17,871. <sup>48</sup>	\$ 17,871. <sup>48</sup>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ —	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20483 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ —	

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) <b>CRAIG L. MAHEL</b>	
Signature of Treasurer 	Date <b>April 7, 1998</b>

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE <b>AMERITAS FINANCIAL SERVICES PAC</b>		REPORT COVERING PERIOD FROM <b>1-1-98</b> TO <b>3-31-98</b>	
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I Receipts</b>			
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (Use Schedule A)	1,715 <sup>10</sup>	1,715 <sup>10</sup>	11640
ii. Unitemized	3,608 <sup>97</sup>	3,608 <sup>97</sup>	11640
iii. Total (add i and ii) >	5,324 <sup>07</sup>	5,324 <sup>07</sup>	11640
b. Political Party Committees			1169
c. Other Political Committees (such as PACs)			1162
d. Total Contributions (add a iii, b and c) >	5,324 <sup>07</sup>	5,324 <sup>07</sup>	1162
12. Transfers From Affiliated/Other Party Committees			2
13. All Loans Received			13
14. Loan Repayments Received			4
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			5
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			6
17. Other Federal Receipts (Dividends, Interest, etc.)			7
18. Transfers from Nonfederal Account for Joint Activity			8
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	5,324 <sup>07</sup>	5,324 <sup>07</sup>	9
20. Total Federal Receipts (subtract line 18 from line 19) >	5,324 <sup>07</sup>	5,324 <sup>07</sup>	20
<b>II Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			2140
ii. Non-Federal Share			2140
b. Other Federal Operating Expenditures			2141
c. Total Operating Expenditures (add a i, a ii, and b) >			2142
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	3,295 <sup>00</sup>	3,295 <sup>00</sup>	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			2841
b. Political Party Committees			2842
c. Other Political Committees (such as PACs)			2843
d. Total Contribution Refunds (add a, b and c) >			2844
29. Other Disbursements	8,620 <sup>00</sup>	8,620 <sup>00</sup>	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	11,915 <sup>00</sup>	11,915 <sup>00</sup>	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	11,915 <sup>00</sup>	11,915 <sup>00</sup>	31
<b>III Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)	5,324 <sup>07</sup>	5,324 <sup>07</sup>	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	5,324 <sup>07</sup>	5,324 <sup>07</sup>	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	0	0	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) >	0	0	37

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 11a1

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**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lawrence Aitk 1301 Evergreen Drive Lincoln, Ne 68510 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Ameritas Life Occupation: CEO Aggregate Year-to-Date > \$ 543.93	TWICE PER MONTH	543.93 THIS PERIOD 90.63 PER PAY PERIOD
Norman Krivosha 2835 O'Reilly Lincoln, Ne 68502 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Ameritas Life Occupation: Officer Aggregate Year-to-Date > \$ 247.50	"	247.50 THIS PERIOD 41.25 PER PAY PERIOD
Kenneth C. Louis 830 Columbus Drive Lincoln, Ne 68510 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Ameritas Life Occupation: President Aggregate Year-to-Date > \$ 400.02	"	400.02 THIS PERIOD 66.67 PER PAY PERIOD
David C. Moore 1641 Denver Drive Lincoln, Ne 68506 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Ameritas Life Occupation: Officer Aggregate Year-to-Date > \$ 302.52	"	302.52 THIS PERIOD 50.42 PER PAY PERIOD
Jay C. Hendrick 7917 "A" Street Lincoln, Ne 68506 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Ameritas Investment Advisers Occupation: Officer Aggregate Year-to-Date > \$ 221.28	"	221.28 THIS PERIOD 36.88 PER PAY PERIOD
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) .....

1,715.10

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

1,715.10

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
Nebraska State Chamber PAC P.O. Box 95128 Lincoln, Ne 68509	1998 Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	3-12-98	45 <sup>00</sup>
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The Barrett Committee P.O. Box 176 Grand Island, Ne 68802	Support - Bill Barrett for Congress Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-12-98	250 <sup>00</sup>
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
American Council of Life Insurers LIFE PAC 1001 Pennsylvania Ave. N.W. Washington, D.C. 20004	1998 Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-12-98	3,000 <sup>00</sup>
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

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

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

3,295

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule (a) 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)

**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
Nebraska Democratic Party 985 South 27th Street Lincoln, Ne	Support Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Fundraising	1-29-98	1,000 <sup>00</sup> 120 <sup>00</sup>
Steve Wacker for State Auditor 9155 Pioneer Court Lincoln, Ne 68520	Support Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1-29-98	250 <sup>00</sup>
Gary Harey for County Attorney 1001 Cornhusker Highway Lincoln, Ne 68501	Support Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1-29-98	250 <sup>00</sup>
Scott Moore for Secy of State 306 East 7th Street York, Nebraska 68469	Support Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-18-98	200 <sup>00</sup>
Nebraska Republican Party 421 South 9th Street Lincoln, Ne 68508	Support Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Fundraising	2-18-98	1,000 <sup>00</sup>
Hague for County Sheriff 805 W. C Street Lincoln, Ne 68502	Support Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-18-98	200 <sup>00</sup>
Bill Hopper for Governor 2012 South 17th Street Lincoln, Ne 68502	Support Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-18-98	1,000 <sup>00</sup>
Mike Johanna for Governor 1921 South 18th Street Lincoln, Ne 68501	Support Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-18-98	1,000 <sup>00</sup>
Breslaw for Governor 141 South 14th Street Lincoln, Ne 68501	Support Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-18-98	1,000 <sup>00</sup>

SUBTOTAL of Disbursements This Page (optional)

6,020<sup>00</sup>

TOTAL This Period (last page this line number only)

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (in Full)  
**AMERICITAS FINANCIAL SERVICES PAC**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>John Christensen for Governor P.O. Box 540277 Omaha, Ne 68154</i>	<i>Support</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>2-18-98</i>	<i>1,000<sup>00</sup></i>
<i>Dave Maurstad for Gov. Governor 121 North 6th Street Beatrice, Ne 68310</i>	<i>Support</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>2-18-98</i> <i>3-12-98</i>	<i>500<sup>00</sup></i> <i>1,000<sup>00</sup></i>
<i>Dan Brown for State Legislature 525 North 72nd Street Omaha, Ne 68114</i>	<i>Support</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>3-13-98</i>	<i>100<sup>00</sup></i>
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)	<i>2,600<sup>00</sup></i>
TOTAL This Period (last page this line number only)	<i>8,620<sup>00</sup></i>

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 4-7-98
<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>SEP</i> PREPARER		4-10-98 DATE PREPARED