

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20543

FEB 20 12 34 PM '97

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Union Pacific Fund For Effective Government	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 555 13th Street, NW, Suite 450 West	2. FEC IDENTIFICATION NUMBER C00010470
CITY, STATE and ZIP CODE Washington, DC 20004	3. <input checked="" 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:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 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 NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>1/1/97</u> through <u>1/31/97</u>		
6. (b) Cash on Hand January 1, 19 <u>97</u>		\$ 53,964.05
(b) Cash on Hand at Beginning of Reporting Period	\$ 53,964.05	
(c) Total Receipts (from Line 19)	\$ 39,441.62	\$ 39,441.62
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 93,405.67	\$ 93,405.67
7. Total Disbursements (from Line 30)	\$ 13,658.00	\$ 13,658.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 79,747.67	\$ 79,747.67
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 888 E Street, NW Washington, DC 20463 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
 Mary E. McAuliffe

Signature of Treasurer *Mary E. McAuliffe* Date: 02/19/97

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 Union Pacific Fund For Effective Government	REPORT COVERING PERIOD FROM 1/1/97 TO: 1/31/97	
	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)	1,174.00	1,174.00
ii. Unitemized	38,210.33	38,210.33
iii. Total	39,384.33	39,384.33
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions	39,384.33	39,384.33
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.)	57.29	57.29
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts	39,441.62	39,441.62
20. Total Federal Receipts	39,441.62	39,441.62
II. Disbursements		
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		
22. Transfers to Affiliated/Other Party Committees	13,700.00	13,700.00
23. Contributions to Federal Candidates/Committees and Other Political Committees		
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	458.00	458.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds	458.00	458.00
29. Other Disbursements	(500.00)	(500.00)
30. Total Disbursements	13,658.00	13,658.00
31. Total Federal Disbursements	13,658.00	13,658.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	39,384.33	39,384.33
33. Total Contribution Refunds (from line 28d)	458.00	458.00
34. Net Contributions (other than loans)(subtract line 33 from 32)	38,926.33	38,926.33
35. Total Federal Operating Expenditures	0.00	0.00
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00
37. Net Operating Expenditures	0.00	0.00

Any information copied from such reports or statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purpose, other than using the name and address of any political committee to solicit contributions from such committee.

UNION PACIFIC FUND FOR EFFECTIVE GOVERNMENT

NAME-ADDRESS/ELECTION/EMPLOYER-OCCUPATION/AGGREGATE YTD/DATE OF RECEIPT-AMOUNT

DOLAN JAMES V U P RAILROAD 01/23/97 \$203.00
RR 1 BOX 139 VP LAW

YUTAN NE 68073
RECEIPT FOR: PRIMARY GENERAL YEAR-TO-DATE= \$203.00
 OTHER (SPECIFY) _____

PETERS ARTHUR W U P RAILROAD 01/23/97 \$240.00
1349 SOUTH 101 ST #118 SR VP GEN MGR ENERGY

OMAHA NE 68124
RECEIPT FOR: PRIMARY GENERAL YEAR-TO-DATE= \$240.00
 OTHER (SPECIFY) _____

SHATTOCK JAMES A U P RAILROAD 01/23/97 \$227.00
426 FAIRACRES RD EVP MKTG/SALES

OMAHA NE 68132
RECEIPT FOR: PRIMARY GENERAL YEAR-TO-DATE= \$227.00
 OTHER (SPECIFY) _____

SHOENER ARTHUR L U P RAILROAD 01/23/97 \$204.00
9815 ASCOT DRIVE EVP OPRN

OMAHA NE 68114
RECEIPT FOR: PRIMARY GENERAL YEAR-TO-DATE= \$204.00
 OTHER (SPECIFY) _____

VON BERNUTH CARL W U P CORPORATION 01/17/97 \$300.00
2280 MAIN STREET SVP GEN COUNSEL

BETHLEHEM PA 18017
RECEIPT FOR: PRIMARY GENERAL YEAR-TO-DATE= \$300.00
 OTHER (SPECIFY) _____

SUBTOTAL of Receipts This Page (optional) \$1,174.00
TOTAL This Period (last page this line number only) \$1,174.00

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NAME OF COMMITTEE (In Full)

Union Pacific Fund For Effective Government

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Merrill Lynch Iron Run Corporate Center 7424 Windsor Drive Allentown, PA 18106	Interest	1/31/97	\$ 6.26
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 6.26	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Summit Bank One Bethlehem Plaza Bethlehem, PA 18018	Interest	1/31/97	\$ 51.03
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 51.03	
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) \$ 57.29

TOTAL This Period (last page this line number only) \$ 57.29

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

Union Pacific Fund for Effective Government

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A LOT OF PEOPLE SUPPORTING TOM DASCHLE 245 SECOND STREET, NE #300 WASHINGTON, DC 20002	SD OFFICE - SENATE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/8/97	\$1,000.00
B. Full Name, Mailing Address and ZIP Code COOKSEY FOR CONGRESS POST OFFICE BOX 7800 MONROE, LA 71211-7800	LA-05 OFFICE - HOUSE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/8/97	\$500.00
C. Full Name, Mailing Address and ZIP Code GRAPO FOR CONGRESS 2105 MT VERNON AVENUE #2 ALEXANDRIA, VA 22301	ID-02 OFFICE - HOUSE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/8/97	\$500.00
D. Full Name, Mailing Address and ZIP Code FRIENDS OF SENATOR NICKLES POST OFFICE BOX 21033 ALEXANDRIA, VA 22320-2033	CX OFFICE - SENATE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/8/97	\$2,000.00
E. Full Name, Mailing Address and ZIP Code HAGEL FOR NEBRASKA 426 SECOND STREET, NE WASHINGTON, DC 20002	NE OFFICE - SENATE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) DEBT REDUCTION	1/8/97	\$5,000.00
F. Full Name, Mailing Address and ZIP Code WYDEN FOR SENATE POST OFFICE BOX 3498 PORTLAND, OR 97208	OR OFFICE - SENATE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) DEBT REDUCTION	1/8/87	\$2,500.00
G. Full Name, Mailing Address and ZIP Code THE MONOCLE 107 D STREET, NE WASHINGTON, DC 20002	FUNDRAISING EXPENSE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/16/97	Amount of Each Disbursement This Period (IN-KIND CONTRIBUTION) \$100.00
H. Full Name, Mailing Address and ZIP Code BROWNBACK FOR SENATE POST OFFICE BOX 2008 TOPEKA, KS 66601	KS OFFICE - SENATE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/16/97	Amount of Each Disbursement This Period (MEMO ENTRY) \$100.00
I. Full Name, Mailing Address and ZIP Code FRANK HIGGS FOR CONGRESS POST OFFICE BOX 590 WINDSOR, CA 95492-9922	CA-01 OFFICE - HOUSE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/27/97	\$1,000.00

SUBTOTAL of Disbursements This Page (optional)

\$12,600.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
 Union Pacific Fund for Effective Government

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
THE MONOCLE 107 D STREET, NE WASHINGTON, DC 20002	FUNDRAISING EXPENSE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/27/97	IN-KIND CONTRIBUTION \$100.00
B. Full Name, Mailing Address and ZIP Code JUDD GREGG FOR SENATE POST OFFICE BOX 1812 CONCORD, NH 03302-1812	NH OFFICE - SENATE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/27/97	(MEMO ENTRY) \$100.00
C. Full Name, Mailing Address and ZIP Code BUD SHUSTER FOR CONGRESS POST OFFICE BOX 25703 ALEXANDRIA, VA 22313	PA-09 OFFICE - HOUSE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/27/97	\$1,000.00
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)	\$1,100.00
TOTAL This Period (last page this line number only)	\$13,700.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)

Union Pacific Fund for Effective Government

A. Full Name, Mailing Address and ZIP Code RONALD J. BURNS 12817 DECATUR STREET OMAHA, NE 68154	Purpose of Disbursement CONTRIBUTION REFUND Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 1/27/97	Amount of Each Disbursement This Period \$458.00
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) \$458.00

TOTAL This Period (last page this line number only) \$458.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

Union Pacific Fund for Effective Government

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement NON-FEDERAL CONTRIBUTION 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
THE STEVE OGDEN CAMPAIGN POST OFFICE BOX 3126 BRYAN, TX 77805	NON-FEDERAL CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/10/97	\$500.00
B. Full Name, Mailing Address and ZIP Code DON HENDERSON CAMPAIGN FUND 7915 FM 1960 WEST #202 HOUSTON, TX 77070	Purpose of Disbursement NON-FEDERAL CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/22/97	Amount of Each Disbursement This Period VOIDED 12/11/95 DISBURSEMENT (\$500.00)
C. Full Name, Mailing Address and ZIP Code MIKE SCHNEIDER CAMPAIGN FUND 3001 ALBANS HOUSTON, TX 77005	Purpose of Disbursement NON-FEDERAL CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/22/97	Amount of Each Disbursement This Period VOIDED 09/23/98 DISBURSEMENT (\$500.00)
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)			(\$500.00)
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.

Hand Delivered

DATE OF RECEIPT

2-20-97

First Class Mail

POSTMARKED

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

JES
PREPARER

2-20-97
DATE PREPARED