REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

SECRETARY
FEDERAL ELECTION
COMMISSION
MAIL ROOM

JAN 15 12 14 PM '97

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Employers Health Insurance PAC - FED

ADDRESS (number and street) [ ] Check if different than previously reported
1100 Employers Blvd

CITY, STATE and ZIP CODE
Green Bay, WI 54344

2. FEC IDENTIFICATION NUMBER
C00271007

3. [X] 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

[X] 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 [X] NO

SUMMARY

5. Covering Period 11/26/96 through 12/20/96

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 1996		$ 17,642.66
(b) Cash on Hand at Beginning of Reporting Period	$ 7,423.52	
(c) Total Receipts (from line 18)	$ 610.56	$ 12,781.42
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 8,234.08	$ 30,424.08
7. Total Disbursements (from Line 30)	$ -0-.	$ 22,190.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 8,234.08	$ 8,234.08
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-.	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-.	

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
Allan R. Patek

Signature of Treasurer
Allan R. Patek

Date
1/7/97

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

FEC FORM 3X
(revised 8/93)

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

(revised 1/1/91)

NAME OF COMMITTEE: Employers Health Insurance PAC - FED

REPORT COVERING PERIOD FROM: 11/26/96 TO: 12/20/96

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individuals/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	478.24	3,726.34
ii. Unitemized	332.32	9,055.08
iii. Total (add i and ii)	810.56	12,781.42
b. Political Party Committees	-0-.	-0-.
c. Other Political Committees (such as PACs)	-0-.	-0-.
d. Total Contributions (add a iii, b and c)	810.56	12,781.42
12. Transfers From Affiliated/Other Party Committees	-0-.	-0-.
13. All Loans Received	-0-.	-0-.
14. Loan Repayments Received	-0-.	-0-.
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	-0-.	-0-.
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	-0-.	-0-.
17. Other Federal Receipts (Dividends, Interest, etc.)	-0-.	-0-.
18. Transfers from Nonfederal Account for Joint Activity	-0-.	-0-.
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)	810.56	12,781.42
20. Total Federal Receipts (subtract line 18 from line 19)	810.56	12,781.42
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	-0-.	-0-.
ii. Non-Federal Share	-0-.	-0-.
b. Other Federal Operating Expenditures	-0-.	-0-.
c. Total Operating Expenditures (Add a i, a ii, and b)	-0-.	-0-.
22. Transfers to Affiliated/Other Party Committees	-0-.	-0-.
23. Contributions to Federal Candidates/Committees and Other Political Committees		11,500.00
24. Independent Expenditures (use Schedule E)	-0-.	-0-.
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Schedule F)	-0-.	-0-.
26. Loan Repayments Made	-0-.	-0-.
27. Loans Made	-0-.	-0-.
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	-0-.	-0-.
b. Political Party Committees	-0-.	-0-.
c. Other Political Committees (such as PACs)	-0-.	-0-.
d. Total Contribution Refunds (Add a, b and c)	-0-.	-0-.
29. Other Disbursements	-0-.	10,690.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	-0-.	22,190.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30)	-0-.	22,190.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	810.56	12,781.42
33. Total Contribution Refunds (from line 28d)	-0-.	-0-.
34. Net Contributions (other than loans)(subtract line 33 from 32)	810.56	12,781.42
35. Total Federal Operating Expenditures (add 21 a i and 21 b)	-0-.	-0-.
36. Offsets to Operating Expenditures (from line 15)	-0-.	-0-.
37. Net Operating Expenditures (subtract line 36 from 35)	-0-.	-0-.

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule for each category of the Detailed Summary Page

PAGE 1 OF 3

FOR LINE NUMBER 11ai

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

NAME OF COMMITTEE (In Full)
Employers Health Insurance PAC - FED

FEC ID No. C00271007

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. David Astar 2622 Tirol Court Green Bay, WI 54302 Receipt for: Primary General Other (specify):	Employers Health Vice President Aggregate Year-To-Date >$ 536.18	Payroll Deduction	
B. John Terry 7433 Welton Drive Madison, WI 53719 Receipt for: Primary General Other (specify):	Employers Health Sales Director Aggregate Year-To-Date >$ 625.00	Payroll Deduction	50.00 25.00 Biweekly
C. Jan Battiola 1180 Beachwood Drive Green Bay, WI 54313 Receipt for: Primary General Other (specify):	Employers Health AVP Aggregate Year-To-Date >$ 500.00	Payroll Deduction	40.00 20.00 Biweekly
D. Kathleen Caywood 1366 Eminence Street Green Bay, WI 54313 Receipt for: Primary General Other (specify):	Employers Health AVP Aggregate Year-To-Date >$ 500.00	Payroll Deduction	40.00 20.00 Biweekly
E. Beth Hartman 2801 S. Webster Green Bay, WI 54301 Receipt for: Primary General Other (specify):	Employers Health AVP Aggregate Year-To-Date >$ 500.00	Payroll Deduction	40.00 20.00 Biweekly
F. Jerry Wight 811 Hillsdale Richardson, TX 75251 Receipt for: Primary General Other (specify):	Sales Director Aggregate Year-To-Date >$ 500.00	Payroll Deduction	40.00 20.00 Biweekly
G. Tracy Beckwith 27344 El Macero Drive El Macero, CA 95618 Receipt for: Primary General Other (specify):	Director Aggregate Year-To-Date >$ 437.00	Payroll Deduction	38.00 19.00 Biweekly

SUBTOTAL of Receipts This Page (optional) 248.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule for each category of the Detailed Summary Page

PAGE 2 OF 3

FOR LINE NUMBER 11ai

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NAME OF COMMITTEE (In Full)
Employers Health Insurance PAC - FED

FEC ID No. C00271007

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jerry Ganoni 1788 Maidstone Circle Green Bay, WI 54313	Employers Health	Payroll Deduction	39.64
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation: VP		19.82
	Aggregate Year-To-Date >$	495.50	Biweekly
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Tom Rekart 2940 Timberline Drive Green Bay, WI 54313	Employers Health	Payroll Deduction	
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation: VP		
	Aggregate Year-To-Date >$	340.00	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Diana Trotelli 3951 Plymouth Road Minnetonka, MN 55343	Employers Health	Payroll Deduction	34.60
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Sales Director		17.30
	Aggregate Year-To-Date >$	432.50	Biweekly
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Joseph Rajchel 7021 Pallidio Fort Wayne, IN 46804	Employers Health Insurance	Payroll Deduction	30.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Director		15.00
	Aggregate Year-To-Date >$	375.00	Biweekly
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Thomas Billings 1473 Waverly Rd. San Marion, CA	Employers Health Insurance	Payroll Deduction	30.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Director		15.00
	Aggregate Year-To-Date >$	360.00	Biweekly
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Thomas Zielinski 2955 Lumber lane Green Bay, WI 54313	Employers Health Insurance	Payroll Deduction	20.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation: VP		10.00
	Aggregate Year-To-Date >$	250.00	Biweekly
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Fred Caywood 38 Hidden Hollow Trail Madison, WI 53717	Employers Health	Payroll Deduction	20.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Manager		10.00
	Aggregate Year-To-Date >$	250.00	Biweekly

SUBTOTAL of Receipts This Page (optional) . . . . . >	174.24
TOTAL This Period (last page this line number only). . . . . >	

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule for each category of the Detailed Summary Page

PAGE 3 OF 3

FOR LINE NUMBER 11ai

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NAME OF COMMITTEE (in Full)
Employers Health Insurance PAC - FED

FEC ID No. C00271007

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. David George 9290 Shallow Court Drive Loveland, OH 45140 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Director Aggregate Year-To-Date >> $ 250.00	Payroll Deduction	20.00 10.00 Biweekly
B. Todd Morrow 11703 Jay Creek Drive Houston, TX 77070 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Manager Aggregate Year-To-Date >> $ 250.00	Payroll Deduction	20.00 10.00 Biweekly
C. William Runkel 34245 Tanguerey Drive Grayslake, IL 60030 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Occupation: Director Aggregate Year-To-Date >> $ 200.00	Payroll Deduction	16.00 8.00 Biweekly
D. Full Name, Mailing Address and ZIP Code Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-To-Date >> $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-To-Date >> $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt for: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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)	56.00
TOTAL This Period (last page this line number only).	478.24

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule for each category of the Detailed Summary Page

PAGE 5 OF 3

FOR LINE NUMBER 11ai

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NAME OF COMMITTEE (In Full)
Employers Health Insurance PAC - FED

FEC ID No. C00271007

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Bill Lawson 4461 Navajo Trail Green Bay, WI 54313 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance President Aggregate Year-To-Date >$	Lump Sum 10/6/95	1,500.00
B. Kenneth Roesler 1450 Servais Green Bay, WI 54304 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance VP Aggregate Year-To-Date >$	Payroll Deduction	240.00
C. Larry Kaczmarek 788 Brookwood Circle Oneida, WI 54155 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Manager Aggregate Year-To-Date >$	Payroll Deduction	240.00
D. Chris Wildenhaus 7027 Windward Way #252 Cincinnati, OH 45241 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Director Aggregate Year-To-Date >$	Payroll Deduction	220.00
E. Full Name, Mailing Address and ZIP Code Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-To-Date >$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt for: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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) . . . . . .

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

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
☑	Registered/Certified Mail	POSTMARKED 1/9/97
☐	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

Q.A.Q.
PREPARER

1/15/97
DATE PREPARED

FEC FORM 70-2 (12/92)