REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

C00235622 053094
HERBERT M HELO III
WISCONSIN PHYSICIANS SERVICE I
NSURANCE POLITICAL ACTION COMM
1717 WEST BROADWAY
P O BOX 8190
MADISON WI 53708

RECEIVED
FEDERAL ELECTION
COMMISSION
ADMINISTRATIVE DIVISION

Jul 13 1 41 PM '94

2. FEC IDENTIFICATION NUMBER C00235622

3. [X] This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

(a) [ ] April 15 Quarterly Report

[X] 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 [X] NO

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Covering Period _____ through _____		
6. (a)	Cash on Hand January 1, 19 94		$ 4328.19
(b)	Cash on Hand at Beginning of Reporting Period	$ 2587.43	
(c)	Total Receipts (from Line 19)	$ 693.14	$ 2414.61
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 3280.57	$ 6742.80
7.	Total Disbursements (from Line 30)	$ 1,172.58	$ 4,634.81
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 2,107.99	$ 2,107.99
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 202-219-3420

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: Herbert Held

Signature of Treasurer: Herbert Held

Date: 7/12/94

NOTE: Submission of false, fraudulent, 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)

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

(revised 1/1/91)

NAME OF COMMITTEE Wisconsin Physicians Service Insurance Corp Political action committee

REPORT COVERING PERIOD FROM 4/1/94 TO 6/30/94

	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individuals/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	—	250—
ii. Unitemized	677—	2,134—
iii. Total (add i and ii) ➤	677—	2,384
b. Political Party Committees	—	—
c. Other Political Committees (such as PACs)	—	—
d. Total Contributions (add a iii, b and c) ➤	677—	2,384—
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.)	16.14	30.61
18. Transfers from Nonfederal Account for Joint Activity	—	—
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	693.14	2,414.61
20. Total Federal Receipts (subtract line 18 from line 19) ➤	693.14	2,414.61
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	642.58	2,804.81
c. Total Operating Expenditures (add a i, a ii, and b) ➤	642.58	2,804.81
22. Transfers to Affiliated/Other Party Committees	—	—
23. Contributions to Federal Candidates/Committees and Other Political Committees	180—	1,230—
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. Individuals/Persons Other Than Political Committees	—	—
b. Political Party Committees	—	—
c. Other Political Committees (such as PACs)	—	—
d. Total Contribution Refunds (add a, b and c) ➤	—	—
29. Other Disbursements	350—	600—
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	1,172.58	4,634.81
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	1,172.58	4,634.81
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	677—	2384—
33. Total Contribution Refunds (from line 28d)	—	—
34. Net Contributions (other than loans)(subtract line 33 from 32)	677—	2384—
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	642.58	2,804.81
36. Offsets to Operating Expenditures (from line 15)	—	—
37. Net Operating Expenditures (subtract line 36 from 35) ➤	642.58	2,804.81

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 11(a)(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) Wisconsin Physicians Service Insurance Corp. Political Action Committee

A. Full Name, Mailing Address and ZIP Code Marty Timmins Rt 2 6079 Valley Brook Wauwatosa, WI 53597	Name of Employer Wisconsin Physicians Service	Date (month, day, year) —	Amount of Each Receipt this Period —
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation Vice President Aggregate Year-to-Date > $ 250.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) >

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 21b

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) Wisconsin Physicians Service Insurance Corp. Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Cherokee Country Club 5000 N. Sherman Ave. Madison, WI 53704	Room / Food for Fish Fry Fundraiser Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	6/20/94	535.06
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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) 535.06

9403912|044

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) Wisconsin Physicians Service Insurance Corp. Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Jerry Klecza 3268 S. 9th St. Milwaukee, WI 53215	Political contribution Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	4/8/94	100
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends and Neighbors for Steve Gunderson Box 1994 Osseo, WI 54758	Political contribution Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	4/8/94	80
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) .....

TOTAL This Period (last page this line number only) 180

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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 7/15/94
☐	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

J.A.Q.
PREPARER

7/15/94
DATE PREPARED

FEC FORM 70-2 (12/92)

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