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)

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

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

Nov 17 12 02 PM '97

2. FEC IDENTIFICATION NUMBER
C00271007

3. [X] This committee has qualified as a multica 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	[X] 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 10/1/97 through 10/31/97		
6. (a) Cash on Hand January 1, 1997		$ 8,234.08
(b) Cash on Hand at Beginning of Reporting Period	$ 7,169.58	
(c) Total Receipts (from line 19)	$ 579.89	$ 6,040.39
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 7,749.47	$ 14,274.47
7. Total Disbursements (from Line 30)	$ 200.00	$ 6,525.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 7,549.47	$ 7,749.47
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: 11/20/97

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 9/93)

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 10/1/97 TO 10/31/97

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)	284.24	1,436.20
ii. Unitemized	295.65	4,604.19
iii. Total (add i and ii)	579.89	6,040.39
b. Political Party Committees	-0-.	-0-.
c. Other Political Committees (such as PACs)	-0-.	-0-.
d. Total Contributions (add a iii, b and c)	579.89	6,040.39
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)	579.89	6,040.39
20. Total Federal Receipts (subtract line 18 from line 19)	579.89	6,040.39
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	-0-.	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	200.00	6,025.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	200.00	6,525.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30)	200.00	6,525.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	579.89	6,040.39
33. Total Contribution Refunds (from line 28d)	-0-.	-0-.
34. Net Contributions (other than loans)(subtract line 33 from 32)	579.89	6,040.39
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 2

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 contributions or commercial 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. John Terry 7433 Welton Drive Madison, WI 53719	Humana/Employers Health Sales Director	Payroll Deduction	50.00 $25.00 Biweekly
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-To-Date >> $ 500.00		
B. Jan M. Battiola 1180 Beachwood Drive Green Bay, WI 54313	Humana/Employers Health AVP	Payroll Deduction	40.00 $20.00 Biweekly
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-To-Date >> $ 400.00		
C. Kathleen Caywood 38 Hidden Hollow Trail Madison, WI 53717	Humana/Employers Health AVP	Payroll Deduction	40.00 $20.00 Biweekly
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-To-Date >> $ 400.00		
D. Diana Tortelli 3951 Plymouth Road Minnetonka, MN 55343	Humana/Employers Health Sales Director	Payroll Deduction	34.60 $17.30 Biweekly
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-To-Date >> $ 346.00		
E. Gerald Ganoni 1788 Maidstone Circle Green Bay, WI 54313	Humana/Employers Health VP	Payroll Deduction	39.64 $19.82 Biweekly
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-To-Date >> $ 396.40		
F. Thomas R. Billings 1473 Waverly Rd San Marion, CA	Humana/Employers Health Director	Payroll Deduction	30.00 $15.00 Biweekly
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-To-Date >> $ 300.00		
G. Joseph Rajchel 7021 Pallidio Fort Wayne, IN 46804	Humana/Employers Health Director	Payroll Deduction	30.00 $15.00 Biweekly
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-To-Date >> $ 300.00		

SUBTOTAL of Receipts This Page (optional) 264.24

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 2 OF 2

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 Thomas Zielinski 2955 Lumber Lane Green Bay, WI 54313	Name of Employer Humana/Employers Health	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 20.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation Vice President Aggregate Year-To-Date >- $ 200.00		$10.00 Biweekly
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)	20.00
TOTAL This Period (last page this line number only)	284.24

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or commercial 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

	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Stephens for Senate Campaign State Senate District #51 P.O. Box 1 Morganton, GA 30560	State Senate Campaign Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/13/97	200.00
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)	200.00
TOTAL This Period (last page this line number only)	200.00

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 recived.

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
☑	Registerd/Certified Mail	POSTMARKED 11-13-97
☐	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
☐	Electronic Filing	

SES — PREPARER

11-17-97 — DATE PREPARED

(7/97)