REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
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JUL 18 11 34 AM '96

USE FEC MAILNG LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE
[redacted] 052996 M 224
ROBERT STUBBE
WISCONSIN PHYSICIANS SERVICE I
AD NSURANCE POLITICAL ACTION COMM
1717 WEST BROADWAY
P O BOX 8190
MADISON WI 53708
CI

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 4/1/96 through 6/30/96		
6. (a) Cash on Hand January 1, 1996		$ 2429.32
(b) Cash on Hand at Beginning of Reporting Period	$ 2126.23	
(c) Total Receipts (from Line 19)	$ 1668.17	$ 2769.04
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 3794.40	$ 5198.36
7. Total Disbursements (from Line 30)	$ 3126.58	$ 4530.54
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 667.82	$ 667.82
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: Robert J. Stubbe

Signature of Treasurer: Robert J Stubbe

Date: 7/14/96

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)

FE6AN068

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 4/1/96 TO: 6/30/96

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	1668.17	2753.17	11(a)(i)
ii. Unitemized			11(a)(ii)
iii. Total (add i and ii) ➤	1668.17	2753.17	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) ➤	1668.17	2753.17	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)		15.87	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤			19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	1668.17	2769.04	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures	1446.58	2400.54	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	1446.58	2400.54	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	1680.00	2130.00	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			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) ➤			28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	3126.58	4530.54	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	3126.58	4530.54	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	1668.17	2753.17	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	1668.17	2753.17	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	1446.58	2400.54	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	1446.58	2400.54	37

FE5AN059

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 3

FOR LINE NUMBER

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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gretchen Crase 532 Park Deforest, WI 53532	WPS	5/24/96	$30.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date $		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Tahera Horstman N 7940 Hwy E Watertown, WI 53094	WPS	5/24/96	165.00
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
Bill Boisenstein 1014 Shasta Dr. Madison WI 53704	WPS	5/24/96	145.00
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
Doris Zimmerman 5593 Whalen Rd Oregon, WI 53575	Retired	4/18/96	25.00
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
Larry Cooper 2871 Dunton Circle Madison, WI 53711	WPS	4/18/96	132.50
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
Shelly Morgan Madison WI	WPS	4/18/96	50.00
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
Jim Riordan 6309 Piping Rock Road Madison, WI 53711	WPS	4/18/96	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date $		

SUBTOTAL of Receipts This Page (optional) 747.50

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

FE04N069

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 2 OF 3

FOR LINE NUMBER

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NAME OF COMMITTEE (in Full) Wisconsin Physicians Service Insurance Corp. Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Dave Armstrong, 2206 Muir Field Rd, Madison WI 53719	WPS	4/18/96	75.00
B. Robert Stubbe, 457 E. Netherwood, Oregon, WI 53575	WPS	4-18-96	75.00
C. Robert Wood, 600 Hamilton St., Stoughton, WI 53589	WPS	4-18-96	120.00
D. Gerald Kempthorne, MD, E4952 Timberline Rd, Spring Green, WI 53588	WPS	4-18-96	80.00
E. Marla Ripp Fischer, 300 South St, DeForest, WI 53532	WPS	4-18-96	40.00
F. Susan Roy, 2 Highgate Circle, Madison WI 53717	WPS	4-18-96	60.00
G. Dennis Cooper, 206 Du Rose Terrace, Madison WI 53705	WPS	4-18-96	25.00

Receipt For: ☐ Primary ☐ General ☐ Other (specify):

Aggregate Year-to-Date > $

SUBTOTAL of Receipts This Page (optional) 475.00

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

FE6ANC89

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full) Wisconsin Physicians Service Insurance Corp. Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Christine Russell, 207 Thomson Dr, Oregon WI 53575 — Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: WPS; Occupation: ; Aggregate Year-to-Date $	6/20/96	201.00
B. Christine Russell, 207 Thomson Dr, Oregon WI 53575 — Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: WPS; Occupation: ; Aggregate Year-to-Date $	6/25/96	244.67
C. Full Name, Mailing Address and ZIP Code — Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer: ; Occupation: ; Aggregate Year-to-Date $		
D. Full Name, Mailing Address and ZIP Code — Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer: ; Occupation: ; Aggregate Year-to-Date $		
E. Full Name, Mailing Address and ZIP Code — Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer: ; Occupation: ; Aggregate Year-to-Date $		
F. Full Name, Mailing Address and ZIP Code — Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer: ; Occupation: ; Aggregate Year-to-Date $		
G. Full Name, Mailing Address and ZIP Code — Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer: ; Occupation: ; Aggregate Year-to-Date $		

SUBTOTAL of Receipts This Page (optional) 445.67

TOTAL This Period (last page this line number only) 1668.17

FES4N068

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 2

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full) Wisconsin Physicians ~~Insurance~~ 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
Citizens for Tax Relief (Petak) P.O. Box 8751 Racine, WI 53401	Political Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	5/1/96	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Michael Mayo 3156 N. 50th St Milwaukee WI 53216	Political Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	5/15/96	80.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Scott McCallum PO Box 1107 Madison WI 53701	Political Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	5/15/96	75.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Marlene Johnson 2200 N. Martin Luther King Milwaukee, WI 53212	Political Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	5/15/96	50.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Neuman for Congress 17 S. Main St Janesville, WI 53545	Political Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	6/6/96	250.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Wally Kunicki State Capitol Rm 21 N Madison WI 53702	Political Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	6/6/96	150.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Prosser for Congress 119 Martin Luther King Jr Dr #101 Madison WI 53703	Political Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	6/19/96	250.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Nardelli for Alderman 6234 N. Joyce Ave Milwaukee WI 53225	Political Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	6/20/96	75.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Committee to elect a Republican Senate 148 E. Johnson Madison WI 53703	Political Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	6/27/96	250.00

SUBTOTAL of Disbursements This Page (optional) 1680.00

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

FE6AN068

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full) Wisconsin Physicians ~~Insurance~~ Service Insurance Corp Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary [X] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
TCF Bank 432 South Common Road Madison WI 53719	Returned Check, Misc Fees	4/3/96	$6.58
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
Muskie Lounge 6312 Metropolitan Lane Madison WI 53719	Auction Expense	4/18/96	$240.00
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
UW Athletic Dept. 1440 Monroe St Madison WI 53711-2080	Football ticket expense (fund raiser expense)	5/24/96	$1200.00
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) 1446.58

TOTAL This Period (last page this line number only) 3126.58

FEBA/068

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 7-15-96
☐	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

SRB — PREPARER

7-18-96 — DATE PREPARED

FEC FORM 70-2 (12/92)