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

MAR 21 10 59 AM '94

2. FEC IDENTIFICATION NUMBER
C00271007

3. ☐ 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 2/1/94 through 2/28/94		
6. (a) Cash on Hand January 1, 1994		$ 10,050.97
(b) Cash on Hand at Beginning of Reporting Period	$10,740.71	
(c) Total Receipts (from Line 19)	$ 689.74	$ 1,379.48
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$11,430.45	$ 11,430.45
7. Total Disbursements (from Line 30)	$ 0.00	$ 0.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$11,430.45	$ 11,430.45
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	

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
3/17/94

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)

2 4 0 3 8 3 7 5 2 7 7

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 2/1/94 TO: 2/28/94

	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)	689.74	1379.48
ii. Unitemized	0.00	0.00
iii. Total (add i and ii) ➤	689.74	1379.48
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	0.00	0.00
d. Total Contributions (add a iii, b and c) ➤	689.74	1379.48
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	689.74	1379.48
20. Total Federal Receipts (subtract line 18 from line 19) ➤	689.74	1379.48
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	0.00	0.00
ii. Non-Federal Share	0.00	0.00
b. Other Federal Operating Expenditures	0.00	0.00
c. Total Operating Expenditures (add a i, a ii, and b) ➤	0.00	0.00
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	0.00	0.00
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	0.00	0.00
d. Total Contribution Refunds (add a, b and c) ➤	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	0.00	0.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	0.00	0.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	689.74	1379.48
33. Total Contribution Refunds (from line 28d)	0.00	0.00
34. Net Contributions (other than loans)(subtract line 33 from 32)	689.74	1379.48
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	0.00	0.00
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00
37. Net Operating Expenditures (subtract line 36 from 35) ➤	0.00	0.00

94033575278

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11ai

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NAME OF COMMITTEE (in Full)

Employers Health Insurance PAC - FED

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Kathy Augustian-Hinkfuss 338 David Drive Green Bay, WI 54303 Receipt For: Primary General Other (specify):	Employers Health Insurance Occupation: Manager Aggregate Year-to-Date > $ 40.00	Payroll Deduction	(10.00 biweekly) 20.00
B. Marlene Baron 1705 Oak Leaf Drive Green Bay, WI 54304 Receipt For: Primary General Other (specify):	Employers Health Insurance Occupation: Manager Aggregate Year-to-Date > $	Payroll Deduction	
C. Jerry Bateman 410 Michigan Avenue Slidell, LA 70458 Receipt For: Primary General Other (specify):	Employers Health Insurance Occupation: Sales Director Aggregate Year-to-Date > $38.88	Payroll Deduction	(9.72 biweekly) 19.44
D. Jan Battiola 1180 Beechwood Drive Green Bay, WI 54313 Receipt For: Primary General Other (specify):	Employers Health Insurance Occupation: AVP Aggregate Year-to-Date > $80.00	Payroll Deduction	(20.00 biweekly) 40.00
E. Karen Bender 5723 Wedgewood Little Suamico, WI 54147 Receipt For: Primary General Other (specify):	Employers Health Insurance Occupation: Manager Aggregate Year-to-Date > $11.16	Payroll Deduction	(2.79 biweekly) 5.58
F. Bradley Bessert 1510 Sleepy Hollow Green Bay, WI 54311 Receipt For: Primary General Other (specify):	Employers Health Insurance Occupation: Manager Aggregate Year-to-Date > $ 6.72	Payroll Deduction	(1.68 biweekly) 3.36
G. Julie Bouchonville 5976 Bader Road luxemburg, WI 54217 Receipt For: Primary General Other (specify):	Employers Health Insurance Occupation: Manager Aggregate Year-to-Date > $5.72	Payroll Deduction	(1.43 biweekly) 2.86

SUBTOTAL of Receipts This Page (optional) > 91.24

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

24038375279

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 2 OF 10

FOR LINE NUMBER 11ai

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NAME OF COMMITTEE (in Full)

Employers Health Insurance PAC - FED

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Timothy Cappel 873 Fenchurch Court Cincinnati, OH 45230 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Sales Director Aggregate Year-to-Date: $16.08	Payroll Deduction	(4.02 biweekly) 8.04
B. Kathleen Caywood 1366 Eminence Street Green Bay, WI 54313 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: AVP Aggregate Year-to-Date: $47.68	Payroll Deduction	(11.92 biweekly) 23.84
C. John Crusse 201 N Squirrel Rd #1012 Auburn Hills, MI 48326 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Sales Director Aggregate Year-to-Date: $13.84	Payroll Deduction	(3.46 biweekly) 6.92
D. Mary Deckert 1361 Bruce Lane Green Bay, WI 54313 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: AVP Aggregate Year-to-Date: $	Payroll Deduction	
E. Eric Erickson 1005 S Jackson Green Bay, WI 54301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: AVP Aggregate Year-to-Date: $20.00	Payroll Deduction	(5.00 biweekly) 10.00
F. Thomas Erie 1734 Red Oak Road Stoughton, WI 53589 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Sales Director Aggregate Year-to-Date: $7.08	Payroll Deduction	(1.77 biweekly) 3.54
G. Richard Ethington 1288 North Road Green Bay, WI 54313 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Manager Aggregate Year-to-Date: $12.00	Payroll Deduction	(3.00 biweekly) 6.00

SUBTOTAL of Receipts This Page (optional)	58.34
TOTAL This Period (last page this line number only)	

9 4 0 3 8 5 7 5 2 8 0

SCHEDULE A ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11ai

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Judy Flemister 5812 Maple Brook Drive Midlothian, VA 23112 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Sales Director Aggregate Year-to-Date > $6.92	Payroll Deduction	(1.73 biweekly) 3.46
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
William Fosick 4510 Choctaw Green Bay, WI 54313 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: AVP Aggregate Year-to-Date > $	Payroll Deduction	
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Judith Gauthier 2331 Dorn Drive Green Bay, WI 54313 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Manager Aggregate Year-to-Date > $16.00	Payroll Deduction	(4.00 biweekly) 8.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Gary Greenwald 3041 Deep Meadow Lane Charlotte, NC 28210 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Sales Director Aggregate Year-to-Date > $ 7.04	Payroll Deduction	(1.76 biweekly) 3.52
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ward Haessler 2123 N 144th Avenue Omaha, NE 68116 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Sales Director Aggregate Year-to-Date > $ 7.00	Payroll Deduction	(1.75 biweekly) 3.50
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Beth Hartman 3801 S Webster Green Bay, WI 54301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Manager Aggregate Year-to-Date > $ 30.72	Payroll Deduction	(7.68 biweekly) 15.36
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
James Hartman 1728 St. Robert Drive Green Bay, WI 54304 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Manager Aggregate Year-to-Date > $ 20.00	Payroll Deduction	(5.00 biweekly) 10.00

SUBTOTAL of Receipts This Page (optional) 43.84

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

24038732341

SCHEDULE A ITEMIZED RECEIPTS

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

PAGE 4 OF 10

FOR LINE NUMBER 11ai

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NAME OF COMMITTEE (in Full)

Employers Health Insurance PAC - FEO

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Nancy Hoff 2107 Lost Dauphin De Pere, WI 54115 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Manager Aggregate Year-to-Date: $ 46.44	Payroll Deduction	(11.61 biweekly) 23.22
B. Gail Hohenstein 1118 South Monroe Avenue Green Bay, WI 54301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: VP Aggregate Year-to-Date: $	Payroll Deduction	
C. Brian Jansen 1337 Avondale Green Bay, WI 54313 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Manager Aggregate Year-to-Date: $ 8.00	Payroll Deduction	(2.00 biweekly) 4.00
D. Marsden Kucera 214 Paddock Circle Norristown, PA 19403 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Sales Director Aggregate Year-to-Date: $ 14.96	Payroll Deduction	(3.74 biweekly) 7.48
E. Mary Longlais 1811 Grace De Pere, WI 54115 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: AVP Aggregate Year-to-Date: $ 15.12	Payroll Deduction	(3.78 biweekly) 7.56
F. John Malloy 1151 Velsen Road Green Bay, WI 54313 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Manager Aggregate Year-to-Date: $ 6.72	Payroll Deduction	(1.68 biweekly) 3.36
G. Ronald Malone 117 Burney Lane Ft. Thomas, KY Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Sales Director Aggregate Year-to-Date: $ 13.68	Payroll Deduction	(3.42 biweekly) 6.84

SUBTOTAL of Receipts This Page (optional) 52.46

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

94038375282

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 10

FOR LINE NUMBER 11ai

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Edwin Mason 4171 East Meadow Drive Duluth, GA 30136 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Sales Director Aggregate Year-to-Date > $13.88	Payroll Deduction	(3.47 biweekly) 6.94
B. Korry McVey 1831 Shelley Lane De Pere, WI 54115 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: AVP Aggregate Year-to-Date > $38.48	Payroll Deduction	(9.62 biweekly) 19.24
C. James Mueller 2569 Zak Lane Green Bay, WI Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Manager Aggregate Year-to-Date > $	Payroll Deduction	
D. David Nelson 2597 Sumac Place Green Bay, WI 54313 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: VP Aggregate Year-to-Date > $14.48	Payroll Deduction	(3.62 biweeekly) 7.24
E. Susan Nelson 3113 Stanton Court Green Bay, WI 54301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: AVP Aggregate Year-to-Date > $4.00	Payroll Deduction	(1.00 biweekly) 2.00
F. William O'Hargan 4627 Weatherside Run Fort Wayne, IN 46804 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Sales Director Aggregate Year-to-Date > $ 8.20	Payroll Deduction	(2.05 biweekly) 4.10
G. Janice OBrien 3126 N Ballard Rd #22 Appleton, WI 54915 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Manager Aggregate Year-to-Date > $ 7.36	Payroll Deduction	(1.84 biweekly) 3.68

SUBTOTAL of Receipts This Page (optional) 43.20

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

94038375233

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 6 OF 10

FOR LINE NUMBER 11ai

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NAME OF COMMITTEE (In Full)

Employers Health Insurance PAC - FED

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Theresa Ostert 1521 Commanche Avenue Green Bay, WI 54313 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: VP Aggregate Year-to-Date: $ 20.92	Payroll Deduction	(5.23 biweekly) 10.46
B. Allan Patek 1170 Grignon Street Green Bay, WI 54301-3019 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Manager Aggregate Year-to-Date: $ 34.88	Payroll Deduction	(8.72 biweekly) 17.44
C. Debra Pearce 150 S Fisk #24 Green Bay, WI 54303 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Manager Aggregate Year-to-Date: $ 20.00	Payroll Deduction	(5.00 biweekly) 10.00
D. Bruce Peterson 15 Serene Court Danville, CA 94528 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Sales Director Aggregate Year-to-Date: $ 13.52	Payroll Deduction	(3.38 biweekly) 6.76
E. Mary Peterson 2565 St Pat's Drive Green Bay, WI 54313 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Manager Aggregate Year-to-Date: $ 12.00	Payroll Deduction	(3.00 biweekly) 6.00
F. Sterling Phaklides 1095 April Lane Green Bay, WI 54204 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: AVP Aggregate Year-to-Date: $ 40.00	Payroll Deduction	(10.00 biweekly) 20.00
G. David Pietenpol 2811 Quitewood Tr Green Bay, WI 54313 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: VP Aggregate Year-to-Date: $ 68.48	Payroll Deduction	(17.12 biweekly) 34.24

SUBTOTAL of Receipts This Page (optional) 104.90

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

94038575234

SCHEDULE A ITEMIZED RECEIPTS

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

PAGE 7 OF 10

FOR LINE NUMBER 11ai

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NAME OF COMMITTEE (in Full)

Employers Health Insurance PAC - FED

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Kenneth Roesler 1450 Servais Green Bay, WI 54304 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: VP Aggregate Year-to-Date > $40.00	Payroll Deduction	(10.00 biweekly) 20.00
B. Terry Schenian 248 Glacier Drive Green Bay, WI 54302 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Manager Aggregate Year-to-Date > $16.00	Payroll Deduction	(4.00 biweekly) 8.00
C. Norm Schroeder 3175 Open Gate Trail Green Bay, WI Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: AVP Aggregate Year-to-Date > $30.24	Payroll Deduction	(7.56 biweekly) 15.12
D. Raymond Seaver N67W29393 Richter Road Hartland, WI 53029 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Sales Director Aggregate Year-to-Date > $	Payroll Deduction	
E. John Terry 1919 14th Street Boulder, CO Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Sales Director Aggregate Year-to-Date > $49.76	Payroll Deduction	(12.44 biweekly) 24.88
F. Diana Tortelli 3951 Plymouth Road Minnetonka, MN 55343 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Sales Director Aggregate Year-to-Date > $	Payroll Deduction	(11.07 biweekly)
G. Jennifer Vandenplas 720 McCastlen Street Green Bay, WI 54301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Manager Aggregate Year-to-Date > $ 5.04	Payroll Deduction	(1.26 biweekly) 2.52

SUBTOTAL of Receipts This Page (optional) 92.66

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

94038375235

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 8 OF 10

FOR LINE NUMBER 11ai

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NAME OF COMMITTEE (In Full)

Employers Health Insurance PAC - FED

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Melissa Weaver 2124 McElenor Appleton, WI 54914 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: AVP Aggregate Year-to-Date: $ 13.08	Payroll Deduction	(3.27 biweekly) 6.54
B. Stephen Weber 631 Sunset Circle Green Bay, WI 54301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: AVP Aggregate Year-to-Date: $ 30.12	Payroll Deduction	(7.53 biweekly) 15.06
C. William Weyers 11521 S Parkwood Olathe, KS 66061 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Sales Director Aggregate Year-to-Date: $ 6.48	Payroll Deduction	(1.62 biweekly) 3.24
D. Jerry Wight 811 Hillsdale Richardson, TX 75251 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Sales Director Aggregate Year-to-Date: $ 80.00	Payroll Deduction	(20.00 biweekly) 40.00
E. Thomas Zielinski 2955 Lumber Lane Green Bay, WI 54313 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: VP Aggregate Year-to-Date: $ 31.12	Payroll Deduction	(7.78 biweekly) 15.56
F. Tod Zacharias 466 Polaris Rd Green Bay, WI 54302 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: AVP Aggregate Year-to-Date: $ 20.00	Payroll Deduction	(5.00 biweekly) 10.00
G. Larry Kaczmarek 788 Brookwood Circle Oneida, WI 54155 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Manager Aggregate Year-to-Date: $ 40.00	Payroll Deduction	(10.00 biweekly) 20.00

SUBTOTAL of Receipts This Page (optional) 110.40

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

94038375235

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11ai

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NAME OF COMMITTEE (In Full)

Employers Health Insurance PAC - FED

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Diane Skenadore 1260 Skylark Lane Green Bay, WI 54543 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: AVP Aggregate Year-to-Date > $20.00	Payroll Deduction	(5.00 biweekly) 10.00
B. Full Name, Mailing Address and ZIP Code Jennifer Green 2200 Beach Street San Francisco, CA Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Employers Health Insurance Occupation: Sales Director Aggregate Year-to-Date > $ 20.00	Payroll Deduction	(5.00 biweekly) 10.00
C. Full Name, Mailing Address and ZIP Code Laurence ValdKamp 6905 Park Edge Drive Madison, WI 53719 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Employers Health Insurance Occupation: Sales Director Aggregate Year-to-Date > $ 40.56	Payroll Deduction	(10.14 biweekly) 20.28
D. Full Name, Mailing Address and ZIP Code Patricia Brooks 6374 Bayside S Drive Indianapolis, IN 46250 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Employers Health Insurance Occupation: Sales Director Aggregate Year-to-Date > $ 9.24	Payroll Deduction	(2.31 biweekly) 4.62
E. Full Name, Mailing Address and ZIP Code Barry Hill 7900 Yester Ct Raleigh, NC 27615 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Employers Health Insurance Occupation: Sales Director Aggregate Year-to-Date > $ 4.76	Payroll Deduction	(1.19 biweekly) 2.38
F. Full Name, Mailing Address and ZIP Code Kirk Jones 6296 Shaftburt Dublin, OH 43017 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Employers Health Insurance Occupation: Sales Director Aggregate Year-to-Date > $ 9.24	Payroll Deduction	(2.31 biweekly) 4.62
G. Full Name, Mailing Address and ZIP Code William Loidich 3 Jay Circle Madison, WI 53704 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Employers Health Insurance Occupation: Sales Director Aggregate Year-to-Date > $ 29.24	Payroll Deduction	(7.31 biweekly) 14.62

SUBTOTAL of Receipts This Page (optional) . . . . . > 66.52

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 10 OF 11

FOR LINE NUMBER 11ai

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. James Rasmussen 1904 - I Windsor Hill Drive Matthews, NC 28105 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Sales Director Aggregate Year-to-Date: $	Payroll Deduction	(5.32 biweekly)
B. Fran Stewart 11128 Ranson Ct Ft. Wayne, IN 46845 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Sales Director Aggregate Year-to-Date: $5.72	Payroll Deduction	(1.43 biweekly) 2.86
C. Edith Trammell 8892 Ford Road Lenoir City, TN 37771 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurnace Occupation: Sales Director Aggregate Year-to-Date: $8.60	Payroll Deduction	(2.15 biweekly) 4.30
D. Christin Unruh 4055 N Sheridan #2 Chicago, IL 60613 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Sales Director Aggregate Year-to-Date: $10.92	Payroll Deduction	(2.73 biweekly) 5.46
E. Garland Zibrowski 216 Hoover Street Sun Prairie, WI Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurnace Occupation: Sales Director Aggregate Year-to-Date: $ 5.84	Payroll Deduction	(1.46 biweekly) 2.92
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) 26.18

TOTAL This Period (last page this line number only) 689.74

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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 3-18-94
☐	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

JMH
PREPARER

3-21-94
DATE PREPARED

FEC FORM 70-2 (12/92)

9 4 0 3 8 3 7 5 2 8 9