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

MAY 22 9 12 AM '95

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 4/1/95 through 4/30/95		
6. (a) Cash on Hand January 1, 1995		$ 4,266.39
(b) Cash on Hand at Beginning of Reporting Period	$ 8,398.48	
(c) Total Receipts (from line 19)	$ 1,375.08	$ 6,257.17
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 9,773.56	$ 10,523.56
7. Total Disbursements (from Line 30)	$ 200.00	$ 950.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 9,573.56	$ 9,573.56
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
5/19/95

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

FEC FORM 3)
(revised 9/93)

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

(revision 1/1/91)

NAME OF COMMITTEE: Employers Health Insurance PAC - Fed

REPORT COVERING PERIOD FROM: 4/1/95 TO: 4/30/95

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)	1,375.08	6,257.17
ii. Unitemized	-0-.	-0-.
iii. Total (add i and ii)	1,375.08	6,257.17
b. Political Party Committees	-0-.	-0-.
c. Other Political Committees (such as PACs)	-0-.	-0-.
d. Total Contributions (add a iii, b and c)	1,375.08	6,257.17
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)	1,375.08	6,257.17
20. Total Federal Receipts (subtract line 18 from line 19)	1,375.08	6,257.17
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	200.00	300.00
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	400.00	650.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	200.00	950.00
31. Total Federal Disbursements (subtract line 21.a ii from line 30)	200.00	950.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	1,375.08	6,257.17
33. Total Contribution Refunds (from line 28d)	0.	-0-.
34. Net Contributions (other than loans)(subtract line 33 from 32)	1,375.08	6,257.17
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 B **ITEMIZED DISBURSEMENTS**

Use separate schedule 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)

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 Newmann for Congress 17 South River Street #253 Janesville, WI 53545	General Election Camp. Disbursement for: [ ] Primary [X] General [ ] Other (specify)	4/24/95	300.00
B. Full Name, Mailing Address and ZIP Code Nancy Johnson for Congress 4451 Brookfield Corporate Dr Suite 200 Chantilly, VA 22021-1652	Check Never Cashed Disbursement for: [ ] Primary [X] General [ ] Other (specify)	4/25/95	(500.00)
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
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)

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF

FOR LINE NUMBER 29

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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 VanWyver for State Rep. Com 6025 Sovereign Drive Sharonville, OH 45241	OHIO DISTRICT 32 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	4/27/95	200.00
B. Full Name, Mailing Address and ZIP Code Karen Gillmor for State Sen. 4389 N State Route 53 Tiffin, OH 44883	OHIO DISTRICT 25 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	4/27/95	200.00
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
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) 400.00

TOTAL This Period (last page this line number only) 400.00

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule for each category of the Detailed Summary Page

PAGE 1 OF 23

FOR LINE NUMBER 11ai

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NAME OF COMMITTEE (In Full)
Employers Health Insurance Pac - Fed

FEC ID No. C00271001

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kathy Augustian-Hinkfuss 338 David Drive Green Bay, WI 54303	Employers Health Insurance		
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Manager 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**
Jerry Bateman 410 Michigan Avenue Slidell, LA 70458	Employers Health Insurance	Payroll Deduction	10.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Sales Director Aggregate Year-To-Date >$	45.00	5.00 biweekly
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Jan Battiola 1180 Beechwood Drive Green Bay, WI 54313	Employers Health Insurance	Payroll Deduction	40.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation: AVP Aggregate Year-To-Date >$	180.00	20.00 biweekly
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Karen Bender 5723 Wedgewood Little Suamico, WI 54147	Employers Health Insurance	Payroll Deduction	
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Manager Aggregate Year-To-Date >$	5.90	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Bradley Beasert 1310 Sleepy Hollow Green Bay, WI 54311	Employers Health Insurance	Payroll Deduction	3.96
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Manager Aggregate Year-To-Date >$	17.82	1.96 biweekly
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Julie Bouchonville 5976 Bader Road Luxemburg, WI 54217	Employers Health Insurance	Payroll Deduction	3.66
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Manager Aggregate Year-To-Date >$	16.47	1.83 biweekly
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Timothy Cappel 873 Fenchurch Court Cincinnati, OH 45230	Employers Health Insurance	Payroll Deduction	9.04
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Sales Director Aggregate Year-To-Date >$	40.68	4.52 biweekly

SUBTOTAL of Receipts This Page (optional) . . . . . > 66.66

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 23

FOR LINE NUMBER 11ai

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NAME OF COMMITTEE (In Full)
Employers Health Insurance Pac - Fed

FEC ID No. C00271807

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Kathleen Caywood 1365 Eminence Street Green Bay, WI 54313	Employers Health Insurance AVP	Payroll Deduction	40.00 20.00 biweekly
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-To-Date > $	180.00	
B. John Crusse 201 N Squirrel Rd #1312 Auburn Hills, MI 48326	Employers Health Insurance Sales Director	Payroll Deduction	8.08 4.04 biweekly
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-To-Date > $	35.35	
C. Erick Erickson 1005 S Jackson Green Bay, WI 54301	Employers Health Insurance AVP	Payroll Deduction	12.00 6.00 biweekly
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-To-Date > $	54.00	
D. Thomas Erie 1734 Red Oak Road Stoughton, WI 53589	Employers Health Insurance Sales Director	Payroll Deduction	8.78 4.39 biweekly
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-To-Date > $	39.51	
E. Richard Ethington 1285 North Road Green Bay, WI 54313	Employers Health Insurance Manager	Payroll Deduction	4.00 2.00 biweekly
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-To-Date > $	18.00	
F. Judy Flemister 5812 Maple Brook Drive Midlothian, VA 23112	Employers Health Insurance Sales Director	Payroll Deduction	3.46 1.73 biweekly
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-To-Date > $	15.57	
G. Judith Gauthier 2331 Dorn Drive Green Bay, WI 54313	Employers Health Insurance Manager	Payroll Deduction	8.00 4.00 biweekly
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-To-Date > $	36.00	

SUBTOTAL of Receipts This Page (optional)	84.32
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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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. 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 >> $ 45.00	Payroll Deduction	10.00 5.00 biweekly
B. 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 >> $		
C. Beth Hartman 2801 S Webster Green Bay, WI 54301 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Manager Aggregate Year-To-Date >> $ 180.00	Payroll Deduction	40.00 20.00 biweekly
D. James Hartman 1723 St. Robert Drive Green Bay, WI 54304 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Manager Aggregate Year-To-Date >> $ 45.00	Payroll Deduction	10.00 5.00 biweekly
E. Nancy Holf 2107 Lost Dauphin De Pere, WI 54115 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Manager Aggregate Year-To-Date >> $ 110.70	Payroll Deduction	24.60 12.30 biweekly
F. Brian Jansen 1337 Avondale Green Bay, WI 54313 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Manager Aggregate Year-To-Date >> $ 19.62	Payroll Deduction	4.36 2.18 biweekly
G. Marsden Kurcera 214 Paddock Circle Norristown, PA 19403 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Sales Director Aggregate Year-To-Date >> $ 21.15	Payroll Deduction	4.70 2.35 biweekly

SUBTOTAL of Receipts This Page (optional) 93.66

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

SCHEDULE A **ITEMIZED RECEIPTS**

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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
Mary Longlais 1811 Grace De Pere, WI 54115	Employers Health Insurance	Payroll Deduction	8.60
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation: AVP		4.30
	Aggregate Year-To-Date > $	38.70	biweekly
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Halloy 1151 Velson Road Green Bay, WI 54313	Employers Health Insurance	Payroll Deduction	3.70
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Manager		1.85
	Aggregate Year-To-Date > $	16.65	biweekly
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ronald Malone 117 Burney Lane Ft. Thomas, KY	Employers Health Insurance	Payroll Deduction	4.10
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Sales Director		2.05
	Aggregate Year-To-Date > $	18.45	biweekly
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edwin Mason 4171 East Meadow Drive Duluth, GA 30136	Employers Health Insurance		
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Sales Director		
	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
Kerry McVey 1831 Shelley Lane De Pere, WI 54115	Employers Health Insurance	Payroll Deduction	9.52
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation: AVP		4.76
	Aggregate Year-To-Date > $	42.84	biweekly
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Nelson 2597 Sumac Place Green Bay, WI 54301	Employers Health Insurance	Payroll Deduction	7.92
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation: VP		3.96
	Aggregate Year-To-Date > $	35.64	biweekly
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Susan Nelson 3113 Stanton Court Green Bay, WI 54301	Employers Health Insurance	Payroll Deduction	8.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation: AVP		4.00
	Aggregate Year-To-Date > $	32.00	biweekly

SUBTOTAL of Receipts This Page (optional) > 41.54

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 5 OF 23

FOR LINE NUMBER 11ai

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NAME OF COMMITTEE (in Full)
Employers Health Insurance Pac - Fed

FEC ID No. C00271057

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. William O'Hargan 4627 Weatherside Run Fort Wayne, IN 46804	Employers Health Insurance Sales Director	Payroll Deduction	4.72 2.36 biweekly
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-To-Date >= $	21.24	
B. Janice O'Brien 3128 N Ballard Rd 422 Appleton, WI 54915	Employers Health Insurance Manager	Payroll Deduction	11.06 5.53 biweekly
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-To-Date >= $	49.77	
C. Theresa Ostert 1521 Commanche Avenue Green Bay, WI 54313	Employers Health Insurance VP	Payroll Deduction	13.84 6.92 biweekly
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-To-Date >= $	62.28	
D. Allan Falek 1170 Grignon Street Green Bay, WI 54301-3019	Employers Health Insurance AVP	Payroll Deduction	24.46 12.23 biweekly
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-To-Date >= $	110.07	
E. Debra Pearce 150 S Fisk #24 Green Bay, WI 54303	Employers Health Insurance Manager	Payroll Deduction	10.00 5.00 biweekly
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-To-Date >= $	45.00	
F. Bruce Peterson 15 Serene Court Danville, CA 94528	Employers Health Insurance Sales Director	Payroll Deduction	
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-To-Date >= $	1.57	
G. Mary Peterson 2565 St. Pat's Drive Green Bay, WI 54313	Employers Health Insurance Manager	Payroll Deduction	6.00 3.00 biweekly
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-To-Date >= $	27.00	

SUBTOTAL of Receipts This Page (optional) 70.08

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 6 OF 23

FOR LINE NUMBER 11ai

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NAME OF COMMITTEE (In Full)
Employers Health Insurance Pac Fed

FEC ID No. C00271037

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Sterling Paaklides 1095 April Lane Green Bay, WI 54204	Employers Health Insurance AVP		
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-To-Date >$		
B. David Pietenpol 2811 Quitewood Tr Green Bay, WI 54313	Employers Health Insurance VP	Payroll Deduction	14.84 7.92
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-To-Date >$	71.28	biweekly
C. Kenneth Roesler 1450 Servais Green Bay, WI 54304	Employers Health Insurance VP	Payroll Deduction	20.00 10.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-To-Date >$	90.00	biweekly
D. Terry Schenian 248 Glacier Drive Green Bay, WI 54302	Employers Health Insurance Manager	Payroll Deduction	4.40 2.20
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-To-Date >$	19.80	biweekly
E. Norm Schroeder 2175 Open Gate Trail Green Bay, WI	Employers Health Insurance AVP		
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-To-Date >$		
F. John Terry 1919 14th Street Boulder, CO	Employers Health Insurance Sales Director	Payroll Deduction	50.00 25.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-To-Date >$	225.00	biweekly
G. Diana Tortelli 5951 Plymouth Road Minnetonka, MN 55343	Employers Health Insurance Sales Director	Payroll Deduction	34.60 17.30
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-To-Date >$	155.70	biweekly

SUBTOTAL of Receipts This Page (optional) 124.84

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

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule for each category of the Detailed Summary Page

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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. Jennifer Vandenplas 720 McCastlen Street Green Bay, WI 54301	Employers Health Insurance Manager		
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-To-Date >$		
B. Melissa Weaver 2124 McElenor Appleton, WI 54914	Employers Health Insurance AVP	Payroll Deduction	15.50 7.75
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-To-Date >$	69.75	biweekly
C. Stephen Weber 631 Sunset Circle Green Bay, WI 54301	Employers Health Insurance AVP	Payroll Deduction	27.24 13.62
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-To-Date >$	122.58	biweekly
D. William Meyers 11531 S Parkwood Olathe, KS 66061	Employers Health Insurance Sales Director	Payroll Deduction	4.60 2.30
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-To-Date >$	20.70	biweekly
E. Jerry Wight 811 Hillsdale Richardson, TX 75251	Employers Health Insurance Sales Director	Payroll Deduction	40.00 20.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-To-Date >$	180.00	biweekly
F. Thomas Zielinski 2955 Lumber Lane Green Bay, WI 54313	Employers Health Insurance VP	Payroll Deduction	20.00 10.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-To-Date >$	90.00	biweekly
G. Ted Zacharias 466 Polaris Road Green Bay, WI 54302	Employers Health Insurance VP	Payroll Deduction	10.00 5.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-To-Date >$	45.00	biweekly

SUBTOTAL of Receipts This Page (optional)	117.34
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule for each category of the Detailed Summary Page

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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. C00271087

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Larry Kaczmarek 768 Brookwood Circle Oneida, WI 54155 Receipt for: Primary General Other (specify):	Employers Health Insurance Occupation: Manager Aggregate Year-To-Date >= $ 90.00	Payroll Deduction	23.00 23.00 biweekly
B. Diane Johnson 1260 Skylark Lane Green Bay, WI 54543 Receipt for: Primary General Other (specify):	Employers Health Insurance Occupation: AVP Aggregate Year-To-Date >= $ 45.00	Payroll Deduction	10.00 5.00 biweekly
C. Jennifer Green 2220 Beach Street San Francisco, CA Receipt for: Primary General Other (specify):	Employers Health Insurance Occupation: Sales Director Aggregate Year-To-Date >= $ 35.00	Payroll Deduction	
D. Laurence VeldKamp 6903 Park Edge Drive Madison, WI 53719 Receipt for: Primary General Other (specify):	Employers Health Insurance Occupation: Sales Director Aggregate Year-To-Date >= $		
E. Patricia Brooks 6374 Bayside S Drive Indianapolis, IN 46250 Receipt for: Primary General Other (specify):	Employers Health Insurance Occupation: Sales Director Aggregate Year-To-Date >= $ 11.52	Payroll Deduction	2.56 1.28 biweekly
F. Barry Hill 7900 Yester Ct Raleigh, NC 27615 Receipt for: Primary General Other (specify):	Employers Health Insurance Occupation: Sales Director Aggregate Year-To-Date >= $		
G. Kirk Jones 6296 Shattburt Dublin, OH 43017 Receipt for: Primary General Other (specify):	Employers Health Insurance Occupation: Sales Director Aggregate Year-To-Date >= $ 22.41	Payroll Deduction	4.98 2.49 biweekly

SUBTOTAL of Receipts This Page (optional) 37.54

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

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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. C00271087

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. William Leidich 3 Cay Circle Madison, WI 53704 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Sales Director Aggregate Year-To-Date >$ 5		
B. James Rasmusson 1904 - I Windsor Hill Drive Matthews, NC 28105 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Sales Director Aggregate Year-To-Date >$ 9.00	Payroll Deduction	2.00 1.00 biweekly
C. Fran Stewart 21128 Ranson Ct Ft. Wayne, IN 46845 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Sales Director Aggregate Year-To-Date >$		
D. Edith Cramell 8892 Ford Road Lenoir City, TN 37771 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Sales Director Aggregate Year-To-Date >$ 21.87	Payroll Deduction	4.85 2.43 biweekly
E. Christin Ohrub 4055 N Sheridan #2 Chicago, IL 60613 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Sales Director Aggregate Year-To-Date >$ 13.14	Payroll Deduction	2.92 1.46 biweekly
F. Garland Zibrowski 216 Beover Street Sun Prairie, WI Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Sales Director Aggregate Year-To-Date >$ 13.14	Payroll Deduction	2.92 1.46 biweekly
G. David Astar 2022 Tirol Court Green Bay, WI 54303 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: VP Aggregate Year-To-Date >$ 283.06	Payroll Deduction	63.08 31.54 biweekly

SUBTOTAL of Receipts This Page (optional) 75.78

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

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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)
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. Tracy Beckwith 27344 El Macero Drive El Macero, CA 95618	Employers Health Insurance Director	Payroll Deduction	38.00 19.00 biweekly
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-To-Date >$	171.00	
B. Tim Snyder 3128 Ellis Place Columbus, OH 43204	Employers Health Insurance Director	Payroll Deduction	4.30 2.15 biweekly
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-To-Date >$	19.35	
C. Raymond Dewey 3045 Stauffer SE Grand Rapids, MI 49538	Employers Health Insurance Sales Director	Payroll Deduction	20.00 10.00 biweekly
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-To-Date >$	90.00	
D. Scott Engman 117 Ombre Rose Drive Combined Locks, WI 54113	Employers Health Insurance Manager	Payroll Deduction	7.06 3.53 biweekly
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-To-Date >$	31.77	
E. Kathy Everson 1846 S Sunkist Circle De Pere, WI 54115	Employers Health Insurance Manager	Payroll Deduction	4.00 2.00 biweekly
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-To-Date >$	18.02	
F. Ken Fasola 2081 Crestwood Springs Drive Green Bay, WI 54304	Employers Health Insurance VP	Payroll Deduction	18.08 9.04 biweekly
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-To-Date >$	81.36	
G. Jonathan Fuchs 1293 Sunny Creek Drive Green Bay, WI 54313	Employers Health Insurance VP	Payroll Deduction	8.36 4.18 biweekly
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-To-Date >$	37.62	

SUBTOTAL of Receipts This Page (optional) . . . . . > 53.80

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

SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (in Full)
Employers Health Insurance Pac - Fed

FEC ID No. C00371087

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Heather Gamrell 11601 Wilshire Blvd Ste 2410 Los Angeles, CA	Employers Health Insurance Occupation: Sales Director	Payroll Deduction	10.00 5.00 biweekly
Receipt for: Primary / General / Other (specify):	Aggregate Year-To-Date >= $	45.00	
Jerry Gaboni 1768 Maidstone Circle Green Bay, WI 54313	Employers Health Insurance Occupation: VP	Payroll Deduction	39.64 19.82 biweekly
Receipt for: Primary / General / Other (specify):	Aggregate Year-To-Date >= $	178.38	
Greg Gauthier 2121 Canyonland Drive Green Bay, WI 54311	Employers Health Insurance Occupation: AVP	Payroll Deduction	5.26 2.63 biweekly
Receipt for: Primary / General / Other (specify):	Aggregate Year-To-Date >= $	23.67	
Chris Gsell 3259 St. Augustine Ct. Olney, MD 20832	Employers Health Insurance Occupation: Sales Director	Payroll Deduction	2.58 1.29 biweekly
Receipt for: Primary / General / Other (specify):	Aggregate Year-To-Date >= $	11.61	
Mike Kalsched 3431 E Tonto Lane Phoenix, AZ 85024	Employers Health Insurance Occupation: Sales Director	Payroll Deduction	6.00 3.00 biweekly
Receipt for: Primary / General / Other (specify):	Aggregate Year-To-Date >= $	27.00	
Margaret Paulson 167 Desplaine Rd De Pere, WI 54115	Employers Health Insurance Occupation: Manager	Payroll Deduction	10.00 5.00 biweekly
Receipt for: Primary / General / Other (specify):	Aggregate Year-To-Date >= $	45.00	
Richard Price-Williams 2375 Rancho Del Cro Rd #37 Oceanside, CA 92056	Employers Health Insurance Occupation: Sales Director	Payroll Deduction	2.52 1.26 biweekly
Receipt for: Primary / General / Other (specify):	Aggregate Year-To-Date >= $	11.34	

SUBTOTAL of Receipts This Page (optional) 76.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

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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. Kirk Rothrock 4923 Rotherford Ct Granite Bay, CA 95746	Employers Health Insurance VP	Payroll Deduction	15.38 7.69 biweekly
Receipt for: Primary / General / Other (specify):	Aggregate Year-To-Date > $	69.21	
B. Jim Schmitz 3866 Sunnywood Drive DeForest, WI 53532	Employers Health Insurance Director	Payroll Deduction	3.50 1.75 biweekly
Receipt for: Primary / General / Other (specify):	Aggregate Year-To-Date > $	15.75	
C. Mike Walker 2316 Wildwood Drive Green Bay, WI 54302	Employers Health Insurance VP	Payroll Deduction	9.30 4.65 biweekly
Receipt for: Primary / General / Other (specify):	Aggregate Year-To-Date > $	41.85	
D. Ed Wheeler 2655 Oak Forest Niles, OH 44446	Employers Health Insurance Sales Director	Payroll Deduction	10.00 5.00 biweekly
Receipt for: Primary / General / Other (specify):	Aggregate Year-To-Date > $	45.00	
E. Chris Wildenhaus 7027 Windward Way #252 Cincinnati, OH 45241	Employers Health Insurance Sales Director	Payroll Deduction	20.00 10.00 biweekly
Receipt for: Primary / General / Other (specify):	Aggregate Year-To-Date > $	90.00	
F. Pat Ankeney 3225 Calais Ct Green Bay, WI 54301	Employers Health Insurance AVP	Payroll Deduction	5.50 2.75 biweekly
Receipt for: Primary / General / Other (specify):	Aggregate Year-To-Date > $	24.75	
G. Barb Borowski 5890 S New Berlin Hales Corners, WI 53130	Employers Health Insurance Director	Payroll Deduction	2.66 1.33 biweekly
Receipt for: Primary / General / Other (specify):	Aggregate Year-To-Date > $	12.97	

SUBTOTAL of Receipts This Page (optional) 66.34

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

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule for each category of the Detailed Summary Page

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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. Brenda Broberg 6590 Dero Lane Sobieski, WI 54171	Employers Health Insurance Manager	Payroll Deduction	3.22 1.61 biweekly
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-To-Date >> $	12.89	
B. Vince Sutton 702 S Quincy Green Bay, WI 54301	Employers Health Insurance Manager	Payroll Deduction	3.48 1.74 biweekly
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-To-Date >> $	15.66	
C. Patrick Casinelli 18329 Landseer Road Cleveland, OH 44119	Employers Health Insurance Director	Payroll Deduction	2.60 1.30 biweekly
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-To-Date >> $	11.70	
D. Fred Caywood 38 Hidden Hollow Trail Madison, WI 53717	Employers Health Insurance Manager	Payroll Deduction	20.00 10.00 biweekly
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-To-Date >> $	90.00	
E. Don Drayna 2358 Courdain Lane Green Bay, WI 54301	Employers Health Insurance Director	Payroll Deduction	6.00 3.00 biweekly
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-To-Date >> $	27.00	
F. George Durko 1508 Barrimore Darien, IL 60561	Employers Health Insurance Director	Payroll Deduction	9.06 4.53 biweekly
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-To-Date >> $	40.77	
G. Dwight Frank 570 Nye Drive Fairesyn, OH 44333	Employers Health Insurance Director	Payroll Deduction	17.30 8.65 biweekly
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-To-Date >> $	77.85	

SUBTOTAL of Receipts This Page (optional) 61.66

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

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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. Pat Henning 325 Arrowhead Drive Green Bay, WI 54301 Receipt for: Primary General Other (specify):	Employers Health Insurance Manager Aggregate Year-To-Date >= $ 26.91	Payroll Deduction	5.96 2.99 biweekly
B. Bill Hughes 420 W Melrose # 311 Chicago, IL 60657 Receipt for: Primary General Other (specify):	Employers Health Insurance Director Aggregate Year-To-Date >= $ 30.00	Payroll Deduction	5.00 2.50 biweekly
C. Bryan Jacks 5899 Bradford Way Hudson, OH 44236 Receipt for: Primary General Other (specify):	Employers Health Insurance Director Aggregate Year-To-Date >= $ 31.77	Payroll Deduction	7.06 3.53 biweekly
D. Patti King 905 S Roosevelt Street Green Bay, WI 54301 Receipt for: Primary General Other (specify):	Employers Health Insurance Manager Aggregate Year-To-Date >= $ 24.57	Payroll Deduction	5.46 2.73 biweekly
E. Tom Klauser 233 N Broadway #130 DePere, WI 54115 Receipt for: Primary General Other (specify):	Employers Health Insurance Manager Aggregate Year-To-Date >= $ 90.00	Payroll Deduction	20.00 10.00 biweekly
F. Jane Kohl 2600 Pebble Valley Road Waukesha, WI 53189 Receipt for: Primary General Other (specify):	Employers Health Insurance Director Aggregate Year-To-Date >= $ 10.71	Payroll Deduction	2.38 1.19 biweekly
G. Gary Mellis 1621 W Marquette Appleton, WI 54914 Receipt for: Primary General Other (specify):	Employers Health Insurance Manager Aggregate Year-To-Date >= $ 90.00	Payroll Deduction	20.00 10.00 biweekly

SUBTOTAL of Receipts This Page (optional) 65.86

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

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule for each category of the Detailed Summary Page

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FOR LINE NUMBER 11ai

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NAME OF COMMITTEE (in Full)
Employers Health Insurance Pac Fed

FEC ID No. C00271087

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Jo Kena 150 San Miguel Drive Arcadia, CA 91007 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Director Aggregate Year-To-Date >> $ 13.59	Payroll Deduction	1.02 1.51 biweekly
B. Leanna Morgan 1950 Summer Hill Drive Charlotte, NC 28212 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Director Aggregate Year-To-Date >> $ 9.00	Payroll Deduction	2.00 1.00 biweekly
C. Jeff Newman 367 East Westfield Blvd Indianapolis, IN 46220 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Director Aggregate Year-To-Date >> $ 10.35	Payroll Deduction	2.30 1.15 biweekly
D. Bonnie Nockerts 1577 Bay Street, PO Box 183 Green Leaf, WI 54216 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Manager Aggregate Year-To-Date >> $ 18.02	Payroll Deduction	3.56 1.78 biweekly
E. Debra Rairden 1285 St. Lawrence Drive Alpharetta, GA 30202 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Director Aggregate Year-To-Date >> $ 54.63	Payroll Deduction	12.14 6.07 biweekly
F. Joseph Rajcsel 7021 Palladio Fort Wayne, IN 46804 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Director Aggregate Year-To-Date >> $ 135.00	Payroll Deduction	30.00 15.00 biweekly
G. Tom Rekart 2940 Timberline Drive Green Bay, WI 54313 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Manager Aggregate Year-To-Date >> $ 180.00	Payroll Deduction	40.00 20.00 biweekly

SUBTOTAL of Receipts This Page (optional) 93.02

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

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule for each category of the Detailed Summary Page

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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
Mike Schumacher 3227 Chardonnay Ct Green Bay, WI 54313	Employers Health Insurance Manager	Payroll Deduction	4.00 2.00 biweekly
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-To-Date > $ 18.00		
Mike Share 5739 Bluefield Lane Mason, OH 45040	Employers Health Insurance Director	Payroll Deduction	2.40 1.20 biweekly
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-To-Date > $ 10.80		
Rich Stoflet 2641 Trojan #301 Green Bay, WI 54304	Employers Health Insurance Manager	Payroll Deduction	4.08 2.04 biweekly
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-To-Date > $ 16.36		
Allen Upton 1929 Evans Court Green Bay, WI 54304	Employers Health Insurance Manager	Payroll Deduction	4.00 2.00 biweekly
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-To-Date > $ 18.00		
Kiernan Vaccaro 1435 Calle Christopher Encinitas, CA 92024	Employers Health Insurance Director	Payroll Deduction	
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-To-Date > $ 23.65		
Lori West 5837 Overbrooke Road Centerville, OH 45440	Employers Health Insurance Director	Payroll Deduction	6.60 3.30 biweekly
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-To-Date > $ 39.70		
Jim Wilkinson 1964 Newport Ct Crazy, CA 95376	Employers Health Insurance Director	Payroll Deduction	10.00 5.00 biweekly
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-To-Date > $ 45.00		

SUBTOTAL of Receipts This Page (optional) 31.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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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. Paula Wolf 6 Delignin Place Cincinnati, OH 45230 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Director Aggregate Year-To-Date >> $ 20.61	Payroll Deduction	4.56 2.29 biweekly
B. Jim Smith 5750 West Loop South Ste 830 Bellaire, TX 77401 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Director Aggregate Year-To-Date >> $		
C. Jim Nelson 14521 Monterey Ave Savage, MN 55378 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Director Aggregate Year-To-Date >> $		
D. Sara Tinnin 14018 Delbarton Houston, TX 77083 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Director Aggregate Year-To-Date >> $		
E. David Grenell 1611 Ainsdale Houston, TX 77077 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Director Aggregate Year-To-Date >> $		
F. Kathy Greene 8833 Driftstone Spring, TX 77379 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Director Aggregate Year-To-Date >> $		
G. Ralph Pipes 5711 Pineridge San Antonio, TX 78217 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Director Aggregate Year-To-Date >> $		

SUBTOTAL of Receipts This Page (optional) 4.56

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

SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
Employers Health Insurance Pac Fed

FEC ID No. C00271037

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Chuck Lane 5253 Edgewater Beach Road Green Bay, WI 54311 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: AVP Aggregate Year-To-Date >= $		
B. Walt Winson 6 Drumhill Circle Madison, WI 53717 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: AVP Aggregate Year-To-Date >= $		
C. Bill Lawson 4461 Navajo Trail Green Bay, WI 54313-6775 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: CEO Aggregate Year-To-Date >= $		
D. Rosanne Angel-Ferrandini 2 Van Tassel Ct. San Anselmo, CA 94960 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Director Aggregate Year-To-Date >= $		
E. Jim Mueller 2569 Oak Lane Green Bay, WI 54304 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Manager Aggregate Year-To-Date >= $		
F. Tammy Zelton 941 Bond Street Green Bay, WI 54303 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Manager Aggregate Year-To-Date >= $		
G. Kristen Stevens 2126 Lost Dauphin Road DePere, WI 54115 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Manager Aggregate Year-To-Date >= $		

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

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

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule for each category of the Detailed Summary Page

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FOR LINE NUMBER 11a1

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. C00271067

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Tom Vincent 1912 Prentiss Drive Downers Grove, IL 60516 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Director Aggregate Year-To-Date >$		
B. Tony Wadsworth 1114 N Mycena Circle Green Bay, WI 54313 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Manager Aggregate Year-To-Date >$		
C. Thomas Billings 1473 Waverly Road San Marino, CA 91108 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Director Aggregate Year-To-Date >$ 135.00	Payroll Deduction	30.00 15.00 biweekly
D. David George 9290 Shallow Court Drive Loveland, OH 45140 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Director Aggregate Year-To-Date >$ 90.00	Payroll Deduction	20.00 10.00 biweekly
E. Dennis Grosnick 2745 Lavender Lane Green Bay, WI 54313 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: AVP Aggregate Year-To-Date >$ 26.64	Payroll Deduction	5.92 2.96 biweekly
F. Mark Haupt 2629 Viking Drive, #127 Green Bay, WI 54304 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Manager Aggregate Year-To-Date >$ 19.89	Payroll Deduction	4.42 2.21 biweekly
G. John Hughes 409 Red Oak Circle Lafayette, LA 70502 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Director Aggregate Year-To-Date >$ 57.65	Payroll Deduction	12.82 6.41 biweekly

SUBTOTAL of Receipts This Page (optional) 73.16

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 20 OF 23

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. Todd Morrow 11703 Jay Creek Drive Houston, TX 77070	Employers Health Insurance Manager	Payroll Deduction	20.00 10.00 biweekly
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-To-Date >= $ 90.00		
B. John Palkowski 3432 Oberon Circle Las Vegas, NV 89030	Employers Health Insurance Director	Payroll Deduction	17.00 8.50 biweekly
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-To-Date >= $ 76.50		
C. Paul Philip 6713 Pineridge San Antonio, TX 78217	Employers Health Insurance Director	Payroll Deduction	2.52 1.26 biweekly
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-To-Date >= $ 11.34		
D. Gregory Roark 1826 Butcher #203 West Los Angeles, CA 90025	Employers Health Insurance Director	Payroll Deduction	
Receipt for: ☐ Primary ☐ General ☐ Other (specify).	Aggregate Year-To-Date >= $ 1.00		
E. William Runkel 34245 Tangueray Drive Grayslake, IL 60030	Employers Health Insurance Director	Payroll Deduction	16.00 8.00 biweekly
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-To-Date >= $ 72.00		
F. Lori Siegel 2437 Hummingbird Drive Green Bay, WI 54303	Employers Health Insurance Manager	Payroll Deduction	4.00 2.00 biweekly
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-To-Date >= $ 18.00		
G. Bruce Stahl 17470 Evergreen Court Brookfield, WI 53045	Employers Health Insurance Director	Payroll Deduction	3.28 1.64 biweekly
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-To-Date >= $ 14.76		

SUBTOTAL of Receipts This Page (optional) 62.80

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

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule for each category of the Detailed Summary Page

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FOR LINE NUMBER 11ai

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NAME OF COMMITTEE (in Full)
Employers Health Insurance Pac - Fed

FEC ID No. C00271037

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Brian Sullivan 205 Clare Drive Castle Rock , CO 80109 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Director Aggregate Year-To-Date >= $ 22.41	Payroll Deduction	4.38 2.49 biweekly
Donald Wendland Rt 3 Box 87 C Colfax, WI 54730 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Director Aggregate Year-To-Date >= $ 60.46	Payroll Deduction	13.44 6.72 biweekly
Alan Wood 3103 Ashford Atlanta, GA 30345 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Director Aggregate Year-To-Date >= $ 21.69	Payroll Deduction	4.82 2.41 biweekly
Marlene Saron 1705 Oak Leaf Drive Green Bay, WI 54304 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Manager Aggregate Year-To-Date >= $		
Therese Barry 266 Taft Street Green Bay, WI 54301 1630 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Director Aggregate Year-To-Date >= $		
Bill Bovat 120 Thatching Lane Alpharetta, GA 30202 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Director Aggregate Year-To-Date >= $		
Nola Wolter 2365 Sonoran Trail Green Bay, WI 54313 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: AVP Aggregate Year-To-Date >= $		

SUBTOTAL of Receipts This Page (optional) 23.24

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

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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 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)
Employers Health Insurance Pac - Fed

FEC ID No. C00271087

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Colleen Pamperin 1032 Harwood Avenue Green Bay, WI 54313 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Manager Aggregate Year-To-Date > $		
B. Jill Dillard 912 Parker Drive Coppell, TX 75019 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Director Aggregate Year-To-Date > $		
C. Dell Kuhler 3905 N Lancaster Lane Apt 318 Plymouth, MN 55441 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Director Aggregate Year-To-Date > $		
D. John Glasson 8901 Stanford Court Oklahoma City, OK 73132 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Director Aggregate Year-To-Date > $		
E. John Schubert 925 E Woodcrest Drive Appleton, WI 54915 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Manager Aggregate Year-To-Date > $		
F. Kim Nedige 304 Kenney Street Green Bay, WI 54301 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Manager Aggregate Year-To-Date > $		
G. Brad Broyles 3519 Ridgebriar Dallas, TX 75234 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Director Aggregate Year-To-Date > $		

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

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 23 OF 23

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

A. Full Name, Mailing Address and ZIP Code Mike Sugden 517 Cambridge Waukesha, WI 53188 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Employers Health Insurance Occupation Director Aggregate Year-To-Date >$ 24.57	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 5.46 2.73 biweekly
B. 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
C. 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
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)	5.46
TOTAL This Period (last page this line number only)	1,375.08

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 5/19/95
☐	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

D.A.U.
PREPARER

5/22/95
DATE PREPARED

FEC FORM 70-2 (12/92)