REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2000 OCT 11 A 9:58

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)

C00330522 090600 N 279
KIP JOHN KOBUSSEN
GENERAL CASUALTY COMPANY OF WI
SCONSIN EMPLOYEES PAC
ONE GENERAL DRIVE
SUN PRAIRIE WI 53596

2. FEC IDENTIFICATION NUMBER

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

☐ 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____

☐ 30-Day Post-Election 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 7/1/00 through 9/30/00		
6. (a) Cash on Hand January 1, 19 2000		$1605.06
(b) Cash on Hand at Beginning of Reporting Period	$ 5659.93	
(c) Total Receipts (from Line 19)	$ 904.54	$5459.41
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 6564.47	$7064.47
7. Total Disbursements (from Line 30)	$ 5000.00	$5500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 1564.47	$1564.47
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

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
Kip J. Kobussen

Signature of Treasurer

Date 10/5/00

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

FEC FORM 3X
(revised 9/93)

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

(revised 1/1/91)

NAME OF COMMITTEE: General Casualty Company of Wisconsin Employee PAC

REPORT COVERING PERIOD FROM 7/1/00 TO: 9/30/00

	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)	904.54	5459.41	11(a)(i)
ii. Unitemized			11(a)(ii)
iii. Total (add i and ii) ➤	904.54	5459.41	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) ➤	904.54	5459.41	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.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	904.54	5459.41	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	904.54	5459.41	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			21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤			21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	5000.00	5500.00	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) ➤	5000.00	5500.00	30
31. Total Federal Disbursements (subtract line 21 a i from line 30) ➤			31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	904.54	5459.41	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	904.54	5459.41	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤			35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) ➤			37

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)
General Casualty Company of Wisconsin Employee PAC

A. Full Name, Mailing Address and ZIP Code NAII PAC 2600 River Road Des Plaines IL 60018	Purpose of Disbursement Donation Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 7/25/00	Amount of Each Disbursement This Period $5000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	$5000.00
TOTAL This Period (last page this line number only)	$5000.00

FE8AN103

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 5

FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

General Casualty Company of Wisconsin Employee PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Ken Anderson 5514 Kalas Street Madison WI 53716 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	General Casualty Occupation Aggregate Year-to-Date $ 230.80	7/25/00	$ 69.24
B. William Besonen 1404 HyVue Street Adel IA 50003 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	General Casualty Occupation Aggregate Year-to-Date $ 76.80	7/25/00	$ 23.04
C. James Blair 6217 Midwood Avenue Monona WI 53715 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	General Casualty Occupation Aggregate Year-to-Date $ 200.00	7/25/00	$ 60.00
D. Anthony Buschur 3937 Sunnyvale Drive DeForest WI 53532 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	General Casualty Occupation Aggregate Year-to-Date $ 75.00	7/25/00	$ 50.00
E. Robert Clarke 3806 Wolcott Des Moines IA 50321 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	General Casualty Occupation Aggregate Year-to-Date $ 76.80	7/25/00	$ 23.04
F. Judy Dabbs 4222 Dwight Drive Madison WI 53704 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	General Casualty Occupation Aggregate Year-to-Date $ 76.80	7/25/00	$ 23.04
G. Stephen Deminsky 553 Old Indian Mound Trail Sun Prairie WI 53590 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	General Casualty Occupation Aggregate Year-to-Date $ 215.32	7/25/00	$ -0-

SUBTOTAL of Receipts This Page (optional) ..... $ 248.36

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

FEBWN100

SCHEDULE A **ITEMIZED RECEIPTS**

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FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)
General Casualty Company of Wisconsin Employee PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Darrell Donaldson 3201 Robbins Rd Springfield IL 62704 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	General Casualty Occupation Aggregate Year-to-Date $ 76.80	7/25/00	$ 23.04
B. William Fitzpatrick 6928 Donnybill Road DeForest WI 53532 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	General Casualty Occupation Aggregate Year-to-Date $ 80.78	7/25/00	$ -0-
C. Ray Gilmore One General Drive Sun Prairie WI 53596 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	General Casualty Occupation Aggregate Year-to-Date $ 134.54	7/25/00	$ -0-
D. Lynn Grau 1506 Wheeler Rd Madison WI 53704 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	General Casualty Occupation Aggregate Year-to-Date $ 180.00	7/25/00	$ 40.00
E. John Hagen 2322 Lynwood Drive Sun Prairie WI 53590 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	General Casualty Occupation Aggregate Year-to-Date $ 153.80	7/25/00	$ 46.14
F. Gale Harder 5410 Comanche Way Madison WI 53704 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	General Casualty Occupation Aggregate Year-to-Date $ 75.00	7/25/00	$ 50.00
G. Roger Kaland 6416 Town Hall Drive Sun Prairie WI 53590 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	General Casualty Occupation Aggregate Year-to-Date $ 100.00	7/25/00	$ 30.00

SUBTOTAL of Receipts This Page (optional) ..... $ 189.18

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

FEDAN103

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 3 OF 5

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)
General Casualty Company of Wisconsin Employee PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Kurt Knauff 5309 Comanche Way Madison WI 53704 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	General Casualty Occupation Aggregate Year-to-Date $ 192.40	7/25/00	$ 57.72
B. Kip Kobussen 891 Eddington Drive Sun Prairie WI 53590 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	General Casualty Occupation Aggregate Year-to-Date $ 70.00	7/25/00	$ -0-
C. Larry Lawrence 6357 Heatherstone Court Sun Prairie WI 53590 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	General Casualty Occupation Aggregate Year-to-Date $ 134.54	7/25/00	$ -0-
D. Willism Lund 1760 Dickson Drive Sun Prairie WI 53590 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	General Casualty Occupation Aggregate Year-to-Date $ 80.00	7/25/00	$ 24.00
E. Charles Maloney One General Drive Sun Prairie WI 53596 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	General Casualty Occupation Aggregate Year-to-Date $ 153.80	7/25/00	$ 46.14
F. Mike Martin 1563 Pebblebrook Trail Sun Prairie WI 53590 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	General Casualty Occupation Aggregate Year-to-Date $ 100.00	7/25/00	$ 30.00
G. Thomas Parker 5789 Seminole Ridge Fitchburg WI 53711 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	General Casualty Occupation Aggregate Year-to-Date $ 84.00	7/25/00	$ -0-

SUBTOTAL of Receipts This Page (optional) ..... $ 157.86

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

PEBANI 03

SCHEDULE A **ITEMIZED RECEIPTS**

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FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)
General Casualty Company of Wisconsin Employee PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Pete McPartland 7854 Black River Road Verona WI 53593 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	General Casualty Occupation Aggregate Year-to-Date $ 75.00	7/25/00	$ -0-
B. Gary Pate 134 Fairbrook Drive Waunakee WI 53597 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	General Casualty Occupation Aggregate Year-to-Date $ 200.00	7/25/00	$ 60.00
C. John Pollock 1155 Farewell Drive Madison WI 53704 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	General Casualty Occupation Aggregate Year-to-Date $ 1,346.10	7/25/00	$ -0-
D. John Quinn 1906 Tree Line Court Waukesha WI 53188 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	General Casualty Occupation Aggregate Year-to-Date $ 80.00	7/25/00	$ 24.00
E. Harold Rollette 1170 McMahon Drive Sun Prairie WI 53590 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	General Casualty Occupation Aggregate Year-to-Date $ 53.83	7/25/00	$ -0-
F. Mark Schmitz 815 Katherine Drive Sun Prairie WI 53590 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	General Casualty Occupation Aggregate Year-to-Date $ 153.80	7/25/00	$ 46.14
G. Paul Schulte 417 Oakland Avenue Sun Prairie WI 53590. Receipt For: ☐ Primary ☐ General ☐ Other (specify):	General Casualty Occupation Aggregate Year-to-Date $ 280.00	7/25/00	$ -0-

SUBTOTAL of Receipts This Page (optional) ..... $ 130.14

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

FEBAN100

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 5 OF 5

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NAME OF COMMITTEE (in Full)
General Casualty Company of Wisconsin Employee PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Patrick Shaw One General Drive Sun Prarile WI 53590 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: General Casualty Occupation: Aggregate Year-to-Date > $ 80.00	7/25/00	$ 24.00
B. Anne Smith 901 Powder Horn Road Sun Prairie WI 53590 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: General Casualty Occupation: Aggregate Year-to-Date > $ 168.00	7/25/00	$ -0-
C. Don Suominen 1501 Comanche Glen Madison WI 53704 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: General Casualty Occupation: Aggregate Year-to-Date > $ 168.00	7/25/00	$ -0-
D. William Thielmann 530 Orchard Madison WI 53711 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: General Casualty Occupation: Aggregate Year-to-Date > $ 100.00	7/25/00	$ 30.00
E. Art Volkman 1410 Wyndwood Way Madison WI 53704 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: General Casualty Occupation: Aggregate Year-to-Date > $ 187.50	7/25/00	$125.00
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) ..... $ 179.00

TOTAL This Period (last page this line number only) ..... $ 904.54

FEDANI ID

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 10/5/00
☐	Registered/Certified Mail	POSTMARKED (R/C)
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

CR — PREPARER

10/11/00 — DATE PREPARED

(6/2000)