EMPLOYERS HEALTH INSURANCE
EMPHESYS
[illegible]

1100 EMPLOYERS BLVD
GREEN BAY, WI 54344
TOLL FREE: 800 [illegible] 4444

July 19, 1994

Mr. Neil Evans
Federal Election Commission
999 E Street, NW
Washington, DC 20463

Dear Mr. Evans:

Please find enclosed the amended version of our June Monthly Report (5/1/93 - 5/31/93) per your request of July 13, 1994.

If you should have any other questions, please feel free to contact me at 414-337-5618.

Sincerely,

EMPLOYERS HEALTH INSURANCE COMPANY

Allan R. Patek
Treasurer, E-PAC

Enclosure

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FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

Allen Patek, Treasurer
Employers Health Insurance
Politcal Action Committee-Fed
1100 Employers Blvd.
Green Bay, WI 54344

JUL 13 1994

Identification Number: C00271007

Reference: June Monthly Report (5/1/93-5/31/93)

Dear Mr. Patek:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Line 11(a)(i) of the Detailed Summary Page of your report discloses a total of $681.16 in individual itemized contributions. The sum of the entries itemized on Schedule A, however, indicates the total to be $661.16. Please amend your report to clarify the discrepancy.

-For your information, all contributions received that aggregate $200 or less per individual for the calendar year should be reported on Line 11(a)(ii). Contributions received aggregating over $200 per individual for the calendar year should be reported on Line 11(a)(i) and itemized on Schedule A.

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 219-3580.

Sincerely,

Neil Evans
Reports Analyst
Reports Analysis Division

254

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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 - PED

ADDRESS (number and street) ☐ Check if different than previously reported

1100 Employers Blvd

CITY, STATE and ZIP CODE

Green Bay, WI 54344

JUL 2 11 33 AM '93

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 5. Covering Period 5/1/93 through 5/31/93	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 19		$ 2,477.07
(b) Cash on Hand at Beginning of Reporting Period	$ 5,041.80	
(c) Total Receipts (from line 19)	$ 681.16	$ 3,845.89
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 5,722.96	$ 6,322.96
7 Total Disbursements (from Line 30)	$ -0-.	$ 600.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 5,722.96	$ 5,722.96
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

Date

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)

9 4 5 5 1 4 3 9 3 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 5/1/93 TO: 5/31/93

	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)	681.16	3845.89
ii. Unitemized	0.00	0.00
iii. Total (add i and ii) ➤	681.16	3845.89
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) ➤	681.16	3845.89
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) ➤	681.16	3845.89
20. Total Federal Receipts (subtract line 18 from line 19) ➤	681.16	3845.89
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	600.00
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	600.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	0.00	600.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d)	681.16	3845.89
33. Total Contribution Refunds (from line 28d)	0.00	0.00
34. Net Contributions (other than loans) (subtract line 33 from 32)	681.16	3845.89
35. Total Federal Operating Expenditures (add 21 a ii 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

SCHEDULE A

ITEMIZED RECEIPTS

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

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

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 > $ 57.53	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 > $ 95.92	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 > $ 55.00	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 > $ 37.18	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 > $ 33.00	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: VP Aggregate Year-to-Date > $110.00	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 > $188.32	Payroll Deduction	($17.12 biweekly) 34.24

SUBTOTAL of Receipts This Page (optional) 104.90

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

9 4 0 3 1 4 5 9 2 9

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. Diane Skenadore 1260 Skylark Lane Green Bay, WI 54543 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: AVP Aggregate Year-to-Date > $ 55.00	Payroll Deduction	($5.00 biweekly) 10.00
B. Jennifer Greene 2200 Beach Street San Francisco, CA 94123 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Sales Director Aggregate Year-to-Date > $ 5.00	Payroll Deduction beginning 5/28	($5.00 biweekly) 5.00
C. Laurence VeldKamp 6905 Park Edge Drive Madison, WI 53719 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employers Health Insurance Occupation: Sales Director Aggregate Year-to-Date > $ 10.14	Payroll Deduction beginning 5/28	($10.14 biweekly) 10.14
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) > 25.14

TOTAL This Period (last page only line number only) > 681.16

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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 7-20-94
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

MMR — PREPARER

7-25-94 — DATE PREPARED

FEC FORM 70-2 (12/92)

9 4 0 3 9 1 4 3 2 4 1