

FEC
FORM 1

STATEMENT OF
ORGANIZATION

(See instructions)

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FEC MAIL ROOM

2001 MAY 10 P 2: 25

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

WAUSAU BENEFITS INC POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

800 W BRIDGE ST

(Check if address
is changed)

WAUSAU

WI

54401

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

Paul.Buchberger@WausauBenefits.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

http://WausauBenefits.com

2. DATE

05 03 2001

3. FEC IDENTIFICATION NUMBER ▶

(C)

4. IS THIS STATEMENT



NEW (N)

OR



AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer:

Paul Buchberger

Signature of Treasurer

Date

05 03 2001

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 1/01)

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State _____ District _____

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

(d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

MANISAU BENEFITS INC _____

Mailing Address 1800 W BRIDGE ST _____

MANISAU _____ WIS 54401- _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship Connected _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

WAUSAU BENEFITS, INC.

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name Treasurer

Mailing Address _____

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 715-841-3513

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Paul Buchberger

Mailing Address 1800 W BRIDGE ST

WAUSAU WI 54401

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Counsel Telephone number 715-841-3513

Full Name of Designated Agent Gretchen Schultz Throat

Mailing Address 1800 W BRIDGE ST

WAUSAU WI 54401

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Manager Telephone number 715-841-3513

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Mt. Bank

Mailing Address

600 Third St

Wausau WI 54481

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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2001 MAY 10 P 12:25

WAUSAU BENEFITSSM

May 3, 2001

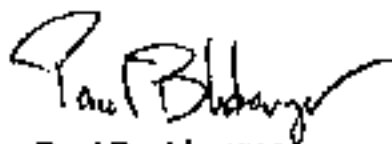
Federal Election Commission
999 E Street, NW
Washington, DC 20463

Re: Wausau Benefits, Inc. - Statement of Organization

Dear Sir or Madam:

Enclosed is a completed FEC Form 1, Statement of Organization, for the Wausau Benefits, Inc. Political Action Committee. Please feel free to contact me at (715) 841-8904 with any questions.

Very truly yours,



Paul Buchberger
Counsel and Secretary

pbi01\may10\3\wbipac.doc
Enclosure

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED <i>5-7-01</i>
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>AMU</i> PREPARER	<i>5-10-01</i> DATE PREPARED