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FEC MAIL CENTER

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

RESPONSIBLE GOVERNMENT FUND/ER PREMIUM HEALTH INC.

ADDRESS (number and street)

12 E. MIFFLIN STREET

(Check if address is changed)

SUITE 600

MADISON

WI

53703-2865

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

ajs@dewittrossi.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

12/28/2010

3. FEC IDENTIFICATION NUMBER

000491159

4. IS THIS STATEMENT

(Check if NEW)

NEW (N)

OR

(Check if AMENDED)

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

Amanda Soelle

Signature of Treasurer

[Handwritten Signature]

Date

12/28/2010

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 02/2009)

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5. TYPE OF COMMITTEE

**Candidate Committee:**

- (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 \_\_\_\_\_

**Party Committee:**

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

**Political Action Committee (PAC):**

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
  - Corporation  Corporation w/o Capital Stock  Labor Organization
  - Membership Organization  Trade Association  Cooperative
  - In addition, this committee is a Lobbyist/Registrant PAC.
- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Lobbyist/Registrant PAC.
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

**Committees Participating in Joint Fundraiser**

1.	_____	FEC ID number	C
2.	_____	FEC ID number	C
3.	_____	FEC ID number	C
4.	_____	FEC ID number	C

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Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

PREMIUM HEALTHCARE INC.

Mailing Address PO BOX 18025  
122 EAST COLLEGE AVENUE  
APPLETON WI 54912-18025  
CITY STATE ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

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 AMANDA SOELLE  
Mailing Address 2 E MIFFLIN STREET  
SUITE 600  
MADISON WI 53703-2865  
CITY STATE ZIP CODE

Title or Position ADMINISTRATOR Telephone number 608-283-5516

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 AMANDA SOELLE  
Mailing Address 2 E MIFFLIN STREET  
SUITE 600  
MADISON WI 53703-2865  
CITY STATE ZIP CODE

Title or Position ADMINISTRATOR Telephone number 608-283-5516

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Full Name of Designated Agent

JEFF HUNTER

Mailing Address

122 EAST COLLEGE AVENUE

APPLETON

CITY

WI

STATE

54912-8025

ZIP CODE

Title or Position

PRESIDENT

Telephone number

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.

MARSHALL & ELSLEY BANK

Mailing Address

11 WEST MAIN STREET

MADISON

CITY

WI

STATE

53703

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

11030540925

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fed. Exp.</i>	Shipping Date <i>1/13/11</i>
Next Business Day Delivery <input checked="" type="checkbox"/>	
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>Chew</i> PREPARER	<i>1/14/11</i> DATE PREPARED