

State of New Mexico  
 Office of the Secretary of State  
 Ethics Administration  
 325 Don Gaspar Suite 300  
 Santa Fe, New Mexico 87503  
 (800) 477-3632/(505) 827-3600

## SECRETARY OF STATE

**Dianna J. Duran**

### Report of Expenditures and Contributions

**Political Committee**

**FORM A**

**Dec, 2012**

Political Committee's Name      Property Casualty Insurers Association of America Political Account I

Date Submitted:      12/5/2012 9:07:33 PM      Date Run:      12/5/2012 9:07:33 PM      Date Due:      12/6/2012 5:00:00 PM

<b>1. FILING DEADLINES (Check the box that indicates the report being filled)</b>		
4/9/2012 Before 5PM	5/31/2012 Before 5PM	10/8/2012 Before 5PM
5/14/2012 Before 5PM	7/5/2012 Before 5PM	11/1/2012 Before 5PM
5/26/2012 Before 5PM	9/10/2012 Before 5PM	X 12/6/2012 Before 5PM
<b>3. Political Committee Complete Name</b>		
Property Casualty Insurers Association of America Political Account I		
<b>Mailing Address</b>		<b>City, State &amp; Zip Code</b>
8700 West Bryn Mawr, Suite 1200S		Chicago, IL 60631-3512
<b>Phone #</b>	<b>Fax #</b>	
(847) 297-7800		
<b>4. Name of President/Chairperson, if any, or Contact Person</b>		<b>Phone #</b> <b>Fax #</b>
<b>Mailing Address</b>		<b>City, State, Zip Code</b> <b>Fax #</b>
<b>5. Full Name of Treasurer</b>		<b>Phone #</b>
Holmes, June		(847) 297-7800
<b>Mailing Address</b>		<b>City, State, Zip Code</b> <b>Fax #</b>
8700 West Bryn Mawr, Suite 1200S		Chicago, IL 60631-3512
<b>Name &amp; Street Address of Financial Institution Where bank account is maintained (Bank Account Located in New Mexico)</b>		
US Bank. 9575 West Higgins Road, Rosemont, NM 87501		

<b>6. FINANCIAL SUMMARY</b>	
a.	OPENING BALANCE for reporting period <small>("0" If first report, or CLOSING BALANCE FROM LAST REPORT)</small>
	\$7,933.12
b.	Total Monetary Contribution this Reporting Period (Form B1 + Form B3)
	\$0.00
c.	Total Expenditures this Reporting Period (Form C + Form C1)
	\$91.01
d.	Closing Balance this Reporting Period (6a + 6b - 6c)
	\$7,842.11
e.	Total Loans To the Committee this Reporting Period (Form A1)
	\$0.00
f.	Total unpaid Campaign Debt (Form A1)
	\$0.00
g.	Total In-Kind Contributions this Reporting Period (Form B 2)
	\$0.00
7.	Special Event Work sheet Attached      Yes      X No

Political Committee's Name Property Casualty Insurers Association of America Political Account I

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1.	TOTAL DEBT CARRIED FORWARD	\$0.00
2.	TOTAL LOAN CONTRIBUTIONS	\$0.00
3.	TOTAL DEBT PAID	\$0.00
4.	TOTAL LOANS FORGIVEN	\$0.00
5.	TOTAL UNPAID DEBT	\$0.00

CERTIFICATION OF REPORT

I here by swear or affirm, under penalty of perjury, that all the information on this form and any attachments is true correct and complete to the best of my knowledge; and I further swear or affirm that if this is a final report the political committee named herein has been dissolved or no longer exists and that the committee bank account has been closed.



Attested this \_\_\_\_\_ day of \_\_\_\_\_,

\_\_\_\_\_  
(Signature of Treasurer)

\_\_\_\_\_  
(Printed Name)

**FORM B 1**  
**MONETARY CONTRIBUTIONS**

Political Committee's Name    Property Casualty Insurers Association of America Political Account I

Date Submitted:    12/5/2012 9:07:33 PM    Date Run:    12/5/2012 9:07:33 PM    Date Due:    12/6/2012 5:00:00 PM

DATE	NAME and ADDRESS of CONTRIBUTOR	OCCUPATION (of any contributor who makes a contribution of \$250 or more in an election)	AMOUNT
TOTAL			

**FORM B 2**  
**IN-KIND CONTRIBUTIONS**

Political Committee's Name    Property Casualty Insurers Association of America Political Account I

Date Submitted:    12/5/2012 9:07:33 PM    Date Run:    12/5/2012 9:07:33 PM    Date Due:    12/6/2012 5:00:00 PM

DATE	NAME and ADDRESS of CONTRIBUTOR	OCCUPATION (of any contributor who makes a contribution of \$250 or more in an election)	VALUE
<b>TOTAL</b>			

**FORM B 3**  
**LOAN CONTRIBUTIONS**

Political Committee's Name Property Casualty Insurers Association of America Political Account I

Date Submitted: 12/5/2012 9:07:33 PM Date Run: 12/5/2012 9:07:33 PM Date Due: 12/6/2012 5:00:00 PM

DATE	NAME and ADDRESS of CREDITOR	AMOUNT
<b>TOTAL</b>		

**FORM B 4**  
**LOANS FORGIVEN**

Political Committee's Name Property Casualty Insurers Association of America Political Account I

Date Submitted: 12/5/2012 9:07:33 PM Date Run: 12/5/2012 9:07:33 PM Date Due: 12/6/2012 5:00:00 PM

DATE	NAME and ADDRESS of CREDITOR	AMOUNT
<b>TOTAL</b>		

**FORM C**  
**EXPENDITURES**

Political Committee's Name    Property Casualty Insurers Association of America Political Account I

Date Submitted:    12/5/2012 9:07:33 PM    Date Run:    12/5/2012 9:07:33 PM    Date Due:    12/6/2012 5:00:00 PM

DATE	NAME and ADDRESS of PAYEE	PURPOSE	PRC Exp	AMOUNT
11/15/2012	Bank of America - 14519 Centrell Road , Little Rock AR 72223	November Service Fee		\$91.01
<b>TOTAL</b>				\$91.01

**FORM C 1**  
**LOAN REPAYMENTS**

Political Committee's Name Property Casualty Insurers Association of America Political Account I

Date Submitted: 12/5/2012 9:07:33 PM Date Run: 12/5/2012 9:07:33 PM Date Due: 12/6/2012 5:00:00 PM

DATE	NAME of CREDITOR	AMOUNT
<b>TOTAL</b>		



