

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

May, 2014

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

Date Submitted: 5/29/2014 1:52:49 PM Date Run: 5/29/2014 1:52:49 PM Date Due: 5/29/2014 5:00:00 PM

| | | |
|--|--------------|--|
| 1. FILING DEADLINES (Check the box that indicates the report being filled) | | |
| <input type="checkbox"/> 4/14/2014 Before 5PM <input type="checkbox"/> 5/12/2014 Before 5PM <input checked="" type="checkbox"/> 5/29/2014 Before 5PM | | |
| 3. Political Committee Complete Name | | |
| Property Casualty Insurers Association of America Political Account I | | |
| Mailing Address | | City, State & Zip Code |
| 8700 West Bryn Mawr, Suite 1200S | | Chicago, IL 60631-3512 |
| Phone # | Fax # | |
| (847) 297-7800 | | |
| 4. Name of President/Chairperson, if any, or Contact Person | | Phone # Fax # |
| | | |
| Mailing Address | | City, State, Zip Code Fax # |
| | | |
| 5. Full Name of Treasurer | | Phone # |
| Holmes, June | | (847) 297-7800 |
| Mailing Address | | City, State, Zip Code Fax # |
| 8700 West Bryn Mawr, Suite 1200S | | Chicago, IL 60631-3512 |
| Name & Street Address of Financial Institution Where bank account is maintained (Bank Account Located in New Mexico) | | |
| Bank of America. 303 Roma NW, Albuquerque, NM 87102 | | |

| | | |
|-----------------------------|--|-------------|
| 6. FINANCIAL SUMMARY | | |
| a. | OPENING BALANCE for reporting period <small>("0" If first report, or CLOSING BALANCE FROM LAST REPORT)</small> | \$61,377.08 |
| b. | Total Monetary Contribution this Reporting Period (Form B1 + Form B3) | \$139.00 |
| c. | Total Expenditures this Reporting Period (Form C + Form C1) | \$5,000.00 |
| d. | Closing Balance this Reporting Period (6a + 6b - 6c) | \$56,516.08 |
| 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 | |

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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: 5/29/2014 1:52:49 PM Date Run: 5/29/2014 1:52:49 PM Date Due: 5/29/2014 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 |
|--------------|---|---|-----------------|
| 5/16/2014 | American Service Insurance Company Inc. - 150 NW Point Blvd Fl 5, Elk Grove Village IL 60007 | Insurance | \$59.00 |
| 5/16/2014 | LUBA Casualty Insurance Company - 2351 Energy Dr Ste 2000, Baton Rouge LA 70808 | Insurance | \$35.00 |
| 5/16/2014 | NCMIC Insurance Company - 14001 University Ave , Clive IA 50325 | Insurance | \$45.00 |
| TOTAL | | | \$139.00 |

FORM B 2
IN-KIND CONTRIBUTIONS

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

Date Submitted: 5/29/2014 1:52:49 PM Date Run: 5/29/2014 1:52:49 PM Date Due: 5/29/2014 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 |
|--------------|---------------------------------|---|-------|
| TOTAL | | | |

FORM B 3
LOAN CONTRIBUTIONS

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

Date Submitted: 5/29/2014 1:52:49 PM Date Run: 5/29/2014 1:52:49 PM Date Due: 5/29/2014 5:00:00 PM

| DATE | NAME and ADDRESS of CREDITOR | AMOUNT |
|--------------|------------------------------|--------|
| TOTAL | | |

FORM B 4
LOANS FORGIVEN

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

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| DATE | NAME and ADDRESS of CREDITOR | AMOUNT |
|--------------|------------------------------|--------|
| TOTAL | | |

FORM C
EXPENDITURES

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

Date Submitted: 5/29/2014 1:52:49 PM Date Run: 5/29/2014 1:52:49 PM Date Due: 5/29/2014 5:00:00 PM

| DATE | NAME and ADDRESS of PAYEE | PURPOSE | PRC Exp | AMOUNT |
|--------------|---|-------------------|---------|------------|
| 5/20/2014 | Friends of Carl Heastie - PO Box 840 Baychester Station , Bronx NY 10469 | 2014 Primary | | \$3,500.00 |
| 5/20/2014 | Republican Assembly Campaign Committee - 315 State Street , Albany NY 12210 | 2014 Contribution | | \$500.00 |
| 5/16/2014 | Hevesi for Assembly - P.O. Box 720588 , Jackson Heights NY 11372 | 2014 Primary | | \$1,000.00 |
| TOTAL | | | | \$5,000.00 |

FORM C 1
LOAN REPAYMENTS

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

Date Submitted: 5/29/2014 1:52:49 PM Date Run: 5/29/2014 1:52:49 PM Date Due: 5/29/2014 5:00:00 PM

| DATE | NAME of CREDITOR | AMOUNT |
|--------------|------------------|--------|
| TOTAL | | |

