

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

Jul, 2014

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

Date Submitted: 7/2/2014 10:13:23 AM Date Run: 7/2/2014 10:13:23 AM Date Due: 7/3/2014 5:00:00 PM

1. FILING DEADLINES (Check the box that indicates the report being filled)	
4/14/2014 Before 5PM 5/12/2014 Before 5PM 5/29/2014 Before 5PM	<input checked="" type="checkbox"/> 7/3/2014 Before 5PM

3.	Political Committee Complete Name Property Casualty Insurers Association of America Political Account I		
	Mailing Address 8700 West Bryn Mawr, Suite 1200S	City, State & Zip Code Chicago, IL 60631-3512	
	Phone # (847) 297-7800	Fax #	
4.	Name of President/Chairperson, if any, or Contact Person		Phone # Fax #
	Mailing Address	City, State, Zip Code	Fax #
5.	Full Name of Treasurer Holmes, June		Phone # (847) 297-7800
	Mailing Address 8700 West Bryn Mawr, Suite 1200S	City, State, Zip Code Chicago, IL 60631-3512	Fax #
	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 (*0* If first report, or CLOSING BALANCE FROM LAST REPORT)	\$56,516.08	
b.	Total Monetary Contribution this Reporting Period (Form B1 + Form B3)	\$166.00	
c.	Total Expenditures this Reporting Period (Form C + Form C1)	\$0.00	
d.	Closing Balance this Reporting Period (6a + 6b - 6c)	\$56,682.08	
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: 7/2/2014 10:13:23 AM Date Run: 7/2/2014 10:13:23 AM Date Due: 7/3/2014 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
5/29/2014	DTRIC Insurance Company Limited - 1600 Kapiolani Blvd Ste 1520, Honolulu HI 96814	Insurance	\$12.00
5/29/2014	Torus Specialty Insurance Company - Harborside Financial Center Plaza 5 STE 2900, Jersey City NJ 07311	Insurance	\$154.00
TOTAL			\$166.00

FORM B 2
IN-KIND CONTRIBUTIONS

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

Date Submitted: 7/2/2014 10:13:23 AM Date Run: 7/2/2014 10:13:23 AM Date Due: 7/3/2014 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: 7/2/2014 10:13:23 AM Date Run: 7/2/2014 10:13:23 AM Date Due: 7/3/2014 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

Date Submitted: 7/2/2014 10:13:23 AM Date Run: 7/2/2014 10:13:23 AM Date Due: 7/3/2014 5:00:00 PM

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: 7/2/2014 10:13:23 AM Date Run: 7/2/2014 10:13:23 AM Date Due: 7/3/2014 5:00:00 PM

DATE	NAME and ADDRESS of PAYEE	PURPOSE	PRC Exp	AMOUNT
TOTAL				

FORM C 1
LOAN REPAYMENTS

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

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DATE	NAME of CREDITOR	AMOUNT
TOTAL		

