

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

Report of Expenditures and Contributions

Political Committee

FORM A

May, 2016

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

Date Submitted: 5/3/2016 7:38:11 AM Date Run: 5/3/2016 7:38:11 AM Date Due: 5/9/2016 11:59:00 PM

1. FILING DEADLINES (Check the box that indicates the report being filled)	
4/11/2016 Before 5PM	<input type="checkbox"/>
X 5/9/2016 Before 5PM	<input checked="" type="checkbox"/>

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)	\$57,010.08
b.	Total Monetary Contribution this Reporting Period (Form B1 + Form B3)	\$2,142.00
c.	Total Expenditures this Reporting Period (Form C + Form C1)	\$0.00
d.	Closing Balance this Reporting Period (6a + 6b - 6c)	\$59,152.08
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

FORM B 1
MONETARY CONTRIBUTIONS

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

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DATE	NAME and ADDRESS of CONTRIBUTOR	OCCUPATION (of any contributor who makes a contribution of \$250 or more in an election)	AMOUNT
4/21/2016	ACCC Insurance Company - 390 Benmar Dr , Houston TX 77060	Insurance	\$211.00
4/21/2016	National Indemnity Company - 1314 Douglas St Ste 1400, Omaha NE 68102	Insurance	\$1,149.00
4/21/2016	Virginia Farm Bureau Mutual Insurance Company - 12580 W Creek Pkwy , Richmond VA 23238	Insurance	\$55.00
4/21/2016	West Bend Mutual Insurance Company - 1900 S 18th Ave , West Bend WI 53095	Insurance	\$460.00
4/14/2016	Agricultural Workers Mutual Auto Insurance Company - 5500 Lower Birdville Rd , Fort Worth TX 76117	Insurance	\$22.00
4/14/2016	AmeriHealth Casualty Insurance Company - 1700 Market St Ste 700, Philadelphia PA 19103	Insurance	\$13.00
4/14/2016	Civil Service Employees Insurance Company - 2121 N California Blvd , Walnut Creek CA 94596	Insurance	\$74.00
4/14/2016	South Carolina Farm Bureau Mutual Insurance Company - 724 Knox Abbott Dr , Cayce SC 29033	Insurance	\$44.00
4/7/2016	American Integrity Insurance Company of Florida - 5426 Bay Center Dr Fl 6, Tampa FL 33609	Insurance	\$55.00
4/7/2016	ReliaMax Surety Company - 2300 E 54th St N , Sioux Falls SD 57104	Insurance	\$9.00
4/7/2016	Topa Insurance Company - 1800 Avenue of the Stars Fl 12, Los Angeles CA 90067	Insurance	\$50.00
TOTAL			\$2,142.00

FORM B 2
IN-KIND CONTRIBUTIONS

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

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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

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DATE	TRANSFER 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: 5/3/2016 7:38:11 AM Date Run: 5/3/2016 7:38:11 AM Date Due: 5/9/2016 11:59:00 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		

