

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

Dec, 2016

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

Date Submitted: 12/8/2016 8:48:43 AM Date Run: 12/8/2016 8:48:43 AM Date Due: 12/8/2016 11:59:00 PM

1. FILING DEADLINES (Check the box that indicates the report being filled)		
4/11/2016 Before 5PM	7/7/2016 Before 5PM	11/3/2016 Before 5PM
5/9/2016 Before 5PM	9/12/2016 Before 5PM	X 12/8/2016 Before 5PM
6/2/2016 Before 5PM	10/11/2016 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)	\$5,399.08
b.	Total Monetary Contribution this Reporting Period (Form B1 + Form B3)	\$133.00
c.	Total Expenditures this Reporting Period (Form C + Form C1)	\$0.00
d.	Closing Balance this Reporting Period (6a + 6b - 6c)	\$5,532.08
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
11/29/2016	Guarantee Insurance Company - 401 E Las Olas Blvd Ste 1650, Fort Lauderdale FL 33301	Insurance	\$73.00
11/29/2016	Maxum Indemnity Company - 3655 N Point Pkwy Ste 500, Alpharetta GA 30005	Insurance	\$50.00
11/3/2016	Peachtree Casualty Insurance Company - 980 Hammond Dr Ste 750, Atlanta GA 30328	Insurance	\$4.00
11/3/2016	Southern States Insurance Exchange - 6606 W Broad St , Richmond VA 23230	Insurance	\$6.00
TOTAL			\$133.00

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

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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		

