

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, 2020

Political Committee's Name American Property Casualty Insurance Association Political Account I

Date Submitted: 5/11/2020 1:01:33 PM Date Run: 5/11/2020 1:01:33 PM Date Due: 5/11/2020 11:59:00 PM

1. FILING DEADLINES (Check the box that indicates the report being filled)	
4/13/2020 Before 5PM	
X 5/11/2020 Before 5PM	

3.	Political Committee Complete Name American Property Casualty Insurance Association 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)	\$117,272.24
b.	Total Monetary Contribution this Reporting Period (Form B1 + Form B3)	\$5,641.00
c.	Total Expenditures this Reporting Period (Form C + Form C1)	\$0.00
d.	Closing Balance this Reporting Period (6a + 6b - 6c)	\$122,913.24
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 American Property Casualty Insurance Association 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
4/23/2020	Allianz Global Risks - 225 W Washington St , Chicago IL 60606	Insurance	\$1,524.00
4/23/2020	Canopus US Insurance Inc. - 200 S Wacker Dr Ste 950, Chicago IL 60606	Insurance	\$10.00
4/23/2020	Mortgage Guaranty Insurance Corporation - 250 E Kilbourn Ave Ste 420H, Milwaukee WI 53202	Insurance	\$16.00
4/14/2020	Argonaut Insurance Company - 175 E Houston St , San Antonio TX 78205	Insurance	\$809.00
4/14/2020	Church Mutual Insurance Company S.I. - 3000 Schuster Ln , Merrill WI 54452	Insurance	\$526.00
4/14/2020	Elephant Insurance Company - Deep Run I 9950 Mayland Drive STE 400, Henrico VA 23233	Insurance	\$140.00
4/14/2020	Farmers Insurance Company of Flemington - 23 Royal Rd Ste 100, Flemington NJ 08822	Insurance	\$16.00
4/14/2020	Hiscox Insurance Company Inc. - 233 N Michigan Ave Ste 1840, Chicago IL 60601	Insurance	\$324.00
4/14/2020	Horace Mann Insurance Company - 1 Horace Mann Plz , Springfield IL 62715	Insurance	\$458.00
4/14/2020	Standard Guaranty Insurance Company - 260 Interstate North Circle Northwest , Atlanta GA 30339	Insurance	\$1,818.00
TOTAL			\$5,641.00

FORM B 2
IN-KIND CONTRIBUTIONS

Political Committee's Name American Property Casualty Insurance Association 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 American Property Casualty Insurance Association 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 American Property Casualty Insurance Association Political Account I

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DATE	NAME and ADDRESS of CREDITOR	AMOUNT
TOTAL		

FORM C
EXPENDITURES

Political Committee's Name American Property Casualty Insurance Association 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 American Property Casualty Insurance Association Political Account I

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DATE	NAME of CREDITOR	AMOUNT
TOTAL		

