

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

Jul, 2020

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

Date Submitted: 7/1/2020 10:19:14 AM Date Run: 7/1/2020 10:19:14 AM Date Due: 7/2/2020 11:59:00 PM

1. FILING DEADLINES (Check the box that indicates the report being filled)	
4/13/2020 Before 5PM	<input checked="" type="checkbox"/> X 7/2/2020 Before 5PM
5/11/2020 Before 5PM	
5/28/2020 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)	\$104,525.24
b.	Total Monetary Contribution this Reporting Period (Form B1 + Form B3)	\$664.00
c.	Total Expenditures this Reporting Period (Form C + Form C1)	\$25,000.00
d.	Closing Balance this Reporting Period (6a + 6b - 6c)	\$80,189.24
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
6/26/2020	Ascot Insurance Company - 212 Maple Ave , Red Bank NJ 07701	Insurance	\$16.00
6/26/2020	Kingstone Insurance Company - 15 Joys Ln , Kingston NY 12401	Insurance	\$100.00
6/26/2020	Weston Insurance Company - 2555 Ponce De Leon Blvd Ste 300, Coral Gables FL 33134	Insurance	\$43.00
6/18/2020	High Point Preferred Insurance Company - 581 Main St Ste 400, Woodbridge NJ 07095	Insurance	\$212.00
6/18/2020	Rider Insurance Company - 581 Main St Ste 400, Woodbridge NJ 07095	Insurance	\$17.00
6/18/2020	Talisman Casualty Insurance Company LLC - 7881 W Charleston Blvd Ste 210, Las Vegas NV 89117	Insurance	\$16.00
6/11/2020	Clearcover Insurance Company - 33 W Monroe St Ste 500, Chicago IL 60603	Insurance	\$19.00
6/11/2020	Metromile Insurance Company - 690 Folsom St Ste 200, San Francisco CA 94107	Insurance	\$59.00
6/4/2020	Noblr Reciprocal Exchange - 1 Union St Ste 210, San Francisco CA 94111	Insurance	\$19.00
6/4/2020	The Dentists Insurance Company - 1201 K St Fl 17, Sacramento CA 95814	Insurance	\$13.00
5/28/2020	Quincy Mutual Fire Insurance Company - 57 Washington St , Quincy MA 02169	Insurance	\$150.00
TOTAL			\$664.00

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
6/22/2020	New York State Democratic Senate Campaign Committee (DSCC) - 111 Washington Ave. Suite 409 , Albany NY 12210	2020 Contribution		\$25,000.00
TOTAL				\$25,000.00

FORM C 1
LOAN REPAYMENTS

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DATE	NAME of CREDITOR	AMOUNT
TOTAL		

