REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)

National Association of Mutual Insurance Companies (NAMIC) PAC

ADDRESS (number and street) [ ] Check if different than previously reported

3601 Vincennes Road, P. O. Box 68700

CITY, STATE and ZIP CODE

Indianapolis, IN 46268

2. FEC IDENTIFICATION NUMBER
C00170258

3. [X] This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

FEB 1 12 34 PM '94

4. TYPE OF REPORT

(a) [ ] April 15 Quarterly Report

[ ] July 15 Quarterly Report

[ ] October 15 Quarterly Report

[X] January 31 Year End Report

[ ] July 31 Mid Year Report (Non-election Year Only)

[ ] Termination Report

Monthly Report Due On:

[ ] February 20 [ ] June 20 [ ] October 20
[ ] March 20 [ ] July 20 [ ] November 20
[ ] April 20 [ ] August 20 [ ] December 20
[ ] May 20 [ ] September 20 [ ] January 31

[ ] Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

[ ] Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? [ ] YES [X] NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 7/1/93 through 12/31/93		
6. (a) Cash on Hand January 1, 19 93		$ 28,347.96
(b) Cash on Hand at Beginning of Reporting Period	$ 24,028.18	
(c) Total Receipts (from Line 19)	$ 12,938.45	$ 16,318.67
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 36,966.63	$ 44,866.63
7. Total Disbursements (from Line 30)	$ 6,774.11	$ 14,674.11
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 30,192.52	$ 30,192.52
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer
Dale D. Skuna

Signature of Treasurer

Date
1/24/94

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

FEC FORM 3X
(revised 9/93)

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: National Association of Mutual Insurance Cos. (NAMIC) PAC

REPORT COVERING PERIOD FROM 7/1/93 TO: 12/31/93

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11	Contributions (other than loans) From:		
	a. Individual/Persons Other Than Political Committees		
	i. Itemized (use Schedule A)	2,600.00	2,850.00
	ii. Unitemized	9,007.89	11,227.89
	iii. Total (add i and ii) ➤	11,607.89	14,077.89
	b. Political Party Committees		
	c. Other Political Committees (such as PACs)	1,000.00	1,750.00
	d. Total Contributions (add a iii, b and c) ➤	12,607.89	15,827.89
12	Transfers From Affiliated/Other Party Committees		
13	All Loans Received		
14	Loan Repayments Received		
15	Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16	Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17	Other Federal Receipts (Dividends, Interest, etc.)	330.56	490.78
18	Transfers from Nonfederal Account for Joint Activity	0	0
19	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	12,938.45	16,318.67
20	Total Federal Receipts (subtract line 18 from line 19) ➤	12,938.45	16,318.67
	II. Disbursements		
21	Operating Expenditures:		
	a. Shared Federal/Non-Federal Activity (from Schedule H4)		
	i. Federal Share		
	ii. Non-Federal Share		
	b. Other Federal Operating Expenditures	74.11	74.11
	c. Total Operating Expenditures (add a i, a ii, and b) ➤	74.11	74.11
22	Transfers to Affiliated/Other Party Committees		
23	Contributions to Federal Candidates/Committees and Other Political Committees	6,700.00	14,600.00
24	Independent Expenditures (use Schedule E)		
25	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26	Loan Repayments Made		
27	Loans Made		
28	Refunds of Contributions To:		
	a. Individuals/Persons Other Than Political Committees		
	b. Political Party Committees		
	c. Other Political Committees (such as PACs)		
	d. Total Contribution Refunds (add a, b and c) ➤		
29	Other Disbursements		
30	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	6,774.11	14,674.11
31	Total Federal Disbursements (subtract line 21 a II from line 30) ➤	6,774.11	14,674.11
	III. Net Contributions/Operating Expenditures		
32	Total Contributions (other than loans)(from line 11d)	12,607.89	15,827.89
33	Total Contribution Refunds (from line 28d)	0	0
34	Net Contributions (other than loans)(subtract line 33 from 32)	12,607.89	15,827.89
35	Total Federal Operating Expenditures (add 21 a I and 21 b) ➤	74.11	74.11
36	Offsets to Operating Expenditures (from line 15)	0	0
37	Net Operating Expenditures (subtract line 36 from 35) ➤	74.11	74.11

2 4 3 3 7 7 1 1 3 7

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 2

FOR LINE NUMBER 11 a.i.

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies (NAMIC) PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. John Arbuckle, Sr. R. R. #4, Box 144 Lewisburg, WV 24901 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: Farmers Home Fire Ins. Co. of West Virginia Occupation: Secretary/Treasurer Aggregate Year-to-Date $	9/24/93 10/06/93 260.00	250.00
B. John Arbuckle, Jr. R. R. #4, Box 144 Lewisburg, WV 24901 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: Farmers Home Fire Ins. Co. of West Virginia Occupation: Asst.Sec'y/Treas. Aggregate Year-to-Date $	9/24/93 10/06/93 260.00	250.00
C. Larry L. Forrester 204 East Drive Lebanon, IN 46052 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: N.A.M.I.C. Occupation: President Aggregate Year-to-Date $	9/24/93 300.00	300.00
D. George Guptill 60 Rogers Lane Sparta, NJ 07871 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: Franklin Mutual Ins.Co. Occupation: President Aggregate Year-to-Date $	10/05/93 250.00	250.00
E. Alden Ives 17 Williams Glen Way Glastonbury, CT 06033 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: Patrons Mutual Ins. Occupation: President Aggregate Year-to-Date $	10/06/93 250.00	250.00
F. Dean Johnson Mound City, MO 64470 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer: Farmers Mutual Fire & Lightning Ins. Co. Occupation: Secretary/Treasurer Aggregate Year-to-Date $	8/26/93 250.00	250.00
G. Donald Litten Box 712 Harrisonburg, VA 22801 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer: Rockingham Mutual Ins. Company Occupation: Director Aggregate Year-to-Date $	10/06/93 250.00	250.00

SUBTOTAL of Receipts This Page (optional) 1,800.00

TOTAL This Period (last page this line number only) .....

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 2 OF 2

FOR LINE NUMBER 11 a.i.

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies (NAMIC) PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ralph Timothy Russell 117 W. Rosella Avenue Foley, AL 36535 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Baldwin Mutual Ins. Co. Occupation: Executive Vice President Aggregate Year-to-Date > $ 250.00	8/26/93	250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dale D. Skupa 950 Williamsburg Lane Zionsville, IN 46077 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	N.A.M.I.C. Occupation: V.P. Gov't.Affairs Aggregate Year-to-Date > $ 250.00	10/06/93	250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Harold W. Walters 1300 Bristol Road Hutchinson, KS 67502 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Retired Occupation: Aggregate Year-to-Date > $ 300.00	10/06/93	300.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) > 500.00

TOTAL This Period (last page this line number only) > 2,600.00

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SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 1

FOR LINE NUMBER 11c.

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NAME OF COMMITTEE (in Full)

National Association of Mutual Insurance Companies (NAMIC) PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Nationwide Political Participation Committee One Nationwide Plaza Columbus, OH 43216 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Aggregate Year-to-Date > $ 1,000.00	10/21/93	1,000.00
B. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) >

TOTAL This Period (last page this line number only) > 1,000.00

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 2

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

National Association of Mutual Insurance Companies (NAMIC) PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Toby Roth for Congress 94 Committee P. O. Box 2673 Appleton, WI 54913	Representative WI Campaign Contrib. Disbursement for: [ ] Primary [X] General [ ] Other (specify)	7/1/93	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Dan Burton for Congress Committee P. O. Box 50593 Indianapolis, IN 46250	Representative IN Campaign Contrib. Disbursement for: [ ] Primary [X] General [ ] Other (specify)	7/15/93	150.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Committee to Re-elect Harold E. Ford P. O. Box 3858 Memphis, TN 38173	Representative TN Campaign Contrib. Disbursement for: [ ] Primary [X] General [ ] Other (specify)	7/27/93	250.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Douglland for Congress Committee P. O. Box 2864 Washington, DC 20013	Representative NE Campaign Contrib. Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/4/93	500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Paxon for Congress P. O. Box 1995 Williamsville, NY 14231	Representative NY Campaign Contrib. Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/12/93	500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Gekas for Congress 3569 Beech Down Drive Chantilly, VA 22021	Representative PA Campaign Contrib. Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/26/93	500.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Committee to Re-elect Congressman Tom Ewing 1350 Eye St., NW, Suite 870 Washington, DC 20005	Representative IL Campaign Contrib. Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/23/93	500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Norton Behr Testimonial Dinner Nat'l.Council for Senior Citizens 1331 F St, NW Washington, DC 20004-1171	Dinner Expenses Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	10/05/93	175.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Nussle for Congress Committee 6010 Franconia Road Alexandria, VA 22310	Representative IA Campaign Contrib. Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/25/93	500.00

SUBTOTAL of Disbursements This Page (optional) 3,575.00

TOTAL This Period (last page this line number only) .....

94 0372 1 7 3

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies (NAMIC) PAC

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Friends of George Brown Committee P. O. Box 1861 Colton, CA 92324-0808	Representative CA Campaign Contrib. Disbursement for: Primary [X] General Other (specify)	10/25/93	500.00
B. Friends of Cliff Stearns P. O. Box 308 Silver Springs, FL 34489	Representative FL Campaign Contrib. Disbursement for: Primary [X] General Other (specify)	10/25/93	500.00
C. Trumpeter Award Dinner c/o Nat'l.Consumers League 815 15th St. NW, Suite 928N Washington, DC 20005	Dinner Expenses Disbursement for Primary General Other (specify)	10/25/93	125.00
D. Friends of Newt Gingrich P. O. Box 1399 Roswell, GA 30077-9830	Representative GA Campaign Contrib. Disbursement for: Primary [X] General Other (specify)	11/11/93	500.00
E. Orton for Congress 555 New Jersey Ave.NW, Suite 201 Washington, DC 20001	Representative UT Campaign Contrib. Disbursement for: Primary [X] General Other (specify)	12/03/93	500.00
F. Earl Pomeroy for Congress 555 New Jersey Ave.NW, Suite 201 Washington, DC 20001	Representative ND Campaign Contrib. Disbursement for: Primary [X] General Other (specify)	12/03/93	500.00
G. Committee to Re-elect Louise Slaughter P. O. Box 14117 Rochester, NY 14614	Representative NY Campaign Contrib. Disbursement for: Primary [X] General Other (specify)	12/03/93	500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) 3,125.00

TOTAL This Period (last page this line number only) 6,700.00

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	DATE OF RECEIPT
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 1-27-94
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

[illegible] 2-1-94

PREPARER DATE PREPARED

FEC FORM 70-2 (12/92)