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

RECEIVED
FEDERAL ELECTION COMMISSION MAIL ROOM
2000 FEB -1 A 12:05

2. FEC IDENTIFICATION NUMBER
C 00170258

3. [X] This committee has qualified as a multicandidate committee, (see FEC FORM 1M)
Prior to 1-1-94

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

☐ 12-Day Pre-Election Report for the ____ (Type of Election)
election on _____ in the State of _____

☐ 30-Day Post-Election 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 07/01/99 through 12/31/99		
6. (a) Cash on Hand January 1, 19 99		$3,924
(b) Cash on Hand at Beginning of Reporting Period	$ 9,429	
(c) Total Receipts (from Line 19)	$ 14,111	$ 28,866
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 23,540	$ 32,790
7. Total Disbursements (from Line 30)	$ 13,857	$ 23,107
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 9,683	$ 9,683
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

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
Gregg Dykstra

Signature of Treasurer

Date
1/31/00

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 8/98)

FEBAN121

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

(revised 1/1/91)

NAME OF COMMITTEE: National Association of Mutual Insurance Companies PAC

REPORT COVERING PERIOD FROM 7/1/99 TO: 12/31/99

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	500	5,650	11(a)(i)
ii. Unitemized	9,050	17,615	11(a)(ii)
iii. Total (add i and ii) ➤			11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)	4,500	5,500	11(c)
d. Total Contributions (add a iii, b and c) ➤	14,050	28,765	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)	61	101	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	14,111	28,866	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	14,111	28,866	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)(i)
i. Federal Share			21(a)(ii)
ii. Non-Federal Share			21(b)
b. Other Federal Operating Expenditures			21(c)
c. Total Operating Expenditures (add a i, a ii, and b) ➤			22
22. Transfers to Affiliated/Other Party Committees	13,850	23,100	23
23. Contributions to Federal Candidates/Committees and Other Political Committees			24
24. Independent Expenditures (use Schedule E)			25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			26
26. Loan Repayments Made			27
27. Loans Made			
28. Refunds of Contributions To:			28(a)
a. Individuals/Persons Other Than Political Committees			28(b)
b. Political Party Committees			29(c)
c. Other Political Committees (such as PACs)			28(d)
d. Total Contribution Refunds (add a, b and c) ➤	7	7	29
29. Other Disbursements	13,857	23,107	30
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	13,857	23,107	31
31. Total Federal Disbursements (subtract line 21 a i from line 30) ➤			
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	14,050	28,765	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	14,050	28,765	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	0	0	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	0	0	37

FEBAN'91

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 11.a.i

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. J. William Lee 407 Glen Arbor Ct. King of Prussia, PA 19406 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Pennsylvania Lumbermens Mutual Insurance Co. Occupation: President/CEO Aggregate Year-to-Date: $ 500.00	12/27/00	$500.00
B. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date: $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date: $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date: $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date: $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date: $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date: $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	$500.00

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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 11.c

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NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nationwide Political Participation Committee 1 Nationwide Plaza Columbus, OH 43216	Occupation	8/2/99	$2,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Aggregate Year-to-Date > $ 2,000.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Farmers Mutual Hail PAC 2323 Grand Avenue Des Moines, IA 50312	Occupation	9/29/99	$1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Aggregate Year-to-Date > $ 1,000.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Guard Fed PAC 16 South River Street Wilkes Barre, PA 18703	Occupation	9/29/99	$1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Aggregate Year-to-Date > $ 1,000.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Grange Mutual Casualty Co. PAC 650 South Front Street Columbus, OH 43206	Occupation	9/29/99	$500.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Aggregate Year-to-Date > $ 500.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
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)	$4,500.00

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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) CAP

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Ewing for Congress PO Box 766 Pontiac, IL 61764	Campaign Contribution Representative - IL Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/2/99	$500.00
Weller for Congress PO Box 37 Joliet, IL 60434	Campaign Contribution Representative - IL Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/2/99	$500.00
Bart Gordon Committee PO Box 2008 Murfreesboro, TN 37133	Campaign Contribution Representative - TN Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/2/99	$500.00
Friends of George Allen PO Box 573 Richmond, VA 23218	Campaign Contribution Senator - VA Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/2/99	$500.00
Committee to Re-Elect Ed Towns 1110 Pennsylvania Ave. Store 5 Brooklyn, NY 11207	Campaign Contribution Representative - NY Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/13/99	$500.00
Bulsbef for Congress PO Box 1621 Columbia, MO 65205	Campaign Contribution Representative - MO Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/13/99	$500.00
Ed Bryant for Congress PO Box 1961 Cordova, TN 38088	Campaign Contribution Representative - TN Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/13/99	$500.00
Hastert for Congress 27 N. River Street Batavia, IL 60510	Campaign Contribution Representative - IL Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/13/99	$500.00
Friends of Jennifer Dunn 2737 78th Avenue, SE Suite 202 Mercer Island, WA 98040	Campaign Contribution Representative - WA Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	9/28/99	$1000.00

SUBTOTAL of Disbursements This Page (optional): .....

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 3

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies (NAMIC) CAP

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Committee to Elect Bill McCollom Suite 650 605 East Robinson Street Orlando, FL 32801	Campaign Contribution Representative - FL Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/28/99	$500.00
B. Pete Sessions for Congress 10675 E. Northwest Highway Suite 1685 Dallas, TX 75238	Campaign Contribution Representative - TX Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/6/99	$500.00
C. Sue Kelley for Congress 21 Old Main Street Suite 205 Fishkill, NY 12524	Campaign Contribution Representative - NY Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/6/99	$1000.00
D. Rick Santorum 128 N. Columbus Street Alexandria, VA 22314	Campaign Contribution Senator - PA Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/6/99	$1000.00
E. Friends of John Boechner 8200 Beckett Park Drive Hamilton, OH 45011	Campaign Contribution Representative - OH Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/6/99	$1000.00
F. Pat Toomey for Congress 801 Hamilton Street #502 Allentown, PA 18101	Campaign Contribution Representative - PA Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/6/99	$500.00
G. Jerry Weller for Congress 2701 Black Road, Suite 201 Joliet, IL 60432	Campaign Contribution Representative - IL Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/13/99	$1000.00
H. Drier for Congress 237 Cannon Building Washington, DC 20515	Campaign Contribution Representative - CA Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/20/99	$1000.00
I. Henry Hyde for Congress 50 E. Oak Street, Suite 200 Addison, IL 60101	Campaign Contribution Representative IL Disbursement for: [ ] Primary [X] General [ ] Other (specify)	11/8/99	$1000.00

SUBTOTAL of Disbursements This Page (optional) .....

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 3 OF 3

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
National Association of Mutual Insurance Companies (NAMIC) CAP

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Pomeroy for Congress PO Box 75214 Washington, DC 20013	Campaign Contribution Representative - MD Disbursement for: [ ] Primary [-X] General [ ] Other (specify)	11/8/99	$500.00
B. Full Name, Mailing Address and ZIP Code Ehrlich for Congress Committee 45 North Main Street Bel Air, MD 21014	Campaign Contribution Representative - MD Disbursement for: [ ] Primary [X] General [ ] Other (specify)	11/8/99	$500.00
C. Full Name, Mailing Address and ZIP Code Pete Sessions 10675 E. Northwest Highway Suite 1685 Dallas, TX 75238	In-Kind for using NAMIC DC Office Disbursement for: [ ] Primary [X] General [X] Other (specify)	12/31/99	$100.00
D. Full Name, Mailing Address and ZIP Code A*Pac 1575 I Street NW, #1200 Washington D.C. 20005	General Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	12/31/99	$250.00
E. 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
F. 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
G. 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
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) .....

TOTAL This Period (last page this line number only) $13,850

FP8AM35

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 2/1/00
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED
☐	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
☐	Electronic Filing	

RB
PREPARER

2/1/00
DATE PREPARED

(4/98)