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, Indiana 46268

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM
JUL 28 12 46 PM '97

2. FEC IDENTIFICATION NUMBER
C 00170258

3. [XX] 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
☐ January 31 Year End Report
[XX] 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 [XX] NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 01/01/97 through 06/30/97		
6. (a) Cash on Hand January 1, 19 97		$ 4,985.27
(b) Cash on Hand at Beginning of Reporting Period	$ 4,985.27	
(c) Total Receipts (from Line 19)	$ 11,538.18	$ 11,538.18
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 16,523.45	$ 16,523.45
7. Total Disbursements (from Line 30)	$ 6,507.41	$ 6,507.41
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 10,016.04	$ 10,016.04
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 202-219-3420

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
Pamela J. Allen

Signature of Treasurer
Pamela J. Allen

Date
7/18/97

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 Companies (NAMIC) PAC

REPORT COVERING PERIOD FROM 01/01/97 TO: 06/30/97

	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individuals/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	3,380.00	3,380.00
ii. Unitemized	5,821.00	5,821.00
iii. Total (add i and ii) ➤	9,201.00	9,201.00
b. Political Party Committees	2,250.00	2,250.00
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤	11,451.00	11,451.00
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.)	87.18	87.18
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	11,538.18	11,538.18
20. Total Federal Receipts (subtract line 18 from line 19) ➤	11,538.18	11,538.18
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		
c. Total Operating Expenditures (add a i, a ii, and b) ➤	0.00	0000
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	6,500.00	6,500.00
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	7.41	7.41
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	6,507.41	6,507.41
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	6,507.41	6,507.41
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	11,451.00	11,451.00
33. Total Contribution Refunds (from line 28d)	0	0
34. Net Contributions (other than loans)(subtract line 33 from 32)	11,451.00	11,451.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	0	0
36. Offsets to Operating Expenditures (from line 15)	0	0
37. Net Operating Expenditures (subtract line 36 from 35) ➤	0	0

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11

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. James P. Ayers 9 Kymer Road Branchville, NJ 07826 Receipt For: [ ] Primary [XX] General [ ] Other (specify):	Franklin Mutual Insurance Company Occupation: Vice President Aggregate Year-to-Date > $ 300.00	02/13/97	300.00
B. Nationwide Political Participation Committee One Nationwide Plaza 1-32-09 Columbus, OH 43216 Receipt For: [ ] Primary [XX] General [ ] Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $ 1,000.00	02/13/97	1,000.00
C. Dean Johnson Mound City, MO 64470 Receipt For: [ ] Primary [XX] General [ ] Other (specify):	Cameron County Mutual Insurance Company Occupation: Director Aggregate Year-to-Date > $ 250.00	03/21/97	250.00
D. Charles R. Ewert 3970 St. Andrew Court Brookfield, WI 53045 Receipt For: [ ] Primary [XX] General [ ] Other (specify):	Partners Mutual Insurance Company Occupation: President/CEO Aggregate Year-to-Date > $300.00	03/26/97	300.00
E. Jack Clanton 1608 Lisa Lane Manhattan, KS 66502 Receipt For: [ ] Primary [XX] General [ ] Other (specify):	Farm Bureau Mutual Insurance Company Occupation: General Manager/ Vice President Aggregate Year-to-Date > $ 250.00	04/10/97	250.00
F. Grange Mutual Casualty Company PAC 650 South Front Street Columbus, OH 43206 Receipt For: [ ] Primary [XX] General [ ] Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $ 250.00	04/10/97	250.00
G. R. W. Howisey 2320 N.W. 100th Seattle, WA 98177 Receipt For: [ ] Primary [XX] General [ ] Other (specify):	PEMCO Mutual Insurance Company Occupation: Director Aggregate Year-to-Date > $ 250.00	05/22/97	250.00

SUBTOTAL of Receipts This Page (optional) 2,600.00

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

FOR LINE NUMBER 11

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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. Liberty Mutual Insurance Company PAC 175 Berkeley Street Boston, MA 02117-0140 Receipt For: [ ] Primary [XX] General [ ] Other (specify):	Occupation Aggregate Year-to-Date > $ 1,000.00	05/22/97	1,000.00
B. Stanley W. McNaughton 4425 East Lake Goodwin Road Stanwood, WA 98292 Receipt For: [ ] Primary [XX] General [ ] Other (specify):	Name of Employer: PEMCO Mutual Insurance Company Occupation: Executive Asst. to the President Aggregate Year-to-Date > $ 250.00	05/22/97	250.00
C. Stanley D. McNaughton 16109 Evanston Avenue North Seattle, WA 98133 Receipt For: [ ] Primary [XX] General [ ] Other (specify):	Name of Employer: PEMCO Mutual Insurance Company Occupation: President/CEO Aggregate Year-to-Date > $ 250.00	05/22/97	250.00
D. Charles I. Palmerton 11011 N.E. 12th Street - #506 Bellevue, WA 98004 Receipt For: [ ] Primary [XX] General [ ] Other (specify):	Name of Employer: PEMCO Mutual Insurance Company Occupation: Executive Asst. to the President Aggregate Year-to-Date > $ 250.00	05/22/97	250.00
E. L. Gerald Roach 4027 Monument Avenue Richmond, VA 23230 Receipt For: [ ] Primary [XX] General [ ] Other (specify):	Name of Employer: Mutual Assurance Society of Virginia Occupation: President Aggregate Year-to-Date > $ 280.00	05/09/97 06/18/97	250.00 30.00
F. Alden A. Ives 769 Hebron Avenue Glastonbury, CT 06033 Receipt For: [ ] Primary [XX] General [ ] Other (specify):	Name of Employer: Patrons Mutual Insurance Company Occupation: Retired Aggregate Year-to-Date > $ 250.00	06/18/97	250.00
G. Bryan Rothermal 806 Bormann Brenham, TX 77833 Receipt For: [ ] Primary [XX] General [ ] Other (specify):	Name of Employer: Germania Farm Mutual Insurance Association Occupation: First Vice President Aggregate Year-to-Date > $ 250.00	06/18/97	250.00

SUBTOTAL of Receipts This Page (optional) 2,530.00

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 3 OF 3

FOR LINE NUMBER 11

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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
Wayne F. White 78 Hill Farm Road Conway, AR 72032	Farm & Home Mutual Insurance Company President	06/18/97	500.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		
B. 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):	Aggregate Year-to-Date > $		
C. 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):	Aggregate Year-to-Date > $		
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):	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):	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):	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):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) 500.00

TOTAL This Period (last page this line number only) 5,630.00

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 / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Jerry Solomon P. O. Box 459 Sarasota Springs, NY 12866	Campaign Contribution Representative - NY Disbursement for: [ ] Primary [XX] General [ ] Other (specify)	01/30/97	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Chris Dodd 203 C Street, N.E. Washington, DC 20002	Campaign Contribution Senator - CT Disbursement for: [ ] Primary [XX] General [ ] Other (specify)	01/30/97	500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
The Friends of Senator D'Amato P. O. Box 888 Mineola, NY 11501	Campaign Contribution Senator - NY Disbursement for: [ ] Primary [XX] General [ ] Other (specify)	02/13/97	1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Friends for Rick White P. O. Box 8156 Kirkland, WA 98034	Campaign Contribution Representative - WA Disbursement for: [ ] Primary [XX] General [ ] Other (specify)	02/24/97	500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Missourians for Kit Bond 507 Capital Court, N.E. - #100 Washington, DC 20002	Campaign Contribution Senator - MO Disbursement for: [ ] Primary [XX] General [ ] Other (specify)	02/24/97	500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Blue Dog PAC P. O. Box 7668 Washington, DC 20004	Contribution Disbursement for: [ ] Primary [XX] General [ ] Other (specify)	03/04/97	1,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Knollenberg for Congress 27877 Orchard Lake Road Farmington Hills, MI 48334	Campaign Contribution Representative - MI Disbursement for: [ ] Primary [X] General [ ] Other (specify)	03/21/97	500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of J. C. Watts 4451 Brookfield Corporate Drive #200 Chantilly, VA 20151-1652	Campaign Contribution Representative - OK Disbursement for: [ ] Primary [X] General [ ] Other (specify)	03/21/97	500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Nancy Johnson for Congress P. O. Box 1986 New Britain, CT 06050	Campaign Contribution Representative - CT Disbursement for: [ ] Primary [X] General [ ] Other (specify)	05/27/97	500.00

SUBTOTAL of Disbursements This Page (optional) 5,500.00

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

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 2

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. Bliley for Congress P. O. Box 17095 Richmond, VA 23226	Campaign Contribution Representative - VA Disbursement for: [ ] Primary [X] General [ ] Other (specify)	05/29/97	1,000.00
B.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
C.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
D.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
E.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
F.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
G.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
H.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional) 1,000.00

TOTAL This Period (last page this line number only) 6,500.00

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 7-25-97
☐	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

MAF
PREPARER

7-28-97
DATE PREPARED

FEC FORM 70-2 (12/92)