REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUL 15 1 39 PM '98

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
National Association of Mutual Insurance Companies (NAMIC) CAP

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
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
[X] July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ 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 04/01/98 through 06/30/98		
6. (a) Cash on Hand January 1, 1998		$ 8,795.62
(b) Cash on Hand at Beginning of Reporting Period	$ 4,726.80	
(c) Total Receipts (from Line 19)	$ 11,063.72	$13,644.90
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 15,790.52	$22,440.52
7. Total Disbursements (from Line 30)	$ 6,567.79	$13,217.79
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 9,222.73	$ 9,222.73
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
07/13/98

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)

FE7A6047

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) CAP

REPORT COVERING PERIOD FROM 04/01/98 TO: 06/30/98

	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)	3,200.00	3,450.00	11(a)(i)
ii. Unitemized	5,309.33	7,574.33	11(a)(ii)
iii. Total (add i and ii) ➤	8,509.33	11,024.33	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)	2,500.00	2,500.00	11(c)
d. Total Contributions (add a iii, b and c) ➤	11,009.33	13,524.33	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.)	54.39	120.57	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	11,063.72	13,644.90	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	11,063.72	13,644.90	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures	0.00	0.00	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤			21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	6,567.79	12,217.79	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) ➤			28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	6,567.79	12,217.79	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	6,567.79	12,217.79	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	11,009.33	13,524.33	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	11,009.33	13,524.33	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	0.00	0.00	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	0.00	0.00	37

FE7AN047

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.

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) CAP

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. William C. Hart 455 Federal City Road Pennington, NJ 08534-4210 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Mercer Mutual Insurance Company Occupation: President Aggregate Year-to-Date > $ 250.00	05/12/98	250.00
B. Patrick J. Widolff 100 East Hight Street, Box69 Orangeville, IL 61060 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Buckeye Mutual Insurance Company Occupation: Secretary/Treasurer Aggregate Year-to-Date > $ 250.00	05/12/98	250.00
C. Charles Ewert 39708 St. Andrew Court Brookfield, WI 53045 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Partners Mutual Insurance Company Occupation: President/CEO Aggregate Year-to-Date > $ 300.00	05/12/98	300.00
D. Alden A. Ives 769 Hebron Avenue Glastonbury, CT 06033 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Patrons Mutual Insurance Comapny of CT Occupation: Retired Aggregate Year-to-Date > $ 250.00	06/02/98	250.00
E. L. Gerald Roach 4027 Monument Avenue Richmond, VA 23230 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Mutual Assurance Society of Virginia Occupation: President Aggregate Year-to-Date > $ 250.00	06/02/98	250.00
F. Robert E. H. Rabold 466 Delegate Drive Columbus, OH 43235 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Motorists Mutual - American Hardware Insurance Company Occupation: Chairman/President/CEO Aggregate Year-to-Date > $ 250.00	06/02/98	250.00
G. F. Timothy Hegarty, Jr. 55 Blacksmith Drive Needham, MA 02192 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Norfolk & Dedham Mutual Fire Insurance Company Occupation: President/CEO Aggregate Year-to-Date > $ 250.00	06/02/98	250.00

SUBTOTAL of Receipts This Page (optional) 1,800.00

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

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SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11.a.i.

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies (NAMIC) CAP

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. James I. Taylor 5615 Pinehurst Way Mechanicsburg, PA 17055-8524 Receipt For: [ ] Primary [XX] General [ ] Other (specify):	Penn National Insurance Companies President/CEO Aggregate Year-to-Date $300.00	06/02/98	300.00
B. Wayne F. White 78 Hill Farm Road Conway, AR 72032 Receipt For: [ ] Primary [XX] General [ ] Other (specify):	Farm & Home Mutual Insurance Company President/Chairman Aggregate Year-to-Date $500.00	06/02/98	500.00
C. Wayne F. White 78 Hill Farm Road Conway, AR 72032 Receipt For: [ ] Primary [XX] General [ ] Other (specify):	Farm & Home Mutual Insurance Company President/Chairman Aggregate Year-to-Date $600.00	06/24/98	100.00
D. Jo Ann Kuschel 9676 Hwy. 100 New Haven, MO 63068 Receipt For: [ ] Primary [XX] General [ ] Other (specify):	Boeuf & Berger Mutual Insurance Company Manager/Secretary/Treasurer Aggregate Year-to-Date $500.00	06/25/98	500.00
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)	1,400.00
TOTAL This Period (last page this line number only)	3,200.00

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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 (NAMIC) CAP

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Liberty Mutual Insurance Company PAC 175 Berkeley Street Boston, MA 02117-0140	Occupation	05/12/98	
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Aggregate Year-to-Date > $ 1,000.00		1,000.00

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nationwide Political Participation Committee One Nationwide PLZ 1-32-09 Columbus, OH 43216	Occupation	06/25/98	
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Aggregate Year-to-Date > $ 1,500.00		1,500.00

C. 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 > $		

D. 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 > $		

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)	2,500.00
TOTAL This Period (last page this line number only)	2,500.00

FE6AP79

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) CAP

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 Jerry Solomon 6126 11th Road Arlington, VA 22205	Campaign Contribution Representative - NY Disbursement for: [ ] Primary [XX] General [ ] Other (specify)	04/08/98	385.88
B. Bliley for Congress P. O. Box 17095 Richmond, VA 23226	Campaign Contribution Representative - VA Disbursement for: [ ] Primary [XX] General [ ] Other (specify)	04/08/98	1,000.00
C. Faircloth for Senate 507 Capitol Ct., N.E. #100 Washington, DC 20002	Campaign Contribution Senator - NC Disbursement for: [ ] Primary [XX] General [ ] Other (specify)	05/07/98	500.00
D. Missourians for Kit Bond 507 Capitol Ct., N.E. #100 Washington, DC 20002	Campaign Cobtribution Senator - MO Disbursement for: [ ] Primary [XX] General [ ] Other (specify)	05/07/98	1,000.00
E. Friends of Senator D'Amato P. O. Box 888 Mineola, NY 11501	Campaign Contribution Senator - NY Disbursement for: [ ] Primary [XX] General [ ] Other (specify)	06/02/98	1,000.00
F. Friends of Jennifer Dunn P. O. Box 70513 Washington, DC 20024	Campaign Contribution Representative - WA Disbursement for: [ ] Primary [XX] General [ ] Other (specify)	06/24/98	500.00
G. People for English P. O. Box 1940 Erie, PA 16507-0940	Campaign Contribution Representative - PA Disbursement for: [ ] Primary [XX] General [ ] Other (specify)	06/24/98	500.00
H. Earl Pomeroy for Congress P. O. Box 75214 Washington, DC 20013-5214	Campaign Contribution Representative - ND Disbursement for: [ ] Primary [XX] General [ ] Other (specify)	06/24/98	500.00
I. Faircloth for Senate 507 Capitol Ct., N.E. #100 Washington, DC 20002	Campaign Contribution Senator - NC Disbursement for: [ ] Primary [XX] General [ ] Other (specify)	06/24/98	1,000.00

SUBTOTAL of Disbursements This Page (optional) 6,385.88

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 2

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. Friends of Jerry Solomon 6126 11th Road Arlington, VA 22205	Campaign Contribution Representative - NY Disbursement for: [ ] Primary [X] General [ ] Other (specify)	06/30/98	181.91
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)	181.91
TOTAL This Period (last page this line number only)	6,567.79

FE8AN069

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 2/15/98
☐	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	

SKP
PREPARER

2/15/98
DATE PREPARED

(4/98)