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

FEB 5 1 26 PM '96

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

☐ 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 7/01/95 through 12/31/95		
6. (a) Cash on Hand January 1, 19 95		$ 17,483.57
(b) Cash on Hand at Beginning of Reporting Period	$ 8,255.51	
(c) Total Receipts (from Line 19)	$ 12,552.67	$ 16,079.55
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 20,808.18	$ 33,563.12
7. Total Disbursements (from Line 30)	$ 10,949.46	$ 23,704.40
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 9,858.72	$ 9,858.72
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
01/31/96

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)

FE8AN044

9 6 0 3 0 2 8 4 5 5 6

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 7/01/95 TO: 12/31/95

	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)	2,750.00	2,750.00	11(a)(i)
ii. Unitemized	8,637.00	11,482.00	11(a)(ii)
iii. Total (add i and ii) ➤	11,387.00	14,232.00	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)	1,000.00	1,450.00	11(c)
d. Total Contributions (add a iii, b and c) ➤	12,387.00	15,582.00	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.)	165.87	397.55	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	12,552.67	16,079.55	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	12,552.67	16,079.55	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	183.49	183.49	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	183.49	183.49	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	10,751.64	23,501.64	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	14.33	19.27	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	10,949.46	23,704.40	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	10,949.46	23,704.40	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	12,387.00	15,582.00	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	12,387.00	15,582.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	183.49	183.49	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	183.49	183.49	37

FE6AN096

SCHEDULE A **ITEMIZED RECEIPTS**

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

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 committees.

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
Dean Johnson Mound City, MO 64470 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Farmers Mutual Fire and Lightning Insurance Company Occupation: Secretary/Treasurer Aggregate Year-to-Date > $ 400.00	11/14/95	200.00
Alden A. Ives 17 Williams Glen Way Glastinbury, CT 06033 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Patrons Mutual Insurance Company of Connecticut Occupation: CEO Aggregate Year-to-Date > $ 250.00	08/17/95	250.00
Alden A. Ives 17 Williams Glen Way Glastinbury, CT 06033 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Patrons Mutual Insurance Company of Connecticut Occupation: CEO Aggregate Year-to-Date > $ 500.00	11/27/95	250.00
George H. Guptill, Jr. 60 Rogers Lane Sparta, NJ 07871 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Franklin Mutual Insurance Company Occupation: President Aggregate Year-to-Date > $ 300.00	09/07/95	300.00
Charles G. Ort P. O. Box 481 Hackettstown, NJ 07840 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Franklin Mutual Insurance Company Occupation: Member - Board of Directors Aggregate Year-to-Date > $ 250.00	09/13/95	250.00
Stanley O. McNaughton 16109 Evanston Avenue North Seattle, WA 98133 Receipt For: [ ] Primary [X] General [ ] Other (specify):	PEMCO Mutual Insurance Company Occupation: President Aggregate Year-to-Date > $ 250.00	10/03/95	250.00
David E. Hosler 388 Millpond Drive Lititz, PA 17543 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Old Guard Mutual Insurance Company Occupation: President & CEO Aggregate Year-to-Date > $ 250.00	10/03/95	250.00

SUBTOTAL of Receipts This Page (optional) 1,750.00

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

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) PAC

A. Full Name, Mailing Address and ZIP Code Nationwide Political Participation Committee One Natiowide Plaza Columbus, OH 43216 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 1,000.00	Date (month, day, year) 07/27/95	Amount of Each Receipt this Period 1,000.00
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)	1,000.00
TOTAL This Period (last page this line number only)	1,000.00

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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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. John B. Arbuckle, Jr. Rte. 4, Box 144 Lewisburg, WV 24901 Receipt For: [ ] Primary [XX] General [ ] Other (specify):	Farmers Home Fire Insurance Company of West Virginia Occupation: Assistant Secretary/Treasurer Aggregate Year-to-Date > $ 250.00	10/03/95	250.00
B. James P. Ayers 9 Kymer Road Branchville, NJ 07826 Receipt For: [ ] Primary [XX] General [ ] Other (specify):	Franklin Mutual Insurance Comapny Occupation: Vice President Aggregate Year-to-Date > $ 250.00	10/27/95	250.00
C. Douglas C. Ryder 14 Adams Road Marblehead, MA 09145-2802 Receipt For: [ ] Primary [XX] General [ ] Other (specify):	Holyoke Mutual Insurance Company Occupation: President & CEO Aggregate Year-to-Date > $ 250.00	11/14/95	250.00
D. James I. Taylor 3615 Pinehurst Way Mechanicsburg, PA 17055-8524 Receipt For: [ ] Primary [XX] General [ ] Other (specify):	Penn National Insurance Occupation: President & CEO Aggregate Year-to-Date > $ 250.00	11/27/95	250.00
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) 1,000.00

TOTAL This Period (last page this line number only) 2,750.00

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95030245549

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 3

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. People for Boschwitz '96 517 2nd Street, N.E. Washington, DC 20002	Campaign Contribution Senator - MN Disbursement for: [ ] Primary [X] General [ ] Other (specify)	07/06/95	200.00
B. Danner for Congress P. O. Box 1482 Thibodaux, LA 70302	Campaign Contribution Representative - MO Disbursement for: [ ] Primary [X] General [ ] Other (specify)	07/06/95	350.00
C. People for English 208 G Street, N.E. Washington, DC 20002	Campaign Contribution Representative - PA Disbursement for: [ ] Primary [X] General [ ] Other (specify)	07/06/95	500.00
D. Hastert for Congress P. O. Box 625 Batana, IL 60510	Campaign Contribution Representative - IL Disbursement for: [ ] Primary [X] General [ ] Other (specify)	07/06/95	500.00
E. Friends of John Warner 2111 Eisenhower Avenue # 402 Alexandria, VA 22314	Campaign Contribution Senator - VA Disbursement for: [ ] Primary [X] General [ ] Other (specify)	07/06/95	500.00
F. Bob Shuster for Congress 19 Wilkes Street Alexandria, VA 22314	Campaign Contribution Representative - PA Disbursement for: [ ] Primary [X] General [ ] Other (specify)	07/14/95	1,000.00
G. People for Ganske 512 E. Locust, 2nd Floor Des Moines, IA 50309	Campaign Contribution Representative - IA Disbursement for: [ ] Primary [X] General [ ] Other (specify)	07/14/95	100.00
H. Santorum 2000 P. O. 10495 Pittsburgh, PA 15234	Campaign Contribution Senator - PA Disbursement for: [ ] Primary [X] General [ ] Other (specify)	07/20/95	250.00
I. Rick White for Congress P. O. Box 856 Kirkland, WA 98034	Campaign Contribution Representative - WA Disbursement for: [ ] Primary [X] General [ ] Other (specify)	09/07/95	500.00

SUBTOTAL of Disbursements This Page (optional) 3,900.00

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

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. Earl Pomeroy for Congress P. O. Box 75214 Washington, DC 20013-5214	Campaign Contribution Representative - ND Disbursement for: [ ] Primary [XX] General [ ] Other (specify)	10/03/95	500.00
B. Tom Campbell for Congress P. O. Box 1297 El Granada, CA 94018	Campaign Contribution Representative - CA Disbursement for: [ ] Primary [XX] General [ ] Other (specify)	10/10/95	500.00
C. Friends of Jennifer Dunn P. O. Box 40110 Bellevue, WA 98015	Campaign Contribution Representative - WA Disbursement for: [ ] Primary [XX] General [ ] Other (specify)	10/10/95	500.00
D. Friends of Bill Emerson P. O. Box 822 Cape Girardeau, MO 63702	Campaign Contribution Representative - MO Disbursement for: [ ] Primary [XX] General [ ] Other (specify)	10/10/95	1,000.00
E. Blue Dog PAC P. O. Box 7668 Washington, DC 20044-7668	Contribution Disbursement for: [ ] Primary [XX] General [ ] Other (specify)	10/10/95	1,000.00
F. Friends of Bill Zeliff '96 7285 Swan Point Way Columbia, MD 21045	Campaign Contribution Representative - NH Disbursement for: [ ] Primary [XX] General [ ] Other (specify)	10/27/95	500.00
G. Knollenberg for Congress 27877 Orchard Lake Road Farmington, MI 48334	Campaign Contribution Representative - MI Disbursement for: [ ] Primary [XX] General [ ] Other (specify)	10/27/95	500.00
H. Lewis for Congress P. O. Box 247 Redlands, CA 92373	Campaign Contribution Representative - CA Disbursement for: [ ] Primary [XX] General [ ] Other (specify)	10/27/95	1,000.00
I. Capitol Hill Club Friends of Bill Zeliff '96 7285 Swan Point Way Columbia, MD 21045	Fund Raising Breakfast Representative - NH Disbursement for: [ ] Primary [XX] General [ ] Other (specify)	11/13/95	351.64

SUBTOTAL of Disbursements This Page (optional) 5,851.64

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

FEC-Web

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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) PAC

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Ewing for Congress Committee P. O. Box 766 Pontiac, IL 61764	Campaign Contribution Representative - IL Disbursement for: [ ] Primary [X] General [ ] Other (specify)	11/21/95	500.00
B. Full Name, Mailing Address and ZIP Code Nelson for Senate P. O. Box 258 Boystown, IL 68101	Campaign Contribution Senator - NE Disbursement for: [ ] Primary [X] General [ ] Other (specify)	12/05/95	500.00
C. 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
D. 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
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)	1,000.00
TOTAL This Period (last page this line number only)	10,751.64

FE5AN086

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 1/30/96
☐	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

S.J.
PREPARER

2/5/96
DATE PREPARED

FEC FORM 70-2 (12/92)

9 6 0 3 0 2 8 4 5 7 3