

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

American Property Casualty Insurance Association Political Action Committee (Insuring America PAC)

ADDRESS (number and street) 8700 West Bryn Mawr

(Check if address is changed) Suite 1200S

Chicago IL 60631-3512

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) ddc@apci.org

Optional Second E-Mail Address compliance@apci.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed) http://www.pciaa.net

2. DATE 03 / 29 / 2019

3. FEC IDENTIFICATION NUMBER C C00066472

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

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

Type or Print Name of Treasurer Holmes, June, T., ,

Signature of Treasurer Holmes, June, T., , *[Electronically Filed]* Date 03 / 29 / 2019

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State
 District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C _____
2. _____ FEC ID number C _____
3. _____ FEC ID number C _____
4. _____ FEC ID number C _____

Write or Type Committee Name

American Property Casualty Insurance Association Political Action Committee (Insuring America PAC)

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

American Property Casualty Insurance Association

Mailing Address 8700 West Bryn Mawr Suite 1200S Chicago IL 60631-3512 CITY STATE ZIP CODE

Relationship: [x] Connected Organization [] Affiliated Committee [] Joint Fundraising Representative [] Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Holmes, June, T., , Mailing Address 8700 West Bryn Mawr Suite 1200S Chicago IL 60631-3512 CITY STATE ZIP CODE Title or Position Custodian of Records Telephone number 847 297 7800

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Holmes, June, T., , Mailing Address 8700 West Bryn Mawr Suite 1200S Chicago IL 60631-3512 CITY STATE ZIP CODE Title or Position Treasurer Telephone number 847 297 7800

Full Name of Designated Agent Wachholz, Mark, , ,

Mailing Address 8700 West Bryn Mawr Suite 1200S Chicago IL 60631-3512 CITY STATE ZIP CODE

Title or Position Assistant Treasurer Telephone number 847 297 7800

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Bank of America

Mailing Address 135 S LaSalle Street, 7th Floor Chicago IL 60603 CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address CITY STATE ZIP CODE

Optional Supplemental Information
for Lines 5(g) or (h), 6, 8 and/or 9

5(g) or (h). **Joint Fundraising Participant:**

1.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
2.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
3.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
4.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**
American Property Casualty Insurance Association Federal Only Political Action Committee (Insuring America FOPAC)

Mailing Address

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲
 Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name
Mailing Address

 CITY ▲ STATE ▲ ZIP CODE ▲
TITLE OR POSITION ▼ Telephone Number --

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.
Mailing Address

 CITY ▲ STATE ▲ ZIP CODE ▲