REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

Dec 12 1 47 PM '94

1. NAME OF COMMITTEE (in full)
MMI COMPANIES, INC. POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ☐ Check if different than previously reported
MMI COMPANIES, INC.
540 Lake Cook Road

CITY, STATE and ZIP CODE
Deerfield, IL 60015

2. FEC IDENTIFICATION NUMBER
C00214924

3. ☐ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ 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

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

☒ Thirtieth day report following the General Election on 11/8/94 in the State of Illinois

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 10/20/94 through 11/28/94		
6. (a) Cash on Hand January 1, 19 94		$ 2,630.17
(b) Cash on Hand at Beginning of Reporting Period	$ 1,042.56	
(c) Total Receipts (from Line 19)	$ 1,641.64	$ 21,187.03
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 2,684.20	$ 23,817.20
7. Total Disbursements (from Line 30)	$ 487.00	$ 21,620.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 2,197.20	$ 2,197.20
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$	

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
Wayne A. Sinclair

Signature of Treasurer [signature]

Date 15-7-94

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)

4-00173

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

(revised 1/1/91)

NAME OF COMMITTEE: MMI Companies, Inc. Political Action Committee

REPORT COVERING PERIOD FROM 10/20/94 TO: 11/28/94

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	$ 881.35	$ 5,035.07	11(a)(i)
ii. Unitemized	757.50	16,080.50	11(a)(ii)
iii. Total (add i and ii) ➤	1,638.85	21,115.57	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) ➤			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.)	2.79	71.46	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	1,641.64	21,187.03	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	1,641.64	21,187.03	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			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			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) ➤	487.00	21,620.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	487.00	21,620.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)			32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)			34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤			35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) ➤			37

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 3 OF 7

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

MMI COMPANIES, INC. POLITICAL ACTION COMMITTEE

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Donna Thompson 540 Lake Cook Road Deerfield, IL 60015 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: MMI Companies, Inc. Occupation: Assistant Aggregate Year-to-Date > $ 240.00		-0-
B. Harold Clerkin 50 Francisco Street San Francisco, CA 94133 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: MMI Agency, Inc. Occupation: Vice President Aggregate Year-to-Date > $	Payroll deduction	$20.00 ($10.00 bi-weekly)
C. Darren Taylor 540 Lake Cook Road Deerfield, IL 60015 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: MMI Companies, Inc. Occupation: Staff Accountant Aggregate Year-to-Date > $ 546.02	11/7/94	$244.01
D. William R. Spence 540 Lake Cook Road Deerfield, IL 60015 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: American Continental Insurance Company Occupation: President Aggregate Year-to-Date > $ 910.07	Payroll deduction	$83.34 ($41.67 bi-weekly)
E. Lisa Erickson 540 Lake Cook Road Deerfield, IL 60015 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: American Continental Insurance Company Occupation: Assistant Aggregate Year-to-Date > $ 200.00		-0-
F. Maria Garbis 540 Lake Cook Road Deerfield, IL 60015 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: American Continental Insurance Company Occupation: Assistant Aggregate Year-to-Date > $ 271.00		-0-
G. Joseph R. Herman 540 Lake Cook Road Deerfield, IL 60015 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer: MMI Companies, Inc. Occupation: Senior Vice President Aggregate Year-to-Date > $	Payroll deduction	$20.00 ($10.00 bi-weekly)

SUBTOTAL of Receipts This Page (optional) ..... $ 367.35

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

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FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

MMI COMPANIES, INC. POLITICAL ACTION COMMITTEE

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Paul M. Orzech 540 Lake Cook Road Deerfield, IL 60015 Receipt For: [ ] Primary [X] General [ ] Other (specify):	MMI Companies, Inc. Occupation: CFO Aggregate Year-to-Date > $ 525.00	Payroll deduction	$50.00 ($25.00 bi-weekly)
B. Roger Jaklin 540 Lake Cook Road Deerfield, IL 60015 Receipt For: [ ] Primary [X] General [ ] Other (specify):	MMI Companies, Inc. Occupation: Internal Auditor Aggregate Year-to-Date > $ 253.00	Payroll deduction/ Fundraiser 11/3/94	$164.00 ($4.00 bi-weekly
C. Jim Webb 540 Lake Cook Road Deerfield, IL 60015 Receipt For: [ ] Primary [X] General [ ] Other (specify):	MMI Companies, Inc. Occupation: PC Network Manager Aggregate Year-to-Date > $ 200.50	Payroll deduction	$ 20.00 ($10.00 bi-weekly)
D. Michael Hanley 540 Lake Cook Road Deerfield, IL 60015 Receipt For: [ ] Primary [X] General [ ] Other (specify):	MMI Agency, Inc. Occupation: Vice President Aggregate Year-to-Date > $ 525.00	Payroll deduction	$50.00 ($25.00 bi-weekly)
E. Fred Pritchard 540 Lake Cook Road Deerfield, IL 60015 Receipt For: [ ] Primary [X] General [ ] Other (specify):	MMI Companies, Inc. Occupation: Regional Dev. Exec. Aggregate Year-to-Date > $ 200.00	Payroll deduction	$50.00 ($25.00 bi-weekly)
F. Ronald White 540 Lake Cook Road Deerfield, IL 60015 Receipt For: [ ] Primary [X] General [ ] Other (specify):	MMI Agency, Inc. Occupation: Vice President Aggregate Year-to-Date > $ 200.00	Payroll deduction	$50.00 ($25.00 bi-week)
G. Jim DeWald 540 Lake Cook Road Deerfield, IL 60015 Receipt For: [ ] Primary [X] General [ ] Other (specify):	American Continental Insurance Company Occupation: Actuary Aggregate Year-to-Date > $ 740.00	Payroll deduction	$60.00 ($30.00 bi-weekly)

SUBTOTAL of Receipts This Page (optional) $444.00

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

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FOR LINE NUMBER 20

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NAME OF COMMITTEE (In Full)
MMI COMPANIES, INC. POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Craig Kalck 540 Lake Cook Road Deerfield, IL 60015 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	American Continental Insurance Company Occupation: Vice President Aggregate Year-to-Date > $ 280.00	Payroll deduction	$20.00 ($10.00 bi-weekly)
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Anna Marie Hajek 540 Lake Cook Road Deerfield, IL 60015 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	MMI Risk Management Resources, Inc. Occupation: President Aggregate Year-to-Date > $	Payroll deduction	$50.00 ($25.00 bi-weekly)
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) ..... $ 70.00

TOTAL This Period (last page this line number only) $881.35

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

MMI COMPANIES, INC. POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Northern Trust Bank Deerpath & Bank Lane Lake Forest, IL 60045		10/31/94	$ 2.79
Receipt For: ☐ Primary ☐ General ☒ Other (specify): Interest	Occupation Aggregate Year-to-Date > $ 71.46		
B. 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 > $		
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) ..... $ 2.79

TOTAL This Period (last page this line number only) ..... $ 2.79

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 31

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NAME OF COMMITTEE (In Full)

MMI COMPANIES, INC. POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary [X] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Northern Trust Bank Deerpath & Bank Lane Lake Forest, IL 60045	Maintenance fee	10/31/94	$15.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for: Primary [ ] General [X] Other (specify)**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
MMI Companies, Inc. 540 Lake Cook Road Deerfield, IL 60015	Reimbursement for cost of fundraiser	11/3/94	$472.00
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)	$487.00
TOTAL This Period (last page this line number only)	$487.00

4-00173

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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 12-11-94
☐	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

PREPARER

12-12-94
DATE PREPARED

FEC FORM 70-2 (12/92)

9 4 0 3 9 5 0 3 7 0 9