REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2000 JUL 17 P 2:37

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) NATIONAL ASSOCIATION OF MUTUAL INSURANCE COMPANIES (NAMIC) CONGRESSIONAL ACTION PROGRAM CCAP

ADDRESS (number and street) ☐ Check if different than previously reported

122 C Street NW, Suite 540

CITY, STATE and ZIP CODE

WASHINGTON, DC 20001

2. FEC IDENTIFICATION NUMBER C00170258

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

☐ 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 ☐ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 4/1/1999 through 6/30/1999		
6. (a) Cash on Hand January 1, 19____		$ 3,923.76
(b) Cash on Hand at Beginning of Reporting Period	$ 5,269.47	
(c) Total Receipts (from Line 19)	$ 10,910.05	$ 14,755.76
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 16,179.52	$ 18,679.52
7. Total Disbursements (from Line 30)	$ 6,750	$ 9,250.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 9,429.52	$ 9,429.52
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 202-694-1100

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
7/13/00

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 3/93)

FE6AN121

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

(revised 1/1/91)

NAME OF COMMITTEE

REPORT COVERING PERIOD
FROM TO:

	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)	4350.00	5,150.00	11(a)(i)
ii. Unitemized	5,535.00	8,565.00	11(a)(ii)
iii. Total (add i and ii) ➤	9,885.00	13,715.00	11(a)(iii)
b. Political Party Committees	0	0	11(b)
c. Other Political Committees (such as PACs)	1,000.00	1,000.00	11(c)
d. Total Contributions (add a iii, b and c) ➤	10,885.00	14,715.00	11(d)
12. Transfers From Affiliated/Other Party Committees	0	0	12
13. All Loans Received	0	0	13
14. Loan Repayments Received	0	0	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0	16
17. Other Federal Receipts (Dividends, Interest, etc.)	25.05	40.76	17
18. Transfers from Nonfederal Account for Joint Activity	0	0	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	10,910.05	14,755.76	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	10,910.05	14,755.76	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) ➤	0	0	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	6,750.00	9,250.00	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) ➤	6,750.00	9,250.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	6,750.00	9,250.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	10,885	14,715.00	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	10,885.00	14,715.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	0	0	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	0	0	37

FE6AN121

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 11C

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 ASSN OF MUTUAL INSURANCE COMPANIES (NAMIC) CONGRESSIONAL ACTION PROGRAM (CAP)

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
LIBERTY MUTUAL CO. PAC 175 BERKLEY STREET BOSTON, MA 02116		4/23/99	1,000
Receipt For: ☐ Primary ☐ General ☒ Other (specify): PAC-TO-PAC	Aggregate Year-to-Date > $ 1,000		
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) ..... >

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

FE8AH121

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 2

FOR LINE NUMBER 11A1

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) NAT'L ASSN. OF MUTUAL INSURANCE COMPANIES (NAMIC) CONGRESSIONAL ACTION PROGRAM (CAP)

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. CHARLES EWERT, 397013 ST. ANDREW COURT, BROOKFIELD, WI 53045 — Receipt For: [X] Primary [ ] General [ ] Other (specify):	PARTNERS MUTUAL INSURANCE CO. / PRES. + CEO — Aggregate Year-to-Date $ 300.00	5/25/99	300.00
B. JAMES AYERS, 9 KYMER ROAD, BRANCHVILLE, NJ 07726 — Receipt For: [X] Primary [ ] General [ ] Other (specify):	FRANKLIN MUTUAL INSURANCE CO. / VICE PRES. — Aggregate Year-to-Date $ 300.00	5/25/99	300.00
C. WAYNE WHITE, 78 HILL FARM ROAD, CONWAY, AR 72032 — Receipt For: [X] Primary [ ] General [ ] Other (specify):	FARM + HOME MUTUAL INSURANCE CO. / PRES — Aggregate Year-to-Date $	5/25/99	500.00
D. W.G. ALPAUGH, 119 CONGRESS RUN ROAD, CINCINNATI, OH 45215 — Receipt For: [X] Primary [ ] General [ ] Other (specify):	CINCINNATI EQUITABLE INSURANCE CO. / CHAIRMAN OF BOARD — Aggregate Year-to-Date $ 500	6/14/99	500.00
E. ALDEN IVES, 769 HEBRON AVE., GLASTONBURY, CT 06033 — Receipt For: [X] Primary [ ] General [ ] Other (specify):	FARMERS MUTUAL INSURANCE CO. / SECRETARY/MANAGER — Aggregate Year-to-Date $ 250	6/14/99	250.00
F. JO ANN KUSCHEL, 9676 HIGHWAY 100, NEW HAVEN, MO — Receipt For: [X] Primary [ ] General [ ] Other (specify):	FARMERS MUTUAL INSURANCE CO. / SECRETARY/MANAGER — Aggregate Year-to-Date $ 500	6/14/99	500.00
G. KIETH ESCUE, 18943 NORTH 94 HIGHWAY, PEA RIDGE, AR 72751 — Receipt For: [X] Primary [ ] General [ ] Other (specify):	FARMERS MUTUAL INSURANCE CO. / SECRETARY/MANAGER — Aggregate Year-to-Date $ 500.00	6/14/99	500.00

SUBTOTAL of Receipts This Page (optional) 2,850

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

FEC/NI 21

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 2 OF 2

FOR LINE NUMBER 11a 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 INS. CO. (NAMIC) CAP

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. JOHN FISHER 316 CORTINA TRAIL LANSING, MI 48917 Receipt For: [X] Primary [ ] General [ ] Other (specify):	AUTO-OWNERS INSURANCE CO. PRESIDENT Aggregate Year-to-Date $ 500.00	4/23/99	500.00
B. JACK CLANTON 1608 LISA LANE MANHATTAN, KS 66502 Receipt For: [X] Primary [ ] General [ ] Other (specify):	FARM BUREAU MUTUAL INSURANCE CO. VICE PRES./GM Aggregate Year-to-Date $ 250.00	4/23/99	250.00
C. GERALD ROACH 4027 MONUMENT AVE. RICHMOND, VA 23230 Receipt For: [X] Primary [ ] General [ ] Other (specify):	MUTUAL ASSURANCE SOCIETY OF VIRGINIA PRESIDENT Aggregate Year-to-Date $ 250.00	5/25/99	250.00
D. TIMOTHY RUSSELL 119 WEST ROSETTA AVE. FOLEY, AL Receipt For: [X] Primary [ ] General [ ] Other (specify):	BALDWIN MUTUAL INSURANCE CO. PRESIDENT Aggregate Year-to-Date $ 250.00	5/25/99	250.00
E. THOMAS SEVERANCE 47 WALNUT STREET 01525 NORTH BROOKFIELD, MA Receipt For: [X] Primary [ ] General [ ] Other (specify):	FITCHBURG MUTUAL INSURANCE CO. DIRECTOR Aggregate Year-to-Date $ 250.00	6/14/99	250.00
F. C. PALMERTON 325 EASTLAKE AVE. EAST SEATTLE, WA 98109 Receipt For: [X] Primary [ ] General [ ] Other (specify):	FARMER MUTUAL SECRETARY/MANAGER Aggregate Year-to-Date $ 250.00	6/24/99	250.00
G. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 0	Date (month, day, year)	Amount of Each Receipt this Period

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

TOTAL This Period (last page this line number only) 4350

FEBAN121

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 2

FOR LINE NUMBER

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) CONGRESSIONAL ACTION PROGRAM (CAP)

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. LAZIO FOR CONGRESS COMMITTEE PO BOX 5063 BAY SHORE, NY 11706	CAMPAIGN CONTRIBUTION REPRESENTATIVE 2-NY Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/12/99	$500.00
B. PEASE FOR CONGRESS PO BOX 511 SEELYVILLE IN 47878	CAMPAIGN CONTRIBUTION REPRESENTATIVE IN-7 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/23/99	$250.00
C. ROGAN CAMPAIGN COMMITTEE PO BOX 36 MONTROSE, CA 91021	CAMPAIGN CONTRIBUTION REPRESENTATIVE - CA-27 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	5/25/99	$1,000.00
D. DINGELL FOR CONGRESS 607 14th STR. NORTHWEST WASHINGTON, DC 20005	CAMPAIGN CONTRIBUTION MI-16 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	5/25/99	$500.00
E. FOSSELLA FOR CONGRESS 1501 LEE HIGHWAY, #201 ARLINGTON, VA 22209	CAMPAIGN CONTRIBUTION REPRESENTATIVE NY-13 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	5/25/99	$500.00
F. LEADERSHIP PAC 2000 515 KING STR. suite 420 ALEXANDRIA, VA 22314	GENERAL CONTRIBUTION Disbursement for: [X] Primary [ ] General [ ] Other (specify)	6/17/99	$1500.00
G. REYNOLDS FOR CONGRESS P.O BOX 479 VICTOR, NY 14564	CAMPAIGN CONTRIBUTION REPRESENT. NY-27 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	6/17/99	$500.00
H. FRELINGHUYSEN FOR CONGRESS P.O. BOX 826 MORRISTOWN, NJ 07960	CAMPAIGN CONTRIBUTION REPRESENTATIVE - NJ-11 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	6/17/99	$500.00
I. BLUE DOG PACC PO BOX 7668 WASHINGTON DC 20044	GENERAL CONTRIBUTION Disbursement for: [X] Primary [ ] General [ ] Other (specify)	6/17/99	$1,000.00

SUBTOTAL of Disbursements This Page (optional) .....

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

FE6A(v12)

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 2 OF 2
	FOR LINE NUMBER

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) CONGRESSIONAL ACTION PROGRAM (CAP)

A. Full Name, Mailing Address and ZIP Code MANZULLO FOR CONGRESS P.O. BOX 7783 ROCKFORD, IL 61126	Purpose of Disbursement CAMPAIGN CONTRIBUTION REPRES. IL-16 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 6/24/99	Amount of Each Disbursement This Period $ 500.00
B. 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
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)	
TOTAL This Period (last page this line number only)	6,750

FEBANI 21

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 7.13.00
☐	Registered/Certified Mail	POSTMARKED (R/C)
☐	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	

PREPARER

7.17.00
DATE PREPARED

(6/2000)