

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

1 / 5
10/18/2000 14 : 09

1. NAME OF COMMITTEE (in full) NAMIC CAP		2. FEC IDENTIFICATION NUMBER C00170258
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 122 C Street, NW Suite 54D	3. <input checked="" type="checkbox"/> This committee has qualified as a multi-candidate committee (see FEC Form 1M)	
CITY, STATE, and ZIP CODE Washington DC 20001		

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:
- | | | |
|--------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input checked="" type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |
- Twelfth day report preceding _____
(election type) _____
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 NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>09/01/2000</u> through <u>09/30/2000</u>		
6. (a) Cash on Hand, January 1, <u>2000</u>		5883.00
(b) Cash on Hand at Beginning of Reporting Period	14827.36	
(c) Total Receipts (from line 19)	4461.00	41992.88
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	19288.36	51675.88
7. Total Disbursements (from line 30)	7448.10	38835.62
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	11640.26	11840.26
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
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 Electronically Filed by Ms Pamela J. Allen		
Signature of Treasurer	Date 10/20/2000	

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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FEC FORM 3X
(revised 9/98)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

(PAGE 2, FEC FORM 3X)

(revised 1/1/91)

NAME OF COMMITTEE NAMIC CAP		REPORT COVERING PERIOD	
		FROM 09/01/2000	TO: 09/30/2000
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)	1250.00	12025.00	11.a.i.
ii. Unitemized	3211.00	22951.00	11.a.ii.
iii. Total	4461.00	34976.00	11.a.iii.
b. Political Party Committees	0.00	0.00	11.b.
c. Other Political Committees (such as PACs)	0.00	7000.00	11.c.
d. Total Contributions	4461.00	41976.00	11.d.
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12.
13. All Loans Received	0.00	0.00	13.
14. Loan Repayments Received	0.00	0.00	14.
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15.
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees ..	0.00	0.00	16.
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	16.88	17.
18. Transfers From Nonfederal Account for Joint Activity	0.00	0.00	18.
19. Total Receipts	4461.00	41982.88	19.
20. Total Federal Receipts	4461.00	41982.88	20.
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21.a.i.
ii. Non-Federal Share	0.00	0.00	21.a.ii.
b. Other Federal Operating Expenditures	0.00	212.05	21.b.
c. Total Operating Expenditures	0.00	212.05	21.c.
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees	7448.10	39823.57	23.
24. Independent Expenditures (use Schedule E)	0.00	0.00	24.
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Sch. F)	0.00	0.00	25.
26. Loan Repayments Made	0.00	0.00	26.
27. Loans Made	0.00	0.00	27.
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0.00	0.00	28.a.
b. Political Party Committees	0.00	0.00	28.b.
c. Other Political Committees (such as PACs)	0.00	0.00	28.c.
d. Total Contributions Refunds	0.00	0.00	28.d.
29. Other Disbursements	0.00	0.00	29.
30. Total Disbursements	7448.10	39835.62	30.
31. Total Federal Disbursements	7448.10	39835.62	31.
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	4461.00	41976.00	32.
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32)	4461.00	41976.00	34.
35. Total Federal Operating Expenditures	0.00	212.05	35.
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36.
37. Net Operating Expenditures	0.00	212.05	37.

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	3 / 5
			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)
NAMIC CAP

Full Name, Mailing Address, and ZIP Code Mr. Thomas R. Ruane PO Box 4520 Ithaca NY 14852-4620 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Security Mutual Insurance Company	Date (month, day, year) 09/11/2000	Amount of Each Receipt this Period 250.00	
	Occupation President	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Mr. Michael A. Yeager 1047-49 Hamilton Street Allentown PA 18101-1012 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Mutual Insurance Company of Lehigh Cou	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 200.00	
	Occupation President/CEO	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Reiny Henneken PO Box 217 Pierz MN 56364-0217 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pioneer Mutual Insurance Company	Date (month, day, year) 09/20/2000	Amount of Each Receipt this Period 150.00	
	Occupation Manager	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Mr. Daniel L. Basinger, CPCLA PO Box 18847 Greensboro NC 27419-8847 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer The Alliance Mutual Insurance Company	Date (month, day, year) 09/02/2000	Amount of Each Receipt this Period 150.00	
	Occupation President/CEO	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Mr. W.B. McDonald 1161 Diamond Trail Road Montezuma IA 50171-8492 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Grinnell Mutual Reinsurance Company	Date (month, day, year) 09/25/2000	Amount of Each Receipt this Period 250.00	
	Occupation	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Mr. Robert Jeckel 305 Decatur Street Lincoln IL 62856 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Lincoln Logan Mutual	Date (month, day, year) 09/11/2000	Amount of Each Receipt this Period 250.00	
	Occupation Director	Aggregate Year-to-Date > \$ 250.00		

SUBTOTALS of Receipts This Page (Optional)	
TOTALS This Period (last page this line number only)	1250.00

SCHEDULE B		ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the Detailed Summary Page	5 / 5
					FOR LINE NUMBER 23
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NAME OF COMMITTEE (In Full) NAMIC CAP					
Full Name, Mailing Address, and ZIP Code		Purpose of Disbursement		Date (month, day, year)	Amount of Each Disbursement This Period
Baker for Congress		Contribution: Mark Baker (IL-17-R)		09/22/2000	100.00
122 C Street, NW		Contribution: Mark Baker (IL-17-R)			
Washington DC 20001		Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			
		<input type="checkbox"/> Other (specify) : <u>General</u>			
SUBTOTALS of Disbursements This Page (Optional)					
TOTALS This Period (last page this line number only)					7448.10