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 LIFE UNDERWRITERS - POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ☐ Check if different than previously reported
1922 F STREET, N.W.

CITY, STATE and ZIP CODE
WASHINGTON, DC 20006

FEDERAL ELECTION COMMISSION
CONGRESSIONAL MAIL ROOM
Feb 3 11 59 AM '98

2. FEC IDENTIFICATION NUMBER
C00005249

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 _____ 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 DECEMBER 1, 1997 through DECEMBER 31, 1997		
6. (a)	Cash on Hand January 1, 19 97		$ 633,863.97
(b)	Cash on Hand at Beginning of Reporting Period	$ 1,040,118.17	
(c)	Total Receipts (from Line 19)	$ 115,243.04	$ 981,354.58
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 1,155,361.21	$ 1,615,218.55
7.	Total Disbursements (from Line 30)	$ 356,662.34	$ 816,519.68
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 798,698.87	$ 798,698.87
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	
10.	Debts and Obligations Owed BY 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

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
DOMENICK CAMISI, ASSISTANT TREASURER

Signature of Treasurer

Date
1/28/98

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)

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)	30,804.02	155,650.11	11(a)(i)
ii. Unitemized	82,595.17	811,180.72	11(a)(ii)
iii. Total (add i and ii) ➤	113,399.19	966,830.83	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) ➤	113,399.19	966,830.83	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	–	1,000.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	1,843.85	13,523.75	17
18. Transfers from Nonfederal Account for Joint Activity	–		18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	115,243.04	981,354.58	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	115,243.04	981,354.58	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	319,466.34	398,194.68	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	319,466.34	398,194.68	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	36,871.00	418,000.00	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	325.00	325.00	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) ➤	325.00	325.00	28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	356,662.34	816,519.68	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	356,662.34	816,519.68	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	113,399.19	968,230.80	32
33. Total Contribution Refunds (from line 28d)	325.00	325.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	113,074.19	967,905.80	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	319,466.34	398,194.68	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	319,466.34	398,194.68	37

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF

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 Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gail Adams-Lettiere, LUTCF 5100 W 127th St Alsip, IL 60658-3236	Self-employed	12/31/97	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date: $ 230.00	

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gerald R. Allen, CLU, ChFC 940 E. Diehl Rd., #150 Naperville, IL 60563	Self-employed	12/17/97	5.10
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date: $ 258.30	

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephen D. Andersen 7431 "O" Street Lincoln, NE 68510-2444	Self-employed	12/17/97	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date: $ 537.50	

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carol A. Anderson, CFP, LUTCF 260 Regency Parkway S-101 Omaha, NE 68114-3716	Self-employed	12/17/97	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date: $ 245.50	

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert B. Anderson, CLU P. O. Box 127 Jonesborough, TN 37659-0127	Self-employed	12/17/97	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date: $ 579.60	

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kenneth Eugene Barnes, CLU 74-140 El Paseo #4-493 Palm Desert, CA 92260-4113	Self-employed	12/17/97	21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date: $ 252.00	

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John M. Barry, CLU, ChFC 227 West Trade Street Suite 1550 Charlotte, NC 28202-1647	Self-employed	12/15/97	400.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date: $ 400.00	

SUBTOTAL of Receipts This Page (optional)	585.10
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (In Full)
National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Robert W. Barth, CLU, ChFC 40 Monument Road Bala Cynwyd, PA 19004-1735 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 220.00	12/11/97	100.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Jeffrey Lynn Battles, Sr. 9512 Wolf Creek Pike Trotwood, OH 45426-4146 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 252.00	12/17/97	21.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Felix R. Baz-Dresch, CLU, ChFC 11111 Nall Ave., #104 Leawood, KS 66211-1670 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 302.40	12/17/97	25.20
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Craig Beachnaw, LIC 3217 West Saginaw Lansing, MI 48917-2310 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 501.00	12/17/97	42.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Gary M. Beinhaker, CLU, ChFC 65 Willowbrook Blvd. Wayne, NJ 07470-7056 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 480.00	12/26/97	480.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
James P. Belk, CLU, ChFC P.O. Box 1520 Richmond, VA 23218 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 200.00	12/11/97	100.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
V. Stanley Benfell, CLU, ChFC 36 South State Street Salt Lake City, UT 84136 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 250.00	12/22/97	250.00

SUBTOTAL of Receipts This Page (optional) 1018.20

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

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 3 OF
	FOR LINE NUMBER (11AI)

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NAME OF COMMITTEE (In Full)
National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kent A. Bennett, LUTCF RR514 Pine Street Williamsport, PA 17701-5047	Self-employed	12/17/97	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent		
	Aggregate Year-to-Date > $ 616.80		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard S. Berger, JD, CLU, ChFC 3443 Highway 66 Neptune, NJ 07753-2707	Self-employed	12/29/97	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent		
	Aggregate Year-to-Date > $ 420.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alec P. Berkman, CLU 510 S. Grand Avenue, Suite 302 Glendora, CA 91741	Self-employed	12/02/97	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent		
	Aggregate Year-to-Date > $ 306.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul F. Berlin, CLU 230 W. Superior, Suite 510 Chicago, IL 60610-3536	Self-employed	12/22/97	333.74
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent		
	Aggregate Year-to-Date > $ 333.74		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. Boyd Bert, Jr., CLU 1030 State Street Erie, PA 16501-1804	Self-employed	12/31/97	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent		
	Aggregate Year-to-Date > $ 420.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph M. Berwanger, CLU, ChFC 2245 Northbank Drive Columbus, OH 43220-5422	Self-employed	12/01/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent		
	Aggregate Year-to-Date > $250.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David B. Bianchi, CLU P. O. Box 10358 Reno, NV 89510-0358	Self-employed	12/17/97	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent		
	Aggregate Year-to-Date > $45.00		

SUBTOTAL of Receipts This Page (optional)	1550.74
TOTAL This Period (last page this line number only)	

SCHEDULE A — ITEMIZED RECEIPTS

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

PAGE 4 OF

FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (In Full)

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Jack D. Birnbaum, CLU 6505 Blue Lagoon Dr. #225 Miami, FL 33126-6001 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 216.00	12/17/97	18.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Robert P. Bishopp, CLU, ChFC 705 W. 7th Ave. Spokane, WA 99204-2836 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 300.00	12/17/97	25.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Marsha J. Black, CLU, ChFC 200 Pringle Ave. Ste. 555 Walnut Creek, CA 94596 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 232.50	12/17/97	17.50
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Brian G. Blanchard, CLU 15967 105th Ave. N Maple Grove, MN 55369-9307 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 200.00	12/17/97	25.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Howard J. Blatt, CLU 400 Kelby Street Fort Lee, NJ 07024 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 250.00	12/08/97	250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Frank B. Bliss 1742 Solano Ave Berkeley, CA 94707-2213 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 504.00	12/17/97	42.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Blandy Boocock 6001 N Nauni Valley Dr Paradise Valley, AZ 85253-5134 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 523.20	12/17/97	8.50

SUBTOTAL of Receipts This Page (optional) 386.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 5 OF

FOR LINE (NUMBER)

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NAME OF COMMITTEE (In Full)
National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John H. Boushall, Jr., CLU, ChFC 707 Azeele Street Tampa, FL 33606-2207	Self-employed Occupation: Insurance agent	12/03/97	480.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 480.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
John J. Bradley, CLU 100 Congress Street Quincy, MA 02169-0906	Self-employed Occupation: Insurance agent	12/17/97	41.66
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 499.92		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Gary A. Bramon, CLU, ChFC 890 Lamont Ave Ste-201 Novato, CA 94945-4100	Self-employed Occupation: Insurance agent	12/17/97	42.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 510.00		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Roger Broderick 135 North Pennsylvania St. #1600 Indianapolis, IN 46204	Self-employed Occupation: Insurance agent	12/26/97	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 200.00		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Charles R. Brown, CLU, LUTCF 1755 N Kirby Pkwy #300 Memphis, TN 38120-4398	Self-employed Occupation: Insurance agent	12/17/97	15.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 207.00		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Ronald W. Buren, CLU, ChFC One Parker Plaza Fort Lee, NJ 07024-2937	Self-employed Occupation: Insurance agent	12/26/97	420.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 420.00		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
William D. Burke, CLU, CFP 303 Second St., #660 San Francisco, CA 94107	Self-employed Occupation: Insurance agent	12/17/97	21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 252.00		

SUBTOTAL of Receipts This Page (optional)	1120.16
TOTAL This Period (last page this line number only)	

SCHEDULE A — ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 6 OF | FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
National Association of Life Underwriters 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
Robert D. Buxbaum, CLU, ChFC 2 University Office Park P.O. Box 9086 Waltham, MA 02254-9086 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 252.00	12/17/97	21.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Joe D. Byars, CLU, LUTCF 214 No. 12th St Ft Smith, AR 72901-2713 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 304.00	12/17/97	35.20
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
William A. Carlisle, CLU 2356 Hawkhurst Box 752217 Memphis, TN 38175-2217 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 289.80	12/17/97	21.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Arcadio Casillas 150 East 58th St., 18th Floor New York, NY 10155-0002 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 500.00	12/31/97	500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Lawrence A. Chargin 1350 E Spruce Suite 100 Fresno, CA 93720 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 504.00	12/17/97	42.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Thomas R. Clark, CLU, ChFC 974 73rd Street #26 Des Moines, IA 50312-1026 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 490.00	12/17/97	50.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Milton H. Cohn, Jr., CLU, ChFC 5080 N. 40th Street, #235 Phoenix, AZ 85018-2159 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 300.00	12/24/97	300.00

SUBTOTAL of Receipts This Page (optional) 969.20

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

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 7 OF | FOR LINE NUMBER: 11a (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 Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas J. Cohn, CLU, ChFC 701 Market St., #1000 St. Louis, MO 63101-1869	Self-employed	12/22/97	360.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date > $ 360.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
H. Ryan Coker, CLU, ChFC, AEP 3340 Peachtree Rd., NE Tower Place, #2200 Atlanta, GA 30326	Self-employed	12/26/97	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date > $ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R. Michael Condrey, CLU 4020 Westchase Blvd., #275 Raleigh, NC 27607-3951	Self-employed	12/12/97	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date > $ 210.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Patrick D. Cook, CLU, RHU 100 Washington Sq #1200 Minneapolis, MN 55401-2194	Self-employed	12/17/97	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date > $ 200.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard E. Cooke, CLU, ChFC, AEP 3050 N. Lakeharbor #211 Boise, ID 83703-6243	Self-employed	12/17/97	21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date > $ 277.20	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas E. Cooper, RHU, LUTCF 2176 West Street #310 Germantown, TN 38138-3846	Self-employed	12/17/97	17.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date > $ 241.50	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R. Scott Culbertson, CFP, CEBS 2023 Cato Drive #102 State College, PA 16801-2765	Self-employed	12/17/97	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date > $ 546.00	

SUBTOTAL of Receipts This Page (optional) 665.50

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

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 8 OF
	FOR LINE NUMBER: 11(a)(i)

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NAME OF COMMITTEE (In Full)
National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Vincent M. D'Addona, CLU, ChFC 140 Broadway, 22nd Floor New York, NY 10005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 510.00	12/17/97	42.50
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Steven M. Daniel, CLU, ChFC P. O. Box 430 Butte, MT 59703-0430 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 268.80	12/17/97	21.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
John A. Davidson, LUTCF 2660 Townsgate Rd #720 Westlake Village, CA 91361-2714 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 213.50	12/17/97	42.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
John R. Dean, CLU, ChFC, MSFS P.O. Box 1508 Willmar, MN 56201-1508 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 336.00	12/17/97	42.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Bruce A. DeBoer, CLU, ChFC 5800 Monroe Street Bldg. C Sylvania, OH 43560 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 200.00	12/29/97	100.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
William James DeBruin, LUTCF 2323 E Capitol Dr #200 Appleton, WI 54911-8731 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 294.00	12/17/97	21.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Robert F. Decker, CLU, FLMI 9290 West Dodge Road #102 Omaha, NE 68114-3320 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 251.00	12/10/97	125.00

SUBTOTAL of Receipts This Page (optional)	393.50
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 9 OF

FOR LINE NUMBER:

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NAME OF COMMITTEE (In Full)
National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert W. Decoursey, CLU 555 E City Line Ave #900 Bala Cynwyd, PA 19004-1105	Self-employed	12/17/97	21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 298.20		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
David S. Dickenson, II, CLU ChFC 29500 Aurora Rd., #2 Solon, OH 44139	Self-employed	12/17/97	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 504.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
David J. Dietz, JD 125 Maiden Lane New York, NY 10038	Self-employed	12/31/97	400.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 400.00		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Michael D. Dixon, CLU 4505 Las Virgenes Rd. #200 Calabasas, CA 91302-1956	Self-employed	12/17/97	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 504.00		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Raymond F. Downs, Jr. 1266 Furnance Brook Pkwy. Quincy, MA 02169	Self-employed	12/31/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $250.00		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
David J. Drake, CLU, ChFC 16267 W 14 Mile #201 Beverly Hills, MI 48025-3308	Self-employed	12/26/97	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $200.00		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Joseph E. Dunn, LUTCF 3124 Hannah Ave NW Bemidji, MN 56601-5625	Self-employed	12/17/97	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $315.00		

SUBTOTAL of Receipts This Page (optional)	880.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 10 OF

FOR LINE NUMBER ( )

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NAME OF COMMITTEE (In Full)
National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas W. Dzik, CLU, ChFC 101 E. 5th St. #150 St. Paul, MN 55101-1808	Self-employed	12/17/97	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance agent		
	Aggregate Year-to-Date > $ 200.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Daniel Eddleman, CLU 475 Sansome St #1800 San Francisco, CA 94111-3141	Self-employed	12/17/97	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance agent		
	Aggregate Year-to-Date > $ 504.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald A. Eichelberger, CLU 209 East San Marnan Drive Waterloo, IA 50702-5839	Self-employed	12/17/97	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance agent		
	Aggregate Year-to-Date > $ 588.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
C. Robert Blrod, CLU, LUTCF 3874 E 250 S Wabash, IN 46992-8947	Self-employed	12/08/97	37.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance agent		
	Aggregate Year-to-Date > $ 245.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Akira Endo 2121 19th Ave. San Francisco, CA 94116-1802	Self-employed	12/17/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance agent		
	Aggregate Year-to-Date > $250.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ronald L. Engel, CLU, ChFC 1042 West Hedding #200 San Jose, CA 95126-1291	Self-employed	12/17/97	21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance agent		
	Aggregate Year-to-Date > $252.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marvin H. Feldman, CLU, ChFC Fremar Bldg., P.O. Box 30 16569 St. Clair Ave. East Liverpool, OH 43920-9123	Self-employed	12/29/97	400.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance agent		
	Aggregate Year-to-Date > $450.00		

SUBTOTAL of Receipts This Page (optional)	817.50
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 11 OF

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)
National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Gerald E. Ferrier, LUTCF 1117 Ellis Street #C-D Bellingham, WA 98225-5203 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 504.00	12/17/97	42.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Jeffery L. Ferrier, LUTCF 1117 Ellis St. #C & D Bellingham, WA 98225-5203 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 544.00	12/17/97	50.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
William R. Flanary, CLU 5905 Golden Valley Rd #220 Golden Valley, MN 55422-4475 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 200.00	12/17/97	25.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Thomas F. Flournoy, Jr., CLU P. O. Box 1013 Macon, GA 31202-1013 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 754.00	12/17/97	42.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Francis J. Foley, CLU 114 Market St. Ste-210 Roanoke, VA 24011-1402 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 267.00	12/17/97 12/31/97	8.50 12.50
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Steven M. Frank, CLU 21700 Oxnard St #1160 Woodland Hills, CA 91367-7302 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 560.00	12/17/97	10.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Gary G. Friedlander, LUTCF P. O. Drawer 790 Gainesville, FL 32602-0790 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 300.40	12/17/97	25.20

SUBTOTAL of Receipts This Page (optional)	215.20
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Gary R. Froid, CLU, ChFC P.O. Box 3642 St. Petersburg, FL 33731-3642 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 604.60	12/17/97	50.40
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
William J. Fuhrmeister North American Building 121 S. Broad Street 3rd Floor Philadelphia, PA 19107-4599 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 220.00	12/23/97	100.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Peter Fulchiron, CLU, LUTCF 405 Enfrente Dr #100 Novato, CA 94949-7206 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 576.00	12/17/97	50.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Steven Alan Fuld, CLU, ChFC 15928 Ventura Blvd., #224 Encino, CA 91436-4413 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 400.00	12/31/97	400.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
William S. Furman, CLU, ChFC 6 Becker Farm Road Roseland, NJ 07068-1735 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 360.00	12/17/97	240.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Del D. Gab, CLU Box 2094 Dickinson, ND 58602-2094 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 320.40	12/17/97	25.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Charles B. Garrity, CLU, ChFC 9977 Valley View Road Suite 300 Eden Prairie, MN 55344-3586 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 700.00	12/05/97	300.00

SUBTOTAL of Receipts This Page (optional)	1165.40
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 13 OF
	FOR LINE NUMBER: (11)

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NAME OF COMMITTEE (In Full)
National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
David S. Gerber, CLU 1926 Arch St., 3rd Flr. Rear Philadelphia, PA 19103-1444 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent $ 360.00	12/01/97	360.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Harold A. Gillet, LUTCF P. O. Box 2907 Missoula, MT 59806-2907 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent $ 382.50	12/17/97	12.50
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Lee M. Goeres, LUTCF Box 4003 Missoula, MT 59806-4003 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent $ 337.50	12/17/97	12.50
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Michael G. Goldstein, JD, LLM 100 N. Broadway, Ste-1300 St. Louis, MO 63102-2789. Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent $ 600.00	12/26/97	120.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
George K. Greene, JD, LLM, CLU 333 7th Avenue, 3rd Floor New York, NY 10001-5004 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent $ 200.00	12/05/97	100.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Michael P. Grossman, CFP 95 Glastonbury Blvd Glastonbury, CT 06033-4412 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent $ 504.00	12/17/97	42.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Joseph H. Gwinn, CLU, CPCU, ChFC P. O. Box 308 Vinton, VA 24179-0308 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent $ 516.50	12/17/97 12/31/97	42.00 12.50

SUBTOTAL of Receipts This Page (optional)	701.50
TOTAL This Period (last page this line number only)	

SCHEDULE A — ITEMIZED RECEIPTS

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

FOR LINE NUMBER (11(a)(i))

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NAME OF COMMITTEE (In Full)
National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
George Handler, CLU, ChFC, MSFS Time Plaza 53 Route 17K, Suite 12 Newburgh, NY 12550 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 400.00	12/26/97	400.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Karl Erik Hansen, CLU, ChFC 419 N. Shoreline Blvd. Mountain View, CA 94043-4605 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 510.00	12/17/97	42.50
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Sharon L. Hansen P. O. Box 2305 Mt Vernon, WA 98273-7305 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 300.00	12/17/97	25.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Alex Hanson, CLU, ChFC One Cate Street Portsmouth, NH 03801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 534.20	12/17/97	42.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Ross M. Hardwick, CLU 1660 S. Hwy. 100 #326W Minneapolis, MN 55416-1529 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 200.00	12/17/97	25.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Jerry Harnik, CLU 140 Broadway 22nd Floor New York, NY 10005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 200.00	12/26/97	100.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Thomas M. Hawco, CLU, ChFC P. O. Box 30406 Lincoln, NE 68503-0406 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 320.00	12/17/97	25.00

SUBTOTAL of Receipts This Page (optional) 659.50

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
William E. Hazel, CLU, ChFC 3250 W. Big Beaver Rd #327 Troy, MI 48084-2902 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 510.00	12/17/97	42.50
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Samuel H. Hazleton, IV, CLU 951 Albany Shaker Rd. Latham, NY 12110-1409 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 229.50	12/23/97	42.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Terry K. Headley, LUTCF 8990 West Dodge Road #226 Omaha, NE 68114-3315 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 610.80	12/17/97	50.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Dennis L. Helgeson, CLU, ChFC 120 8th Avenue NW Minot, ND 58703-2362 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 364.50	12/17/97	21.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
James W. Herlihy, Jr., CLU 20 Washington Street Rutland, VT 05701-5022 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 400.00	12/22/97	400.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Ronald G. Hester, CLU, ChFC Addison Exec Bldg., #9 P.O. Box 31 Boone, NC 28607-0031 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 305.50	12/17/97	25.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Edward C. Hiers, CLU, ChFC 18 Constitution Drive Bedford, NH 03110-6000 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 264.60	12/17/97	21.00

SUBTOTAL of Receipts This Page (optional) 601.50

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

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)

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Richard L. Hill, CLU, ChFC P. O. Box 30275 Lincoln, NE 68503-0275 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $ ~~537.60~~	12/17/97	42.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Michael J. Hiller, ChFC 909 N. Mayfair Road Wauwatosa, WI 53213 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $ 298.20	12/17/97	21.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Todd D. Hruby, LUTCF 770 N Cotner Blvd #315 Lincoln, NE 68505-2344 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $ 224.10	12/17/97 12/31/97	12.50 100.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
William V. Irons, CLU, LUTCF 469 Centerville Rd #203 Warwick, RI 02886-4328 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $ 588.00	12/17/97	42.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Stewart N. Isbell, LUTCF 12031 Regentview Ave. #200 Downey, CA 90241-5517 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $ ~~522.50~~	12/17/97	42.50
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Donald C. Jayne, CLU, ChFC 21800 Oxnard Street, #450 Woodland Hills, CA 91367-3652 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $ ~~300.00~~	12/17/97	25.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Russell D. Jenkins, LUTCF P. O. Box 808 Emporia, KS 66801-0808 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $ ~~272.40~~	12/17/97	25.20

SUBTOTAL of Receipts This Page (optional)	310.20
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
E. Dunbar Jewell, CLU, ChFC 1212 South Boulevard #102 Charlotte, NC 28203-4208	Self-employed Occupation Insurance agent	12/17/97	21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $	275.10	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gary L. Johnson 5301 Keystone Ct Rolling Meadows, IL 60008-3811	Self-employed Occupation Insurance agent	12/17/97	25.20
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $	302.40	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. Richard Jones, LUTCF P. O. Box 4886 Macon, GA 31208-4886	Self-employed Occupation Insurance agent	12/17/97	21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $	352.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gary L. Kaltenbach, CLU, ChFC 2601 Main St., Suite 700 Irvine, CA 92614-6220	Self-employed Occupation Insurance agent	12/19/97	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $	500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Terry M. Kaltenbach, CLU, ChFC 1455 Frazee Rd #400 San Diego, CA 92108-4378	Self-employed Occupation Insurance agent	12/17/97	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $	378.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephen M. Karp, CLU, ChFC 400 Hillside Avenue Needham, MA 02194-1226	Self-employed Occupation Insurance agent	12/17/97	21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $	252.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Clifford P. Karthauser, CLU 8990 W. Dodge Rd. #205 Omaha, NE 68114-3391	Self-employed Occupation Insurance agent	12/17/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $	250.00	

SUBTOTAL of Receipts This Page (optional)	480.20
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER(S)

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NAME OF COMMITTEE (In Full)
National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John B. Kearns, LUTCF P. O. Box 1029 Scottsbluff, NE 69363-1029	Self-employed	12/17/97	21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent		
	Aggregate Year-to-Date > 5	268.80	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Michael C. Keenan, CLU, ChFC 5750 Old Orchard Rd. #300 Skokie, IL 60077-1095	Self-employed	12/26/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent		
	Aggregate Year-to-Date > $ 250.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Paul D. Klass, CLU 1300 S. El Camino Real Suite 510 San Mateo, CA 94402-2962	Self-employed	12/29/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent		
	Aggregate Year-to-Date > $ 250.00		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Casey C. Knake P. O. Box 1541 Norfolk, NE 68702-1541	Self-employed	12/17/97	21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent		
	Aggregate Year-to-Date > $ 268.80		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Richard A. Koob, CLU, ChFC, AEP 626 W. Moreland Blvd. Waukesha, WI 53188-2433	Self-employed	12/17/97	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent		
	Aggregate Year-to-Date > $633.40		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Barry N. Koslow, JD, CLU 175 Andover Street P.O. Box 495 Danvers, MA 01923-0795	Self-employed	12/19/97	400.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent		
	Aggregate Year-to-Date > $400.00		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Michael J. Kraft, CLU 70 Washington St. #200 Oakland, CA 94607-3738	Self-employed	12/17/97	42.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent		
	Aggregate Year-to-Date > $510.00		

SUBTOTAL of Receipts This Page (optional)	1026.50
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full) National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ronald F. Kramer, LUTCF P. O. Box 26 Pierce, NE 68767-0026	Self-employed Occupation Insurance agent	12/17/97	21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $	268.80	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James H Krueger, CLU ChFC FIC RHU 3301 N. Ballard Road, #A Appleton, WI 54911-8988	Self-employed Occupation Insurance agent	12/17/97	21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $	294.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stanford L. Lang, CLU, ChFC 9549 Montgomery Rd., #300 Cincinnati, OH 45242-7238	Self-employed Occupation Insurance agent	12/19/97 12/26/97	100.00 100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $	200.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Leon L. Levy, CLU, RHU Broad and Walnut St 4th Fl Philadelphia, PA 19102-3803	Self-employed Occupation Insurance agent	12/01/97	600.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $	900.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephen F. Libby, CLU, ChFC 1900 Spring Rd #204 Oak Brook, IL 60523	Self-employed Occupation Insurance agent	12/04/97	480.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $	600.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bruce C. Lichtenberg, LUTCF 3730 Mt. Diablo Blvd. #220 Lafayette, CA 94549-3613	Self-employed Occupation Insurance agent	12/17/97	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $	600.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William K. Lichtenstein, CLU 520 Lake Cook Rd #600 Deerfield, IL 60015-5292	Self-employed Occupation Insurance agent	12/17/97	12.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $	204.00	

SUBTOTAL of Receipts This Page (optional)	1384.00
TOTAL This Period (last page this line number only)	

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)
National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lawrence E. Lounds, CLU G-3526 Miller Rd. Ste-B Flint, MI 48507-1236	Self-employed	12/17/97	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent		
	Aggregate Year-to-Date > $ 504.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Roger J. Lowery, CLU 804 South 59th St. Copper Bend Center Belleville, IL 62223-5026	Self-employed	12/08/97	420.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent		
	Aggregate Year-to-Date > $ 480.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
J. Peter Lyons, CLU, ChFC, MSFS 800 South Street, Suite 660 Watermill Center Waltham, MA 02154-1439	Self-employed	12/17/97	33.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent		
	Aggregate Year-to-Date > $ 402.00		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Gene L. Mahn, CLU, ChFC 1635 La Granada Drive Thousand Oaks, CA 91362-2146	Self-employed	12/17/97	8.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent		
	Aggregate Year-to-Date > $ 502.00		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
David J. Malone, CLU, ChFC Two PNC Plaza Ste-2450 Pittsburgh, PA 15222-2705	Self-employed	12/08/97	240.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent		
	Aggregate Year-to-Date > $480.00		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Waylon T. Mangum, LUTCF 9197 Fair Hill Place Mechanicsville, VA 23116	Self-employed	12/17/97	21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent		
	Aggregate Year-to-Date > $252.00		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Lawrence Mann, CLU, ChFC 16501 Ventura Blvd #510 Encino, CA 91436-4568	Self-employed	12/05/97	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent		
	Aggregate Year-to-Date > $450.00		

SUBTOTAL of Receipts This Page (optional)	965.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 21 OF
	FOR LINE (NUMBER)

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NAME OF COMMITTEE (In Full)
National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Claude A. Marlowe, Jr., LUTCF PO BOx 3686 Kingsport, TN 37664-0686 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 275.40	12/17/97	21.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Darren Scott Mason, CLU, ChFC 30092 Ivy Glenn #230 Laguna Niguel, CA 92677-5027 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 349.98	12/17/97 12/31/97	41.66 -137.50
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Joseph Maxwell, LUTCF 332 E. 75th Street Chicago, IL 60619-2219 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 216.00	12/17/97	18.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Pat B. McCoy, LUTCF 3304 Richmond Rd. Texarkana, TX 75503-2134 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 717.00	12/17/97	100.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Vernon McFalls, LUTCF 501 E Booth Avenue Searcy, AR 72143 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 220.80	12/17/97	16.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Shelby J. McIntosh, CLU 2450 Severn Avenue Suite 305 Metairie, LA 70001-1921 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 200.00	12/26/97	100.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Robert F. McKown, CLU, ChFC 2020 Commonwealth Avenue Newton, MA 02166-2006 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 510.00	12/17/97	42.50

SUBTOTAL of Receipts This Page (optional)	201.66
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 22 OF
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NAME OF COMMITTEE (In Full)
National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas L. McLeary, CLU 414 North Orleans #510 Chicago, IL 60610	Self-employed	12/10/97	600.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 600.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Peter A. McMahon 100 Corporate Pky #118 Amherst, NY 14226-1293	Self-employed	12/17/97	21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 252.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Morland McManigal, CLU, CPCU 690 E Tabor Ave #A-1 Fairfield, CA 94533-4079	Self-employed	12/22/97	-50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 500.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Patrick J. McNamara, MSFS 2360 E. Stadium, Suite 14 P.O. Box 1227 Ann Arbor, MI 48106-1227	Self-employed	12/19/97	400.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 400.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ronald K. McQueen, CLU, ChFC 132 Welsh Road Horsham, PA 19044	Self-employed	12/10/97	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 220.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carl F. Mehlhop, CLU, ChFC #1 Sansome Street, Suite 1700 San Francisco, CA 94104-4448	Self-employed	12/08/97 12/17/97	12.50 21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 259.50		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert T. Merchen, CLU, ChFC 7002 Hodgson Memorial Drive Savannah, GA 31406-1517	Self-employed	12/17/97	22.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 264.00		

SUBTOTAL of Receipts This Page (optional)	1126.50
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

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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 committee.

NAME OF COMMITTEE (In Full): National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dennis R. Merideth, CLU, ChFC 5151 E Broadway Ste-750 Tucson, AZ 85711-3734	Self-employed	12/17/97	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	596.40	
	Aggregate Year-to-Date $		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David A. Middaugh, CLU, AEP P. O. Box 2543 Fargo, ND 58108-2543	Self-employed	12/17/97	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent		
	Aggregate Year-to-Date $ 670.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carl W. Middleton 1201 Third Avenue #1600 Seattle, WA 98101-3018	Self-employed	12/17/97 12/31/97 12/31/97	21.00 252.00 -252.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent		
	Aggregate Year-to-Date $ 252.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Harlan V. Miller, CLU, ChFC 1612 Prosser Ave. #200 Dayton, OH 45409-2041	Self-employed	12/17/97	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent		
	Aggregate Year-to-Date $ 288.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert A. Miller 850 Third Ave., 15th Flr. New York, NY 10022-6222	Self-employed	12/17/97	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent		
	Aggregate Year-to-Date $ 504.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Patrick J. Monaghan, CLU, ChFC 555 Fairmount Ave. Towson, MD 21286	Self-employed	12/31/97	400.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent		
	Aggregate Year-to-Date $ 400.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James W. Monteverde, CLU, ChFC, AEP 710 Fifth Avenue Pittsburgh, PA 15219-3000	Self-employed	12/17/97	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent		
	Aggregate Year-to-Date $ 710.00		

SUBTOTAL of Receipts This Page (optional)	630.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 24 OF

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 Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Raymond H. Moran, CLU, ChFC 1 Commerce Sq. Suite #2250 Memphis, TN 38103 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent $ 578.60	12/17/97	42.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Herbert F. Morgan 1836 Hermitage Blvd. #200 Tallahassee, FL 32308-7706 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent $ 604.80	12/17/97	50.40
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Kerry Mucci 855 Valley Road Clifton, NJ 07013-2441 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent $ 240.00	12/26/97	120.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Lynn H. Naden 320 S. Green Bay Rd. Waukegan, IL 60085-4859 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent $ 604.80	12/17/97	50.40
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Robert M. Nelson, CLU, LUTCF 10050 Regency Circle #300 Omaha, NE 68114-3722 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent $ 557.50	12/17/97	42.50
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Jeffrey R. Nevin 100 Washington Sq Ste 1200 Minneapolis, MN 55401 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent $ 700.00	12/22/97	700.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
R. W. Nicholson, CLU, ChFC 10 Piedmont Ctr., #516 Atlanta, GA 30305 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent $ 500.00	12/11/97	250.00

SUBTOTAL of Receipts This Page (optional)	1255.30
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

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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 Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frank R. Nolimal, CLU, ChFC, LUT 4325 S. Industrial Rd. #300 Las Vegas, NV 89103-4125	Self-employed	12/17/97	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent		
	Aggregate Year-to-Date > $	285.80	

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James F. O'Connell, CLU 400 S. Jefferson #450 Spokane, WA 99204-3177	Self-employed	12/17/97	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent		
	Aggregate Year-to-Date > $	504.00	

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James W. Oglesby, LUTCF P. O. Box 7156 Asheville, NC 28802	Self-employed	12/17/97 12/23/97	42.00 0.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent		
	Aggregate Year-to-Date > $	354.40	

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rae Lee Olson 419 North Shoreline Blvd. Mountain View, CA 94043-4605	Self-employed	12/17/97	42.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent		
	Aggregate Year-to-Date > $	510.00	

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mitchell W. Ostrove, CLU, ChFC 4 New King Street White Plains, NY 10604-1202	Self-employed	12/17/97	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent		
	Aggregate Year-to-Date > $	504.00	

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Barton C. Pasco, CLU,ChFC,LUTCF 9030 Stony Point Prky., Ste 500 Richmond, VA 23235	Self-employed	12/17/97	21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent		
	Aggregate Year-to-Date > $	252.00	

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
G.F. "Penn" Pendleton, III 6800 Paragon Place, #234 Richmond, VA 23230-1651	Self-employed	12/11/97	400.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent		
	Aggregate Year-to-Date > $	400.00	

SUBTOTAL of Receipts This Page (optional)	614.50
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

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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 committees.

NAME OF COMMITTEE (In Full)
National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Gary H. Pendleton, CLU, ChFC 2908 Lake Boone Place Raleigh, NC 27608 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 545.79	12/17/97	41.66
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Laurence D. Petty 111 N. Last Chance Gulch Helena, MT 59601-4144 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 231.80	12/17/97	6.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Cody H. Phillips, JD, CLU, ChFC 611 Fifth Avenue Des Moines, IA 50309 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 556.75	12/17/97	42.50
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
R. Jan Pinney, CLU, ChFC, CPCU 3005 Douglas Blvd #120 Roseville, CA 95661-3854 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 504.00	12/17/97	42.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
James A. Ploeger, CLU, ChFC 412 West Clark Champaign, IL 61820-4608 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 240.00	12/19/97	120.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
William Poe, Jr., CLU 3207 Willowcreek Rd #B Portage, IN 46368-5013 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 252.00	12/17/97	21.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Robert W. Powell, CLU 214 Carnegie Center, #301 Princeton, NJ 08540-6237 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 300.00	12/08/97	300.00

SUBTOTAL of Receipts This Page (optional)	573.16
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER (11AI)

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NAME OF COMMITTEE (In Full)
National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steven C. Price 313 Sixth Avenue, Suite 500 Pittsburgh, PA 15222-2509	Self-employed	12/02/97	120.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	420.00	
	Aggregate Year-to-Date > $		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John S. Pugh, CLU, MSFS 3330 Pacific Ave. Suite 302 Virginia Beach, VA 23451	Self-employed	12/17/97 12/30/97	25.00 12.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent		
	Aggregate Year-to-Date > $ 312.50		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John M. Qualy, CLU 701 Market St., #1070 St. Louis, MO 63101-1873	Self-employed	12/09/97	600.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent		
	Aggregate Year-to-Date > $ 1200.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephen J. Quiner, CLU, ChFC 505 5th. Ave. #900 Des Moines, IA 50309-2316	Self-employed	12/17/97	15.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent		
	Aggregate Year-to-Date > $ 210.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
S. Caesar Raboy, CLU One Sun Life Exec. Park Wellesley, MA 02181-5699	Self-employed	12/22/97	400.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent		
	Aggregate Year-to-Date > $ 400.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Karl H. Rakow, LUTCF 2000 Schafer Street Box 1 Bismarck, ND 58501-1204	Self-employed	12/17/97	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent		
	Aggregate Year-to-Date > $ 555.22		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard L. Rawlings, CLU, ChFC 650 Elm St. #350 Manchester, NH 03101-2502	Self-employed	12/22/97	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent		
	Aggregate Year-to-Date > $ 470.00		

SUBTOTAL of Receipts This Page (optional)	1264.50
TOTAL This Period (last page this line number only)	

SCHEDULE A — ITEMIZED RECEIPTS

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

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FOR LINE NUMBER(S):

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NAME OF COMMITTEE (In Full)
National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William V. Regan, Sr. 100 Pine Street Suite 2200 San Francisco, CA 94111-5208 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 200.00	12/02/97	200.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephen M. Rice, CLU, ChFC 4820 Harwood Rd. San Jose, CA 95124-5206 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 500.00	12/08/97	500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Larry E. Ricke, CLU, ChFC 425 Bank Street Box 906 New Albany, IN 47151-0906 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 200.00	12/24/97	100.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William C. Riechert 591 Stewart Ave #Penthouse Garden City, NY 11530-4702 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 252.00	12/17/97	21.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert B. Ritter, Jr. 2274 Camino Ramon San Ramon, CA 94583-1353 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 500.00	12/30/97	500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert M. Roach, CLU, ChFC 580 S. High Street #100 Columbus, OH 43215-5663 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 505.00	12/10/97 12/17/97	253.00 21.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
D. David Russell, CLU, ChFC 2423 Carlisle Place Sarasota, FL 34231-7013 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 604.80	12/17/97	50.40

SUBTOTAL of Receipts This Page (optional)	1645.40
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 29 OF

FOR LINE NUMBER (11AI)

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NAME OF COMMITTEE (In Full)
National Association of Life Underwriters 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
Daniel L. Rust, LUTCF P.O. Box 1335 Bozeman, MT 59771-1335	Self-employed Insurance agent Aggregate Year-to-Date $ 717.50	12/17/97	17.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Gregory B. Schaeffer, LUTCF, FIC 2315 30th Ave. Kenosha, WI 53144	Self-employed Insurance agent Aggregate Year-to-Date $ 298.20	12/17/97	21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
G. Douglas Schellman, CLU, ChFC P. O. Box 9969 Colorado Springs, CO 80932-0969	Self-employed Insurance agent Aggregate Year-to-Date $ 252.00	12/17/97	21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Janice I. Schenk, LUTCF 111 N Last Chance Gulch Helena, MT 59601-4144	Self-employed Insurance agent Aggregate Year-to-Date $ 204.40	12/17/97	4.25
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
James D. Schulz, CLU, ChFC 7431 "O" Street Lincoln, NE 68510-2444	Self-employed Insurance agent Aggregate Year-to-Date $ 529.20	12/17/97	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mark B. Schwendeman 103 Putnam Street Marietta, OH 45750-2924	Self-employed Insurance agent Aggregate Year-to-Date $ 252.00	12/17/97	21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Walter J. Scott, Jr., CLU P. O. Box 1600 Oshkosh, WI 54902-1600	Self-employed Insurance agent Aggregate Year-to-Date $ 596.40	12/17/97	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			

SUBTOTAL of Receipts This Page (optional)	168.75
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full): National Association of Life Underwriters Political Action Committee

Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Vince R. Settineri, RHU 420 Lake Cook Rd. #111 Deerfield, IL 60015-4914 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $ 323.40	12/17/97	10.20
B. Dale J. Seymour, CLU, ChFC 1789 Indian Woods Circle, #200 The Metro Woods Building Maumee, OH 43537 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $ 430.00	12/17/97	10.00
C. James P. Shaheen, LUTCF 12775 La Mirada Blvd Suite #203 La Mirada, CA 90638 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $ 267.50	12/17/97	25.00
D. Arthur D. Shankman, CLU 101 Eisenhower Parkway P.O. Box 779 Roseland, NJ 07068-0779 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $ 240.00	12/26/97	240.00
E. Stephen C. Shaw, CLU 3730 Mt. Diablo Blvd., Suite 220 Lafayette, CA 94549-3613 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $ 500.00	12/15/97	500.00
F. Stephen L. Shepard, CLU P. O. Box 3917 Portland, OR 97208-3917 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $ 200.00	12/09/97 12/09/97	100.00 100.00
G. Kenneth J. Shepherd, LUTCF P. O. Box 1886 Bozeman, MT 59771-1886 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $ 212.50	12/17/97	12.50

SUBTOTAL of Receipts This Page (optional)	997.70
TOTAL This Period (last page this line number only)	

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)
National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James John Silbernagel, LUTCF PO BOX 427 KEWASKUM, WI 53040-	Self-employed	12/17/97	21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent		
	Aggregate Year-to-Date > $ 294.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Ray A. Silva, CLU, ChFC 1602 The Alameda, S-200 San Jose, CA 95126-2364	Self-employed	12/26/97 12/31/97	300.00 100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent		
	Aggregate Year-to-Date > $ 400.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Beth C. Simpson, CLU, ChFC 3180 Crow Canyon Pl Ste-103 San Ramon, CA 94583-1339	Self-employed	12/29/97	87.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent		
	Aggregate Year-to-Date > $ 200.00		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Richard S. Simpson, CLU, ChFC 1736 Jefferson Street Napa, CA 94559-1703	Self-employed	12/17/97	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent		
	Aggregate Year-to-Date > $ 300.00		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Paul M. Smith, Sr., CLU 980 Cape Marco Drive Monterey 1208 Marco Island, FL 34145	Self-employed	12/17/97	51.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent		
	Aggregate Year-to-Date > $612.00		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Lawrence Edward Sneed 7730 Pardee Lane Oakland, CA 94621-1424	Self-employed	12/17/97	21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent		
	Aggregate Year-to-Date > $252.00		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mark V. Snider, CLU, ChFC 39 S. Court St. P.O. Box 1047 Athens, OH 45701	Self-employed	12/17/97	8.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent		
	Aggregate Year-to-Date > $202.00		

SUBTOTAL of Receipts This Page (optional)	614.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 32 OF

FOR LINE NUMBER 11(a) (i)

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NAME OF COMMITTEE (In Full)

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark I. Solomon, CLU 1926 Arch Street, Second Floor Philadelphia, PA 19103-1444 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 100.00	12/22/97	100.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Alan M. Spiegelman One Sansome Street Suite 1700 San Francisco, CA 94104-4418 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 262.50	12/31/97 12/09/97	12.50 250.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Dennis N. Stansbury, CLU, ChFC 200 Eel River Avenue Logansport, IN 46947-3125 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 270.00	12/17/97	10.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Angelo T. Stath 1000 East 80th Place #627 S. Merrillville, IN 46410-5644 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 330.00	12/17/97	27.50
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
John P. Steele, LUTCF P. O. Box 369 Manhattan, MT 59741-0369 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 225.00	12/17/97	12.50
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Juliana M. Steverson, CLU, RHU P. O. Box 85481 San Diego, CA 92186-5481 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 300.00	12/17/97	25.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Robert C. Stineman, CLU 4505 Morningside Drive Omaha, NE 68134-2936 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 250.00	12/15/97	111.50

SUBTOTAL of Receipts This Page (optional)	549.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 3 OF

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Clifford L. Stone, LUTCF 300 N. 4th Street Suite 100 Bismarck, ND 58501 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 264.60	12/17/97	21.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David L. Stratton, CLU, ChFC 8300 Briarwood Ste-B Anchorage, AK 99518-3331 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 600.00	12/17/97	50.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steven M. Stratton, LUTCF 4620 Harwood Rd. #200 San Jose, CA 95124-5206 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 252.00	12/17/97	21.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark Phelan Sudderberg P.O. Box 19 Rockford, IL 61105-0019 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 327.60	12/17/97	25.20
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Cameron C. Sutton, CLU, JD 3565 Piedmont Road Buidling One, Ste. 600 Atlanta, GA 30305 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 400.00	12/31/97	400.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald R. Svoboda, CLU, ChFC 5930 S 58th St #Z Lincoln, NE 68516-3653 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 245.00	12/17/97	25.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark Swartz, CLU, ChFC 3141 Fairview Park Drive Suite 250 Falls Church, VA 22042 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 250.00	12/29/97	250.00

SUBTOTAL of Receipts This Page (optional) 792.20

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

SCHEDULE A — ITEMIZED RECEIPTS

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

PAGE 34 OF

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Christopher Jameson Taggart P.O. Box 2548 Cody, WY 82414-2548	Self-employed Occupation: Insurance agent	12/31/97	1196.25
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1296.25		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert W. Talbott, CLU, LUTCF 400 East 2nd Avenue #104 Eugene, OR 97401-2452	Self-employed Occupation: Insurance agent	12/17/97	21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 252.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Michael Taylor, CLU, ChFC P.O. Box 7546 Columbus, GA 31908-7546	Self-employed Occupation: Insurance agent	12/17/97	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 504.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert L. Tedoldi, CLU ChFC CFP 95 Glastonbury Blvd 4th Fl Glastonbury, CT 06033-4412	Self-employed Occupation: Insurance agent	12/17/97	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 554.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gregory M. Telge, CLU, ChFC 1779 Elm Street Manchester, NH 03104	Self-employed Occupation: Insurance agent	12/17/97	21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 254.60		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jeffrey E. Thol, CLU P. O. Box 548 Honesdale, PA 18431-0548	Self-employed Occupation: Insurance agent	12/17/97	15.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 213.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Harry E. Thomas, CLU, ChFC 40 Monument Road Bala Cynwyd, PA 19004-1797	Self-employed Occupation: Insurance agent	12/23/97	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 220.00		

SUBTOTAL of Receipts This Page (optional) 1437.25

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 35 OF

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

National Association of Life Underwriters 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
Brad Tison, CLU, ChFC, CFP P. O. Box 65770 W. Des Moines, IA 50265-0770 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 351.00	12/17/97	42.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Rhoda S. Toles, CAE 1405 Lilac Drive North #121 Minneapolis, MN 55422-4528 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 316.00	12/17/97	42.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Daniel C. Toney, CLU 101 Larkspur Landing Circle #116 Larkspur, CA 94939-1748 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 200.00	12/29/97	100.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Adam Varrenti, Jr., CLU, ChFC 9 N Five Points Rd Flr-2 West Chester, PA 19380-4739 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 298.20	12/17/97	21.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Robert D. Vieluf, LUTCF 1703 Golfview PO Box 98 Collinsville, IL 62234-4832 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 257.40	12/17/97	25.20
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Sylvia J. Walker, LUTCF, CPIW 805 Terrace Drive Newport News, VA 23601-2240 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 502.00	12/17/97 12/31/97 50.00	21.00 -252.00 252.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
David R. Watson, CLU, ChFC, AEP One Liberty Place, Suite 680 Philadelphia, PA 19103-7301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 596.40	12/17/97	42.00

SUBTOTAL of Receipts This Page (optional) 543.20

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

SCHEDULE A — ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas L. Webb, CLU, ChFC 338 Hawthorne Ave., NE, #200 Salem, OR 97301	Self-employed Occupation: Insurance agent	12/17/97	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 572.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael L. Weintraub, CLU 2700 Ygnacio Valley Road Suite 160 Walnut Creek, CA 94598-3662	Self-employed Occupation: Insurance agent	12/29/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 250.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Brent J. Welch, CLU, ChFC, CFP 505 King Street, Suite 106 P.O. Box 726 La Crosse, WI 54602-0726	Self-employed Occupation: Insurance agent	12/15/97	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 500.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marlin D. Wells, CLU, ChFC, LUTC PO Box 2603 Roswell, NM 88202-2603	Self-employed Occupation: Insurance agent	12/17/97	15.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 213.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lester E. Westgard 1351 Page Drive Ste 204 Fargo, ND 58103-3536	Self-employed Occupation: Insurance agent	12/17/97	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 315.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Henry Whiffen, MSFS ChFC CLU CFP 200 Pringle Ave., Ste. 500 Walnut Creek, CA 94596	Self-employed Occupation: Insurance agent	12/23/97	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 350.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James E. Whistler, CLU, ChFC 600 W. Broadway #600 San Diego, CA 92101-3359	Self-employed Occupation: Insurance agent	12/03/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 550.00		

SUBTOTAL of Receipts This Page (optional) 1132.00

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

SCHEDULE A — ITEMIZED RECEIPTS

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

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FOR LINE NUMBER: 11(a)(i)

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NAME OF COMMITTEE (In Full)
National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William T. Whitmore, Jr., LUTCF P. O. Box 4748 Virginia Beach, VA 23454-0748	Self-employed Occupation: Insurance agent	12/17/97	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 378.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Eric A. Wiltshire, CLU, ChFC 30100 Telegraph Rd., #170 Bingham Farms, MI 48025-4515	Self-employed Occupation: Insurance agent	12/31/97	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 200.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Larry J. Winkelhake, CLU, ChFC P. O. Bx 26909 Milwaukee, WI 53226-0909	Self-employed Occupation: Insurance agent	12/17/97	21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 298.20		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Norbert F. Winter, Jr., CLU, ChF 101 E. 5th St., #150 St. Paul, MN 55101-1808	Self-employed Occupation: Insurance agent	12/02/97	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 300.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ronald I. Woodmansee, CLU, ChFC 204 W Route 38 Moorestown, NJ 08057-3225	Self-employed Occupation: Insurance agent	12/17/97	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 355.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark L. Yavornitzki, CAE 38 Sheridan Avenue Albany, NY 12210-2714	Self-employed Occupation: Insurance agent	12/17/97	21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 252.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Eugene K. Youngentob, CLU, ChFC 7200 Wisconsin Avenue, Suite 100 Bethesda, MD 20814-4834	Self-employed Occupation: Insurance agent	12/08/97	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 200.00		

SUBTOTAL of Receipts This Page (optional)	609.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
E. Dennis Zahrbock, CLU ChFC CFP P. O. Box 679 Wayzata, MN 55391-0679 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed / Insurance agent / $ 700.00	12/23/97	600.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Bernard H. Zais, CLU, ChFC 6620 Boca Delmar Drive Bldg. #3, Unit #105 Boca Raton, FL 33433 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed / Insurance agent / $ 550.00	12/09/97	125.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Theodore J. Zouzounis, CLU 3 Altarinda Road, Suite 300 Orinda, CA 94563-2601 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed / Insurance agent / $ 360.00	12/17/97	30.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	$		

SUBTOTAL of Receipts This Page (optional)	755.00
TOTAL This Period (last page this line number only)	30,804.02

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 23

Contributions to Federal Candidates/Committees

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 Life Underwriters Political Action Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Rob Andrews for Congress PO Box 2314 Washington, DC 20013	Contribution: Robert E. Andrews (NJ-1-D) Disbursement For: [X] Primary [ ] General [ ] Other: 1998	12/12/97	$500.00
Bachus for Congress P O Box 59444 Birmingham, AL 35259	Contribution: Spencer T. Bachus III (AL-6-R) Disbursement For: [X] Primary [ ] General [ ] Other: 1998	12/17/97	$1,000.00
Baker for Congress Committee PO Box 1694 Baton Rouge, LA 70821	Contribution: Richard H. Baker (LA-6-R) Disbursement For: [X] Primary [ ] General [ ] Other: 1998	12/29/97	$500.00
Bartlett for Congress Committee PO Box 3662 Frederick, MD 21701-3662	Contribution: Roscoe G. Bartlett (MD-6-R) Disbursement For: [X] Primary [ ] General [ ] Other: 1998	12/29/97	$500.00
Friends of Roy Blunt 1736 E. Sunshine Street Suite 817 Springfield, MO 65804	Contribution: Roy Blunt (MO-7-R) Disbursement For: [X] Primary [ ] General [ ] Other: 1998	12/8/97	$500.00
Chris Cannon for Congress Inc 123 West Center Street Provo, UT 84601	Contribution: Christopher Cannon (UT-3-R) Disbursement For: [X] Primary [ ] General [ ] Other: 1998	12/8/97	$1,000.00
Chenoweth for Congress Committee PO Box 897 Boise, ID 83701	Contribution: Helen Chenoweth (ID-1-R) Disbursement For: [X] Primary [ ] General [ ] Other: 1998	12/29/97	$500.00
Mike Crapo for Congress Committee PO Box 1948 Boise, ID 83701	Contribution: Michael D. Crapo (ID-2-R) Disbursement For: [X] Primary [ ] General [ ] Other: 1998	12/9/97	$4,000.00
Delahunt for Congress Committee 500 Victory Road Quincy, MA 02171	Contribution: William D. Delahunt (MA-10-D) Disbursement For: [X] Primary [ ] General [ ] Other: 1998	12/16/97	$1,000.00

SUBTOTAL of Disbursements This Page (optional)	$9,500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 2 OF 4
	FOR LINE NUMBER 23

Contributions to Federal Candidates/Committees

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NAME OF COMMITTEE (In Full)
National Association of Life Underwriters Political Action Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Lincoln Diaz-Balart for Congress Committee 9747 NW 41 St, #131 Miami, FL 33178	Contribution: Lincoln Diaz-Balart (FL-21-R) Disbursement For: [X] Primary [ ] General [ ] Other: 1998	12/29/97	$1,000.00
Ehrlich for Congress Committee 1527 York Road Lutherville, MD 21093	Contribution: Robert L. Ehrlich, Jr. (MD-2-R) Disbursement For: [X] Primary [ ] General [ ] Other: 1998	12/29/97	$500.00
People for English PO Box 1940 Erie, PA 16507	Contribution: Phil English (PA-21-R) Disbursement For: [X] Primary [ ] General [ ] Other: 1998	12/29/97	$500.00
Friends of Mark Foley P.O. Box 30505 Palm Beach Gardens, FL 33420	Contribution: Mark A. Foley (FL-16-R) Disbursement For: [X] Primary [ ] General [ ] Other: 1998	12/1/97	$1,000.00
Martin Frost Congressional Club PO Box 4219 Dallas, TX 75208	Contribution: Martin Frost (TX-24-D) Disbursement For: [X] Primary [ ] General [ ] Other: 1998	12/9/97	$2,500.00
Goode for Congress 124 Orchard Avenue Rocky Mount, VA 24151	Contribution: Virgil Goode, Jr. (VA-5-D) Disbursement For: [X] Primary [ ] General [ ] Other: 1998	12/1/97	$500.00
Porter Goss Re-Election Team P.O. Box 517 Fort Myers, FL 33902	Contribution: Porter J. Goss (FL-14-R) Disbursement For: [X] Primary [ ] General [ ] Other: 1998	12/29/97	$1,000.00
Grassley Committee P O Box 6193 Alexandria, VA 22306-0193	Contribution: Charles E. Grassley (IA-R) Disbursement For: [ ] Primary [X] General [ ] Other: 1998	12/8/97	$3,000.00
Hastings for Congress Campaign Committee PO Box 2926 Pasco, WA 99301	Contribution: Richard Hastings (WA-4-R) Disbursement For: [X] Primary [ ] General [ ] Other: 1998	12/29/97	$1,000.00
SUBTOTAL of Disbursements This Page (optional)			$11,000.00
TOTAL This Period (last page this line number only)			

SCHEDULE D — ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 23

Contributions to Federal Candidates/Committees

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NAME OF COMMITTEE (in Full)
National Association of Life Underwriters Political Action Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Hulshof for Congress PO Box 1621 Columbia, MO 65205	Contribution: Kenny Hulshof (MO-9-R) Disbursement For: [X] Primary [ ] General [ ] Other: 1998	12/1/97	$1,000.00
Walter Jones Committee PO Box 99667 Raleigh, NC 27624	Contribution: Walter B. Jones, Jr. (NC-3-R) Disbursement For: [X] Primary [ ] General [ ] Other: 1998	12/1/97	$500.00
Pennsylvanians for Kanjorski 103 South Hanover Street Nanticoke, PA 18634	Contribution: Paul E. Kanjorski (PA-11-D) Disbursement For: [X] Primary [ ] General [ ] Other: 1998	12/8/97	$871.00
Sue Kelly for Congress Old West Point Road/Box 491 Cornwall/Hudson, NY 12520	Contribution: Sue W. Kelly (NY-19-R) Disbursement For: [X] Primary [ ] General [ ] Other: 1998	12/9/97	$1,000.00
LaTourette for Congress Committee 7200 Center Street Suite 102 Mentor, OH 44060	Contribution: Steve C. LaTourette (OH-19-R) Disbursement For: [X] Primary [ ] General [ ] Other: 1998	12/12/97	$1,000.00
Ron Lewis for Congress PO Box 307 Elizabethtown, KY 42701	Contribution: Ron Lewis (KY-2-R) Disbursement For: [X] Primary [ ] General [ ] Other: 1998	12/29/97	$500.00
Luther for Congress Volunteer Committee 1399 Geneva Avenue North Suite 103 Oakdale, MN 55128	Contribution: William P. Luther (MN-6-D) Disbursement For: [X] Primary [ ] General [ ] Other 1998	12/8/97	$500.00
McInnis for Congress P.O. Box 3157 Grand Junction, CO 81502	Contribution: Scott McInnis (CO-3-R) Disbursement For: [X] Primary [ ] General [ ] Other: 1998	12/29/97	$1,000.00
McNulty for Congress 22 Manor Place Watervliet, NY 12189	Contribution: Michael R. McNulty (NY-21-D) Disbursement For: [X] Primary [ ] General [ ] Other: 1998	12/1/97	$1,000.00
SUBTOTAL of Disbursements This Page (optional)			$7,371.00
TOTAL This Period (last page this line number only)			

SCHEDULE B — ITEMIZED DISBURSEMENTS

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

PAGE 4 OF 4

FOR LINE NUMBER 23

Contributions to Federal Candidates/Committees

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NAME OF COMMITTEE (in Full)
National Association of Life Underwriters Political Action Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Mikulski for Senate Committee P O Box 13147 Baltimore, MD 21203	Contribution: Barbara A. Mikulski (MD-D) Disbursement For: [X] Primary [ ] General [ ] Other: 1998	12/9/97	$1,000.00
Anne Northup for Congress PO Box 7313 Louisville, KY 40257	Contribution: Anne M. Northup (KY-3-R) Disbursement For: [X] Primary [ ] General [ ] Other: 1998	12/E/97	$1,000.00
New Mexicans for Bill Redmond P.O. Box 10193 Santa Fe, NM 87504	Contribution: Bill Redmond (NM-3-R) Disbursement For: [X] Primary [ ] General [ ] Other: 1998	12/8/97	$1,000.00
Bob Riley for Congress PO Box 700 Ashland, AL 36251	Contribution: Bob Riley (AL-3-R) Disbursement For: [X] Primary [ ] General [ ] Other: 1998	12/29/97	$500.00
Volunteers for Shimkus PO Box 5458 Springfield, IL 62704	Contribution: John M. Shimkus (IL-20-R) Disbursement For: [X] Primary [ ] General [ ] Other: 1998	12/8/97	$500.00
Jerry Solomon for Congress Committee Box 459 Saratoga Springs, NY 12866	Contribution: Gerald B. Solomon (NY-22-R) Disbursement For: [X] Primary [ ] General [ ] Other: 1998	12/29/97	$3,000.00
Ted Strickland for Congress PO Box 580 Lucasville, OH 45648	Contribution: Ted Strickland (OH-6-D) Disbursement For: [X] Primary [ ] General [ ] Other: 1998	12/1/97	$1,000.00
Whitfield for Congress Committee P.O. Box 391 Hopkinsville, KY 42241	Contribution: Edward Whitfield (KY-1-R) Disbursement For: [X] Primary [ ] General [ ] Other: 1998	12/12/97	$1,000.00

SUBTOTAL of Disbursements This Page (optional)	$9,000.00
TOTAL This Period (last page this line number only)	$36,871.00

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 28(a)

Refunds of Contributions To Individuals

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 Life Underwriters Political Action Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Jack Dempsey PO Box 1428 Ann Arbor, MI 48106-1428	Refund to Individual Disbursement For: ☐ Primary ☐ General ☒ Other: Other 1997	12/16/97	$200.00
Donald Evans 4470 SW Hall Suite C Beaverton, OR 97005-2122	Refund to Individual Disbursement For: ☐ Primary ☐ General ☒ Other: Other 1997	12/17/97	$100.00
Gary Mantz 5370 Allentown Pike Suite 150 Temple, PA 19560	Refund to Individual Disbursement For: ☐ Primary ☐ General ☒ Other: Other 1997	12/9/97	$25.00

SUBTOTAL of Disbursements This Page (optional)	$325.00
TOTAL This Period (last page this line number only)	$325.00

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 recived.

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
☑	Registerd/Certified Mail	POSTMARKED 1-30-98
☐	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	

MD 2-3-98

PREPARER DATE PREPARED

(7/97)