REPORT OF RECEIPTS AND DISBURSEMENTS

FOR OTHER THAN AN AUTHORIZED COMMITTEE

(SUMMARY PAGE)

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, NW	2. FEC IDENTIFICATION NUMBER C 0000 5249
CITY, STATE and ZIP CODE WASHINGTON, DC 20006	3. [X] This committee has qualified as a multicandidate committee. (see FEC FORM 1 M)

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)

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	[X] January 31

[ ] Termination Report

Twelfth day report preceding election on _____ in the State of _____

(b) Is this report an Amendment ? YES (NO)

Thirtieth day report following the General Election on _____ in the State of _____

SUMMARY

	COLUMN A This Period	COLUMN B Calendar YTD
5. Covering Period 29 Nov. 1994 through 31 Dec. 1994		
6. (a) Cash on Hand January 1, 1994		430,378.26
(b) Cash at Beginning of Reporting Period	294,054.65	
(c) Total Receipts (from line 19)	193,515.37	1,080,996.78
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	487,570.02	1,511,375.04
7. Total Disbursements (from Line 30)	76,835.38	1,100,640.40
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)	410,734.64	410,734.64
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 202-376-3120

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
JOSEPH E. DILLON, ASSISTANT TREASURER

Signature of Treasurer: Joseph E. Dillon

Date: 01/31/95

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 6/93)

NAME OF COMMITTEE: NATIONAL ASSOCIATION OF LIFE UNDERWITERS' POLITICAL ACTION COMMITTEE

REPORT COVERING PERIOD FROM 29 Nov. 1994 TO 31 Dec. 1994

I. RECEIPTS	COLUMN A This Period	COLUMN B Calendar YTD
11. Contributions (other than loans) From:		
a. Individuals/Persons Other Than Political Committees		
i. Itemized (use Schedule A) (add I and II)	15,667.60	113,127.34
ii. Unitemized	175,524.45	952,473.21
iii. Total	191,192.05	1,065,600.55
b. Political Party Committees		
c. Other Political Committees (such as PAC's)		
d. Total Contributions (add a iii, b and c)	191,192.05	1,065,600.55
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	5,000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	2,323.32	10,396.23
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)	193,515.37	1,080,996.78
20. Total Federal Receipts (subtract line 18 from line 19)	193,515.37	1,080,996.78
II. DISBURSEMENTS		
21. Operating Expenditures:		
a. Shared Federal/Non Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures	335.38	24,540.40
c. Total Operating Expenditures (Add a i, aii, and b)	335.38	24,540.40
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	75,500.00	1,076,100.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans made		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PAC's)		
d. Total Contribution Refunds (Add a, b, and c)	0.00	0.00
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	75,835.38	1,100,640.40
31. Total Federal Disbursements (subtract line 21 a ii from line 30)	75,835.38	1,100,640.40
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d)	191,192.05	1,065,600.55
33. Total Contribution Refunds (from line 28d)	0.00	0.00
34. Net Contributions (other than loans) (subtract line 33 from 32)	191,192.05	1,065,600.55
35. Total Federal Operating Expenditures (add 21 a i and 21 b)	335.38	24,540.40
36. Offsets to Operating Expenditures (from line 15)		
37 Net Operating Expenditures (subtract line 36 from 35)	335.38	24,540.40

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 30

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 Michael J. Ables, LUTCF 444 Higuera St. #300 San Luis Obispo, CA 93401-3833 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance agent Aggregate Year-to-Date $ 232.50	Date (month, day, year) 12/20/94	Amount of Each Receipt this Period 100.00
B. Full Name, Mailing Address and ZIP Code Gail Adams-Lettiere, LUTCF 5100 W 127th St Alsip, IL 60658-3236 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance agent Aggregate Year-to-Date $ 466.00	Date (month, day, year) 12/27/94	Amount of Each Receipt this Period 400.00
C. Full Name, Mailing Address and ZIP Code Gerald R. Allen, CLU, ChFC 210 N. Main St., Suite 100 Wheaton, IL 60187-5328 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance agent Aggregate Year-to-Date $ 310.50	Date (month, day, year) 12/14/94	Amount of Each Receipt this Period 22.50
D. Full Name, Mailing Address and ZIP Code Stephen D. Andersen 7431 "O" Street Lincoln, NE 68510-2444 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance agent Aggregate Year-to-Date $ 428.40	Date (month, day, year) 12/14/94	Amount of Each Receipt this Period 42.00
E. Full Name, Mailing Address and ZIP Code Robert B. Anderson, CLU P. O. Box 820 Johnson City, TN 37605-0820 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance agent Aggregate Year-to-Date $ 372.00	Date (month, day, year) 12/14/94	Amount of Each Receipt this Period 30.00
F. Full Name, Mailing Address and ZIP Code Guy E. Baker, CLU, MSFS 1001 Dove St., #240 Newport Beach, CA 92660-2863 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance agent Aggregate Year-to-Date $ 750.00	Date (month, day, year) 11/30/94 11/30/94	Amount of Each Receipt this Period 250.00 250.00
G. Full Name, Mailing Address and ZIP Code Kenneth Eugene Barnes, CLU 5500 Atherton St. S-310 Long Beach, CA 90815-4017 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance agent Aggregate Year-to-Date $ 258.00	Date (month, day, year) 12/14/94 12/28/94	Amount of Each Receipt this Period 0.00 21.00

SUBTOTAL of Receipts This Page (optional)	1115.50
TOTAL This Period (last page this line number only)	

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 20

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
David M. Baum, CA, CLU 6201 College Blvd., #375 Overland Park, KS 66211-2422	Self-employed	12/19/94	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date $: 250.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Terry Bemiss 2901-B N. Lorraine Ste-D Hutchinson, KS 67502-4200	Self-employed	12/14/94	22.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date $: 312.30		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R. Clifford Berg, Jr., CLU, ChFC 5818 Kennett Pike Wilmington, DE 19807-1116	Self-employed	12/28/94	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date $: 220.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Roberta Berger, CLU, ChFC P.O. Box 644 Rhinebeck, NY 12572-0644	Self-employed	12/30/94	300.00
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
David B. Bianchi, CLU P. O. Box 10358 Reno, NV 89510-0358	Self-employed	12/14/94	21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date $: 239.40		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jack D. Birnbaum, CLU 2333 Ponce De Leon Blvd #700 Coral Gables, FL 33134-5418	Self-employed	12/14/94	18.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date $: 276.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Paul Bishopp, CLU, ChFC West 705 7th Avenue Spokane, WA 99204	Self-employed	12/14/94	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date $: 275.00		

SUBTOTAL of Receipts This Page (optional)	736.50
TOTAL This Period (last page this line number only)	

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SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 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
Brian G. Blanchard, CLU 11235-96th Ave N Maple Grove, MN 55369-3676	Self-employed	12/14/94	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
David M. Boardman, CLU, CFP P. O. Box 1064 Burlington, VT 05402-1064	Self-employed	12/05/94	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
Blandy Boocock 6001 N Nauni Valley Dr Paradise Valley, AZ 85253-5134	Self-employed	12/14/94	8.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date $: 593.90		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Barry Boscoe, CFP 18757 Burbank Blvd #300 Tarzana, CA 91356-3345	Self-employed	12/09/94	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date $: 250.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William P. Bourke 3565 Piedmont Road Suite 700 Atlanta, GA 30305-1562	Self-employed	11/30/94	294.00
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
Gary A. Bramon, CLU, ChFC 890 Lamont Ave Ste-201 Novato, CA 94945-4100	Self-employed	12/14/94	42.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date $: 510.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wilmer A. Brantley, LUTCF P. O. Box 639 Nashville, NC 27856-0639	Self-employed	12/30/94	13.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date $: 268.50		

SUBTOTAL of Receipts This Page (optional)	933.50
TOTAL This Period (last page this line number only)	

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SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11(a)(i)

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

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. S. Lujuana Bull, CLU, LUTCF 5260 N Palm Ave #205 Fresno, CA 93704-2210	Self-employed	12/14/94	21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 252.00		
B. William D. Burke, CLU, CFP 303 Second St., Ste-660 San Francisco, CA 94107-1366	Self-employed	12/14/94	21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 252.00		
C. David Burstin, CLU Two PNC Plaza Suite 2900 Pittsburgh, PA 15222-2705	Self-employed	12/23/94	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 350.00		
D. Robert D. Buxbaum, CLU, ChFC 2 University Office Park P.O. Box 9086 Waltham, MA 02254-9086	Self-employed	12/14/94	21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 252.00		
E. Joe D. Byars, CLU, LUTCF 218 No. 12th St Ft Smith, AR 72901-2713	Self-employed	12/14/94	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 324.00		
F. Marc S. Byrnes One Erieview Plaza, Suite 600 Cleveland, OH 44114-1715	Self-employed	12/14/94	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 200.00		
G. David D. Cameron, LUTCF P. O. Box 645 Rupert, ID 83350-0645	Self-employed	12/14/94	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation: Insurance agent Aggregate Year-to-Date > $ 258.60		

SUBTOTAL of Receipts This Page (optional) 280.00

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

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SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 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
George G. Carty P. O. Box 794 Kingsport, TN 37662-0794	Self-employed	12/14/94	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation: Insurance agent Aggregate Year-to-Date > $ 208.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard J. Chaffee, Jr., CLU 7301 Ohms Lane, Suite 195 Edina, MN 55439-2334	Self-employed	12/19/94	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation: Insurance agent Aggregate Year-to-Date > $ 700.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lawrence A. Chargin 5260 N. Palm Avenue, Suite 205 Fresno, CA 93704-2210	Self-employed	12/14/94	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation: Insurance agent 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
Thomas R. Clark, CLU, ChFC 2700 Westown Parkway #340 West Des Moines, IA 50266-1411	Self-employed	12/14/94	21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation: Insurance agent Aggregate Year-to-Date > $ 285.60		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Daniel J. Coletti, CFP 316 Main Street Fifth Floor Worcester, MA 01608-1553	Self-employed	12/23/94	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation: Insurance agent Aggregate Year-to-Date > $ 200.00		
F. 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 PO Box 1702 Boise, ID 83701-1702	Self-employed	12/14/94	21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation: Insurance agent Aggregate Year-to-Date > $ 279.85		
G. 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 2175 Germantown Rd S #310 Germantown, TN 38138-3873	Self-employed	12/14/94	17.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation: Insurance agent Aggregate Year-to-Date > $ 202.00		

SUBTOTAL of Receipts This Page (optional)	426.50
TOTAL This Period (last page this line number only)	

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SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 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
L. M. Courtney, CLU, ChFC, LUTCF 3511 Haney's Br Rd Huntington, WV 25704-9114	Self-employed	12/14/94	21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date $	252.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Walter A. Coury One Oxford Centre, Suite 3335 Pittsburgh, PA 15219-6401	Self-employed	12/27/94	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	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
R. Scott Culbertson, CFP, CEBS 2023 Cato Drive State College, PA 16801-2765	Self-employed	12/14/94 12/31/94	21.00 12.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date $	272.30
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Vincent M. D'Addona, CLU, ChFC 130 William Street, 6th Floor New York, NY 10038-3882	Self-employed	12/14/94	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
William H. Damora, CLU, ChFC 215 Morris Avenue Spring Lake, NJ 07762-1336	Self-employed	12/29/94	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
Steven M. Daniel, CLU, ChFC P. O. Box 430 Butte, MT 59703	Self-employed	12/14/94	21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date $	469.84
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
George B. Daniels, LUTCF P. O. Box 727 West Monroe, LA 71294-0727	Self-employed	12/02/94	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date $	200.00

SUBTOTAL of Receipts This Page (optional)	668.00
TOTAL This Period (last page this line number only)	

FEC 15 94 12 13 39 15 09

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
Robert W. Decoursey, CLU 555 E City Line Ave #900 Bala Cynwyd, PA 19004-1105 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent $ 298.20	12/14/94	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
J. Kyle DeVries, CLU, ChFC 21800 Oxnard Street #400 Woodland Hills, CA 91367-3681 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent $ 200.00	12/16/94	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
David S. Dickenson, II, CLU ChFC 1901 East 13th Street Suite 506 Cleveland, OH 44114-3583 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent $ 504.00	12/14/94	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
Michael D. Dixon, CLU 4505 Las Virgenes Rd. #200 Calabasas, CA 91302-1956 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent $ 202.50	12/14/94	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
H. James Douds 732 Tantallon Dr Fort Washington, MD 20744-7032 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent $ 616.00	12/08/94	38.50
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
Charles E. Drimal, CLU, ChFC 360 Lexington Avenue 8th Floor New York, NY 10017-6563 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent $ 500.00	12/19/94	495.00
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 E. Dunn, LUTCF PO Box 14595 Grand Forks, ND 58208-4595 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent $ 324.06	12/14/94	25.00

SUBTOTAL of Receipts This Page (optional) 713.50

TOTAL This Period (last page this line number only) 713.50

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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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Steven H. Dwight 4625 East Anaheim Street Long Beach, CA 90804-3122 Receipt For: Primary General Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $	12/14/94 210.00	21.00
B. Thomas W. Dzik, CLU, ChFC 101 E 5th St S-150 St. Paul, MN 55101-1808 Receipt For: Primary General Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $	12/14/94 200.00	25.00
C. Daniel Eddleman 1065 East Hillsdale Blvd Suite 230 Foster City, CA 94404-1614 Receipt For: Primary General Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $	12/14/94 504.00	42.00
D. Donald A. Eichelberger, CLU 209 East San Marnan Drive Waterloo, IA 50702-5839 Receipt For: Primary General Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $	12/14/94 571.20	42.00
E. C. Robert Elrod, CLU, LUTCF 3874 E 250 S Wabash, IN 46992-8947 Receipt For: Primary General Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $	12/07/94 250.00	37.50
F. Ronald L. Engel, CLU, ChFC 1042 West Hedding #200 San Jose, CA 95126-1291 Receipt For: Primary General Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $	12/14/94 252.00	21.00
G. Gerald E. Ferrier, LUTCF 1117 Ellis Street #C-D Bellingham, WA 98225-5203 Receipt For: Primary General Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $	12/14/94 315.00	42.00

SUBTOTAL of Receipts This Page (optional)	230.50
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 30

FOR LINE NUMBER 11(a)(i)

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Jeffery L. Ferrier, LUTCF 1117 Ellis St. #C & D Bellingham, WA 98225-5203 Receipt For: Primary / General / Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $	12/14/94 504.00	42.00
B. Thomas F. Flournoy, Jr., CLU P. O. Box 1013 Macon, GA 31202-1013 Receipt For: Primary / General / Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $	12/14/94 270.00	22.50
C. Steven M. Frank, CLU 21700 Oxnard St #1160 Woodland Hills, CA 91367-7302 Receipt For: Primary / General / Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $	12/14/94 462.00	42.00
D. Gary R. Froid, CLU, ChFC P.O. Box 3642 St. Petersburg, FL 33731-3642 Receipt For: Primary / General / Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $	12/14/94 604.80	50.40
E. Peter Fulchiron, CLU, LUTCF 405 Enfrente Dr #100 Novato, CA 94949-7206 Receipt For: Primary / General / Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $	12/14/94 504.00	42.00
F. Del D. Gab, CLU Box 2094 Dickinson, ND 58602-2094 Receipt For: Primary / General / Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $	12/14/94 259.98	21.00
G. Elaine Gallagher 813 East Gate Drive Mt. Laurel, NJ 08054-1238 Receipt For: Primary / General / Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $	12/14/94 222.60	21.00

SUBTOTAL of Receipts This Page (optional) 240.90

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

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SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11(a)(i)

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

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
A. Mary Pat Gallivan 8300 Norman Center Drive Suite 1270 Minneapolis, MN 55437-1033 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $ 824.00	12/14/94	84.00
B. J. Christopher Gauss 2965 Colonnade Dr S-300 Roanoke, VA 24018-3541 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $ 200.00	12/31/94	80.00
C. Harold A. Gillet, LUTCF P. O. Box 2907 Missoula, MT 59806-2907 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $ 300.90	12/14/94	12.50
D. Jesse R. Gottlieb, CLU 220 E. 42nd Street Flr-3 New York, NY 10017 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $ 200.00	12/15/94	100.00
E. Peter Gutman 10 East 40th St., Ste-1307 New York, NY 10016-0200 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $ 255.00	12/14/94	21.25
F. Douglas H. Hagen First Bank Bldg Suite 610 Great Falls, MT 59401 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $ 327.57	12/14/94	4.25
G. Sidney G. Halpern 3401 Enterprise Parkway Suite 530 Beachwood, OH 44122-7340 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $ 350.00	12/05/94	250.00

SUBTOTAL of Receipts This Page (optional) 552.00

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

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 11 OF 30

FOR LINE NUMBER 11(a)(i)

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

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Stephen A. Hamilton, CLU, ChFC 1001 Howard Ave Ste-3200 New Orleans, LA 70113-2087	Self-employed	12/14/94	21.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 258.00		
B. Karl Erik Hansen, CLU, ChFC 419 N. Shoreline Blvd. Mountain View, CA 94043-4605	Self-employed	12/14/94	42.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 510.00		
C. Alex Hanson, CLU, ChFC P. O. Box 1138 Portsmouth, NH 03802-1138	Self-employed	12/14/94	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation: Insurance agent Aggregate Year-to-Date > $ 309.12		
D. Ross M. Hardwick, CLU 1660 South Highway 100 #526 W. Minneapolis, MN 55416-1534	Self-employed	12/14/94	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 200.00		
E. William E. Hazel, CLU, ChFC 3250 W. Big Beaver Rd #327 Troy, MI 48084-2902	Self-employed	12/14/94	42.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 510.00		
F. Terry K. Headley, LUTCF 8990 West Dodge Road #205 Omaha, NE 68114-3391	Self-employed	12/14/94 12/22/94	42.00 13.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 546.90		
G. Melvin R. Hebert, CLU, ChFC 1150 Foothill Blvd., Suite L La Canada, CA 91011	Self-employed	12/14/94	42.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 510.00		

SUBTOTAL of Receipts This Page (optional) 271.50

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

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SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11(a)(i)

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Dennis L. Helgeson, CLU, LUTCF 2001 8th Avenue SE Minot, ND 58701-5099 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $	12/14/94 242.73	21.00
B. Thomas S. Henderson, CLU 120 W. 45th.St. 4t New York, NY 10036-4041 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $	12/19/94 500.00	250.00
C. Ronald E. Hicks G-6020 West Pierson Rd. Flushing, MI 48433 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $	12/14/94 504.00	42.00
D. 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 > $	12/14/94 267.12	21.00
E. Richard L. Hill, CLU, ChFC P. O. Box 30275 Lincoln, NE 68503-0275 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $	12/14/94 12/22/94 546.90	42.00 13.50
F. Michael J. Hiller, ChFC 909 N Mayfair Rd. Milwaukee, WI 53226-3429 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $	12/14/94 214.20	21.00
G. Vernon W. Holleman, Jr. CLU ChFC 7500 Old Georgetown Road Suite 801 Bethesda, MD 20814-6133 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $	12/30/94 250.00	250.00

SUBTOTAL of Receipts This Page (optional) 660.50

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

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SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11(a)(1)

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

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
A. James R. Holt, Jr.,ChFC,CLU P.O. Box 838 Logansport, IN 46947-0838 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent $ 222.00	12/14/94	8.50
B. Martha D. Hovis, CLU ChFC P.O. Box 164 Hickory, NC 28603-0164 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent $ 232.50	12/19/94	12.50
C. John P. Huntington, CLU, ChFC 21 College Hill Road Suite 300 Warwick, RI 02886-2745 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent $ 571.20	12/14/94	42.00
D. William V. Irons, CLU, LUTCF 469 Centerville Rd #203 Warwick, RI 02886-4328 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent $ 306.00	12/14/94	22.50
E. Donald C. Jayne, CLU, ChFC Warner Center Plaza 21550 Oxnard Street, Suite 1060 Woodland Hills, CA 91367-7106 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent $ 204.00	12/14/94	17.00
F. Paul R. Jeffers, CLU, ChFC P.O. Box 941 Carmichael, CA 95609-0941 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent $ 522.50	12/14/94	42.50
G. J. Richard Jones, LUTCF P. O. Box 4886 Macon, GA 31208-4886 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Self-employed Insurance agent $ 252.00	12/14/94	21.00
SUBTOTAL of Receipts This Page (optional)			166.00
TOTAL This Period (last page this line number only)			

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SCHEDULE A — ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 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	Date (month, day, year)	Amount of Each Receipt this Period
George N. Justice, CLU P.O. Box 308 Cedar Rapids, IA 52406-0308	Self-employed	12/14/94	4.25
Receipt For: ☐ Primary ☐ General ☐ Other (specify).	Occupation: Insurance agent Aggregate Year-to-Date > $ 458.65		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Kagaleiry Box 823 Dover, NH 03821-0823	Self-employed	12/14/94	21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 267.12		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael H. Kahnert 5810 West 78th Street #320 Bloomington, MN 55439-2602	Self-employed	12/14/94	25.00
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
William J. Kalmer, CLU, ChFC 611 North Broadway, Suite 411 Milwaukee, WI 53202-5004	Self-employed	12/01/94	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 220.00		

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 #515 San Diego, CA 92108-4378	Self-employed	12/14/94	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 292.00		

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	12/14/94	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 J. Kelly, CLU, ChFC Horsham Valley Prof. Bldg 701 Horsham Road #100 Horsham, PA 19044-1249	Self-employed	12/22/94	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 220.00		

SUBTOTAL of Receipts This Page (optional)	296.25
TOTAL This Period (last page this line number only)	

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SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11(a)(i)

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Michael L. Kerley 9424 Talisman Drive Vienna, VA 22182-3419 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $	12/08/94 269.49	19.25
B. Richard A. Koob, CLU, ChFC 626 West Moreland Blvd. Waukesha, WI 53188-2433 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $	12/14/94 289.80	21.00
C. Michael J. Kraft, CLU 70 Washington St. #200 Oakland, CA 94607-3738 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $	12/14/94 510.00	42.50
D. James H. Krueger, CLU, ChFC, MSM 4321 West College Ave. Ste 395 Appleton, WI 54914-3901 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $	12/14/94 289.80	21.00
E. Larry M. Lambert, CLU, CFP 3780 Kilroy Airport Way Suite 510 Long Beach, CA 90806-2459 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $	12/19/94 500.00	125.00
F. Charles W. Langford, CLU, ChFC 919 Main Street Rapid City, SD 57701-2662 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $	12/06/94 370.00	250.00
G. Norman A. Larson, LUTCF 1624 - 11th Street S.W. Minot, ND 58701 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $	12/14/94 205.23	21.00

SUBTOTAL of Receipts This Page (optional)	499.75
TOTAL This Period (last page this line number only)	

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SCHEDULE A

ITEMIZED RECEIPTS

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

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Robert Michael Lawyer, LUTCF P. O. Box 955 Forrest City, AR 72335-0955 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $	12/02/94 206.00	68.50
B. Sidney Levine, CLU 109 Executive Circle Daytona Beach, FL 32114-1136 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $	12/28/94 400.00	400.00
C. Bruce C. Lichtenberg, LUTCF 830 Hillview Ct. #255 Milpitas, CA 95035-4553 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $	12/28/94 420.00	0.00
D. Richard H. Linsday, CLU, ChFC 283 S. Lake Ave., #230 Pasadena, CA 91101-3007 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $	12/22/94 250.00	250.00
E. Robert S. Littell, CLU ChFC FLMI P.O. Box 250006 Atlanta, GA 30325-1006 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $	12/27/94 200.00	100.00
F. Lawrence E. Lounds, CLU G-3526 Miller Rd. Ste-B Flint, MI 48507-1236 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $	12/14/94 504.00	42.00
G. J. Peter Lyons, CLU, ChFC 800 South Street, Suite 660 Watermill Center Waltham, MA 02154-1439 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $	12/14/94 402.00	33.50

SUBTOTAL of Receipts This Page (optional) 894.00

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SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11(a)(i)

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

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Michael J. Main 100 Century Ctr. Ct #300 San Jose, CA 95112-4512	Self-employed	12/14/94	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation Insurance agent		
	Aggregate Year-to-Date > $ 420.00		
B. Full Name, Mailing Address and ZIP Code Waylon T. Mangum, LUTCF 2712 Chamberlayne Avenue Richmond, VA 23222-3504	Self-employed	12/14/94	4.25
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation Insurance agent		
	Aggregate Year-to-Date > $ 235.25		
C. Full Name, Mailing Address and ZIP Code John B. Martell, CLU 901 West 10th Street Topeka, KS 66604-1101	Self-employed	12/14/94	21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation Insurance agent		
	Aggregate Year-to-Date > $ 298.20		
D. Full Name, Mailing Address and ZIP Code Charles G. Mascott, CLU 300 Fifth Avenue Waltham, MA 02154-8705	Self-employed	12/05/94	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation Insurance agent		
	Aggregate Year-to-Date > $ 500.00		
E. Full Name, Mailing Address and ZIP Code Darren Scott Mason, CLU, ChFC 30092 Ivy Glenn #230 Laguna Niguel, CA 92677-5019	Self-employed	12/14/94	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation Insurance agent		
	Aggregate Year-to-Date > $ 325.50		
F. Full Name, Mailing Address and ZIP Code Ross Mayer, CLU, ChFC, CFP 300 Fifth Avenue Waltham, MA 02154-8705	Self-employed	12/27/94	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 Clarence R. McCall, CLU P. O. Box 2293 Palm Beach, FL 33480-2293	Self-employed	12/19/94	120.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation Insurance agent		
	Aggregate Year-to-Date > $ 240.00		

SUBTOTAL of Receipts This Page (optional) 437.25

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

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SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11(a)(i)

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Eugene G. McCarthy, CLU, ChFC 415 E. 52nd St. #15 A/C New York, NY 10022 Receipt For: Primary / General / Other (specify)	Self-employed Occupation: Insurance agent Aggregate Year-to-Date $ 420.00	12/14/94	42.00
B. Rick L. McDavid P.O. Box 943 Kingsport, TN 37662-0943 Receipt For: Primary / General / Other (specify)	Self-employed Occupation: Insurance agent Aggregate Year-to-Date $ 256.00	12/14/94	25.00
C. Vernon McFalls, LUTCF 501 E Booth Ave Searcy, AR 72143-6753 Receipt For: Primary / General / Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date $ 211.20	12/14/94	16.00
D. James C. McGill, CLU, ChFC 7101 Mercy Road Suite 411 Omaha, NE 68106-2737 Receipt For: Primary / General / Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date $ 500.00	12/05/94 12/22/94	115.00 135.00
E. 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	12/14/94	42.50
F. Peter A. McMahon 100 Corporate Pky #118 Amherst, NY 14226-1293 Receipt For: Primary / General / Other (specify)	Self-employed Occupation: Insurance agent Aggregate Year-to-Date $ 277.00	12/14/94	21.00
G. Robert T. Merchen, CLU, ChFC 7002 Hodgson Memorial Drive Savannah, GA 31406-1517 Receipt For: Primary / General / Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date $ 264.00	12/14/94	22.00

SUBTOTAL of Receipts This Page (optional) 418.50

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

9 5 0 3 9 4 2 1 1 7 1

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Dennis R. Merideth, CLU, ChFC 5151 E Broadway Ste-750 Tucson, AZ 85711-3734 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $	12/14/94 562.80	42.00
B. David A. Middaugh, CLU P. O. Box 2543 Fargo, ND 58108-2543 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $	12/14/94 12/27/94 681.50	50.00 50.00
C. James W. Monteverde, CLU, ChFC 710 Fifth Avenue Pittsburgh, PA 15219-3000 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $	12/14/94 596.40	42.00
D. C. Jerome Moore 500 S Main St #900 Orange, CA 92668-4533 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $	12/14/94 210.00	10.00
E. Raymond H. Moran, CLU, ChFC 1 Commerce Sq. Suite #2250 Memphis, TN 38103 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $	12/14/94 455.60	33.50
F. Steven G. Mulder, LUTCF 3275 W. 4th Street P.O. Box 1230 Waterloo, IA 50704-1230 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $	12/14/94 571.20	42.00
G. Lynn H. Naden 333 S. Green Bay Rd. Waukegan, IL 60085-4859 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $	12/14/94 579.60	42.00

SUBTOTAL of Receipts This Page (optional) 311.50

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

9 5 0 3 9 0 2 1 1 7 2

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 20 OF 30

FOR LINE NUMBER 11(a)(i)

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. James F. O'Connell, CLU S. 400 Jefferson Ste-304 Spokane, WA 99204 Receipt For: Primary / General / Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date $ 270.00	12/14/94	22.50
B. Rae Lee Olson 419 North Shoreline Blvd. Mountain View, CA 94043-4605 Receipt For: Primary / General / Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date $ 510.00	12/14/94	42.50
C. John B. Payton, CLU, ChFC One Commerce Square, Suite 2250 Memphis, TN 38103 Receipt For: Primary / General / Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date $ 477.80	12/14/94	4.25
D. Art Pfeiffer, CLU, ChFC 7100 Fairway Drive #56 Palm Beach Grdns, FL 33418-3779 Receipt For: Primary / General / Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date $ 540.00	12/30/94	360.00
E. Cody H. Phillips, JD, CLU, ChFC P.O. Box 5160 Chapel Hill, NC 27514-5002 Receipt For: Primary / General / Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date $ 387.35	12/14/94	42.50
F. C. A. Pick, CLU, FIC, ChFC 120 Bishops Way, Ste 152 Brookfield, WI 53005 Receipt For: Primary / General / Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date $ 220.00	12/12/94	100.00
G. B. Randall Pierson P.O. Box 2158 Salinas, CA 93902-2158 Receipt For: Primary / General / Other (specify)	Self-employed Occupation: Insurance agent Aggregate Year-to-Date $ 600.00	12/14/94	50.00

SUBTOTAL of Receipts This Page (optional) 621.75

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

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SCHEDULE A — ITEMIZED RECEIPTS

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

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FOR LINE NUMBER: 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
R. Jan Pinney, CLU, ChFC, CPCU 1750 Howe Avenue Suite 100 Sacramento, CA 95825-3368	Self-employed Insurance agent 504.00	12/14/94	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
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 Piotrowicz, CLU, ChFC 987 Old Eagle School Rd. #706 Wayne, PA 19087-1755	Self-employed Insurance agent 250.00	12/12/94	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
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
James D. Pittman, CLU, ChFC 222 S.W. Columbia, Suite 900 Portland, OR 97201-6693	Self-employed Insurance agent 599.50	12/14/94	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
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 Poe, Jr., CLU 3207 Willowcreek Rd #B Portage, IN 46368-5013	Self-employed Insurance agent 252.00	12/14/94	21.00
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
Jack L. Polley, LUTCF 500 W. 20th Suite #101 Hutchinson, KS 67502-4173	Self-employed Insurance agent 298.20	12/14/94	21.00
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
Ralph Prescott, CLU, LUTCF, ChFC 601 South Park Street Dahlonega, GA 30533-1827	Self-employed Insurance agent 252.00	12/14/94	21.00
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
Harold B. Puffer Rte #302 Box 156 Groton, VT 05046-0156	Self-employed Insurance agent 250.00	12/20/94	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			

SUBTOTAL of Receipts This Page (optional) 630.00

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

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 22 OF 30

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
John S. Pugh, CLU, MSFS 1100 Laskin Road Virginia Beach, VA 23451-5210	Self-employed	12/14/94	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation: Insurance agent Aggregate Year-to-Date > $ 300.00		

B. 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	11/30/94 12/30/94	50.00 50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation: Insurance agent Aggregate Year-to-Date > $ 570.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nicholas R. Ray, CLU, ChFC, RHU 17609 Ventura Boulevard #312 Encino, CA 91316-3862	Self-employed	12/05/94	100.00
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
John H. Raymer, CLU, ChFC 1818 Market Street, Suite 3101 Philadelphia, PA 19103-3685	Self-employed	12/20/94	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation: Insurance agent Aggregate Year-to-Date > $ 250.00		

E. 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 P. O. Box 15468 Sarasota, FL 34277-1468	Self-employed	12/14/94	25.20
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation: Insurance agent Aggregate Year-to-Date > $ 302.40		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Daniel L. Rust, LUTCF P.O. Box 1335 Bozeman, MT 59771-1335	Self-employed	11/30/94 12/14/94	-14.50 12.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation: Insurance agent Aggregate Year-to-Date > $ 503.14		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert L. Scharff, Jr. CLU, ChFC 701 Market St., #1000 St. Louis, MO 63101-1869	Self-employed	12/15/94	150.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation: Insurance agent Aggregate Year-to-Date > $ 270.00		

SUBTOTAL of Receipts This Page (optional)	648.20
TOTAL This Period (last page this line number only)	

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 23 OF 30

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
G. Douglas Schellman, CLU, ChFC P. O. Box 9969 Colorado Springs, CO 80932-0969 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date $ 252.00	12/14/94	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
Allen H. Schiefelbein, CLU 300 S Wacker Dr. Flr-5 Chicago, IL 60606 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date $ 340.00	12/28/94	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
Walter G. Schnee, III 283 South Lake Avenue Suite 230 Pasadena, CA 91101-3036 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date $ 250.00	12/15/94	250.00
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
James D. Schulz, CLU, ChFC 7431 "O" Street Lincoln, NE 68510-2444 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date $ 546.90	12/14/94 12/30/94	42.00 13.50
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
Mark B. Schwendeman 103 Putnam Street Marietta, OH 45750-2924 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date $ 252.00	12/14/94	21.00
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
Walter J. Scott, Jr., CLU 240 Algoma Blvd. Oshkosh, WI 54901-4775 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date $ 378.50	12/14/94	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
Vince R. Settineri, RHU 420 Lake Cook Rd. #111 Deerfield, IL 60015-4914 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date $ 252.00	12/14/94	42.00

SUBTOTAL of Receipts This Page (optional)	531.50
TOTAL This Period (last page this line number only)	

95539217.6

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
Stephen L. Shepard, CLU P. O. Box 3917 Portland, OR 97208-3917	Self-employed	12/20/94	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 525.00		

B. 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	12/14/94	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 300.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Skjerven, LUTCF P. O. Box 9799 Fargo, ND 58106-9799	Self-employed	12/14/94	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 633.75		

D. 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 Phase 2, Unit #318 1090 Collier Blvd. Marco Island, FL 33937	Self-employed	12/14/94	42.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation: Insurance agent Aggregate Year-to-Date > $ 603.50		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard S. Smith, CLU 44 Woods Lane Los Altos, CA 94024-7153	Self-employed	12/14/94	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
Larry Sneed 1305 Franklin Street #400 Oakland, CA 94612-3223	Self-employed	12/14/94	21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 352.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wilbur W. St. Clair, Jr., CLU 11221-B Lockwood Drive Silver Spring, MD 20901-4554	Self-employed	12/14/94	21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 385.60		

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

95539211177

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
Dennis N. Stansbury, CLU, ChFC 200 Eel River Avenue Logansport, IN 46947-3125 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent $ 232.00	12/14/94	8.50
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**
Juliana M. Steverson, CLU 1925 Otay Lakes Rd #148 Chula Vista, CA 91913 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent $ 252.00	12/14/94	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**
Robert C. Stineman, CLU 4505 Morningside Drive Omaha, NE 68134-2936 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent $ 263.50	12/22/94	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**
David L. Stratton, CLU, ChFC 8300 Briarwood Ste-B Anchorage, AK 99518-3331 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent $ 462.00	12/14/94	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**
Steven M. Stratton 1999 S. Bascomave #300 Campbell, CA 95008 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent $ 264.50	12/14/94	21.00
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**
Robert L. Sullivan, CLU, ChFC 3130 West Main St Ste-C Visalia, CA 93291-5765 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent $ 375.00	12/20/94	250.00
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**
William E. Sunderlage, LUTCF P.O. Box 1407 Woodstock, IL 60098-1407 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent $ 575.60	12/14/94	42.00

SUBTOTAL of Receipts This Page (optional) 409.50

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

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SCHEDULE A — ITEMIZED RECEIPTS

Use separate schedule 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
Christi L. Swearingen, LUTCF 3510 Spenard Rd #105 Anchorage, AK 99503-3777	Self-employed	12/19/94	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date $: 500.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John M. Taylor, CLU, ChFC P. O. Box 7546 Columbus, GA 31908-7546	Self-employed	12/14/94	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
Michael G. Taylor, CLU, ChFC 1001 Bishop Street Pauahi Tower, Suite 800 Honolulu, HI 96813-3429	Self-employed	12/30/94 12/30/94 12/30/94	8.50 8.50 8.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date $: 360.50		
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 P. O. Box H Vernon, CT 06066-1369	Self-employed	12/14/94	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
Gregory M. Telge, CLU, ChFC 1779 Elm Street Manchester, NH 03104-2952	Self-employed	12/14/94	21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date $: 267.12		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jacob N. Temkin 400 Westminster Street Providence, RI 02903-3215	Self-employed	12/14/94	21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date $: 239.40		
G. 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	12/14/94	15.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date $: 312.00		

SUBTOTAL of Receipts This Page (optional)	270.50
TOTAL This Period (last page this line number only)	

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SCHEDULE A ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 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. John L. Thomas, CLU, ChFC 450 Country Club Rd #330 Eugene, OR 97401-6053 Receipt For: Primary General Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $ 252.00	12/14/94	21.00
B. Hugh G. Thompson, Jr., CLU Box 3505/Beach Station Vero Beach, FL 32964-3505 Receipt For: Primary General Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $ 240.00	12/30/94	120.00
C. Rodney J. Tinseth Box 7577 Kalispell, MT 59904-0577 Receipt For: Primary General Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $ 204.60	12/14/94	5.00
D. Gary L. Tipton, LUTCF 418 E. Rosser Ave. #350 Bismarck, ND 58501-4046 Receipt For: Primary General Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $ 396.23	12/14/94	8.50
E. Raymond F. Truncellito, CLU 66 Hanover St 301 Manchester, NH 03101-2230 Receipt For: Primary General Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $ 267.12	12/14/94	21.00
F. Robert E. Tucker, CLU, ChFC 11317 Sunset Hills Road Reston, VA 22090-5205 Receipt For: Primary General Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $ 550.00	12/30/94	250.00
G. Bernard I. Turnoy 2707 N Racine Ave #A Chicago, IL 60614-1205 Receipt For: Primary General Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $ 220.00	12/23/94	100.00

SUBTOTAL of Receipts This Page (optional) 525.50

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

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SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 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
Adam Varrenti, Jr., CLU, ChFC 114 W. Gay Street #200 West Chester, PA 19380-2923 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date: $ 288.20	12/14/94	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
Ronald E. Vezina 4845 W 167th Street Oak Forest, IL 60452-4507 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date: $ 253.50	12/27/94	150.00
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 E. Walker 1605 N. Cedar Crest Blvd., #502 Allentown, PA 18104-2304 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date: $ 320.00	12/30/94	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
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: $ 272.00	12/14/94	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
Mark S. Waskow, CLU, ChFC, LUTCF 126 College Street #4-E Burlington, VT 05401-8456 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date: $ 520.00	12/22/94	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
David R. Watson, CLU, ChFC One Liberty Place, Suite 680 Philadelphia, PA 19103 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date: $ 475.70	12/14/94	33.50
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 L. Webb, CLU, ChFC 4356 Commercial St. SE Salem, OR 97302-3914 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date: $ 504.00	12/14/94	42.00

SUBTOTAL of Receipts This Page (optional)	767.50
TOTAL This Period (last page this line number only)	

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SCHEDULE A

ITEMIZED RECEIPTS

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

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
Richard M. Weber, CLU P.O. Box 9020 Princeton, NJ 08543-9020	Self-employed	11/30/94	100.00
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
Lester E. Westgard 1351 Page Drive Ste 204 Fargo, ND 58103-3536	Self-employed	12/14/94	21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation: Insurance agent Aggregate Year-to-Date > $ 207.48		

C. 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	12/14/94	21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation: Insurance agent Aggregate Year-to-Date > $ 272.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alvin N. Williams, LUTCF 332 East 75th Street Chicago, IL 60619-2219	Self-employed	12/14/94	42.00
Receipt For ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 490.80		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Douglas W. Williamson, CLU 106 W. 6th Street Columbia, TN 38401-3243	Self-employed	12/27/94	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
Robert M. Wilson, CLU P. O. Box 4607 South Bend, IN 46634-4607	Self-employed	12/14/94	8.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 227.00		

G. 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	12/14/94	21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 289.80		

SUBTOTAL of Receipts This Page (optional)	313.50
TOTAL This Period (last page this line number only)	

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SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

National Association of Life Underwriters Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. David F. Woods, CLU, ChFC 1500 Main St., #604 Springfield, MA 01115-0001 Receipt For: Primary General Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $ 250.00	12/27/94	250.00
B. Mark L. Yavornitzki, CAE 38 Sheridan Avenue Albany, NY 12210-2714 Receipt For: Primary General Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $ 227.00	12/14/94	21.00
C. Bernard H. Zais, CLU, ChFC P.O. Box 630 Colchester, VT 05446-0630 Receipt For: Primary General Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $ 550.00	12/05/94	125.00
D. Full Name, Mailing Address and ZIP Code Receipt For: Primary General Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: Primary General Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: Primary General Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: Primary General Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	396.00
TOTAL This Period (last page this line number only)	15667.60

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SCHEDULE B ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 23

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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
A. Citizens for Harkin Box 75221 Washington, DC 20013	Tom Harkin IA-SEN $1,000.00 Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1996	12/01/94	$1,000.00
B. Abraham For Senate Committee PO Box 1468 Royal Oak, MI 48068-9828	Spencer Abraham MI-SEN $5,000.00 Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1994	12/15/94	$5,000.00
C. Slade Gorton For Senate 2366 Eastlake Ave. East Suite 313 Seattle, WA 98102	Slade Gorton WA-SEN $9,000.00 Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1994	12/15/94	$2,500.00
D. Rod Grams for US Senate '94 P. O. Box 1029 Anoka, MN 55303	Rodney D. Grams MN-SEN $7,000.00 Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1994	12/15/94	$2,500.00
E. Friends of Jim Inhofe 3035 N. 65th Rd. Suite 201 North Oklahoma City, OK 73116	James Inhofe OK-SEN $6,500.00 Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1994	12/15/94	$3,000.00
F. Fred Thompson For Senate 1808 West End Avenue Suite 901 Nashville, TN 37203	Fred Thompson TN-SEN $5,000.00 Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1994	12/15/94	$3,000.00
G. Hayworth for Congress P.O. Box 9207 Mesa, AZ 85214	J.D. Hayworth AZ-6 $3,000.00 Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1994	12/15/94	$1,000.00
H. Frank Riggs for Congress PO Box 590 Windsor, CA 95492	Frank Riggs CA-1 $1,000.00 Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1994	12/15/94	$1,000.00
I. Radanovich For Congress 2377 West Shaw, #204 Fresno, CA 93711	George P. Radanovich CA-19 $1,000.00 Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1994	12/15/94	$1,000.00

SUBTOTAL of Disbursements This Page (optional)	$20,000.00
TOTAL This Period (last page this line number only)	

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SCHEDULE B — ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

National Association of Life Underwriters Political Action Committee

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Bono For Congress Box 3007 Palm Springs, CA 92263	Sonny Bono CA-44 $3,000.00 Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 1994	12/15/94	$1,500.00
B. Bilbray for Congress 2445 Morena Blvd., Suite 101 San Diego, CA 92110	Brian P. Bilbray CA-49 $2,000.00 Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 1994	12/15/94	$2,000.00
C. Scarborough For Congress 3695 Wimbledon Drive Pensacola, FL 32504	Joe Scarborough FL-1 $1,000.00 Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 1994	12/15/94	$1,000.00
D. Weldon For Congress 1805 South Babcock St. Melbourne, FL 32701	Dave Weldon FL-15 $1,000.00 Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 1994	12/15/94	$1,000.00
E. Bob Barr for Congress '94 444 Manget St., Suite 700 Marietta, GA 30060	Bob Barr GA-7 $2,000.00 Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 1994	12/15/94	$2,000.00
F. Charlie Norwood For Congress 3643 Walton Way Extension Augusta, GA 30909	Charlie Norwood GA-10 $2,000.00 Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 1994	12/15/94	$2,000.00
G. Chambliss For Congress PO Box 605 Moultrie, GA 31776	Saxby Chambliss GA-8 $1,000.00 Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 1994	12/15/94	$1,000.00
H. Flanagan For Congress 4200 North Milwaukee Chicago, IL 60641	Michael Patrick Flanagan IL-5 $2,000.00 Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 1994	12/15/94	$2,000.00
I. People For Ganske 5907 Grand Ave. Des Moines, IA 50312	Greg Ganske IA-4 $2,000.00 Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 1994	12/15/94	$2,000.00
SUBTOTAL of Disbursements This Page (optional)			$14,500.00
TOTAL This Period (last page this line number only)			

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SCHEDULE B — ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 23

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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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Tiahrt For Congress 4302 East Kellogg Wichita, KS 67052	Todd Tiahrt KS-4 $1,000.00 Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 1994	12/15/94	$1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Whitfield For Congress 200 East 9th Street Hopkinsville, KY 42240	Edward Whitfield KY-1 $2,000.00 Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 1994	12/15/94	$2,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ehrlich for Congress Committee 1527 York Road Lutherville, MD 21093	Robert Ehrlich MD-2 $3,000.00 Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 1994	12/15/94	$2,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Dick Chrysler For Congress 8600 Hilton Road Brighton, MI 48116	Dick Chrysler MI-8 $3,000.00 Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 1994	12/15/94	$2,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ensign For Congress 4012 S. Rainbow Blvd. Suite K-560 Las Vegas, NV 89103	John Ensign NV-1 $5,000.00 Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 1994	12/15/94	$5,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bass Victory '94 Committee 136 North Main Street Suite 3 Concord, NH 03301	Charles Bass NH-2 $1,000.00 Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 1994	12/15/94	$1,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Martini For Congress 1064 Pompton Avenue Cedar Grove, NJ 07009	Bill Martini NJ-8 $1,000.00 Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 1994	12/15/94	$1,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Mike Forbes For Con PO Box 505 Farmingville, NY 11738	Michael P. Forbes NY-1 $1,000.00 Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 1994	12/15/94	$1,000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Frisa for Congress 631 The Plain Road Westbury, NY 11590	Daniel Frisa NY-4 $2,000.00 Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 1994	12/15/94	$1,000.00

SUBTOTAL of Disbursements This Page (optional)	$16,000.00
TOTAL This Period (last page this line number only)	

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SCHEDULE B — ITEMIZED DISBURSEMENTS

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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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sue Kelly For Congress 187 Jay St. Katonah, NY 10536	Sue W. Kelly NY-19 $2,000.00 Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 1994	12/15/94	$2,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Funderburk For Congress 121 East Cumberland St. Dunn, NC 28335	David Funderburk NC-2 $2,000.00 Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 1994	12/15/94	$2,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Heineman For Congress PO Box 19609 Raleigh, NC 27619	Frederick Heineman NC-4 $2,000.00 Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 1994	12/15/94	$2,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Walter Jones for Congress Cmte P.O. Box 7332 Greenville, NC 27835	Walter Jones, Jr. NC-3 $1,000.00 Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 1994	12/15/94	$500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Burr For Congress 514 South Stratford Road Winston-Salem, NC 27103	Richard Burr NC-5 $1,000.00 Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 1994	12/15/94	$1,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Chabot For Congress 6223 Glenway Avenue Cincinnati, OH 45211	Steve Chabot OH-1 $2,000.00 Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 1994	12/15/94	$2,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Cremeans For Congress 2796 State Route 7 North Gallipolis, OH 45631	Frank A. Cremeans OH-6 $2,000.00 Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 1994	12/15/94	$2,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ney For Congress 112 Overlook Court St. Clairsville, OH 43950	Bobby Ney OH-18 $3,000.00 Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 1994	12/15/94	$2,000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Steve Largent For Congress 124 East 4th Street Tulsa, OK 74103	Steve Largent OK-1 $2,000.00 Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 1994	12/15/94	$1,000.00

SUBTOTAL of Disbursements This Page (optional)	$14,500.00
TOTAL This Period (last page this line number only)	

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 23

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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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Coburn For Congress PO Box 504 Muskogee, OK 74402	Tom Coburn OK-2 $2,000.00 Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1994	12/15/94	$1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Watts For Congress PO Box 720361 Norman, OK 73070	J.C. Watts OK-4 $3,000.00 Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1994	12/15/94	$3,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Jim Bunn 1122 Edgewater Salem, OR 97304	Jim Bunn OR-5 $1,000.00 Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1994	12/15/94	$1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jon Fox For Congress 231 S. Easton Road Glenside, PA 19038	Jon Fox PA-13 $3,000.00 Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1994	12/15/94	$3,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
People For English PO Box 2154 Butler, PA 16003	Phil English PA-21 $6,000.00 Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1994	12/15/94	$4,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Steve Stockman PO Box 57135 Webster, TX 77598	Steve Stockman TX-9 $2,000.00 Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1994	12/15/94	$2,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Thornberry For Congress PO Box 9395 Amarillo, TX 79105	William M. "Mac" Thornberry TX-13 $1,000.00 Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1994	12/15/94	$1,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Rick White For Congress PO Box 8156 Kirkland, WA 98034	Rick White WA-1 $2,000.00 Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1994	12/15/94	$2,000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Citizens For Jack Metcalf 12811 8th Avenue West Suite A-205 Everett, WA 98204	Jack Metcalf WA-2 $3,000.00 Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1994	12/15/94	$2,000.00
SUBTOTAL of Disbursements This Page (optional)			$19,000.00
TOTAL This Period (last page this line number only)			

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 23

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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
A. Nethercutt For Congress PO Box 1925 Spokane, WA 99210	George Nethercutt WA-5 $2,000.00 Disbursement for: [ ] Primary [x] General [ ] Other (specify) 1994	12/15/94	$2,000.00
B. Randy Tate For Congress 33743 Ninth Avenue South Federal Way, WA 98003	Randy Tate WA-9 $1,000.00 Disbursement for: [ ] Primary [x] General [ ] Other (specify) 1994	12/15/94	$1,000.00
C. Citizens for Neumann 4450 Milton Avenue Suite 104 Janesville, WI 53546	Mark Neumann WI-1 $1,000.00 Disbursement for: [ ] Primary [x] General [ ] Other (specify) 1994	12/15/94	$1,000.00
D. Donald Payne for Congress Box 2406 Newark, NJ 07112	Donald M. Payne NJ-10 Disbursement for: [x] Primary [ ] General [ ] Other (specify)	11/30/94	($500.00) voided check from 5/94
E. Andrews for Congress 1409 Kings Hwy North Cherry, NJ 08034	Robert Andrews NJ-1 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/30/94	($500.00) voided check from 5/94
F. Volunteers for Vento P.O. Box 65254 St. Paul, MN 55101	Bruce F. Vento MN-4 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/30/94	($500.00) voided check from 6/94
G. Franks for Congress P.O. Box 2743 Waterbury, CT 06723	Gary Franks CT-5 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/30/94	($1,000.00) voided check from 6/94
H. Charlie Rose for Congress P.O. Box 1891 Fayetteville, NC 29202	Charlie Rose NC-7 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	11/30/94	($500.00) voided check from 7/94
I. Nick Smith for Congress P.O. Box 20142 Lansing, MI 48901	Nick Smith MI-7 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/30/94	($500.00) voided check from 7/94

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

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

National Association of Life Underwriters Political Action Committee

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Carrie Meek for Congress Box 10-6012 Miami, FL 33101-6012	Carrie P. Meek FL-17 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/30/94 voided check from 7/94	($500.00)
B. Full Name, Mailing Address and ZIP Code Hastert for Congress Committee 3833 Swan House Ct. Burtonsville, MD 20866	Purpose of Disbursement Dennis Hastert IL-14 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	Date (month, day, year) 11/30/94 voided check from 7/94	Amount of Each Disbursement This Period ($1,000.00)
C. Full Name, Mailing Address and ZIP Code New Mexicans for Bill Richardson P.O. Box 2884 Washington, DC 20013	Purpose of Disbursement Bill Richardson NM-3 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	Date (month, day, year) 11/30/94 voided check from 10/94	Amount of Each Disbursement This Period ($2,000.00)
D. Full Name, Mailing Address and ZIP Code Jeff Whorley for Congress P.O. Box 200 Bell Buckle, TN 37020	Purpose of Disbursement Jeff Whorley TN-4 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	Date (month, day, year) 12/12/94 voided check from 10/94	Amount of Each Disbursement This Period ($1,000.00)
E. Full Name, Mailing Address and ZIP Code Ros-Lehtinen for Congress Box 522784 Miami, FL 33152	Purpose of Disbursement Ileana Ros-Lehtinen FL-18 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	Date (month, day, year) 12/12/94 voide check from 10/94	Amount of Each Disbursement This Period ($500.00)
F. Full Name, Mailing Address and ZIP Code Peterson for Congress Box 6 St. Cloud, MN 56302	Purpose of Disbursement Collin C. Peterson MN-7 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	Date (month, day, year) 12/12/94 voided check from 10/94	Amount of Each Disbursement This Period ($500.00)
G. Full Name, Mailing Address and ZIP Code Friends of Glen Browder Box 634 Jacksonville, AL 36265	Purpose of Disbursement Glen Browder AL-3 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	Date (month, day, year) 12/12/94 voided check from 10/94	Amount of Each Disbursement This Period ($1,000.00)
H. Full Name, Mailing Address and ZIP Code Inglis Reclaim Congress P.O. Box 361 Greenville, SC 29602	Purpose of Disbursement Bob Inglis SC-4 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	Date (month, day, year) 12/12/94 voided check from 10/94	Amount of Each Disbursement This Period ($1,000.00)
I. Full Name, Mailing Address and ZIP Code Nick Smith for Congress P.O. Box 20142 Lansing, MI 48901	Purpose of Disbursement Nick Smith MI-7 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	Date (month, day, year) 12/12/94 voided check from 10/94	Amount of Each Disbursement This Period ($500.00)

SUBTOTAL of Disbursements This Page (optional)	($8,000.00)
TOTAL This Period (last page this line number only)	$76,500.00

95032190

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☑	Hand Delivered	DATE OF RECEIPT 1-31-95
☐	First Class Mail	POSTMARKED
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☐	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

LB — PREPARER

2-1-95 — DATE PREPARED

FEC FORM 70-2 (12/92)

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