REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

AUG 23 11 30 AM '99

TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
National Association of Life Underwriters Political Action Committee

ADDRESS (number and street) ☐ Check if different than previously reported
1922 F Street, NW

CITY, STATE and ZIP CODE
Washington, DC 20006

2. FEC IDENTIFICATION NUMBER
C00005249

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

4. TYPE OF REPORT

(i) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☒ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

☐ 12-Day Pre-Election Report for the _____ (Type of Election)
election on _____ in the State of _____

☐ 30-Day Post-Election Report following the General Election
on _____ in the State of _____

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

SUMMARY 5. Covering Period July 1, 1999 through July 31, 1999	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 19 99		$ 485,731.48
(b) Cash on Hand at Beginning of Reporting Period July 1, 1999	$ 262,553.22	
(c) Total Receipts (from Line 19)	$ 74,938.00	$ 530,391.95
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 337,491.22	$ 1,016,123.43
7. Total Disbursements (from Line 30)	$ 50,463.22	$ 729,095.43
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 287,028.00	$ 287,028.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 28,935.38	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer
Kevin M. Madden, CPA

Signature of Treasurer
Kevin M. Madden, CPA

Date
8/20/99

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 8/93)

FE3AN12PDF

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

(revised 1/1/91)

NAME OF COMMITTEE: National Association of Life Underwriters Political Action Committee

REPORT COVERING PERIOD FROM: 7/1/99 TO: 7/31/99

	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		92,298.11
i. Itemized (use Schedule A)	22,884.96	
ii. Unitemized	51,161.04	436,135.18
iii. Total (add i and ii) >	74,046.00	528,433.29
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) >	74,046.00	528,433.29
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		
17. Other Federal Receipts (Dividends, Interest, etc.)	892.00	1,958.66
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11 d, 12, 13, 14, 15, 16, 17, and 18) >	74,938.00	530,391.95
20. Total Federal Receipts (subtract line 18 from line 19) >	74,938.00	530,391.95
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal Non-Federal Activity (from Schedule 1-14)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures	7,863.22	350,072.93
c. Total Operating Expenditures (add a i, a ii, and b) >	7,863.22	350,072.93
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	32,500.00	365,000.00
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	10,100.00	14,022.50
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) >	10,100.00	14,022.50
29. Other Disbursements	50,463.22	729,095.43
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	50,463.22	729,095.43
31. Total Federal Disbursements (subtract line 21 a i from line 30) >		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11 d)	74,046.00	528,433.29
33. Total Contribution Refunds (from line 28d)	10,100.00	14,022.50
34. Net Contributions (other than loans) (subtract line 33 from 32)	63,946.00	514,410.79
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	7,863.22	350,072.93
36. Offsets to Operating Expenditures (from line 15)	0	0
37. Net Operating Expenditures (subtract line 36 from 35) >	7,863.22	350,072.93

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER I1(a)(i)

Contributions From Individuals (itemized)

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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
John W. Allen CLU, ChFC 18751 Patrician Drive Villa Park, CA 92667-4248 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Self-employed Occupation: Insurance Agent Aggregate Year-to-Date: $ 750.00	7/12/99	$250.00
Scott Allen 2680 Pike Dr East Helena, MT 59635-3439 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Self-employed Occupation: Insurance Agent Aggregate Year-to-Date: $ 228.20	7/8/99 7/10/99	$192.50 $5.10
Stephen D. Andersen 1621 Dixie Trail Lincoln, NE 68527-9431 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Self-employed Occupation: Insurance Agent Aggregate Year-to-Date: $ 327.60	7/10/99	$42.00
Robert B. Anderson CLU 109 E. Main St., #204 Jonesborough, TN 37659-0127 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Self-employed Occupation: Insurance Agent Aggregate Year-to-Date: $ 352.80	7/10/99	$50.40
Russell S. Andrews CLU, ChFC 302 Rugby Road Syracuse, NY 13203-1443 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Self-employed Occupation: Insurance Agent Aggregate Year-to-Date: $ 355.00	7/28/99	$100.00
Russell W. Armun LUTCF 2111 Sherman Drive Bismarck, ND 58504-3103 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Self-employed Occupation: Insurance Agent Aggregate Year-to-Date: $ 300.00	7/9/99	$300.00
Austin D. Barney II 45 Old Farms Rd W Simsbury, CT 06092-2113 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Self-employed Occupation: Insurance Agent Aggregate Year-to-Date: $ 250.00	7/2/99	$250.00

SUBTOTAL of Receipts This Page (optional)	$ 1,190.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (Itemized)

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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
Dale M. Bayard **2021 Marge Lane** **Sulphur, LA 70663-5223** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: **Self-employed** Occupation: **Insurance Agent** Aggregate Year-to-Date: **$ 294.00**	**7/10/99**	**$42.00**
Craig Beachnaw LIC **3217 West Saginaw** **Lansing, MI 48917-2310** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: **Self-employed** Occupation: **Insurance Agent** Aggregate Year-to-Date: **$ 294.00**	**7/10/99**	**$42.00**
Fred R. Bean CLU **5208 Crestwood** **Little Rock, AR 72207** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: **Self-employed** Occupation: **Insurance Agent** Aggregate Year-to-Date: **$ 388.00**	**7/10/99**	**$84.00**
Kent A. Bennett LUTCF **RR #3, Box 350-D** **Muncy, PA 17756** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: **Self-employed** Occupation: **Insurance Agent** Aggregate Year-to-Date: **$ 294.00**	**7/10/99**	**$42.00**
David B. Bianchi CLU **1125 Beldon Way** **Reno, NV 89503-3164** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: **Self-employed** Occupation: **Insurance Agent** Aggregate Year-to-Date: **$ 210.00**	**7/10/99**	**$30.00**
John J. Bradley CLU **148 Grove Street** **Westwood, MA 02090** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: **Self-employed** Occupation: **Insurance Agent** Aggregate Year-to-Date: **$ 291.62**	**7/10/99**	**$41.66**
John Proctor Braica CLU, ChFC **108 Howland Ave** **East Providence, RI 02914-3055** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: **Self-employed** Occupation: **Insurance Agent** Aggregate Year-to-Date: **$ 334.00**	**7/10/99**	**$4.25**

SUBTOTAL of Receipts This Page (optional)	**$ 285.91**
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (itemized)

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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
Gary A. Bramon CLU, ChFC 269 San Felipe Way Novato, CA 94945-1687 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 297.50	7/10/99	$42.50
Lawrence A. Chargin 7931 N. Locan Clovis, CA 93612 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 294.00	7/10/99	$42.00
Thomas R. Clark CLU, ChFC 974 73rd Street #26 Des Moines, IA 50312-1026 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 420.00	7/10/99	$60.00
R. Michael Condrey CLU, ChFC 907 Williamson Dr Raleigh, NC 27608-2307 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 275.00	7/10/99	$165.00
Thomas E. Cooper LUTCF, RHU 2341 McVay Cove Memphis, TN 38138 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 240.00	7/10/99	$60.00
David Lewis Corrie 462 S 4th Ave #1900, NML Louisville, KY 40202-3445 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 352.80	7/10/99	$50.40
Orris Crum 7300 W. 110th Street #950 Overland Park, KS 66210-2350 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 352.80	7/10/99	$50.40

SUBTOTAL of Receipts This Page (optional)	$ 470.30
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 4 OF 18

FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (itemized)

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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
R. Scott Culbertson CFP, CEBS 2023 Cato Drive, #102 State College, PA 16801-2765 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 294.00	7/10/99	$42.00
Vincent M. D'Addona CLU, ChFC 141 Greenway Road Lido Beach, NY 11561-4828 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 297.50	7/10/99	$42.50
Steven M. Daniel CLU, ChFC, LUT 2600 Meadowbrook Dr Butte, MT 59701-4028 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 231.40	7/8/99 7/10/99	$55.00 $25.20
John A. Davidson LUTCF 1329 E Thousand Oaks Blvd., Suite 128 Thousand Oaks, CA 91362 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 294.00	7/10/99	$42.00
Joseph L. Davis CLU, ChFC, CFP 1420 Primrose Road N.W. Washington, DC 20012-1224 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 352.80	7/10/99	$50.40
David S. Dickenson II, CLU, ChFC 3785-1 Lawder Road Chagrin Falls, OH 44022 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 294.00	7/10/99	$42.00
Michael D. Dixon CLU 4505 Las Virgenes Rd. #200 Calabasas, CA 91302-1956 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 294.00	7/10/99	$42.00

SUBTOTAL of Receipts This Page (optional)	$ 341.10
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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PAGE 5 OF 18

FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (Itemized)

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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
Daniel Eddleman CLU 475 Sansome St #1800 San Francisco, CA 94111-3141 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 294.00	7/10/99	$42.00
Donald A. Eichelberger CLU, ChFC, LUT 3217 Highway D65 Dysart, IA 52224-9750 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 352.80	7/10/99	$50.40
Gerald E. Ferrier LUTCF, CTP 608 Sudden Valley Bellingham, WA 98226-4812 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 294.00	7/10/99	$42.00
Jeffery L. Ferrier LUTCF, RHU 2012 Niagara Drive Bellingham, WA 98226-5914 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 350.00	7/10/99	$50.00
Thomas F. Flournoy Jr., CLU 2651 Stanislaus Circle Macon, GA 31204-2849 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 294.00	7/10/99	$42.00
Steven M. Frank CLU 5501 Alcove Avenue No. Hollywood, CA 91607-1923 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 294.00	7/10/99	$42.00
Debra L. Franklin CLU, CFP 888 7th Avenue, Ste. 201 New York, NY 10106 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 352.80	7/10/99	$50.40

SUBTOTAL of Receipts This Page (optional)	$ 318.80
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (itemized)

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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
Peter Fulchiron CLU, LUTCF 411 San Andreas Drive Novato, CA 94945-1237 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date: $ 420.00	7/10/99	$60.00
Del D. Gab CLU Box 2094 Dickinson, ND 58602-2094 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date: $ 225.00	7/10/99	$30.00
Lee M. Goeres LUTCF Box 4003 Missoula, MT 59806-4003 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date: $ 216.00	7/10/99 7/23/99	$15.00 $111.00
Michael F. Grossman CFP 152 Hampshire Dr Glastonbury, CT 06033-3059 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date: $ 294.00	7/10/99	$42.00
Joseph H. Gwinn CLU, ChFC, CPC P. O. Box 308 Vinton, VA 24179-0308 Receipt For: ☐ Primary ☐ General ☐ Other (specify).	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date: $ 294.00	7/10/99	$42.00
Bruce A. Hager 808 Harwood Drive Fargo, ND 58104 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date: $ 352.80	7/10/99	$50.40
Allan G. Hancock CLU, ChFC R.D. #1, Box 257A East Freedom, PA 16637-9740 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date: $ 500.00	7/2/99	$500.00

SUBTOTAL of Receipts This Page (optional)	$ 850.40
TOTAL This Period (last page this line number only)	

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Karl Erik Hansen CLU, ChFC, LUT 218 N. El Monte Avenue Los Altos, CA 94022-2354 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 297.50	7/10/99	$42.50
Alex Hanson CLU, ChFC One Harding Road Portsmouth, NH 03801-5814 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 319.20	7/10/99	$42.00
John A. Hansen 11 Briarcliff Court Appleton, WI 54915-2853 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 240.00	7/19/99	$120.00
Thomas M. Haweo CLU, ChFC 900 Rockhurst Drive Lincoln, NE 68510-4114 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 319.80	7/10/99	$41.00
Samuel H. Hazleton IV, CLU, ChFC 951 Albany Shaker Rd. Latham, NY 12110-1409 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 294.00	7/10/99	$42.00
Terry K. Headley LUTCF 20704 Meadow Ridge Dr. Springfield, NE 68059 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 456.00	7/10/99	$60.00
Ronald G. Hester CLU, ChFC Route 5 Box 23 Boone, NC 28607-9302 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 266.75	7/10/99	$46.75

SUBTOTAL of Receipts This Page (optional)	$ 394.25
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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FOR LINE NUMBER 11(a)(i)

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Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Richard L. Hill CLU, ChFC 5431 Brandywine Circle Lincoln, NE 68516-5048 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 327.60	7/10/99	$42.00
Ivan C. Hinrichs CLU, ChFC 5200 McAlpine Farm Rd Charlotte, NC 28226-7317 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 550.00	7/29/99	$550.00
William V. Irons CLU, LUTCF 325 Newman Ave Rumford, RI 02916-1255 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 400.00	7/10/99	$50.00
Troy R. Jackson Jr., , CEBS 3512 Lubbock Drive Raleigh, NC 27612-5016 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 230.45	7/10/99	$9.35
Russell D. Jenkins LUTCF P. O. Box 808 Emporia, KS 66801-0808 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 571.20	7/10/99	$50.40
Terry M. Kaltenbach CLU, ChFC 1358 Ahlrich Ave Encinitas, CA 92024-4029 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 350.00	7/10/99	$50.00
Michael L. Kerley 9424 Talisman Drive Vienna, VA 22182-3419 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 288.45	7/16/99 7/16/99	$19.23 $19.23

SUBTOTAL of Receipts This Page (optional)	$ 790.21
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (Itemized)

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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
Richard A. Koob CLU, ChFC, AEP 301 Frederick Street Waukesha, WI 53186-8116 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 352.80	7/10/99	$50.40
Michael J. Kraft CLU 1127 Union Street Alameda, CA 94501 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 297.50	7/10/99	$42.50
Paul Kronish CLU, ChFC 535 East 86th St Apt 21D New York, NY 10028-7533 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 250.00	7/16/99	($250.00)
Arthur L. Kyles CLU, ChFC, LUT 6261 Viewcrest Dr. Oakland, CA 94619-3719 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 250.00	7/20/99	$150.00
William F. Lee Jr., CLU, ChFC 10 Ogden Avenue Swarthmore, PA 19081-1213 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 250.00	7/16/99	$250.00
Donald J. Levine CLU, ChFC, CFP 18 College View Way Belmont, CA 94002-2213 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 459.50	7/10/99	$8.50
Edward Levy Jr. (Mr. + Mrs.) 8800 Dix Avenue, ATTN: Alberta Trybus Detroit, MI 48209 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 10,000.00	7/19/99	$10,000.00

SUBTOTAL of Receipts This Page (optional)	$ 10,251.40
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (itemized)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
H. Kirke Lewis CLU, ChFC, LUT 6192 Heather Drive Memphis, TN 38119-6311 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 360.00	7/30/99	$360.00
Lawrence E. Lounds CLU, ChFC, LUT G-3526 Miller Rd. Ste-B Flint, MI 48507-1236 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 294.00	7/10/99	$42.00
J. Peter Lyons CLU, ChFC, MSF 54 Cranmore Road Wellesley, MA 02181-1330 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 234.50	7/10/99	$33.50
Gene L. Mahn CLU, ChFC 1635 La Granada Drive Thousand Oaks, CA 91362-2146 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 309.50	7/10/99	$8.50
David J. Malone CLU, ChFC 251 Timothy Drive Pittsburgh, PA 15222 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 400.00	7/19/99	$400.00
Waylon T. Mangum LUTCF 9197 Fair Hill Place Mechanicsville, VA 23116 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 210.00	7/10/99	$42.00
Darren Scott Mason CLU, ChFC 178 Shorecliff Rd Corona Del Mar, CA 92625-2648 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 291.62	7/10/99	$41.66

SUBTOTAL of Receipts This Page (optional)	$ 927.66
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (itemized)

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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
Carl James Maus LUTCF 417 Monitor Way St. Charles, MO 63303 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date: $ 352.80	7/10/99	$50.40
Ben E. McCoy CLU, ChFC, RHU 2164 Sandston Rd Columbus, OH 43220-5403 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date: $ 400.00	7/26/99	$400.00
Pat B. McCoy LUTCF Rt 2 Box 355B Atlanta, TX 75551-9802 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date: $ 240.00	7/10/99	$60.00
Richard E. McKinnon 2632 W. Kennewick Kennwick, WA 99336-3123 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date: $ 294.00	7/10/99	$42.00
Robert F. McKown CLU, ChFC 17 White Rd Wayland, MA 01778-2416 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date: $ 297.50	7/10/99	$42.50
Dennis R. Meridith CLU, ChFC 5960 N. Camino Esquina Tucson, AZ 85718-4627 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date: $ 370.80	7/10/99	$50.40
Ronald B. Merry CLU, ChFC P.O. Box 3467 Great Falls, MT 59403-3467 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date: $ 500.00	7/8/99 7/8/99	$242.50 $257.50

SUBTOTAL of Receipts This Page (optional)	$ 1,145.30
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (itemized)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
David A. Middaugh CLU, AEP 3273 Evergreen Road Fargo, ND 58102-1214 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Self-employed Occupation: Insurance Agent Aggregate Year-to-Date: $ 504.00	7/10/99	$72.00
Robert A. Miller 850 Third Ave., 15th Flr. New York, NY 10022-6222 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Self-employed Occupation: Insurance Agent Aggregate Year-to-Date: $ 294.00	7/10/99	$42.00
James W. Monteverde CLU, ChFC, AEP Water Works Road Sewickley, PA 15143 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Self-employed Occupation: Insurance Agent Aggregate Year-to-Date: $ 350.00	7/10/99	$50.00
Raymond H. Moran CLU, ChFC 1072 Island Drive Memphis, TN 38103-5815 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Self-employed Occupation: Insurance Agent Aggregate Year-to-Date: $ 352.80	7/10/99	$50.40
Herbert F. Morgan 515 Vinnedge Ride Tallahassee, FL 32303-5141 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Self-employed Occupation: Insurance Agent Aggregate Year-to-Date: $ 327.60	7/10/99	$42.00
Lou Morton CLU 20615 Yorksboro Lane Woodland Hills, CA 91364-3456 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Self-employed Occupation: Insurance Agent Aggregate Year-to-Date: $ 300.00	7/19/99	$300.00
Steven G. Mulder 1836 Westchester Rd Waterloo, IA 50701-4514 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Self-employed Occupation: Insurance Agent Aggregate Year-to-Date: $ 600.00	7/29/99	$600.00

SUBTOTAL of Receipts This Page (optional)	$ 1,156.40
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a)(I)

Contributions From Individuals (itemized)

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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
Peter W. Mullin CLU 340 S. Westgate Los Angeles, CA 90049-4208 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date: $ 500.00	7/19/99	$400.00
Robert M. Nelson CLU, LUTCF 14712 Shirley Street Omaha, NE 68144-2144 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date: $ 390.00	7/10/99	$50.00
Michael Louis Nichols LUTCF 505 Harris Avenue Panama City, FL 32401 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date: $ 316.30	7/10/99 7/23/99	$8.50 $250.00
Frank R. Nolimal CLU, ChFC, LUT 2017 Grafton Ave Henderson, NV 89014 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date: $ 210.00	7/10/99	$30.00
James F. O'Connell CLU 400 S. Jefferson #450 Spokane, WA 99204-3177 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date: $ 294.00	7/10/99	$42.00
James W. Ogleshy LUTCF P. O. Box 7156 Asheville, NC 28802 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date: $ 420.20	7/10/99	$66.00
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: $ 297.50	7/10/99	$42.50

SUBTOTAL of Receipts This Page (optional)	$ 889.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (Itemized)

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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
Mitchell W. Ostrove CLU, ChFC 4 New King Street White Plains, NY 10604-1202 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 294.00	7/10/99	$42.00
Rick Patterson CLU, ChFC, LUT 204 Thistlewood Ct Longwood, FL 32779 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 327.60	7/10/99	$42.00
Alan S. Pearlstein 3142 Dona Conchita Place Studio City, CA 91604-4238 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 250.00	7/6/99	$250.00
Gary H. Pendleton CLU, ChFC 2908 Lake Boone Street, Suite 201 Raleigh, NC 27608 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 320.81	7/10/99	$45.83
Nathan M. Perlmutter CLU, ChFC 1951 Helen Court Merrick, NY 11566-4931 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 500.00	7/27/99	$500.00
R. Jan Pinney CLU, ChFC, CPC 5152 Ellington Court Granite Bay, CA 95746-7188 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 294.00	7/10/99	$42.00
Charles E. Potter CLU, ChFC 674 Brookview Road Chapel Hill, NC 27514-1406 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 440.00	7/29/99	$440.00

SUBTOTAL of Receipts This Page (optional)	$ 1,361.83
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (itemized)

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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
Richard L. Rawlings CLU, ChFC 6 Greenmeadow Lane Bedford, NH 03110 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 280.00	7/16/99	$50.00
Christopher Rich CFP, CPA 3 Spruce Tree Lane Wayland, MA 01778-1215 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 550.00	7/22/99	$250.00
Mark J. Richards CLU, ChFC 2700 E. Williamette Littleton, CO 80121 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 250.00	7/26/99	$150.00
Robert M. Roach CLU, ChFC 980 Ridge Crest Drive Gahanna, OH 43230 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 322.50	7/10/99	$42.50
John D. Rosenberg 100 Manor Drive Piedmont, CA 94611-4149 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 775.00	7/22/99	$250.00
Zayton David Russell CLU, ChFC, LUT 2423 Carlisle Place Sarasota, FL 34231-7013 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 327.60	7/10/99	$42.00
Daniel L. Rust LUTCF 114 W. Arnold Bozeman, MT 59715-6129 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 414.50	7/8/99 7/10/99	$267.50 $21.00

SUBTOTAL of Receipts This Page (optional)	$ 1,073.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (itemized)

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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
James D. Scholz CLU, ChFC 6601 South 66th. St. Lincoln, NE 68516-3657 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent Aggregate Year-to-Date $ 319.20	7/10/99	$42.00
Walter J. Scott Jr., CLU 1022 WASHINGTON AVE. OSHKOSH, WI 54901-5354 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent Aggregate Year-to-Date $ 352.80	7/10/99	$50.40
Dale J. Seymour CLU, ChFC 1789 Indian Woods Circle, #200, The Metro Woods Building Maumee, OH 43537 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent Aggregate Year-to-Date $ 410.00	7/10/99	$10.00
Mark S. Shipp 6401 N. Sheridan Rd Peoria, IL 61614-2930 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent Aggregate Year-to-Date $ 205.20	7/10/99	$30.00
Ken Simons CLU, ChFC, LUT 808 West Fairground Artesia, NM 88210-2232 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent Aggregate Year-to-Date $ 350.70	7/10/99	$50.10
Paul M. Smith Sr., CLU 433 Ward Parkway 3N Kansas City, MO 64122 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent Aggregate Year-to-Date $ 357.00	7/10/99	$51.00
Russell A. Smith CLU, ChFC 30251 Channel Way Dr. Canyon Lake, CA 92587-7986 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent Aggregate Year-to-Date $ 302.00	7/10/99	$50.00

SUBTOTAL of Receipts This Page (optional)	$ 283.50
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (Itemized)

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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
Mark V. Snider CLU, ChFC 44 Elmwood Place Athens, OH 45701-1904 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date: $ 397.00	7/10/99	$21.00
Billy J. Standfill CLU 19827 A Henderson Rd Cornelius, NC 28031 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date: $ 431.20	7/10/99	$66.00
John P. Steele LUTCF P. O. Box 369 Manhattan, MT 59741-0369 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date: $ 217.50	7/8/99 7/10/99	$112.50 $15.00
David L. Stratton CLU, ChFC 13115 Beach Circle Anchorage, AK 99515-3748 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date: $ 550.00	7/10/99	$100.00
Thomas J. Stroyne 204 Abbey Brook Lane Venetia, PA 15367-1058 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date: $ 225.00	7/23/99	$100.00
Christi L. Swearingen LUTCF 18816 Jamie Drive Eagle River, AR 99577-7937 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date: $ 500.00	7/21/99	$250.00
John Michael Taylor CLU, ChFC 911 Rugate Rd. Columbus, GA 31904 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date: $ 294.00	7/10/99	$42.00

SUBTOTAL of Receipts This Page (optional)	$ 706.50
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER #1(a)(i)

Contributions From Individuals (itemized)

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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
Robert L. Tedoldi CLU, ChFC, CFP 9 Pond View Road Bolton, CT 06043-7558 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date: $ 294.00	7/10/99	$42.00
Brad Tison CLU, ChFC, CFP 2706 Emma Ave Des Moines, IA 50321-2876 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date: $ 352.80	7/10/99	$50.40
E. Hardy Vaughn Jr., CLU, ChFC 711 Alba Dr. Orlando, FL 32804 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date: $ 250.00	7/30/99	$250.00
David R. Watson CLU, ChFC, AEP 7 Elm Drive Medford, NJ 08055-8840 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date: $ 294.00	7/10/99	$42.00
Lester E. Westgard 2714 26th Ave SW Fargo, ND 58103-5006 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date: $ 210.00	7/10/99	$30.00
Theodore J. Zouzounis CLU 3332 Las Huertas Rd. Lafayette, CA 94549-5109 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date: $ 245.00	7/10/99	$35.00

SUBTOTAL of Receipts This Page (optional)	$ 449.40
TOTAL This Period (last page this line number only)	$ 22,884.96

SCHEDULE A ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
First Union National Bank of Washington DC		7/31/99	13.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Aggregate Year-to-Date > $ 494.94		
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) _____ >

TOTAL This Period (last page this line number only) _____ > 13.00

FEMAN-21PDF

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 21a ii

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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
First Union National Bank of Washington DC	Bank Charges Disbursement for: ☐ Primary ☐ General ☒ Other (specify)	7/31/99	486.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
National Association of Life Underwriters 1922 F Street, NW Washington, DC 20006	Personnel & admin expenses Disbursement for: ☐ Primary ☐ General ☒ Other (specify)	7/31/99	7,377.22
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	7,863.22

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 2

FOR LINE NUMBER 23

Contributions to Federal Candidates/Committees

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Crane For Congress 1450 S. New Wilke Road, #101 Arlington Hgts, IL 60005	Contribution: Philip M. Crane (IL-8-R) Disbursement For: [X] Primary [ ] General [ ] Other: 2000	7/20/99	$5,000.00
Friends of Tillie Fowler PO Box 380087 Jacksonville, FL 32205	Contribution: Tillie K. Fowler (FL-4-R) Disbursement For: [X] Primary [ ] General [ ] Other: 2000	7/28/99	$1,000.00
Senator Phil Gramm Committee Box 565087 Dallas, TX 75356	Contribution: Phil Gramm (TX-R-Senate) Disbursement For: [X] Primary [ ] General [ ] Other: 2002	7/8/99	$2,000.00
Hastert For Congress Committee P.O. Box 625 Batavia, IL 60510	Contribution: J. Dennis Hastert (IL-14-R) Disbursement For: [X] Primary [ ] General [ ] Other: 2000	7/20/99	$2,500.00
Hastert For Congress Committee P.O. Box 625 Batavia, IL 60510	Contribution: J. Dennis Hastert (IL-14-R) Disbursement For: [ ] Primary [X] General [ ] Other: 2000	7/20/99	$2,500.00
Kerrey for US Senate Campaign PO Box 24231 Omaha, NE 68124	Contribution: Bob Kerrey (NE-D-Senate) Disbursement For: [X] Primary [ ] General [ ] Other: 2000	7/20/99	$2,000.00
Trent Lott for Mississippi 425 Second Street, NE Washington, DC 20002	Contribution: Trent Lott (MS-R-Senate) Disbursement For: [X] Primary [ ] General [ ] Other: 2000	7/20/99	$5,000.00
Maloney for Congress 49 East 92nd Street New York, NY 10128	Contribution: Carolyn B. Maloney (NY-14-D) Disbursement For: [X] Primary [ ] General [ ] Other: 2000	7/20/99	$500.00
McCrery for Congress Committee P.O. Box 4650 Shreveport, LA 71134	Contribution: James McCrery (LA-4-R) Disbursement For: [X] Primary [ ] General [ ] Other: 2000	7/21/99	$5,000.00

SUBTOTAL of Disbursements This Page (optional)	$25,500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 23

Contributions to Federal Candidates/Committees

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Richard E. Neal For Congress 76 Magnolia Terrace #718 Springfield, MA 01108	Contribution: Richard E. Neal (MA-2-D) Disbursement For: [X] Primary [ ] General [ ] Other: 2000	7/20/99	$4,000.00
Richard E. Neal For Congress 76 Magnolia Terrace #718 Springfield, MA 01108	Contribution: Richard E. Neal (MA-2-D) Disbursement For: [ ] Primary [X] General [ ] Other: 2000	7/20/99	$1,000.00
Richard E. Neal For Congress 76 Magnolia Terrace #718 Springfield, MA 01108	Contribution: Richard E. Neal (MA-2-D) Disbursement For: [X] Primary [ ] General [ ] Other: 2000	7/8/99	$1,000.00
Rangel for Congress Committee 850 7th Avenue #701 New York, NY 10019	Contribution: Charles B. Rangel (NY-15-D) Disbursement For: [X] Primary [ ] General [ ] Other: 2000	7/28/99	$1,000.00
Rogan Campaign Committee 3525 N. Verdugo Road Glendale, CA 91208	Purpose of Disbursement Returned Check #8576 dated 6/9/99 for James E. Rogan (CA-27-R) Disbursement For: [X] Primary [ ] General [ ] Other: 2000	7/20/99	($2,500.00)
Rogan Campaign Committee 3525 N. Verdugo Road Glendale, CA 91208	Purpose of Disbursement Contribution: James E. Rogan (CA-27-R) Disbursement For: [X] Primary [ ] General [ ] Other: 2000	7/20/99	$2,500.00

SUBTOTAL of Disbursements This Page (optional)	$7,000.00
TOTAL This Period (last page this line number only)	$32,500.00

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 28(a)

Refunds of Contributions To Individuals

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
William A. Fochi, CLU 41-B New London Turnpike Glastonbury, CT 06033-3339	Refund to Individual Disbursement For: ☐ Primary ☐ General ☒ Other: Other 1999	7/13/99	$100.00
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Edward and Julie Levy 8800 Dix Avenue ATTN: Alberta Trybus Detroit, MI 48209	Refund to Individual Disbursement For: ☐ Primary ☐ General ☒ Other: Other 1999	7/22/99	$10,000.00

SUBTOTAL of Disbursements This Page (optional)	$10,100.00
TOTAL This Period (last page this line number only)	$10,100.00

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page 1 of 1 for
LINE NUMBER 10
(Use separate schedules for each numbered line)

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
National Association of Life Underwriters Political Action Committee				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor National Association of Life Underwriters 1922 F Street, NW Washington, DC 20006	25,379.23	10,933.37	7,377.22	28,935.38
Nature of Debt (Purpose): Personnel & admin expenses				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				
2) TOTALS This Period (last page in this line only)				28,935.38
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				-
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				28,935.38

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Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☐	Hand Delivered	Date of Receipt
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JMD — PREPARER

8-25-99 — DATE PREPARED

(4/98)