REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

JAN 31 3 57 PM '97

USE FEC MAILING LABEL OR TYPE OR PRINT

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

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

CITY, STATE and ZIP CODE
Washington, DC 20006

2. FEC IDENTIFICATION NUMBER
C 0000 5249

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

4. TYPE OF REPORT

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

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

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

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

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

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period Nov 26, 1996 through Dec 31,		
6. (a) Cash on Hand January 1, 1996		$ 999,000.39
(b) Cash on Hand at Beginning of Reporting Period	$ 579,718.77	
(c) Total Receipts (from Line 19)	$ 110,180.74	$ 976,575.92
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 689,899.51	$ 1,969,576.31
7. Total Disbursements (from Line 30)	$ 56,035.54	$ 1,335,712.34
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 633,863.97	$ 633,863.97
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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

Type or Print Name of Treasurer
Joseph E. Dillon, Assistant Treasurer

Signature of Treasurer
Joseph E. Dillon

Date
1/31/97

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 9/95)

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 Nov 26, 1996 TO: Dec 31, 1996

	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	18,459.45	119,993.49
ii. Unitemized	90,660.37	828,014.17
iii. Total (add i and ii) ➤	109,119.82	948,007.66
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤	109,119.82	948,007.66
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	1,000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	1,060.92	21,568.26
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	110,180.74	970,575.92
20. Total Federal Receipts (subtract line 18 from line 19) ➤	110,180.74	970,575.92
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	35.54	164,462.34
c. Total Operating Expenditures (add a i, a ii, and b) ➤	35.54	164,462.34
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	56,000.00	1,171,250.00
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 PACs)		
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) ➤	56,035.54	1,335,712.34
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	56,035.54	1,335,712.34
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	109,119.82	948,007.66
33. Total Contribution Refunds (from line 28d)	0.00	0.00
34. Net Contributions (other than loans)(subtract line 33 from 32)	109,119.82	948,007.66
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	35.54	164,462.34
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35) ➤	35.54	164,462.34

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 33

FOR LINE NUMBER

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gerald R. Allen, CLU, ChFC 1230 E. Diehl Rd., S-108 Naperville, IL 60563-9369	Self-employed Occupation: Insurance agent	12/12/96 Aggregate Year-to-Date $ 274.50	22.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jeffrey Leonard Allison 501 Wampanoag Trail #300 Riverside, RI 02915-1507	Self-employed Occupation: Insurance agent	12/02/96 Aggregate Year-to-Date $ 275.00	62.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephen D. Andersen 7431 "O" Street Lincoln, NE 68510-2444	Self-employed Occupation: Insurance agent	12/12/96 Aggregate Year-to-Date $ 529.20	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert B. Anderson, CLU P. O. Box 127 Jonesborough, TN 37659-0127	Self-employed Occupation: Insurance agent	12/12/96 Aggregate Year-to-Date $ 579.60	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Guy E. Baker, CLU, MSFS 1001 Dove St., #240 Newport Beach, CA 92660-2815	Self-employed Occupation: Insurance agent	12/31/96 Aggregate Year-to-Date $ 500.00	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kenneth Eugene Barnes, CLU 74-140 El Paseo #4-493 Palm Desert, CA 92260-4113	Self-employed Occupation: Insurance agent	12/12/96 Aggregate Year-to-Date $ 252.00	21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James E. Barton 1919 Lancaster Road P. O. Box 476 Granville, OH 43023-0476	Self-employed Occupation: Insurance agent	12/30/96 Aggregate Year-to-Date $ 400.00	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			

SUBTOTAL of Receipts This Page (optional)	690.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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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
Jeffrey Lynn Battles, Sr. 9512 Wolf Creek Pike Trotwood, OH 45426-4146	Self-employed Occupation: Insurance agent	12/12/96 Aggregate Year-to-Date $ 252.00	21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Felix R. Baz-Dresch, CLU, ChFC 11111 Nall Ave., #104 Leawood, KS 66211-1670	Self-employed Occupation: Insurance agent	12/12/96 Aggregate Year-to-Date $ 302.40	25.20
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marshall L. Beach, CLU, ChFC 4020 Westchase Blvd., #450 Raleigh, NC 27607-3953	Self-employed Occupation: Insurance agent	12/12/96 Aggregate Year-to-Date $ 360.00	150.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Craig Beachnaw, LIC 3217 West Saginaw Lansing, MI 48917-2310	Self-employed Occupation: Insurance agent	12/12/96 Aggregate Year-to-Date $ 504.00	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Douglas F. Bennett, LUTCF 43 Voshell Mill Road Dover, DE 19904-6025	Self-employed Occupation: Insurance agent	12/30/96 Aggregate Year-to-Date $ 375.00	62.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark N. Berg, CLU 6240 Quinwood Lane #208 Maple Grove, MN 55369-6384	Self-employed Occupation: Insurance agent	12/17/96 Aggregate Year-to-Date $ 300.00	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David B. Blanchi, CLU P. O. Box 10358 Reno, NV 89510-0358	Self-employed Occupation: Insurance agent	12/12/96 Aggregate Year-to-Date $ 345.00	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			

SUBTOTAL of Receipts This Page (optional)	525.70
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

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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
Mary B. Bickers 101 W. Plume St., #400 Norfolk, VA 23510-1639	Self-employed Insurance agent 800.00	12/31/96	400.00
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
Jack D. Birnbaum, CLU 6505 Blue Lagoon Dr. #225 Miami, FL 33126-6001	Self-employed Insurance agent 216.00	12/12/96	18.00
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
Robert P. Bishopp, CLU, ChFC 705 W. 7th Ave. Spokane, WA 99204-2836	Self-employed Insurance agent 300.00	12/12/96	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
Brian G. Blanchard, CLU 15957 105th Ave. N Maple Grove, MN 55369-9307	Self-employed Insurance agent 200.00	12/12/96	25.00
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
Howard J. Blatt, CLU One Parker Plaza, Suite 1105 P.O. Box 1321 Fort Lee, NJ 07024-1321	Self-employed Insurance agent 300.00	12/23/96	300.00
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
Frank S. Bliss 1742 Solano Ave Berkeley, CA 94707-2213	Self-employed Insurance agent 378.00	12/12/96	42.00
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
John Steven Blount 700 Pujo Street Lake Charles, LA 70601-4369	Self-employed Insurance agent 500.00	12/31/96	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			

SUBTOTAL of Receipts This Page (optional) 1310.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

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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
Blandy Boocock 6001 N Nauni Valley Dr Paradise Valley, AZ 85253-5134	Self-employed	12/12/96	8.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date $ 542.30	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Barry Boscoe, CFP 15928 Ventura Blvd., #204 Encino, CA 91436-4401	Self-employed	12/31/96	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date $ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Cassie C. Bowen 6025 Queensgate Oklahoma City, OK 73132-4735	Self-employed	12/20/96	120.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date $ 270.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John J. Bradley, CLU 100 Congress Street Quincy, MA 02169-0906	Self-employed	12/12/96	41.66
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date $ 499.92	
E. 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	12/12/96	42.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date $ 510.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William S. Bramon, CLU 7-C Terrace Way Greensboro, NC 27403-3659	Self-employed	12/12/96	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date $ 250.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. C. Brinsfield, CLU, ChFC Three Bethesda Metro Ctr., #300 Bethesda, MD 20814-5318	Self-employed	12/31/96	186.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date $ 322.70	

SUBTOTAL of Receipts This Page (optional)	899.16
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

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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. Charles R. Brown, CLU, LUTCF 1755 N Kirby Pkwy #300 Memphis, TN 38120-4398 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $	12/12/96 207.00	15.00
B. Peter C. Browne, LUTCF 555 5th Avenue #1400 New York, NY 10017-2416 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $	12/31/96 512.50	12.50
C. S. Lujuana Bull, CLU, LUTCF 499 W. Shaw Ave #110 Fresno, CA 93704-2516 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $	12/12/96 243.50	12.50
D. William D. Burke, CLU, CFP 303 Second St., #660 San Francisco, CA 94107 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $	12/12/96 252.00	21.00
E. Robert D. Buxbaum, CLU, ChFC 2 University Office Park P.O. Box 9086 Waltham, MA 02254-9086 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $	12/12/96 252.00	21.00
F. Joe L. Byars, CLU, LUTCF 214 No. 12th St Ft Smith, AR 72901-2713 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $	12/12/96 304.00	35.20
G. Walter M. Carlisle, CLU 4820 Harwood Road San Jose, CA 95124-5206 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $	12/20/96 200.00	100.00

SUBTOTAL of Receipts This Page (optional)	217.20
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER:

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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 William A. Carlisle, CLU 5077 Primacy Pkwy #224 Memphis, TN 38119-5762 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance agent Aggregate Year-to-Date > $ 285.66	Date (month, day, year) 12/12/96	Amount of Each Receipt this Period 21.00
B. Full Name, Mailing Address and ZIP Code Craig S. Cerretani One Beacon St, 19th Fl. Boston, MA 02108 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance agent Aggregate Year-to-Date > $ 200.00	Date (month, day, year) 12/31/96	Amount of Each Receipt this Period 100.00
C. Full Name, Mailing Address and ZIP Code Lawrence A. Chargin 7202 N. Millbrook #205 Fresno, CA 93720-3341 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance agent Aggregate Year-to-Date > $ 504.00	Date (month, day, year) 12/12/96	Amount of Each Receipt this Period 42.00
D. Full Name, Mailing Address and ZIP Code Thomas R. Clark, CLU, ChFC 974 73rd Street #26 Des Moines, IA 50312-1026 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance agent Aggregate Year-to-Date > $ 350.00	Date (month, day, year) 12/12/96	Amount of Each Receipt this Period 25.00
E. Full Name, Mailing Address and ZIP Code William S. Cochran, CLU 162 Fourth Avenue, North 3rd FLOOR Nashville, TN 37219-2407 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance agent Aggregate Year-to-Date > $ 1500.00	Date (month, day, year) 12/31/96	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and ZIP Code Richard E. Cooke, CLU, ChFC 3050 N. Lakeharbor #211 Boise, ID 83703-6243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance agent Aggregate Year-to-Date > $ 277.00	Date (month, day, year) 12/12/96	Amount of Each Receipt this Period 21.00
G. Full Name, Mailing Address and ZIP Code Thomas E. Cooper, RHU, LUTCF 2175 Germantown Rd S #310 Germantown, TN 38138-3846 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance agent Aggregate Year-to-Date > $ 238.00	Date (month, day, year) 12/12/96	Amount of Each Receipt this Period 17.50

SUBTOTAL of Receipts This Page (optional) 725.50

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 7 OF 33
	FOR LINE NUMBER

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Walter A. Coury One Oxford Centre, Suite 3335 Pittsburgh, PA 15219-1407	Self-employed Occupation: Insurance agent	12/26/96 Aggregate Year-to-Date $ 250.00	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
R. Scott Culbertson, CFP, CEBS 2023 Cato Drive #102 State College, PA 16801-2765	Self-employed Occupation: Insurance agent	12/12/96 Aggregate Year-to-Date $ 195.60	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
John C. Cush P.O. Box 161 New Philadelphia, OH 44663-0161	Self-employed Occupation: Insurance agent	12/13/96 Aggregate Year-to-Date $ 200.00	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
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 Occupation: Insurance agent	12/12/96 Aggregate Year-to-Date $ 520.00	42.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
E. 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 59703-0430	Self-employed Occupation: Insurance agent	12/12/96 Aggregate Year-to-Date $ 273.00	21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
John R. Dean, CLU, ChFC, MSFS P.O. Box 1508 Willmar, MN 56201-1508	Self-employed Occupation: Insurance agent	12/12/96 Aggregate Year-to-Date $ 200.00	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
William James DeBrun, LUTCF 2323 E Capitol Dr #200 Appleton, WI 54911-8731	Self-employed Occupation: Insurance agent	12/12/96 Aggregate Year-to-Date $ 294.00	21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			

SUBTOTAL of Receipts This Page (optional)	451.50
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

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert W. Decoursey, CLU 555 E City Line Ave #900 Bala Cynwyd, PA 19004-1105	Self-employed Occupation: Insurance agent	12/12/96	21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 247.50		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
David S. Dickenson, II, CLU ChFC 1901 East 13th Street Suite 506 Cleveland, OH 44114-3583	Self-employed Occupation: Insurance agent	12/12/96	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 504.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Michael D. Dixon, CLU 4505 Las Virgenes Rd. #200 Calabasas, CA 91302-1956	Self-employed Occupation: Insurance agent	12/12/96	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 504.00		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Joseph E. Dunn, LUTCF PO Box 308, 201 3rd Street Bemidji, ND 56601-3111	Self-employed Occupation: Insurance agent	12/12/96	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 315.00		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Thomas W. Dzik, CLU, ChFC 101 E. 5th St. #150 St. Paul, MN 55101-1808	Self-employed Occupation: Insurance agent	12/12/96	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	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**
Daniel Edelman, CLU 675 Sansome St #1800 San Francisco, CA 94111-3141	Self-employed Occupation: Insurance agent	12/12/96	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 504.00		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Donald A. Eichelberger, CLU 209 East San Marnan Drive Waterloo, IA 50702-5839	Self-employed Occupation: Insurance agent	12/12/96	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 336.00		

SUBTOTAL of Receipts This Page (optional)	239.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE (number/letter)

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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
Gordon L. Elgersma, CLU, ChFC 248 Louis Campau Pr NW Grand Rapids, MI 49503-2627	Self-employed	12/31/96	250.00
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
C. Robert Elrod, CLU, LUTCF 3874 E 250 S Wabash, IN 46992-8947	Self-employed	12/31/96 12/31/96	12.50 12.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date $	262.50
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ronald E. Engel, CLU, ChFC 1042 West Hedding #200 San Jose, CA 95126-1291	Self-employed	12/12/96	21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date $	252.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gerald E. Ferrier, LUTCF 1117 Ellis Street #C-D Bellingham, WA 98225-5203	Self-employed	12/12/96	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
Jeffery L. Ferrier, LUTCF 1117 Ellis St. #C & D Bellingham, WA 98225-5203	Self-employed	12/12/96	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
William R. Flanary, CLU 5905 Golden Valley Rd #220 Golden Valley, MN 55422-4475	Self-employed	12/12/96	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date $	200.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas F. Flournoy, Jr., CLU P. O. Box 1013 Macon, GA 31202-1013	Self-employed	12/12/96	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date $	504.00

SUBTOTAL of Receipts This Page (optional)	447.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 10 OF 33
	FOR LINE NUMBER: (enter 11a, 11b, etc.)

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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
Francis J. Foley, CLU 114 Market St. Ste-210 Roanoke, VA 24011-1402	Self-employed	12/12/96	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
Steven M. Frank, CLU 21700 Oxnard St #1160 Woodland Hills, CA 91367-7302	Self-employed	12/12/96	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date > $ 500.00	

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Larry D. Freie, CLU, ChFC 770 North Cotner Blvd #100 Lincoln, NE 68505-2344	Self-employed	12/27/96	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
Gary G. Friedlander, LUTCF P. O. Drawer 790 Gainesville, FL 32602-0790	Self-employed	12/12/96	25.20
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date > $ 272.40	

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gary R. Frold, CLU, ChFC P.O. Box 3642 St. Petersburg, FL 33731-3642	Self-employed	12/12/96	50.40
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date > $ 604.80	

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Peter Fursman, CLU, LUTCF 405 Enfrente Dr #100 Novato, CA 94949-7206	Self-employed	12/12/96	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date > $ 594.30	

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Del D. Gas, CLU Box 2094 Dickinson, ND 58602-2094	Self-employed	12/12/96	21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date > $ 264.60	

SUBTOTAL of Receipts This Page (optional)	309.60
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11(a)(i)

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
W. Jacques Gibbs 100 Washington Square #1200 Minneapolis, MN 55401-2194	Self-employed Occupation: Insurance agent	12/16/96	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	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
Charles C. Gleason, CLU, ChFC 4629 Rue Bayou Sanibel, FL 33957	Self-employed Occupation: Insurance agent	12/17/96 12/17/96	120.00 120.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 240.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lee M. Goeres, LUTCF Box 4003 Missoula, MT 59806-4003	Self-employed Occupation: Insurance agent	12/12/96	12.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 250.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David J. Grossman, CLU 200 Plaza Drive Secaucus, NJ 07094-3607	Self-employed Occupation: Insurance agent	12/18/96	120.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 240.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph H. Gwinn, CLU, CPCU, ChFC P. O. Box 308 Vinton, VA 24179-0308	Self-employed Occupation: Insurance agent	12/12/96	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 483.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bruce A. Hager 52 Broadway Fargo, ND 58102-4934	Self-employed Occupation: Insurance agent	12/03/96	-21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 222.40		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bruce M. Hankins, CLU, ChFC 2340 Detroit Avenue Maumee, OH 43537-3713	Self-employed Occupation: Insurance agent	12/31/96	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 300.00		

SUBTOTAL of Receipts This Page (optional)	593.50
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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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. Karl Erik Hansen, CLU, ChFC 419 N. Shoreline Blvd. Mountain View, CA 94043-4605 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date $	12/12/96 510.00	42.50
B. Sharon L. Hansen P. O. Box 2305 Mt Vernon, WA 98273-7305 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date $	12/12/96 200.00	25.00
C. Alex Hanson, CLU, ChFC P. O. Box 1138 Portsmouth, NH 03802-1138 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date $	12/27/96 277.20	0.00
D. Ross M. Hardwick, CLU 1660 S. Hwy. 100 #326W Minneapolis, MN 55416-1529 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date $	12/12/96 200.00	25.00
E. Thomas M. Hawco, CLU, ChFC P. O. Box 30406 Lincoln, NE 68503-0406 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date $	12/12/96 232.50	25.00
F. William E. Hazel, CLU, ChFC 3250 W. Big Beaver Rd #327 Troy, MI 48084-2902 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date $	12/12/96 510.00	42.50
G. Terry K. Headley, LUTCP 8990 West Dodge Road #226 Omaha, NE 68114-3315 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date $	12/12/96 529.20	42.00

SUBTOTAL of Receipts This Page (optional)	202.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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FOR LINE NUMBER:

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dennis L. Helgeson, CLU, ChFC 120 8th Avenue NW Minot, ND 58703-2362	Self-employed Occupation: Insurance agent	12/12/96	21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 254.50		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James W. Herlihy, Jr., CLU 20 Washington Street Rutland, VT 05701-5022	Self-employed Occupation: Insurance agent	12/24/96	400.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 400.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ronald G. Hester, CLU, ChFC Addison Exec Bldg., #9 P.O. Box 31 Boone, NC 28607-0031	Self-employed Occupation: Insurance agent	12/12/96	21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 273.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward C. Hiers, CLU, ChFC 18 Constitution Drive Bedford, NH 03110-6000	Self-employed Occupation: Insurance agent	12/12/96	21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 268.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard L. Hill, CLU, ChFC P. O. Box 30275 Lincoln, NE 68503-0275	Self-employed Occupation: Insurance agent	12/12/96	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 529.20		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael J. Miller, ChFC 909 N Mayfair Rd. Milwaukee, WI 53226-3429	Self-employed Occupation: Insurance agent	12/12/96	21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 254.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward George Nopper, CLU 2340 Des Plaines Ave. #115 Des Plaines, IL 60018-3292	Self-employed Occupation: Insurance agent	12/12/96	5.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 301.00		

SUBTOTAL of Receipts This Page (optional)	531.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11(a)(i)

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Henry C. Hunken, Jr., CLU 666 Dundee Rd. #1004 Northbrook, IL 60062-2776	Self-employed Occupation: Insurance agent	12/31/96 Aggregate Year-to-Date $ 250.00	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William V. Irons, CLU, LUTCF 469 Centerville Rd #203 Warwick, RI 02886-4328	Self-employed Occupation: Insurance agent	12/12/96 Aggregate Year-to-Date $ 554.40	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stewart N. Isbell, LUTCF 12031 Regentview Ave. #200 Downey, CA 90241-5517	Self-employed Occupation: Insurance agent	12/12/96 Aggregate Year-to-Date $ 276.00	42.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald L. Jayne, CLU, ChFC 21800 Oxnard Street, #450 Woodland Hills, CA 91367-3652	Self-employed Occupation: Insurance agent	12/12/96 Aggregate Year-to-Date $ 300.00	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
E. Dunbar Jewell, CLU, ChFC 1212 South Boulevard #102 Charlotte, NC 28203-4208	Self-employed Occupation: Insurance agent	12/12/96 Aggregate Year-to-Date $ 331.30	21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. Richard Jones, LUTCF P. O. Box 4886 Macon, GA 31208-4886	Self-employed Occupation: Insurance agent	12/12/96 Aggregate Year-to-Date $ 252.00	21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wyatt S. Jones, Jr., LUTCF 2 Ravinia Dr. #900 Atlanta, GA 30346-2104	Self-employed Occupation: Insurance agent	12/09/96 Aggregate Year-to-Date $ 300.00	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			

SUBTOTAL of Receipts This Page (optional)	376.50
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

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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
James M. Juengling, CLU, ChFC 84 Edwards Avenue W. Dundee, IL 60118-2913 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent $ 256.20	12/12/96 12/31/96	21.00 40.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Michael M. Kaleel 75 Federal Street, Suite 412 Boston, MA 02110-1904 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent $ 450.00	12/06/96	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
William J. Kalmer, CLU, ChFC 611 North Broadway, Suite 411 Milwaukee, WI 53202-5004 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent $ 220.00	12/26/96	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
Terry M. Kaltenbach, CLU, ChFC 1455 Frazee Rd #515 San Diego, CA 92108-4378 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent $ 504.00	12/12/96	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
David S. Kane P. O. Box 5676 Fargo, ND 58105-5676 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent $ 250.00	12/31/96	250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Stephen M. Karp, CLU, ChFC 400 Hillside Avenue Needham, MA 02194-1226 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent $ 252.00	12/12/96	21.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Clifford P. Karthauser, CLU 8990 W. Dodge Rd. #205 Omaha, NE 68114-3391 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent $ 370.00	12/30/96	250.00

SUBTOTAL of Receipts This Page (optional)	824.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER

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

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Michael C. Keenan, CLU, ChFC 5750 Old Orchard Rd. #300 Skokie, IL 60077-1095 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent $ 250.00	12/16/96	250.00
B. Full Name, Mailing Address and ZIP Code Michael L. Kerley 9424 Talisman Drive Vienna, VA 22182-3419 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent $ 240.00	12/06/96	20.00
C. Full Name, Mailing Address and ZIP Code Robert H. Kerrigan, Jr. CLU ChFC 888 West Sixth Street, 2nd Fl Los Angeles, CA 90017-2703 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent $ 1100.00	12/31/96	100.00
D. Full Name, Mailing Address and ZIP Code Clayton J. Klein, CLU, ChFC 1735 Technology Drive Suite 500 San Jose, CA 95110-1337 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent $ 400.00	12/17/96	300.00
E. Full Name, Mailing Address and ZIP Code Casey C. Knake P. O. Box 1541 Norfolk, NE 68702-1541 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent $ 225.00	12/12/96	21.00
F. Full Name, Mailing Address and ZIP Code Richard A. Koob, CLU, ChFC, AEP 626 W. Moreland Blvd. Waukesha, WI 53188-2433 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent $ 538.00	12/12/96	42.00
G. Full Name, Mailing Address and ZIP Code Barry N. Koslow, JD, CLU 175 Andover Street P.O. Box 495 Danvers, MA 01923-0795 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent $ 500.00	12/09/96	300.00

SUBTOTAL of Receipts This Page (optional)	1033.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11(a) (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	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Michael J. Kraft, CLU 70 Washington St. #200 Oakland, CA 94607-3738 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 522.50	12/12/96	42.50
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
James H. Krueger, CLU, ChFC, MSM 4321 West College Ave. Ste 395 Appleton, WI 54914-3989 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 294.00	12/12/96	21.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Larry M. Lambert, CLU, CFP 3780 Kilroy Airport Way Suite 510 Long Beach, CA 90806-6801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 500.00	12/30/96	125.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Edward E. Leisher 6430 Rockledge Dr., #602 Bethesda, MD 20817-1805 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 200.00	12/31/96	100.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Sidney Levine, CLU, AEP 209 Executive Circle Daytona Beach, FL 32114-1136 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 660.00	12/23/96	300.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Bruce C. Lichtenberg, LUTCF 4725 First Street #225 Pleasanton, CA 94566-7366 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 600.00	12/12/96	50.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Richard H. Linsday, CLU, ChFC 70 South Lake Ave., #1050 Pasadena, CA 91101-2601 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 500.00	12/23/96	250.00

SUBTOTAL of Receipts This Page (optional) 888.50

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a)(i)

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Lawrence E. Lounds, CLU G-3526 Miller Rd. Ste-B Flint, MI 48507-1236 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $	12/12/96 504.00	42.00
B. J. Peter Lyons, CLU, ChFC, MSFS 800 South Street, Suite 660 Watermill Center Waltham, MA 02154-1439 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $	12/12/96 402.00	33.50
C. Paul L. MacCaskill, CLU 644 South Figueroa Street Los Angeles, CA 90017-3411 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $	12/16/96 200.00	100.00
D. Douglas M. MacNeil, CLU 611 E. Wisconsin Avenue Milwaukee, WI 53202-4606 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $	12/16/96 250.00	250.00
E. Claude A. Marlowe, Jr., LUTCF PO BOx 3686 Kingsport, TN 37664-0686 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $	12/12/96 207.00	15.00
F. Darren Scott Mason, CLU, ChFC 30092 Ivy Glenn #230 Laguna Niguel, CA 92677-5027 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $	12/12/96 300.00	25.00
G. Mary A. McClure, LUTCF Box 1969 N. Mankato, MN 56002-1969 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $	12/12/96 12/31/96 254.00	10.50 150.00

SUBTOTAL of Receipts This Page (optional)	626.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

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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
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 > $ 210.00	12/03/96	25.00
B. Full Name, Mailing Address and ZIP Code Vernon McFalls, LUTCF P. O. Box 1007 Searcy, AR 72145-1007 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 220.80	12/12/96	16.00
C. Full Name, Mailing Address and ZIP Code 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	12/12/96	42.50
D. Full Name, Mailing Address and ZIP Code Thomas L. McLeary, CLU 414 North Orleans #510 Chicago, IL 60610 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 500.00	12/17/96	500.00
E. Full Name, Mailing Address and ZIP Code 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 > $ 252.00	12/12/96	21.00
F. Full Name, Mailing Address and ZIP Code Timothy A. McQuinn, LUTCF 108 East Broadway Monticello, IN 47960-2108 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 213.50	12/23/96	62.50
G. Full Name, Mailing Address and ZIP Code Alan L. Meltzer 11215 Lockwood Drive Silver Spring, MD 20901-4550 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 350.00	12/09/96	300.00

SUBTOTAL of Receipts This Page (optional) >	917.00
TOTAL This Period (last page this line number only) >	

SCHEDULE A **ITEMIZED RECEIPTS**

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FOR LINE NUMBER(S):

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert T. Merchen, CLU, ChFC 7002 Hodgson Memorial Drive Savannah, GA 31406-1517	Self-employed	12/12/96	22.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 264.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Dennis R. Merideth, CLU, ChFC 5151 E Broadway Ste-750 Tucson, AZ 85711-3734	Self-employed	12/12/96	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 672.20		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
David A. Middaugh, CLU, AEP P. O. Box 2543 Fargo, ND 58108-2543	Self-employed	12/12/96	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 545.00		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Harlan V. Miller, CLU, ChFC 1512 Prosser Ave. #200 Dayton, OH 45409-2041	Self-employed	12/12/96	21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 252.00		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Robert A. Miller 850 Third Ave., 15th Flr. New York, NY 10022-6222	Self-employed	12/12/96	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 336.00		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
James W. Monteverde, CLU, ChFC, 710 Fifth Avenue Pittsburgh, PA 15219-3000	Self-employed	12/12/96	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 720.00		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Sharon Ann Moore 1539 Highbluff Dr Diamond Bar, CA 91765-2631	Self-employed	12/31/96	75.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 200.00		

SUBTOTAL of Receipts This Page (optional) 302.00

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:

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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 Timothy F. Moore, CLU, ChFC 3201 Temple Ave. #200 Pomona, CA 91768-3280 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance agent Aggregate Year-to-Date > $ 200.00	Date (month, day, year) 12/31/96	Amount of Each Receipt this Period 75.00
B. Full Name, Mailing Address and ZIP Code Raymond H. Moran, CLU, ChFC 1 Commerce Sq. Suite #2250 Memphis, TN 38103 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance agent Aggregate Year-to-Date > $ 579.60	Date (month, day, year) 12/12/96	Amount of Each Receipt this Period 42.00
C. Full Name, Mailing Address and ZIP Code Herbert F. Morgan 1836 Hermitage Blvd. #200 Tallahassee, FL 32308-7706 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance agent Aggregate Year-to-Date > $ 504.00	Date (month, day, year) 12/12/96	Amount of Each Receipt this Period 50.40
D. Full Name, Mailing Address and ZIP Code Steven G. Mulder 3275 W. 4th Street P.O. Box 1230 Waterloo, IA 50704-1230 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance agent Aggregate Year-to-Date > $ 588.00	Date (month, day, year) 12/12/96	Amount of Each Receipt this Period 42.00
E. Full Name, Mailing Address and ZIP Code Lynn H. Naden 320 S. Green Bay Rd. Waukegan, IL 60085-4859 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance agent Aggregate Year-to-Date > $ 512.40	Date (month, day, year) 12/12/96	Amount of Each Receipt this Period 42.00
F. Full Name, Mailing Address and ZIP Code Robert M. Nelson, CLU, LUTCF 10050 Regency Circle #300 Omaha, NE 68114-3722 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance agent Aggregate Year-to-Date > $ 420.60	Date (month, day, year) 12/12/96	Amount of Each Receipt this Period 42.50
G. Full Name, Mailing Address and ZIP Code Richard D. Nilmeier, RHU, CLU 4928 E. Clinton #201 Fresno, CA 93727-1526 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance agent Aggregate Year-to-Date > $ 252.00	Date (month, day, year) 12/12/96	Amount of Each Receipt this Period 8.50

SUBTOTAL of Receipts This Page (optional) 302.40

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

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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 James F. O'Connell, CLU 400 S. Jefferson #450 Spokane, WA 99204-3177 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance agent Aggregate Year-to-Date > $ 516.50	Date (month, day, year) 12/12/96	Amount of Each Receipt this Period 42.00
B. Full Name, Mailing Address and ZIP Code James W. Oglesby, LUTCF P. O. Box 7156 Asheville, NC 28802 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance agent Aggregate Year-to-Date > $ 295.85	Date (month, day, year) 12/12/96	Amount of Each Receipt this Period 25.00
C. Full Name, Mailing Address and ZIP Code Rae Lee Olson 419 North Shoreline Blvd. Mountain View, CA 94043-4605 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance agent Aggregate Year-to-Date > $ 510.00	Date (month, day, year) 12/12/96	Amount of Each Receipt this Period 42.50
D. Full Name, Mailing Address and ZIP Code Mitchell W. Ostrove, CLU, ChFC 4 New King Street White Plains, NY 10604-1202 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance agent Aggregate Year-to-Date > $ 370.00	Date (month, day, year) 12/12/96	Amount of Each Receipt this Period 42.00
E. Full Name, Mailing Address and ZIP Code Roland L. Panneton, FLMI 5984 Twin Rivers Drive Manassas, VA 22111-3065 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance agent Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 12/27/96	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and ZIP Code Barton C. Pasco, CLU, ChFC 9030 Stony Point Pkwy #500 Richmond, VA 23235-1936 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance agent Aggregate Year-to-Date > $ 252.00	Date (month, day, year) 12/12/96	Amount of Each Receipt this Period 21.00
G. Full Name, Mailing Address and ZIP Code Robert David Penrod, LUTCF 1907 W. Magnolia Blvd Burbank, CA 91506-1727 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance agent Aggregate Year-to-Date > $ 900.00	Date (month, day, year) 12/24/96	Amount of Each Receipt this Period 50.00
SUBTOTAL of Receipts This Page (optional)			472.50
TOTAL This Period (last page this line number only)			

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Cody H. Phillips, JD, CLU, ChFC 530 Oak Court, Suite 200 Memphis, TN 38117	Self-employed	12/12/96	42.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date $	566.45
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Patricia Pilone 20 E. Clementon Road Suite 101 N. Gibbsboro, NJ 08026-1165	Self-employed	12/30/96	400.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date $	400.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R. Jan Pinney, CLU, ChFC, CPCU 3005 Douglas Blvd #120 Roseville, CA 95661-3854	Self-employed	12/12/96	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
James D. Pittman, CLU, ChFC 222 S.W. Columbia, Suite 900 Portland, OR 97201-6609	Self-employed	12/03/96	-50.00
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 Poe, Jr., CLU 3207 Willowcreek Rd #B Portage, IN 46368-5013	Self-employed	12/12/96	21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date $	252.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles E. Potter, CLU, ChFC #120-1816 Front St. Durham, NC 27705	Self-employed	12/12/96	62.50
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date $	268.75
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ralph Prescott, CLU, LUTCF, ChFC 335 Park Street South Dahlonega, GA 30533-1220	Self-employed	12/12/96	21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date $	252.00

SUBTOTAL of Receipts This Page (optional) 539.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

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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 Rd. Virginia Beach, VA 23451-5210	Self-employed Occupation: Insurance agent	12/12/96 Aggregate Year-to-Date $ 300.00	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
John M. Qualy, CLU 701 Market St., #1070 St. Louis, MO 63101-1873	Self-employed Occupation: Insurance agent	12/09/96 Aggregate Year-to-Date $ 300.00	150.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Stephen J. Quiner, CLU, ChFC 505 5th. Ave. #900 Des Moines, IA 50309-2316	Self-employed Occupation: Insurance agent	12/12/96 Aggregate Year-to-Date $ 210.00	15.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
S. Caesar Raboy, CLU One Sun Life Exec. Park Wellesley, MA 02181-5699	Self-employed Occupation: Insurance agent	12/31/96 Aggregate Year-to-Date $ 825.00	375.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Karl H. Rakow, LUTCF 2000 Schafer Street Box 1 Bismarck, ND 58501-1204	Self-employed Occupation: Insurance agent	12/12/96 Aggregate Year-to-Date $ 315.00	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
F. 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 Occupation: Insurance agent	12/30/96 Aggregate Year-to-Date $ 630.00	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
William C. Riechert 591 Stewart Ave #Penthouse Garden City, NY 11530-4702	Self-employed Occupation: Insurance agent	12/12/96 Aggregate Year-to-Date $ 252.00	21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			

SUBTOTAL of Receipts This Page (optional) 661.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

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

A. Full Name, Mailing Address and ZIP Code Burton T. Ritchie, CLU 438 N Easton Rd Box B6 Glenside, PA 19038-4903 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance agent Aggregate Year-to-Date > $ 525.00	Date (month, day, year) 12/31/96	Amount of Each Receipt this Period 25.00
B. Full Name, Mailing Address and ZIP Code Robert M. Roach, CLU, ChFC 560 S. High Street #100 Columbus, OH 43215-5663 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance agent Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 12/12/96 12/31/96	Amount of Each Receipt this Period 21.00 412.00
C. Full Name, Mailing Address and ZIP Code Steven C. Rossiter 623 18th St. Lake Charles, LA 70601 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance agent Aggregate Year-to-Date > $ 213.75	Date (month, day, year) 12/12/96	Amount of Each Receipt this Period 3.75
D. Full Name, Mailing Address and ZIP Code D. David Russell, CLU, ChFC 2423 Carlisle Place Sarasota, FL 34231-7013 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance agent Aggregate Year-to-Date > $ 579.60	Date (month, day, year) 12/12/96	Amount of Each Receipt this Period 50.40
E. Full Name, Mailing Address and ZIP Code Daniel L. Rust, LUTCF P.O. Box 1335 Bozeman, MT 59771-1335 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance agent Aggregate Year-to-Date > $ 495.10	Date (month, day, year) 12/12/96	Amount of Each Receipt this Period 17.50
F. Full Name, Mailing Address and ZIP Code Gregory B. Schaefer, LUTCF, FIC 3012 30th Avenue Kenosha, WI 53144-1623 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance agent Aggregate Year-to-Date > $ 234.00	Date (month, day, year) 12/12/96	Amount of Each Receipt this Period 21.00
G. Full Name, Mailing Address and ZIP Code G. Douglas Schellman, CLU, ChFC P. O. Box 9969 Colorado Springs, CO 80932-0969 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance agent Aggregate Year-to-Date > $ 264.50	Date (month, day, year) 12/12/96	Amount of Each Receipt this Period 21.00
SUBTOTAL of Receipts This Page (optional)			571.65
TOTAL This Period (last page this line number only)			

SCHEDULE A **ITEMIZED RECEIPTS**

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

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James D. Schulz, CLU, ChFC 7431 "O" Street Lincoln, NE 68510-2444	Self-employed Occupation: Insurance agent	12/12/96	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 529.20		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mark B. Schwendeman 103 Putnam Street Marietta, OH 45750-2924	Self-employed Occupation: Insurance agent	12/12/96	21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 252.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
James A. Schwertfeger, CLU, ChFC 1101 North Market Street, #100 Milwaukee, WI 53202-3367	Self-employed Occupation: Insurance agent	12/26/96	100.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	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**
Walter J. Scott, Jr., CLU 240 Algoma Blvd. P.O. Box 1600 Oshkosh, WI 54902-4775	Self-employed Occupation: Insurance agent	12/12/96	42.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Aggregate Year-to-Date > $ 388.00		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Vince R. Settineri, RHU 420 Lake Cook Rd. #111 Deerfield, IL 60015-4914	Self-employed Occupation: Insurance agent	12/12/96	42.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Aggregate Year-to-Date > $ 312.40		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
James P. Shaheen, LUTCF 12775 La Mirada Blvd Suite #203 La Mirada, CA 90638	Self-employed Occupation: Insurance agent	12/12/96	22.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 270.00		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
T. H. Shaw, CLU, ChFC, RHU 830 S. Second St. P. O. Box 648 Louisville, KY 40203-2210	Self-employed Occupation: Insurance agent	12/03/96	120.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 240.00		

SUBTOTAL of Receipts This Page (optional) 389.50

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

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

A. Full Name, Mailing Address and ZIP Code Richard S. Simpson, CLU, ChFC 1736 Jefferson Street Napa, CA 94559-1703 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance agent Aggregate Year-to-Date > $ 275.00	Date (month, day, year) 12/12/96	Amount of Each Receipt this Period 25.00
B. Full Name, Mailing Address and ZIP Code Allen A. Skogebo, CLU, ChFC 8957 F Edmonston Road Greenbelt, MD 20770-1005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance agent Aggregate Year-to-Date > $ 200.00	Date (month, day, year) 12/31/96	Amount of Each Receipt this Period 100.00
C. Full Name, Mailing Address and ZIP Code Godfrey L. Smith, III, CLU, ChFC 2101 Executive Drive Tower Box 35 Hampton, VA 23666-2404 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance agent Aggregate Year-to-Date > $ 591.00	Date (month, day, year) 12/23/96	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and ZIP Code Paul M. Smith, Sr., CLU 5101 College Blvd. S-100 Leawood, KS 66211-1614 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance agent Aggregate Year-to-Date > $ 612.90	Date (month, day, year) 12/12/96	Amount of Each Receipt this Period 51.00
E. Full Name, Mailing Address and ZIP Code Russell A. Smith, CLU, CPP 31740 Railroad Canyon Rd Suite 2-A Canyon Lake, CA 92587-9490 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance agent Aggregate Year-to-Date > $ 211.50	Date (month, day, year) 12/12/96	Amount of Each Receipt this Period 8.50
F. Full Name, Mailing Address and ZIP Code Lawrence Edward Sneed 7730 Pardee Lane Oakland, CA 94621-1424 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance agent Aggregate Year-to-Date > $ 252.00	Date (month, day, year) 12/12/96	Amount of Each Receipt this Period 21.00
G. Full Name, Mailing Address and ZIP Code Alan M. Spiegelman One Sansome Street Suite 1700 San Francisco, CA 94104-4448 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance agent Aggregate Year-to-Date > $ 300.00	Date (month, day, year) 12/13/96	Amount of Each Receipt this Period 150.00
SUBTOTAL of Receipts This Page (optional)			605.50
TOTAL This Period (last page this line number only)			

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER(S):

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / 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 Occupation: Insurance agent Aggregate Year-to-Date > $ 275.50	12/12/96 12/31/96	10.00 12.50
B. Full Name, Mailing Address and ZIP Code Angelo T. Stath 1000 East 80th Place #627 S. Merrillville, IN 46410-5644 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 330.00	Date (month, day, year): 12/12/96	Amount of Each Receipt this Period: 27.50
C. Full Name, Mailing Address and ZIP Code John P. Steele, LUTCF P. O. Box 369 Manhattan, MT 59741-0369 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 235.00	Date (month, day, year): 12/12/96	Amount of Each Receipt this Period: 12.50
D. Full Name, Mailing Address and ZIP Code Walter G. Stern, CLU, ChFC 100 North Broadway, #1808 St. Louis, MO 63102-2709 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 260.00	Date (month, day, year): 12/04/96	Amount of Each Receipt this Period: 120.00
E. Full Name, Mailing Address and ZIP Code Juliana M. Steverson, CLU, RHU P. O. Box 85481 San Diego, CA 92186-5481 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 300.00	Date (month, day, year): 12/12/96	Amount of Each Receipt this Period: 25.00
F. Full Name, Mailing Address and ZIP Code Clifford L. Stone, LUTCF P. O. Box 1951 Williston, ND 58802-1951 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 264.60	Date (month, day, year): 12/12/96	Amount of Each Receipt this Period: 21.00
G. Full Name, Mailing Address and ZIP Code David L. Stratton, CLU, ChFC 8300 Briarwood Ste-B Anchorage, AK 99518-3331 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 402.00	Date (month, day, year): 12/12/96	Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional)	278.50
TOTAL This Period (last page this line number only)	

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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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steven M. Stratton, LUTCF 4820 Harwood Rd. #200 San Jose, CA 95124-5206	Self-employed Occupation Insurance agent	12/12/96 264.50	21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Cameron C. Sutton, CLU, JD 400 Interstate North Pkwy. #1400 Atlanta, GA 30339-5025	Self-employed Occupation Insurance agent	12/31/96 636.00	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald R. Svoboda, CLU, ChFC 5930 S 58th St #Z Lincoln, NE 68516-3653	Self-employed Occupation Insurance agent	12/12/96 220.50	17.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark Swartz, CLU, ChFC 40 Monument Road Bala Cynwyd, PA 19004-1797	Self-employed Occupation Insurance agent	12/31/96 330.00	150.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Christi E. Swedlingen, LUTCF 3709 Spenard Rd #100 Anchorage, AK 99503-5674	Self-employed Occupation Insurance agent	12/24/96 500.00	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert W. Talbott, CLU, LUTCF 400 East 2nd Avenue #104 Eugene, OR 97401-2452	Self-employed Occupation Insurance agent	12/12/96 294.00	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Michael Taylor, CLU, ChFC P.O. Box 7546 Columbus, OH 31908	Self-employed Occupation Insurance agent	12/12/96 1004.00	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	697.50
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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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
Michael G. Taylor, CLU, ChFC Harbor Court 55 Merchant Street #1900 Honolulu, HI 96813-4306	Self-employed Insurance agent ~~403.00~~	12/12/96 12/10/96 12/24/96 12/30/96	8.50 8.50 125.00 8.50
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
Robert L. Tedoldi, CLU, ChFC 95 Glastonbury Blvd 4th Fl Glastonbury, CT 06033-4412	Self-employed Insurance agent ~~111.00~~	12/12/96	42.00
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
Gregory M. Telge, CLU, ChFC 1779 Elm St. Manchester, NH 03104	Self-employed Insurance agent ~~263.80~~	12/12/96	21.00
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
Jacob N. Temkin 400 Westminster Street Providence, RI 02903-3222	Self-employed Insurance agent ~~277.20~~	12/12/96	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
Edwin W. Thauer, Jr., CLU, ChFC 985 Parchment Drive S. E. Grand Rapids, MI 49546-3659	Self-employed Insurance agent ~~229.00~~	12/31/96	100.00
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
Jeffrey E. Thal, CLU P. O. Box 548 Honesdale, PA 18431-0548	Self-employed Insurance agent ~~234.00~~	12/12/96	15.00
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
John L. Thomas, CLU, MSFS 450 Country Club Rd #330 Eugene, OR 97401-6053	Self-employed Insurance agent ~~239.00~~	12/12/96	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			

SUBTOTAL of Receipts This Page (optional)	374.50
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

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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
Raymond F. Truncellito, CLU 55 Hanover St 301 Manchester, NH 03101-2230	Self-employed	12/12/96	21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date > $ 258.80	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John S. Tuttle, CLU, ChFC P. O. Box 4718 Syracuse, NY 13221-4718	Self-employed	12/24/96	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date > $ 625.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Adam Varrenti, Jr., CLU, ChFC 9 N Five Points Rd Flr-2 West Chester, PA 19380-4739	Self-employed	12/12/96	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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John E. Walker 1605 N. Cedar Crest Blvd., #502 Allentown, PA 18104-2351	Self-employed	12/12/96	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date > $ 850.50	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sylvia J. Walker, LUTCF, CPIW 805 Terrace Drive Newport News, VA 23601-2240	Self-employed	12/12/96	21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date > $ 507.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David R. Watson, CLU, ChFC, AEP One Liberty Place, Suite 680 Philadelphia, PA 19103-7301	Self-employed	12/12/96	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date > $ 536.40	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas L. Webb, CLU, ChFC 4356 Commercial St. SE Salem, OR 97302-3914	Self-employed	12/12/96	84.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date > $ 538.30	

SUBTOTAL of Receipts This Page (optional)	564.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Marlin D. Wells, CLU, ChFC, LUTC PO Box 2603 Roswell, NM 88202-2603 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent 207.00	12/12/96	15.00
B. Full Name, Mailing Address and ZIP Code Lester E. Westgard 1351 Page Drive Ste 204 Fargo, ND 58103-3536 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent 315.00	12/12/96	25.00
C. Full Name, Mailing Address and ZIP Code William T. Whitmore, Jr., LUTCF P. O. Box 4748 Virginia Beach, VA 23454-0748 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent 504.00	12/12/96	42.00
D. Full Name, Mailing Address and ZIP Code David C. Whitney, CLU 300 East 42nd St. Flr-8 New York, NY 10017-5947 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent 500.00	12/20/96	125.00
E. Full Name, Mailing Address and ZIP Code Gary W. Williams PO Box 397 Vinton, VA 24179-0397 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent 252.00	12/12/96	21.00
F. Full Name, Mailing Address and ZIP Code Larry J. Winkelmake, CLU, ChFC P. O. Bx 26909 Milwaukee, WI 53226-0909 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent 294.00	12/12/96	21.00
G. Full Name, Mailing Address and ZIP Code David A. Winston 9210 Graceland Place Fairfax, VA 22031-1913 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent 259.85	12/06/96	19.24

SUBTOTAL of Receipts This Page (optional)	268.24
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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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 David F. Woods, CLU, ChFC 1500 Main Street #604 Springfield, MA 01115-0001 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance agent Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 12/30/96	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code Mark L. Yavornitzki, CAE 38 Sheridan Avenue Albany, NY 12210-2714 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance agent Aggregate Year-to-Date > $ 252.00	Date (month, day, year) 12/12/96	Amount of Each Receipt this Period 21.00
C. Full Name, Mailing Address and ZIP Code Eugene R. Youngentob, CLU, ChFC 7220 Wisconsin Avenue, Suite 200 Bethesda, MD 20814-4834 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance agent Aggregate Year-to-Date > $ 200.00	Date (month, day, year) 12/21/96	Amount of Each Receipt this Period 200.00
D. Full Name, Mailing Address and ZIP Code Bernard H. Zais, CLU, ChFC 30 Kimball Ave., Suite 205 S. Burlington, VT 05403-6825 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance agent Aggregate Year-to-Date > $ 700.00	Date (month, day, year) 12/05/96	Amount of Each Receipt this Period 125.00
E. Full Name, Mailing Address and ZIP Code Theodore J. Zonzolillis, CLU 3 Altarinda Road, Suite 300 Orinda, CA 94563-2601 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance agent Aggregate Year-to-Date > $ 207.50	Date (month, day, year) 12/12/96	Amount of Each Receipt this Period 30.00
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)	626.00
TOTAL This Period (last page this line number only)	18459.45

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 4

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
Marion Berry for Congress Post Office Box 8084 Jonesboro, AR 72401	Marion Berry AR-1 $1,500.00 Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 1996	12/03/96	$1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Boyd For Congress PO Box 15703 Tallahassee, FL 32317	Allen Boyd FL-2 $10,000.00 Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 1996	12/03/96	$2,500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Robert Wexler for Congress 2500 N. Military Trail Suite 288 Boca Raton, FL 33431	Robert Wexler FL-19 $1,000.00 Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 1996	12/03/96	$1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Pease for Congress P.O. Box 511 Seelyville, IN 47878	Edward Pease IN-7 $3,500.00 Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 1996	12/03/96	$1,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
People For Ganske 521 East Locust, 2nd Floor Des Moines, IA 50309	Greg Ganske IA-4 $7,000.00 Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 1996	12/03/96	$2,500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Anne Northup for Congress PO Box 7313 Louisville, KY 40257	Anne Northup KY-3 $2,000.00 Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 1996	12/03/96	$1,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Cooksey for Congress 1310 North 19th Street Monroe, LA 71201	John C. Cooksey LA-5 $1,000.00 Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 1996	12/03/96	$1,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Team Emerson '96 P.O. Box 822 Cape Girardeau, MO 63702	Jo Ann Emerson MO-8 $10,000.00 Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 1996	12/03/96	$2,500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hulshof for Congress Post Office Box 1621 Columbia, MO 65205	Kenny Hulshof MO-9 $3,500.00 Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 1996	12/03/96	$3,500.00

SUBTOTAL of Disbursements This Page (optional) $16,000.00

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

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 4

FOR LINE NUMBER 23

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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
Sununu for Congress 1365 Elm Street Manchester, NH 03110	John Sununu NH-1 $3,500.00 Disbursement for: [X] Primary [ ] General 1996 [ ] Other (specify)	12/03/96	$1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Gibbons for Congress Committee 4655 Aircenter Circle Reno, NV 89502	James Gibbons NV-2 $1,000.00 Disbursement for: [ ] Primary [X] General 1996 [ ] Other (specify)	12/03/96	$0.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Steve Rothman for Congress Post Office Box 714 Hackensack, NJ 07602	Steven Rothman NJ-9 $2,500.00 Disbursement for: [ ] Primary [X] General 1996 [ ] Other (specify)	12/03/96	$2,500.00
D. 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 $8,500.00 Disbursement for: [ ] Primary [X] General 1996 [ ] Other (specify)	12/03/96	$2,500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Christopher Cannon for Congress 123 West Center Street Provo, UT 84601	Christopher B. Cannon UT-3 $1,500.00 Disbursement for: [ ] Primary [X] General 1996 [ ] Other (specify)	12/03/96	$1,500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Max Cleland 3070 NE Expressway Atlanta, GA 30341	Max Cleland GA-SEN $5,000.00 Disbursement for: [ ] Primary [X] General 1996 [ ] Other (specify)	12/03/96	$5,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Brownback for Congress 515 S. Kansas Ave. Topeka, KS 66603	Sam Brownback KS-SEN $2,000.00 Disbursement for: [X] Primary [ ] General 1996 [ ] Other (specify)	12/03/96	$1,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hagel for U.S. Senate 12100 W. Center Road #202 Omaha, NE 68144	Chuck Hagel NE-SEN $10,000.00 Disbursement for: [X] Primary [ ] General 1996 [ ] Other (specify)	12/03/96	$5,000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Tim Johnson for South Dakota Box 88113 Sioux Falls, SD 57109	Tim Johnson SD-SEN $5,000.00 Disbursement for: [ ] Primary [X] General 1996 [ ] Other (specify)	12/03/96	$5,000.00

SUBTOTAL of Disbursements This Page (optional) $23,500.00

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

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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
Bob Schaffer for Congress 1211 South College Avenue #11 Fort Collins, CO 80525	Bob Schaffer CO-4 $3,500.00 Disbursement for: [ ] Primary [X] General 1996 [ ] Other (specify)	2/03/96	$1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Senator D'Amato 425 Second Street, NE Washington, DC 20002	Alfonse M. D'Amato NY-SEN $2,000.00 Disbursement for: [X] Primary [ ] General 1998 [ ] Other (specify)	2/04/96	$1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Faircloth for Senate P.O. Box 26585 Raleigh, NC 27611	Lauch Faircloth NC-SEN $1,500.00 Disbursement for: [X] Primary [ ] General 1998 [ ] Other (specify)	2/05/96	$1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mary Landrieu for Senate 841 Carondelet Street New Orleans, LA 70130	Mary Landrieu LA-SEN $5,000.00 Disbursement for: [ ] Primary [X] General 1996 [ ] Other (specify)	12/26/96	$5,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hutchinson for Congress 602 Garrison Avenue #650 Fort Smith, AR 72901	Asa Hutchinson AR-3 $3,500.00 Disbursement for: [ ] Primary [X] General 1996 [ ] Other (specify)	12/26/96	$1,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Stabenow for Congress P.O. Box 4945 E. Lansing, MI 48826	Debbie Stabenow MI-8 $2,000.00 Disbursement for: [ ] Primary [X] General 1996 [ ] Other (specify)	12/26/96	$1,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Rick Hill for Congress 2105 Crystal Drive Helena, MT 59601	Rick Hill MT-A/L $2,500.00 Disbursement for: [ ] Primary [X] General 1996 [ ] Other (specify)	12/26 96	$2,500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Steve Schiff for Congress Box 25185 Albuquerque, NM 87125	Steven H. Schiff NM-1 $2,500.00 Disbursement for: [ ] Primary [X] General 1996 [ ] Other (specify)	12/26/96	$1,000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Committee to Elect Mike McIntyre 1701 North Chestnut Lumberton, NC 28358	Mike McIntyre NC-7 $5,500.00 Disbursement for: [ ] Primary [X] General 1996 [ ] Other (specify)	12/26/96	$500.00

SUBTOTAL of Disbursements This Page (optional)	$14,000.00
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

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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 Kelly Dot Congress P.O. Box 9277 The Woodlands, TX 77387	Purpose of Disbursement Kevin Brady TX-8 $5,000.00 Disbursement for: ☐ Primary ☐ General ☒ Other (specify) Runoff 1996	Date (month, day, year) 12/26/96	Amount of Each Disbursement This Period $1,500.00
B. Full Name, Mailing Address and ZIP Code Earl Dot Congress Cmte. 7200 Center Street #102 Mentor, OH 44060	Purpose of Disbursement Steve LaTourette OH-19 $4,500.00 Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 1996	Date (month, day, year) 12/26/96	Amount of Each Disbursement This Period $1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	$2,500.00
TOTAL This Period (last page this line number only)	$56,000.00

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☑	Hand Delivered	DATE OF RECEIPT 1/31/97
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED
☐	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

ML
PREPARER

1/31/97
DATE PREPARED

FEC FORM 70-2 (12/92)