REPORT OF RECEIPTS AND DISBURSEMENTS

FOR OTHER THAN AN AUTHORIZED COMMITTEE

(SUMMARY PAGE)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

Aug 18 1 00 PM '95

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. [X] This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

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

Monthly Report Due On:

[ ] February 20	[ ] June 20	[ ] October 20
[ ] March 20	[ ] July 20	[ ] November 20
[ ] April 20	[X] August 20	[ ] December 20
[ ] May 20	[ ] September 20	[ ] January 31

Twelfth day report preceding 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 YTD
5. Covering Period 1 July 1995 through 31 July 1995		
6. (a) Cash on hand January 1, 1995		410,794.64
(b) Cash at Beginning of Reporting Period	729,343.06	
(c) Total Receipts (from line 19)	69,415.88	698,933.82
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	798,758.94	1,109,728.46
7. Total Disbursements (from Line 30)	16,064.82	326,974.34
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	782,694.12	782,694.12
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free (800)-424-9530
Local 202-376-3120

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

Type or Print Name of Treasurer
JOSEPH E. DILLON, ASSISTANT TREASURER

Signature of Treasurer

Date
08/18/95

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

FEC FORM 3X
(revised 9/93)

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X (revised 9/93)

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

REPORT COVERING PERIOD FROM 1 July 1995 TO 31 July 1995

I. RECEIPTS	COLUMN A This Period	COLUMN B Calendar YTD
11. Contributions (other than loans) From:		
a. Individuals/Persons Other Than Political Committees		
i. Itemized (use Schedule A) ..... (add i and ii)	8,869.11	67,805.26
ii. Unitemized	59,031.48	617,052.35
iii. Total	67,900.59	684,857.61
b. Political Party Committees		
c. Other Political Committees (such as PAC's)		
d. Total Contributions ..... (add a iii, b and c)	67,900.59	684,857.61
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	3,500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	1,515.29	10,576.21
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts ..... (add 11d, 12, 13, 14, 15, 16, 17, and 18)	69,415.88	698,933.82
20. Total Federal Receipts ..... (subtract line 18 from line 19)	69,415.88	698,933.82
II. DISBURSEMENTS		
21. Operating Expenditures:		
a. Shared Federal/Non Federal Activity (from Schedule H)		
i. Federal Share		
ii. Non Federal Share		
b. Other Federal Operating Expenditures	64.82	126,374.34
c. Total Operating Expenditures ..... (Add a i, aii, and b)	64.82	126,374.34
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	16,000.00	200,600.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans made		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PAC's)		
d. Total Contribution Refunds ..... (Add a, c, and c)	0.00	0.00
29. Other Disbursements		
30. Total Disbursements ..... (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	16,064.82	326,974.34
31. Total Federal Disbursements ..... (subtract line 21 a ii from line 30)	16,064.82	326,974.34
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d)	67,900.59	684,857.61
33. Total Contribution Refunds (from line 28d)	0.00	0.00
34. Net Contributions (other than loans) (subtract line 33 from 32)	67,900.59	684,857.61
35. Total Federal Operating Expenditures ..... (add 21 a i and 21 b)	64.82	126,374.34
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures ..... (subtract line 36 from 35)	64.82	125,374.34

SCHEDULE A ITEMIZED RECEIPTS

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

PAGE 1 OF 14

FOR LINE NUMBER

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NAME OF COMMITTEE (in Full) American 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. Stephen D. Anderson 7431 "O" Street Lincoln, NE 68510-2444 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 327.60	07/12/95	42.00
B. Full Name, Mailing Address and ZIP Code Robert D. Anderson, CLU P. O. Box 127 Jonesborough, TN 37659-1272 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 309.60	07/12/95	50.40
C. Full Name, Mailing Address and ZIP Code 175 Derby Street, Suite 27 Hingham, MA 02043-4026 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 350.00	07/03/95	250.00
D. Full Name, Mailing Address and ZIP Code Ur CLU ChFC IBM Building, 18th Floor 1200 Fifth Avenue Seattle, WA 98101-1127 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 379.75	07/12/95	4.25
E. Full Name, Mailing Address and ZIP Code 100 Congress Street Quincy, MA 02169-0906 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 608.31	07/12/95	41.66
F. Full Name, Mailing Address and ZIP Code ChFC 890 Lamont Ave Ste-201 Novato, CA 94945-4100 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 397.50	07/12/95	42.50
G. Full Name, Mailing Address and ZIP Code CLU, ChFC 214 No. 12th St Ft Smith, AR 72901-7131 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 244.20	07/12/95	21.00

SUBTOTAL of Receipts This Page (optional) > 451.81

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 2 OF 14

FOR LINE NUMBER

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NAME OF COMMITTEE (IN FULL): National Association of Life Underwriters Political Action Committee

Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. David D. Cameron, LUTCF P. O. Box 645 Rupert, ID 83350-6454 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $	07/12/95 210.00	30.00
B. Lawrence A. Chargin 5260 N. Palm Avenue, Suite 205 Fresno, CA 93704-2210 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $	07/12/95 294.00	42.00
C. Thomas [illegible] ChFC 2700 Westown Parkway #340 West Des Moines, IA 50266-1411 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $	07/12/95 200.40	30.00
D. [illegible] 5190 Governor Dr #106 San Diego, CA 92122-2848 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $	07/31/95 500.00	125.00
E. [illegible] CLU, ChFC 130 William Street, 6th Floor New York, NY 10038-3882 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $	07/12/95 297.50	42.50
F. David S. [illegible], CLU ChFC 1901 East 13th Street Suite 506 Cleveland, OH 44114-3583 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $	07/12/95 294.00	42.00
G. Michael P. [illegible], CLU 4505 Las Virgenes Rd. #200 Calabasas, CA 91302-1956 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $	07/12/95 294.00	42.00

SUBTOTAL of Receipts This Page (optional)	353.50
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: 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. [illegible], CLU 475 Sansome St #1800 San Francisco, CA 94111-1037 Receipt For: Primary / General / Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $ 294.00	07/12/95	42.00
B. [illegible], CLU 209 East San Marnan Drive Waterloo, IA 50702-5839 Receipt For: Primary / General / Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $ 352.80	07/12/95	50.40
C. [illegible], CLUTCF 1117 Ellis Street #C-D Bellingham, WA 98225-5203 Receipt For: Primary / General / Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $ 294.00	07/12/95	42.00
D. [illegible], CLUTCF 1117 Ellis St. #C & D Bellingham, WA 98225-5203 Receipt For: Primary / General / Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $ 294.00	07/12/95	42.00
E. [illegible] 21700 Oxnard St #1160 Woodland Hills, CA 91367-7302 Receipt For: Primary / General / Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $ 334.00	07/12/95	50.00
F. [illegible], CLU, ChFC The Bellevue, 4th Floor Broad and Walnut Streets Philadelphia, PA 19102-3803 Receipt For: Primary / General / Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $ 480.00	07/31/95	360.00
G. [illegible], CLU, ChFC P.O. Box 3642 St. Petersburg, FL 33731-3642 Receipt For: Primary / General / Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $ 352.80	07/12/95	50.40

SUBTOTAL of Receipts This Page (optional) 636.80

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 4 OF 14

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. Peter Fulchiron, CLU, LUTCF 405 Enfrente Dr #100 Novato, CA 94949-2060 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $	07/12/95 294.00	42.00
B. Alfred A. Gelfond 1973 Washington Valley Rd. Martinsville, NJ 08836-2012 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $	07/14/95 300.00	300.00
C. Seymour Geller, CFP, ChFC, CLU 11 West 42nd St., 29th Flr. New York, NY 10036-8002 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $	07/24/95 375.00	125.00
D. Allan G. Hancock, CLU, ChFC P. O. Box 2096 Altoona, PA 16603-2096 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $	07/24/95 900.00	800.00
E. Karl Erik Hansen, CLU, ChFC 419 N. Shoreline Blvd. Mountain View, CA 94043-4605 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $	07/12/95 297.50	42.50
F. Alex Hanson, CLU, ChFC P. O. Box 1138 Portsmouth, NH 03802-1138 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $	07/12/95 293.60	42.00
G. Ann Hartmann Brockmeyer, CLU 6635 W. Central Ave. Toledo, OH 43617-1029 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $	07/06/95 250.00	250.00

SUBTOTAL of Receipts This Page (optional)	1401.50
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
William D. Hazel, CLU, ChFC 3250 W. Big Beaver Rd #327 Troy, MI 48084-2902 Receipt For: Primary / General / Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 297.50	07/12/95	42.50
Terry R. Readley, LUTCF 8990 West Dodge Road #205 Omaha, NE 68114-3391 Receipt For: Primary / General / Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 327.60	07/12/95	42.00
Thomas [illegible] CLU East 80 Route 4 The Atrium Bldg. Paramus, NJ 07652 Receipt For: Primary / General / Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 300.00	07/17/95	50.00
[illegible] CLU, ChFC P. O. Box 765 415 East Avenue Holdrege, NE 68949-2216 Receipt For: Primary / General / Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 500.00	07/28/95	500.00
[illegible] CLU 20 Washington Street Rutland, VT 05701-5022 Receipt For: Primary / General / Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 480.00	07/05/95	480.00
[illegible] ChFC P. O. Box 30275 Lincoln, NE 68503-0275 Receipt For: Primary / General / Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 327.60	07/12/95	42.00
[illegible] CLU 205 S.E. Spokane Street P.O. Box 3917 Portland, OR 97202-6413 Receipt For: Primary / General / Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 250.00	07/05/95	250.00

SUBTOTAL of Receipts This Page (optional) > 1406.50

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 6 OF 14

FOR LINE NUMBER 11(a)(1)

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Ruble A. Hord, III P.O. Box 1235 Richmond, VA 23209-1235 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $	07/12/95 300.00	100.00
B. John P. Huntington, CLU, ChFC 21 College Hill Rd #300 Warwick, RI 02886-2745 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $	07/12/95 302.40	50.40
C. William V. Irons, CLU, LUTCF 469 Centerville Rd #203 Warwick, RI 02886-4328 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $	07/12/95 329.40	50.40
D. Paul R. Jeffers, CLU, ChFC P.O. Box 941 Carmichael, CA 95609-0941 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $	07/12/95 340.00	42.50
E. Don Johnson, FIC P. O. Box 10098 Fargo, ND 58106-0098 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $	07/31/95 250.00	250.00
F. Mark D. Johnson, CLU, ChFC 324 W Superior 212 Medical Arts Bldg. Duluth, MN 55802-1701 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $	07/06/95 400.00	400.00
G. Randy R. Kilgore, CLU, LUTCF 830 North Tegon, Ste-303 Colorado Springs, CO 80903-7193 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $	07/24/95 250.00	250.00

SUBTOTAL of Receipts This Page (optional)	1143.30
TOTAL This Period (last page this line number only)	

SCHEDULE A ITEMIZED RECEIPTS

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

PAGE 7 OF 14

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. William Lauren Kitto, LUTCF 23-5 St N Great Falls, MT 59401-3107 Receipt For: Primary / General / Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date $ 224.00	07/12/95	9.25
B. Richard A. Koob, CLU, ChFC 626 W. Moreland Blvd. Waukesha, WI 53188 Receipt For: Primary / General / Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date $ 302.40	07/12/95	50.40
C. 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 $ 255.00	07/12/95	42.50
D. Donald J. Levine, CLU, ChFC One California St #2900 San Francisco, CA 94111-5430 Receipt For: Primary / General / Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date $ 209.50	07/12/95	8.50
E. Bruce C. Lichtenberg, LUTCF 830 Hillview Ct. #255 Milpitas, CA 95035-4553 Receipt For: Primary / General / Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date $ 326.00	07/12/95	50.00
F. Lawrence E. Lounds, CLU G-3526 Miller Rd. Ste-B Flint, MI 48507-1236 Receipt For: Primary / General / Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date $ 294.00	07/12/95	42.00
G. J. Peter Lyons, CLU, ChFC 800 South Street, Suite 660 Watermill Center Waltham, MA 02154-1439 Receipt For: Primary / General / Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date $ 234.50	07/12/95	33.50

SUBTOTAL of Receipts This Page (optional) 236.15

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 14 OF 14

FOR LINE NUMBER

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NAME OF COMMITTEE 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 100 Century Ctr. Ct #330 San Jose, CA 95112-4512	Self-employed Insurance agent	07/12/95	42.00
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date > $ 294.00		
B CLU 300 Fifth Avenue Waltham, MA 02154-8705	Self-employed Insurance agent	07/12/95	500.00
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date > $ 500.00		
C CLU, ChFC 415 E. 52nd St. #15 A/C New York, NY 10022-6424	Self-employed Insurance agent	07/12/95	42.00
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date > $ 294.00		
D ChFC 2020 Commonwealth Avenue Newton, MA 02166-2006	Self-employed Insurance agent	07/12/95	42.50
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date > $ 297.50		
E 1045 Wehrle Drive Buffalo, NY 14221-7723	Self-employed Insurance agent	07/21/95	100.00
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date > $ 225.00		
F CLU, CPCU 690 East Tabor, Ste A Fairfield, CA 94533-4099	Self-employed Insurance agent	07/24/95	500.00
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date > $ 500.00		
G CLU, ChFC 5151 E Broadway Ste-750 Tucson, AZ 85711-3734	Self-employed Insurance agent	07/12/95	50.40
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date > $ 352.80		

SUBTOTAL of Receipts This Page (optional) 276.90

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 9 OF 14

FOR LINE NUMBER 11(a)(1)

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

Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. David A. Middaugh, CLU P. O. Box 2543 Fargo, ND 58108-2543 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $	07/12/95 350.00	50.00
B. James W. Monteverde, CLU, ChFC 710 Fifth Avenue Pittsburgh, PA 15219-3000 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $	07/12/95 400.80	60.00
C. Raymond H. Moran, CLU, ChFC 1 Commerce Sq. Suite #2250 Memphis, TN 38103 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $	07/12/95 281.40	40.20
D. Steven G. Mulder, LUTCF 3275 W. 4th Street P.O. Box 1230 Waterloo, IA 50704-1230 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $	07/12/95 352.80	50.40
E. Lynn H. Naden 333 S. Green Bay Rd. Waukegan, IL 60085-4859 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $	07/12/95 352.80	50.40
F. Michael Louis Nichols, LUTCF PO Box 14 Panama City, FL 32402-0014 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $	07/12/95 690.00	10.20
G. Rae Lee Olson 419 North Shoreline Blvd. Mountain View, CA 94043-4605 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $	07/12/95 297.50	42.50

SUBTOTAL of Receipts This Page (optional)	303.70
TOTAL This Period (last page this line number only)	

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SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11(a)(i)

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Barton C. Pasco, CLU, ChFC 9030 Stony Point Pkwy #500 Richmond, VA 23235-1936 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 399.50	07/12/95	21.00
B. Alan S. Pearlstein 16130 Ventura Blvd., Suite 510 Encino, CA 91436-2503 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 250.00	07/14/95	125.00
C. Cody H. Phillips, JD, CLU, ChFC P.O. Box 5160 Chapel Hill, NC 27514-5002 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 327.25	07/12/95	46.75
D. R. Jan Pinney, CLU, ChFC, CPCU 1750 Howe Avenue Suite 100 Sacramento, CA 95825-3368 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 294.00	07/12/95	42.00
E. James D. Pittman, CLU, ChFC 222 S.W. Columbia, Suite 900 Portland, OR 97201-6693 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 225.00	07/12/95	25.00
F. Richard L. Rawlings, CLU, ChFC 650 Elm St. #350 Manchester, NH 03101-2502 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 380.00	07/31/95	50.00
G. William V. Regan, Sr. 100 Pine Street Suite 2200 San Francisco, CA 94111-5208 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 200.00	07/24/95	100.00

SUBTOTAL of Receipts This Page (optional) . . . . . > 409.75

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

SCHEDULE A ITEMIZED RECEIPTS

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

FOR LINE NUMBER(S) 11(a), 11

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Michael Rosenzweig, CLU, ChFC 261 Madison Ave. Flr-4 New York, NY 10016-2303 Receipt For: Primary / General / Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date $ 500.00	07/12/95	250.00
B. Daniel L. Rust, LUTCF P.O. Box 1335 Bozeman, MT 59771-1335 Receipt For: Primary / General / Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date $ 535.00	07/12/95	12.50
C. Robert L. Sanditz, CLU 9393 W. 110th Street #500 Overland Park, KS 66210-1406 Receipt For: Primary / General / Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date $ 450.00	07/19/95	150.00
D. William R. Sapers, CLU 101 Rogers Street Cambridge, MA 02142-1049 Receipt For: Primary / General / Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date $ 250.00	07/17/95	250.00
E. James D. Schulz, CLU, ChFC 7431 "O" Street Lincoln, NE 68510-2444 Receipt For: Primary / General / Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date $ 327.60	07/12/95	42.00
F. Walter J. Scott, Jr., CLU 240 Algoma Blvd. Oshkosh, WI 54901-4775 Receipt For: Primary / General / Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date $ 352.80	07/12/95	50.40
G. Vince R. Settineri, RHU 420 Lake Cook Rd. #111 Deerfield, IL 60015-4914 Receipt For: Primary / General / Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date $ 352.80	07/12/95	50.40

SUBTOTAL of Receipts This Page (optional) 805.30

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

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SCHEDULE A ITEMIZED RECEIPTS

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

PAGE 12 OF 14

FOR LINE NUMBER 11(a)(1)

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. David Skjerven, LUTCF P. O. Box 9799 Fargo, ND 58106-9799 Receipt For: Primary / General / Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $ 350.00	07/12/95	50.00
B. Paul M. Smith, Sr., CLU 5101 College Blvd. #100 Leawood, KS 66211-6140 Receipt For: Primary / General / Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $ 357.00	07/12/95	51.00
C. Carl H. Sonnenberg, CLU 500 West Monroe St., #2600 Chicago, IL 60661-6300 Receipt For: Primary / General / Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $ 300.00	07/31/95	180.00
D. W. Thomas Spencer, Jr. CLU ChFC 281 Winter Street, Suite 390 Waltham, MA 02154-8724 Receipt For: Primary / General / Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $ 250.00	07/13/95	250.00
E. David L. Stratton, CLU, ChFC 8300 Briarwood Ste-B Anchorage, AK 99518-3331 Receipt For: Primary / General / Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $ 252.00	07/12/95	42.00
F. Robert L. Tedoldi, CLU, ChFC 95 Glastonbury Blvd 4th Fl Glastonbury, CT 06033-4129 Receipt For: Primary / General / Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $ 294.00	07/12/95	42.00
G. John L. Thomas, CLU, MSFS 450 Country Club Rd #330 Eugene, OR 97401-6053 Receipt For: Primary / General / Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $ 295.00	07/12/95	21.00

SUBTOTAL of Receipts This Page (optional) 636.00

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 13 OF 14

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. J. Edward Tippetts, CLU, ChFC One Sansome St. #1700 San Francisco, CA 94104-4448 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $	07/06/95 250.00	50.00
B. Thomas J. Von Riesen, CLU, ChFC 9110 W. Dodge, #175 Omaha, NE 68114-3317 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $	07/10/95 550.00	100.00
C. David R. Watson, CLU, ChFC One Liberty Place, Suite 680 Philadelphia, PA 19103 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $	07/12/95 322.20	50.40
D. Thomas L. Webb, CLU, ChFC 4356 Commercial St. SE Salem, OR 97302-3914 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $	07/12/95 294.00	42.00
E. Alvin N. Williams, LUTCF 332 East 75th Street Chicago, IL 60619-2219 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $	07/12/95 352.80	50.40
F. Richard J. Wira 7676 Hazard Center Dr #970 San Diego, CA 92108-4512 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $	07/31/95 262.50	150.00
G. Donald R. Wronski, LUTCF 13161 W. 143rd St. #201 Lockport, IL 60441-8906 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $	07/12/95 215.70	5.10

SUBTOTAL of Receipts This Page (optional)	447.90
TOTAL This Period (last page this line number only)	

SCHEDULE A ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11(a)(i)

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

A. Full Name, Mailing Address and ZIP Code John R. Yaissle, CLU, ChFC 1802 Hamilton Street Allentown, PA 18104-5630	Name of Employer Self-employed	Date (month, day, year) 07/24/95	Amount of Each Receipt this Period 360.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Occupation Insurance agent		
	Aggregate Year-to-Date > $ 360.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	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
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	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
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	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
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	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
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	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
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) > 360.00

TOTAL This Period (last page this line number only) > 8869.11

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE OF

FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

National Association of Life Underwriters Political Action Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Nancy Johnson For Congress 980 West Main Street New Britain, CT 06050	Nancy L. Johnson CT-6 $1,000.00 Disbursement for: [x] Primary [ ] General [ ] Other (specify) 1996	07/07/95	$1,000.00
B. Ensign For Congress 4012 S. Rainbow Blvd. Suite K-560 Las Vegas, NV 89103	John Ensign NV-1 $1,500.00 Disbursement for: [x] Primary [ ] General [ ] Other (specify) 1996	07/07/95	$500.00
C. Pickett for Congress P.O. Box 2127 Virginia Beach, VA 23452	Owen B. Pickett VA-2 $500.00 Disbursement for: [x] Primary [ ] General [ ] Other (specify) 1996	07/07/95	$500.00
D. Funderburk For Congress 121 East Cumberland St. Dunn, NC 28335	David Funderburk NC-2 $500.00 Disbursement for: [x] Primary [ ] General [ ] Other (specify) 1996	07/14/95	$500.00
E. Hunter for Congress Box 1036 Coronado, CA 92118	Duncan L. Hunter CA-52 $500.00 Disbursement for: [x] Primary [ ] General [ ] Other (specify) 1996	07/19/95	$500.00
F. People For English PO Box 2154 Butler, PA 16003	Phil English PA-21 $1,500.00 Disbursement for: [x] Primary [ ] General [ ] Other (specify) 1996	07/21/95	$500.00
G. Bob Ney For Congress 1212 North Vernon Street Arlington, VA 22201	Bob Ney OH-18 $2,500.00 Disbursement for: [x] Primary [ ] General [ ] Other (specify) 1996	07/21/95	$2,500.00
H. Hayworth for Congress P.O. Box 9207 Mesa, AZ 85214	J.D. Hayworth AZ-6 $3,500.00 Disbursement for: [x] Primary [ ] General [ ] Other (specify) 1996	07/21/95	$3,000.00
I. Vucanovich for Congress Box 21435 Reno, NV 89515	Barbara Vucanovich NV-2 $500.00 Disbursement for: [x] Primary [ ] General [ ] Other (specify) 1996	07/21/95	$500.00

SUBTOTAL of Disbursements This Page (optional) $9,500.00

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

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 2 | 2

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
McCrery For Congress Committee 5903 Lemon Road McLean, VA 22101	Jim McCrery LA-5 $2,000.00 Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1996	07/26/95	$2,000.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Friends of Bill Zeliff PO Box 818 Manchester, NH 03105-0818	Bill Zeliff NH-1 $1,000.00 Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1996	07/26/95	$1,000.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
LoBiondo For Congress 738 East Landis Avenue Vineland, NJ 08360	Frank LoBiondo NJ-2 $2,500.00 Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1996	07/26/95	$2,500.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Dan Burton for Congress Box 50593 Indianapolis, IN 46250	Dan Burton IN-6 $1,000.00 Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1996	07/26/95	$1,000.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional) $6,500.00

TOTAL This Period (last page this line number only) $16,000.00

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Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☑	Hand Delivered	DATE OF RECEIPT 8-18-95
☐	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

JMH
PREPARER

8-18-95
DATE PREPARED

FEC FORM 70-2 (12/92)

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