REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

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

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

FEB 21 11 11 AM '97

4. TYPE OF REPORT

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

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

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

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

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

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 1 Jan 1997 through 31 Jan 1997		
6. (a) Cash on Hand January 1, 1997		$ 633,863.97
(b) Cash on Hand at Beginning of Reporting Period	$ 633,863.97	
(c) Total Receipts (from Line 19)	$ 79,665.24	$ 79,665.24
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 713,529.21	$ 713,529.21
7. Total Disbursements (from Line 30)	$ 115,615.05	$ 115,615.05
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 597,914.16	$ 597,914.16
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
2-20-97

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 9/93)

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: 1 Jan 1997 TO: 31 Jan 1997

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	9,118.50	9,118.50
ii. Unitemized	68,445.33	68,445.33
iii. Total (add i and ii) ➤	77,563.83	77,563.83
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤	77,563.83	77,563.83
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	1,000.00	1,000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	1,101.41	1,101.41
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	79,665.24	79,665.24
20. Total Federal Receipts (subtract line 18 from line 19) ➤	79,665.24	79,665.24
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	75,115.05	75,115.05
c. Total Operating Expenditures (add a i, a ii, and b) ➤	75,115.05	75,115.05
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	40,500.00	40,500.00
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) ➤	115,615.05	115,615.05
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	115,615.05	115,615.05
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	77,563.83	77,563.83
33. Total Contribution Refunds (from line 28d)	0.00	0.00
34. Net Contributions (other than loans)(subtract line 33 from 32)	77,563.83	77,563.83
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	75,115.05	75,115.05
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35) ➤	75,115.05	75,115.05

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a) (iii)

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	Date (month, day, year)	Amount of Each Receipt this Period
Ralph B. Brown, Jr., CLU 860 Newport Center Dr Newport Beach, CA 92660-6308 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 400.00	01/31/97	400.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Leonard M. Coris, CLU, ChFC 800 South Street Suite 455 Waltham, MA 02154-1439 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 250.00	01/03/97	250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Milton L. Edgren, Jr., CLU, ChFC 17 10th Ave. S. Hopkins, MN 55343-7505 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 900.00	01/23/97	900.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
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 > $ 250.00	01/16/97	250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Vernon W. Holleman, Jr. CLU ChFC 7500 Old Georgetown Road Suite 801 Bethesda, MD 20814-6133 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 300.00	01/02/97	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 B. Huber, CLU, ChFC 3443 Highway 66 Neptune, NJ 07753-2707 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 480.00	01/31/97	480.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
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 > $ 300.00	01/17/97	300.00

SUBTOTAL of Receipts This Page (optional) 2880.00

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 2 OF 4

FOR LINE NUMBER 12 (a) (i)

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NAME OF COMMITTEE (In Full)

National Association of Life Underwriters Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. James Kageleiry Box 823 Dover, NH 03821-0823 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation Aggregate Year-to-Date 300.00 insurance agent	01/21/97	300.00
B. Gary L. Kaltenbach, CLU, ChFC 3 Imperial Promenade, #100 Santa Ana, CA 92707-5901 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation Aggregate Year-to-Date 400.00 insurance agent	01/21/97	400.00
C. Ronald O. Kindschi, CLU, ChFC 3010 Old Ranch Parkway Suite 260 Receipt For: Seal Beach, CA 90740-2751 ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation Aggregate Year-to-Date 250.00 insurance agent	01/13/97	250.00
D. Joseph H. Lackey, JD, CLU 15200 E. Jefferson Avenue Suite 101 Receipt For: Grosse Pointe Pk, MI 48230-1304 ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation Aggregate Year-to-Date 250.00 insurance agent	01/13/97 01/13/97	100.00 150.00
E. William C. Lohnes, CLU 3414 Peachtree Rd., NE, #1000 Atlanta, GA 30326-1166 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation Aggregate Year-to-Date 400.00 insurance agent	01/02/97	400.00
F. Gene L. Mahn, CLU, ChFC 1635 La Granada Drive Thousand Oaks, CA 91362-2146 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation Aggregate Year-to-Date 408.50 insurance agent	01/03/97 01/05/97	400.00 8.50
G. David B. Malkin, CLU, ChFC 1922 F Street N.W. Washington, DC 20006 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation Aggregate Year-to-Date 500.00 insurance agent	01/22/97	500.00

SUBTOTAL of Receipts This Page (optional) 2508.50

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Patrick L. McGohan, CLU 3445 S. Dixie Drive #200 Dayton, OH 45439-2326 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 250.00	01/29/97	250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Paul J. McGoldrick, CLU, ChFC P. O. Box 439 Littleton, NH 03561-0439 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 300.00	01/15/97	300.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Jack D. Moskal 1375 E. 9th St., #1850 One Cleveland Ctr. Cleveland, OH 44114-1723 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 250.00	01/14/97	250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Jerome J. Schwartz P. O. Box 4011 Woodland Hills, CA 91365-4011 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 400.00	01/21/97	400.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Jordan D. Shields 250 Bel Marin Keys Blvd. #e4 Novato, CA 94949-5730 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 250.00	01/07/97	250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Donald P. Speakman, CLU, ChFC Two Gateway Center Ste-2000 Pittsburgh, PA 15222-1402 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 600.00	01/14/97	600.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Kermit G. Weiske P. O. Box 204 Ripon, WI 54971-0204 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 1380.00	01/21/97	1380.00

SUBTOTAL of Receipts This Page (optional) 3430.00

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 4 OF 4

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
James E. Whistler, CLU, ChFC 600 W. Broadway #600 San Diego, CA 92101-3359	Self-employed	01/13/97	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 300.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
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) 300.00

TOTAL This Period (last page this line number only) 9118.50

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 16

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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
Stevens For Senate Committee P.O. Box 100879 Anchorage, AK 99510-0879		1/24/97 (contribution itemized on the 1996 Post General report)	$1,000.00
Receipt For: ☐ Primary ☒ General 1996 ☐ Other (specify):	Aggregate Year-to-Date > $ 1,000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) ..... $ 1,000.00

TOTAL This Period (last page this line number only) ..... $ 1,000.00

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 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
Watkins For Congress PO Box WW Stillwater, OK 74076	Wes Watkins OK-3 $1,500.00 Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1996	01/06/97	$1,500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sue Kelly For Congress Box 491 Old West Point Road Cornwall/Hudson, NY 12520	Sue W. Kelly NY-19 $1,000.00 Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1996	01/10/97	$1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Bud Cramer for Cgs PO Box 2621 Huntsville, AL 35804	Bud Cramer AL-5 $1,000.00 Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1996	01/17/97	$1,000.00
D. 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 $1,500.00 Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1996	01/17/97	$1,500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jim Ryun for Congress 4006 S.W. Huntoon Topeka, KS 66604	Jim Ryun KS-2 $2,500.00 Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1996	01/17/97	$2,500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bob Ney For Congress 1212 North Vernon Street Arlington, VA 22201	Bob Ney OH-18 $1,000.00 Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1998	01/27/97	$1,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Democratic Congressional Campaign Committee 430 South Capitol St. SE Washington, DC 20003	Democratic Cong'l Campaign $15,000.00 Disbursement for: [ ] Primary [ ] General [X] Other (specify) Annual 1998	01/27/97	$15,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Democratic Senatorial Campaign Committee 430 South Capitol Street SE Washington, DC 20003	Democratic Sen. Campaign $15,000.00 Disbursement for: [ ] Primary [ ] General [X] Other (specify) Annual 1998	01/27/97	$15,000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
John D. Dingell for Congr. Com Boc 15522 Washington, DC 20013	John D. Dingell MI-16 $1,000.00 Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1998	01/27/97	$1,000.00

SUBTOTAL of Disbursements This Page (optional) $39,500.00

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

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 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
Becerra for Congress P.O. Box 411744 Los Angeles, CA 90041	Xavier Becerra CA-30 $1,000.00 Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1998	01/27/97	$1,000.00
B. 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
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) $1,000.00

TOTAL This Period (last page this line number only) $40,500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER 21 b

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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
NALU 1922 F Street, NW Washington, DC 20006	For Administrative Only Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/31/97	75,115.05
B. 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
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)	75,115.05
TOTAL This Period (last page this line number only)	75,115.05

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 2-21-97
☐	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

PREPARER: SEB

DATE PREPARED: 2-21-97

FEC FORM 70-2 (12/92)