REPORT OF RECEIPTS AND DISBURSEMENTS
FOR OTHER THAN AN AUTHORIZED COMMITTEE
(SUMMARY PAGE)

1. NAME OF COMMITTEE (in full) NATIONAL ASSOCIATION OF LIFE UNDERWRITERS' POLITICAL ACTION COMMITTEE

JUN 20 4 11 PM '95

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

2. FEC IDENTIFICATION NUMBER
C 0000 5249

CITY, STATE and ZIP CODE
WASHINGTON, DC 20006

3. [x] This committee has qualified as a multicandidate committee. (see FEC FORM 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)

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

[ ] Termination Report

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

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

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

SUMMARY

	COLUMN A This Period	COLUMN B Calendar YTD
5. Covering Period 1 May 1995 through 31 May 1995		
6. (a) Cash on Hand January 1, 1995		410,734.64
(b) Cash at Beginning of Reporting Period	756,755.87	
(c) Total Receipts (from line 19)	89,244.61	549,473.24
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	846,000.48	960,207.88
7. Total Disbursements (from Line 30)	132,920.63	247,128.03
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)	713,079.85	713,079.85
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 06/20/95

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 UNDERWITERS' POLITICAL ACTION COMMITTEE

REPORT COVERING PERIOD FROM 1 May 1995 TO 31 May 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)	10,773.56	45,480.39
ii. Unitemized	72,994.21	492,979.61
iii. Total	83,767.77	538,460.00
b. Political Party Committees		
c. Other Political Committees (such as PAC's)		
d. Total Contributions (add a iii, b and c)	83,767.77	538,460.00
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	3,500.00	3,500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	1,976.64	7,513.24
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)	89,244.61	549,473.24
20. Total Federal Receipts (subtract line 18 from line 19)	89,244.61	549,473.24
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	94,670.63	94,878.03
c. Total Operating Expenditures (Add a i, aii, and b)	94,670.63	94,878.03
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	38,250.00	152,250.00
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 PAC's)		
d. Total Contribution Refunds (Add a, b, and c)	0.00	0.00
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	132,920.63	247,128.03
31. Total Federal Disbursements (subtract line 21 a ii from line 30)	132,920.63	247,128.03
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d)	83,767.77	538,460.00
33. Total Contribution Refunds (from line 28d)	0.00	0.00
34. Net Contributions (other than loans) (subtract line 33 from 32)	83,767.77	538,460.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b)	94,670.63	94,878.03
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35)	94,670.63	94,878.03

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF

FOR LINE NUMBER 11(a)(i)

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
Stephen D. Andersen 7431 "O" Street Lincoln, NE 68510-2444	Self-employed Insurance agent	05/10/95	42.00
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date > $	242.60	
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Robert B. Anderson, CLU P. O. Box 127 Jonesborough, TN 37659-1272	Self-employed Insurance agent	05/10/95	50.40
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date > $	208.80	
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	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 Insurance agent	05/04/95	250.00
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date > $	775.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Sanford M. Bernbaum, Jr CLU ChFC IBM Building, 18th Floor 1200 Fifth Avenue Seattle, WA 98101-1127	Self-employed Insurance agent	05/10/95	4.25
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date > $	371.25	
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
John J. Bradley, CLU 100 Congress Street Quincy, MA 02169-0906	Self-employed Insurance agent	05/10/95	41.66
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date > $	524.99	
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	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 Insurance agent	05/10/95	42.50
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date > $	212.50	
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mary A. Cannady, LUTCF P. O. Box 799 Walterboro, SC 29488-0799	Self-employed Insurance agent	05/03/95	500.00
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date > $	512.50	

SUBTOTAL of Receipts This Page (optional) > 930.81

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

FOR LINE NUMBER 11(a)(i)

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

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Lawrence A. Chargin 5260 N. Palm Avenue, Suite 205 Fresno, CA 93704-2210 Receipt For: Primary / General / Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 210.00	05/10/95	42.00
B. Vincent M. D'Addona, CLU, ChFC 130 William Street, 6th Floor New York, NY 10038-3882 Receipt For: Primary / General / Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 212.50	05/10/95	42.50
C. David S. Dickenson, II, CLU ChFC 1901 East 13th Street Suite 506 Cleveland, OH 44114-3583 Receipt For: Primary / General / Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 210.00	05/10/95	42.00
D. Michael D. Dixon, CLU 4505 Las Virgenes Rd. #200 Calabasas, CA 91302-1956 Receipt For: Primary / General / Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 210.00	05/10/95	42.00
E. H. James Dodds 732 Tantallon Dr Fort Washington, MD 20744-7032 Receipt For: Primary / General / Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 254.10	05/03/95	46.20
F. Daniel Eddleman, CLU 1065 East Hillsdale Blvd Suite 230 Foster City, CA 94404-1614 Receipt For: Primary / General / Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 210.00	05/10/95	42.00
G. Donald A. Eichelberger, CLU 209 East San Marnan Drive Waterloo, IA 50702-5839 Receipt For: Primary / General / Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 252.00	05/10/95	50.40

SUBTOTAL of Receipts This Page (optional) 307.10

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 3 OF 11

FOR LINE NUMBER 11(a)(i)

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
Edwin M. Ellman, JD 22 W. Gay Street Columbus, OH 43215-2809 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Self-employed Insurance agent $ 250.00	05/22/95	250.00
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
Gerald E. Ferrier, LUTCF 1117 Ellis Street #C-D Bellingham, WA 98225-5203 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Self-employed Insurance agent $ 210.00	05/10/95	42.00
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
Jeffery L. Ferrier, LUTCF 1117 Ellis St. #C & D Bellingham, WA 98225-5203 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Self-employed Insurance agent $ 210.00	05/10/95	42.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Steven M. Frank, CLU 21700 Oxnard St #1160 Woodland Hills, CA 91367-7302 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Self-employed Insurance agent $ 334.00	05/10/95	50.00
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
Gary R. Froid, CLU, ChFC P.O. Box 3642 St. Petersburg, FL 33731-3642 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Self-employed Insurance agent $ 252.00	05/10/95	50.40
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
Peter Fulchiron, CLU, LUTCF 405 Enfrente Dr #100 Novato, CA 94949-2060 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Self-employed Insurance agent $ 210.00	05/10/95	42.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
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 $ 250.00	05/01/95	125.00

SUBTOTAL of Receipts This Page (optional) 601.40

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

PAGE 4 OF

FOR LINE NUMBER 11(a)(i)

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

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. 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 > $ 212.50	05/10/95	42.50
B. William E. 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 > $ 212.50	05/10/95	42.50
C. Terry K. Headley, LUTCF 8990 West Dodge Road #205 Omaha, NE 68114-3391 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 243.60	05/10/95	42.00
D. Melvin R. Hebert, CLU, ChFC 1150 Foothill Blvd #L La Canada, CA 91011-3248 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 212.50	05/10/95	42.50
E. Lawrence H. Hendrickson 3600 West 80th Street Suite 200 Bloomington, MN 55431-4598 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 700.00	05/22/95	700.00
F. Richard A. Henningsen, Sr. P.O. Box 3117 Butte, MT 59702-3117 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 630.00	05/17/95 05/19/95	15.00 615.00
G. Richard L. Hill, CLU, ChFC P. O. Box 30275 Lincoln, NE 68503-0275 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 243.60	05/10/95	42.00

SUBTOTAL of Receipts This Page (optional) 1541.50

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)

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

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. 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 > $ 201.60	05/10/95 05/19/95	50.40 -50.40
B. 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 > $ 228.60	05/10/95	50.40
C. William R. Johnson, FIC P. O. Box 267 Belmond, IA 50421-0267 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 600.00	05/22/95	600.00
D. Anthony F. Khal, CFP 15232 Stars Pride Court Carmel, IN 46032-1082 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 300.00	05/30/95	200.00
E. William Lauren Kitto, LUTCF 23-5 St N Great Falls, MT 59401-3107 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 205.50	05/10/95 05/17/95 05/17/95	11.10 48.00 102.00
F. Richard A. Koob, CLU, ChFC 626 West Moreland Blvd. Waukesha, WI 53188-2433 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 201.60	05/10/95	50.40
G. Stephen A. Kramer, CLU 370 Lexington Avenue New York, NY 10017-6503 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 250.00	05/30/95	125.00

SUBTOTAL of Receipts This Page (optional) . . . . . > 1186.90

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 6 OF 11

FOR LINE NUMBER 11(a)(i)

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

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Bruce C. Lichtenberg, LUTCF 830 Hillview Ct. #255 Milpitas, CA 95035-4553 Receipt For: Primary / General / Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $ 226.00	05/10/95	50.00
B. 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 $ 210.00	05/10/95	42.00
C. 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 $ 300.00	05/22/95	300.00
D. Michael J. Main 100 Century Ctr. Ct #330 San Jose, CA 95112-4512 Receipt For: Primary / General / Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $ 210.00	05/10/95	42.00
E. Eugene G. McCarthy, CLU, ChFC 415 E. 52nd St. #15 A/C New York, NY 10022-6424 Receipt For: Primary / General / Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $ 210.00	05/10/95	42.00
F. James C. McGill, CLU, ChFC 7101 Mercy Road Suite 411 Omaha, NE 68106-2737 Receipt For: Primary / General / Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $ 550.00	05/22/95	250.00
G. Robert F. McKown, CLU, ChFC 2020 Commonwealth Avenue Newton, MA 02166-2006 Receipt For: Primary / General / Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $ 212.50	05/10/95	42.50

SUBTOTAL of Receipts This Page (optional) 768.50

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 11

FOR LINE NUMBER 11(a)(i)

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	Date (month, day, year)	Amount of Each Receipt this Period
Allan T. Mendels, CLU 97 Powerhouse Road #104 Roslyn Heights, NY 11577-2046	Self-employed	05/22/95	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 200.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dennis R. Merideth, CLU, ChFC 5151 E Broadway Ste-750 Tucson, AZ 85711-3734	Self-employed	05/10/95	50.40
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 252.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David A. Middaugh, CLU P. O. Box 2543 Fargo, ND 58108-2543	Self-employed	05/10/95	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent 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
James W. Monteverde, CLU, ChFC 710 Fifth Avenue Pittsburgh, PA 15219-3000	Self-employed	05/10/95	60.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 280.80		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Raymond H. Moran, CLU, ChFC 1 Commerce Sq. Suite #2250 Memphis, TN 38103	Self-employed	05/10/95	40.20
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 201.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steven G. Mulder, LUTCF 3275 W. 4th Street P.O. Box 1230 Waterloo, IA 50704-1230	Self-employed	05/10/95	50.40
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 252.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Peter W. Mullin, CLU 644 South Figueroa Street Los Angeles, CA 90017-3411	Self-employed	05/08/95	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 500.00		

SUBTOTAL of Receipts This Page (optional) . . . . . > 851.00

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 8 OF 11

FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (in Full)

National Association of Life Underwriters Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Ruffner P. Murray, Jr. P. O. Box 241449 Memphis, TN 38124-1449 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 300.00	05/15/95	300.00
B. 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 > $ 252.00	05/10/95	50.40
C. 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 > $ 212.50	05/10/95	42.50
D. 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 > $ 233.75	05/10/95	46.75
E. Bernard A. Pierson, CLU P.O. Box 2158 Salinas, CA 93902-2158 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 200.00	05/19/95	100.00
F. 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 > $ 210.00	05/10/95	42.00
G. Gail Dwyer Premer 6200 N Hiawatha Ave Penthouse Suite Chicago, IL 60646-4309 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 300.00	05/10/95	300.00

SUBTOTAL of Receipts This Page (optional) . . . . . > 881.65

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

PAGE 9 OF 11

FOR LINE NUMBER 11(a)(i)

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	Date (month, day, year)	Amount of Each Receipt this Period
Alan Press, CLU 888 Seventh Avenue New York, NY 10106-0001	Self-employed	05/18/95	500.00
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
Earl S. Prolman, CLU, ChFC 100 Elm Street-Box 602 Nashua, NH 03060-6470	Self-employed	05/10/95	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
Richard L. Rawlings, CLU, ChFC 650 Elm St. #350 Manchester, NH 03101-2502	Self-employed	05/31/95	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 280.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bill G. Redmond P. O. Box 999 Kalispell, MT 59903-0999	Self-employed	05/17/95	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 250.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Burton T. Ritchie, CLU 438 N Easton Rd Box 86 Glenside, PA 19038-4903	Self-employed	05/05/95	600.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 600.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Daniel L. Rust, LUTCF P.O. Box 1335 Bozeman, MT 59771-1335	Self-employed	05/10/95 05/17/95 05/17/95	15.00 375.00 60.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 510.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James D. Schulz, CLU, ChFC 7431 "O" Street Lincoln, NE 68510-2444	Self-employed	05/10/95	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 243.60		

SUBTOTAL of Receipts This Page (optional) . . . . . > 2142.00

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

FOR LINE NUMBER 11(a)(i)

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	Date (month, day, year)	Amount of Each Receipt this Period
Walter J. Scott, Jr., CLU 240 Algoma Blvd. Oshkosh, WI 54901-4775	Self-employed	05/10/95	50.40
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
Vince R. Settineri, RHU 420 Lake Cook Rd. #111 Deerfield, IL 60015-4914	Self-employed	05/10/95	50.40
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 252.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Skjerven, LUTCF P. O. Box 9799 Fargo, ND 58106-9799	Self-employed	05/10/95	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent 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
Paul M. Smith, Sr., CLU 5101 College Blvd #100 Leawood, KS 66211-6140	Self-employed	05/10/95	51.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 255.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Peter A. Sullivan, CLU 10 Davol Square, Box 19 Providence, RI 02903-4754	Self-employed	05/18/95	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 300.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert L. Sullivan, CLU, ChFC 3130 West Main St Ste-C Visalia, CA 93291-5765	Self-employed	05/31/95	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
Robert L. Tedoldi, CLU, ChFC 95 Glastonbury Blvd 4th Fl Glastonbury, CT 06033-4129	Self-employed	05/10/95	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 210.00		

SUBTOTAL of Receipts This Page (optional) 793.80

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 11 OF 11

FOR LINE NUMBER 11(a)(i)

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

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
A. John L. Thomas, CLU, MSFS 450 Country Club Rd #330 Eugene, OR 97401-6053 Receipt For: Primary General Other (specify):	Self-employed Insurance agent $ 253.00	05/10/95	21.00
B. J. Edward Tippetts, CLU, ChFC One Sansome St. #1700 San Francisco, CA 94104-4448 Receipt For: Primary General Other (specify):	Self-employed Insurance agent $ 200.00	05/30/95	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 $ 221.40	05/10/95	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 $ 210.00	05/10/95	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 $ 252.00	05/10/95	50.40
F. Harold L. Wilshinsky, CLU, ChFC 410 Jefferson Avenue, Suite 200 Scranton, PA 18510-2413 Receipt For: Primary General Other (specify):	Self-employed Insurance agent $ 500.00	05/15/95	500.00
G. Donald R. Wronski, LUTCF 15255 S. 94th Avenue Orland Park, IL 60462-3800 Receipt For: Primary General Other (specify):	Self-employed Insurance agent $ 205.50	05/10/95	5.10

SUBTOTAL of Receipts This Page (optional) 768.90

TOTAL This Period (last page this line number only) 10773.56

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 16

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 Rod Grams for Senate 2013 - 2nd Ave., N. Anoka, MN 55303	Name of Employer	Date (month, day, year) 5/2/95	Amount of Each Receipt this Period $2,500.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify): Debt	Occupation Aggregate Year-to-Date > $ 2,500	(contribution itemized in Nov. 1994)	
B. Full Name, Mailing Address and ZIP Code Re-Elect Nancy Johnson to Congress P.O. Box 1986 New Britain, CT 06050	Name of Employer	Date (month, day, year) 5/2/95	Amount of Each Receipt this Period $1,000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $ 4,000	(contribution itemized in October 1994)	
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) > $3,500.00

TOTAL This Period (last page this line number only) > $3,500.00

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 21b

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 Underwriter's Polical Action Committee

A. Full Name, Mailing Address and ZIP Code LUPAC - Administration 1922 F Street, NW Washington, DC 20006	Purpose of Disbursement For administrative only Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 5/25/95	Amount of Each Disbursement This Period $94,549.02
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)	$94,549.02
TOTAL This Period (last page this line number only)	$94,549.02

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 4

FOR LINE NUMBER 23

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

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Whitfield For Congress 200 East 9th Street Hopkinsville, KY 42240	Edward Whitfield KY 1 $500.00 x Disbursement for: ☐ Primary ☐ General ☐ Other (specify) 1996	05/01/95	$500.00
B. Woolsey For Congress P.O. Box 750176 Petaluma, CA 94975	Lynn Woolsey CA-6 $500.00 x Disbursement for: ☐ Primary ☐ General ☐ Other (specify) 1996	05/02/95	$500.00
C. Dick Chrysler For Congress 8600 Hilton Road Brighton, MI 48116	Dick Chrysler MI 8 $500.00 x Disbursement for: ☐ Primary ☐ General ☐ Other (specify) 1996	05/02/95	$500.00
D. The Reed Committee Box 8628 Cranston, RI 02920	Jack Reed RI-2 $500.00 x Disbursement for: ☐ Primary ☐ General ☐ Other (specify) 1996	05/02/95	$500.00
E. Jerry Solomon for Congress Committee Box 459 Saratoga Springs, NY 12866	Gerald B. Solomon NY-22 $1,000.00 x Disbursement for: ☐ Primary ☐ General ☐ Other (specify) 1996	05/02/95	$1,000.00
F. Rob Menendez For Congress PO Box 7919 Washington, DC 20013	Rob Menendez NJ 13 $500.00 x Disbursement for: ☐ Primary ☐ General ☐ Other (specify) 1996	05/02/95	$500.00
G. Friends of Mike Parker for Congress Box 229 Brookhaven, MS 39601	Mike Parker MS-4 $2,500.00 x Disbursement for: ☐ Primary ☐ General ☐ Other (specify) 1996	05/02/95	$2,500.00
H. Tillman for Congress P.O. Box 942060 Atlanta, GA 31141	John Linder GA-4 $500.00 x Disbursement for: ☐ Primary ☐ General ☐ Other (specify) 1996	05/02/95	$500.00
I. National Republican Congressional Committee 320 First Street SE Washington, DC 20003	National Republican Congressional $15,000.00 x Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Annual 1995	05/02/95	$15,000.00

SUBTOTAL of Disbursements This Page (optional) $21,500.00

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

SCHEDULE B — ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 23

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

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Candidate	Date (month, day, year)	Amount of Each Disbursement This Period
Citizens for Gillmor PO Box 910 Port Clinton, OH 43452	Paul E. Gillmor OH-5 $1,000.00 X 1996 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/04/95	$1,000.00
Tom Davis for Congress 3817 Plaza Drive Fairfax, VA 22030	Tom Davis VA-11 $500.00 X 1996 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/04/95	$500.00
Romrbacher for Congress Box 2158 Palos Verdes, CA 90274	Dave Romrbacher CA-45 $500.00 X 1996 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/04/95	$500.00
Friends of Frank Saxton Box 795 Mt. Holly, NJ 08060	Frank Saxton NJ-3 $1,000.00 X 1996 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/04/95	$1,000.00
Kent Hance for Congress 3260 South Loop West Houston, TX 77025	Kent Hance TX-25 $500.00 X 1996 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/04/95	$500.00
Friends of Gerald D. Kleczka 3268 S. 9th Street Milwaukee, WI 53215	Gerald D. Kleczka WI-4 $1,000.00 X 1996 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/09/95	$1,000.00
PO Box 990 Washington, DC 20044-0990	Bill Orton OK-3 $500.00 X 1996 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/09/95	$500.00
PO Box 17426 Pittsburgh, PA 15235	Nick Joseph PA-18 $500.00 X 1996 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/09/95	$500.00
Moorhead for Congress 420 N. Brand Blvd. Glendale, CA 91203	Carlos J. Moorhead CA 27 $1,000.00 X 1996 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/09/95	$1,000.00

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

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 3 OF 4

FOR LINE NUMBER 23

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	Purpose of Disbursement / Candidate	Date (month, day, year)	Amount of Each Disbursement This Period
Paxon for Congress Box 1995 Williamsville, NY 14231	L. William Paxon NY-27 $2,000.00 x Disbursement for: ☐ Primary 1996 ☐ General ☐ Other (specify)	05/09/95	$1,000.00
B. Full Name, Mailing Address and ZIP Code Charlie Norwood for Congress 3643 Walton Way Extension Augusta, GA 30909	Charlie Norwood GA-10 $1,000.00 x Disbursement for: ☐ Primary 1996 ☐ General ☐ Other (specify)	05/09/95	$500.00
C. Full Name, Mailing Address and ZIP Code Mike Bilirakis for Congress 1701 Pennsylvania Ave., #1000 Washington, DC 20006	Michael Bilirakis FL-9 $500.00 x Disbursement for: ☐ Primary 1996 ☐ General ☐ Other (specify)	05/09/95	$500.00
D. Full Name, Mailing Address and ZIP Code Citizens for Harkin Box 75221 Washington, DC 20013	Tom Harkin CA-SEN $1,000.00 x Disbursement for: ☐ Primary 1996 ☐ General ☐ Other (specify)	05/11/95	$1,000.00
E. Full Name, Mailing Address and ZIP Code Charlie Norwood for Congress 3643 Walton Way Extension Augusta, GA 30909	Charlie Norwood GA-10 $1,000.00 x Disbursement for: ☐ Primary 1996 ☐ General ☐ Other (specify)	05/16/95	$500.00
F. Full Name, Mailing Address and ZIP Code Friends of Cliff Stearns Cmte Box 308 Silver Springs, FL 34489	Cliff Stearns FL-5 $1,000.00 x Disbursement for: ☐ Primary 1996 ☐ General ☐ Other (specify)	05/16/95	$500.00
G. Full Name, Mailing Address and ZIP Code Dean Ed Towns 321 Stuyvesant Ave. Brooklyn, NY 11221	Edolphus Towns NY-10 $500.00 x Disbursement for: ☐ Primary 1996 ☐ General ☐ Other (specify)	05/16/95	$500.00
H. Full Name, Mailing Address and ZIP Code PO Box 1091 Tuscaloosa, AL 35403	Richard Shelby AL-SEN $1,000.00 x Disbursement for: ☐ Primary 1998 ☐ General ☐ Other (specify)	05/25/95	$1,000.00
I. Full Name, Mailing Address and ZIP Code PO Box 309 Portland, OR 97207	Bob Packwood OR SEN $1,000.00 x Disbursement for: ☐ Primary 1998 ☐ General ☐ Other (specify)	05/25/95	$1,000.00

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

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

SCHEDULE B — ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 23

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

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Bill Thomas Campaign Comm. Box 395 Bakersfield, CA 93302	William M. Thomas CA-21 $2,500.00 Disbursement for: ☐ Primary ☐ General ☐ Other (specify) 1996	05/25/95	$1,500.00
B. Ken Calvert For Congress PO Box 1414 Riverside, CA 92502	Ken Calvert CA-43 $1,500.00 Disbursement for: ☐ Primary ☐ General ☐ Other (specify) 1996	05/25/95	$1,000.00
C. Doggett For U.S. Congress PO Box 5843 Austin, TX 78763	Lloyd Doggett TX-10 $500.00 Disbursement for: ☐ Primary ☐ General ☐ Other (specify) 1996	05/30/95	$500.00
D. Thomas Petri For Congress P.O. Box 270 Fond du Lac, WI 54935	Thomas Petri WI-6 $250.00 Disbursement for: ☐ Primary ☐ General ☐ Other (specify) 1996	05/30/95	$250.00
E. Phillip Crane 7414 74th Way West Palm Beach, FL 33407	Phillip Crane FL-16 $500.00 Disbursement for: ☐ Primary ☐ General ☐ Other (specify) 1996	05/30/95	$500.00
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)	$3,750.00
TOTAL This Period (last page this line number only)	$38,250.00

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 6-20-95
☐	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

PREPARER: [illegible]

DATE PREPARED: 6-21-95

FEC FORM 70-2 (12/92)