# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

FEB 26 12 00 PM '99

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, N.W.

CITY, STATE and ZIP CODE
Washington, DC 20006

2. FEC IDENTIFICATION NUMBER
C00005249

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:

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

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

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

(b) Is this Report an Amendment? ☐ YES [X] NO

SUMMARY

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|---|---|
| 5. Covering Period 1/1/99 through 1/31/99 | | |
| 6. (a) Cash on Hand January 1, 19 99 | | $ 485,731.48 |
| (b) Cash on Hand at Beginning of Reporting Period | $ 485,731.48 | |
| (c) Total Receipts (from Line 19) | $ 84,185.68 | $ 84,185.68 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | $ 569,917.16 | $ 569,917.16 |
| 7. Total Disbursements (from Line 30) | $ 255,848.36 | $ 255,848.36 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | $ 314,068.80 | $ 314,068.80 |
| 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) | $ 38,706.00 | |

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

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

Type or Print Name of Treasurer
Matthew Gertzog, Acting Assistant NALUPAC Treasurer

Signature
Matthew Gertzog

Date
2/19/99

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

FEC FORM 3X
(revised 3/93)

# 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 1/1/99 TO 1/31/99

| | COLUMN A Total/This Period | COLUMN B Calendar Year | |
|---|---|---|---|
| **I. Receipts** | | | |
| 11. Contributions (other than loans) From: | | | |
| a. Individual/Persons Other Than Political Committees | | | |
| i. Itemized (use Schedule A) | 13,914.50 | 13,914.50 | 11(a)(i) |
| ii. Unitemized | 69,883.17 | 69,883.17 | 11(a)(ii) |
| iii. Total (add i and ii) | 83,797.67 | 83,797.67 | 11(a)(iii) |
| b. Political Party Committees | | | 11(b) |
| c. Other Political Committees (such as PACs) | | | 11(c) |
| d. Total Contributions (add a iii, b and c) | 83,797.67 | 83,797.67 | 11(d) |
| 12. Transfers From Affiliated/Other Party Committees | | | 12 |
| 13. All Loans Received | | | 13 |
| 14. Loan Repayments Received | | | 14 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) | | | 15 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees | | | 16 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 388.01 | 388.01 | 17 |
| 18. Transfers from Non-federal Account for Joint Activity | | | 18 |
| 19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) | 84,185.68 | 84,185.68 | 19 |
| 20. Total Federal Receipts (subtract line 18 from line 19) | 84,185.68 | 84,185.68 | 20 |
| **II. Disbursements** | | | |
| 21. Operating Expenditures: | | | |
| a. Shared Federal/Non-Federal Activity (from Schedule H4) | | | |
| i. Federal Share | | | 21(a)(i) |
| ii. Non-Federal Share | | | 21(a)(ii) |
| b. Other Federal Operating Expenditures | 254,648.36 | 254,648.36 | 21(b) |
| c. Total Operating Expenditures (add a i, a ii, and b) | 254,648.36 | 254,648.36 | 21(c) |
| 22. Transfers to Affiliated/Other Party Committees | | | 22 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | -0- | -0- | 23 |
| 24. Independent Expenditures (use Schedule E) | | | 24 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) | | | 25 |
| 26. Loan Repayments Made | | | 26 |
| 27. Loans Made | | | 27 |
| 28. Refunds of Contributions To: | | | |
| a. Individuals/Persons Other Than Political Committees | 1,200.00 | 1,200.00 | 28(a) |
| b. Political Party Committees | | | 28(b) |
| c. Other Political Committees (such as PACs) | | | 28(c) |
| d. Total Contribution Refunds (add a, b and c) | 1,200.00 | 1,200.00 | 28(d) |
| 29. Other Disbursements | | | 29 |
| 30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) | 255,848.36 | 255,848.36 | 30 |
| 31. Total Federal Disbursements (subtract line 21 a ii from line 30) | 255,848.36 | 255,848.36 | 31 |
| **III. Net Contributions/Operating Expenditures** | | | |
| 32. Total Contributions (other than loans) (from line 11d) | 83,797.67 | 83,797.67 | 32 |
| 33. Total Contribution Refunds (from line 28d) | 1,200.00 | 1,200.00 | 33 |
| 34. Net Contributions (other than loans) (subtract line 33 from 32) | 82,597.67 | 82,597.67 | 34 |
| 35. Total Federal Operating Expenditures (add 21 a i and 21 b) | 254,648.36 | 254,648.36 | 35 |
| 36. Offsets to Operating Expenditures (from line 15) | -0- | -0- | 36 |
| 37. Net Operating Expenditures (subtract line 36 from 35) | 254,648.36 | 254,648.36 | 37 |

FERM/0054FOF

**SCHEDULE A** **ITEMIZED RECEIPTS**

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

PAGE 1 OF 5

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 |
|---|---|---|---|
| Blandy Boocock<br>6001 N Nauni Valley Dr<br>Paradise Valley, AZ 85253-5134<br>Receipt For: Primary / General / Other (specify): | self-employed<br>insurance agent<br>Aggregate Year-to-Date $ 600.00 | 01/22/99 | 600.00 |
| Lawrence Brody, JD<br>211 N Broadway, 36th Floor<br>St. Louis, MO 63102-2733<br>Receipt For: Primary / General / Other (specify): | self-employed<br>insurance agent<br>Aggregate Year-to-Date $ 480.00 | 01/08/99 | 480.00 |
| G. Milton Cheatham, CLU, ChFC<br>13800 McTyres Core Place<br>Midlothian, VA 23112-4669<br>Receipt For: Primary / General / Other (specify): | self-employed<br>insurance agent<br>Aggregate Year-to-Date $ 400.00 | 01/06/99 | 400.00 |
| H. Ryan Coker, CLU, ChFC, AEP<br>3340 Peachtree Rd., NE<br>Tower Place, #2200<br>Atlanta, GA 30326<br>Receipt For: Primary / General / Other (specify): | self-employed<br>insurance agent<br>Aggregate Year-to-Date $ 400.00 | 01/04/99 | 400.00 |
| Leonard M. Coris, CLU, ChFC<br>800 South Street, Suite 455<br>Waltham, MA 02154-1439<br>Receipt For: Primary / General / Other (specify): | self-employed<br>insurance agent<br>Aggregate Year-to-Date $ 250.00 | 01/25/99 | 250.00 |
| Milton L. Edgren, Jr., CLU, ChFC<br>17 10th Ave S<br>Hopkins, MN 55343-7505<br>Receipt For: Primary / General / Other (specify): | self-employed<br>insurance agent<br>Aggregate Year-to-Date $ 1400.00 | 01/22/99 | 1400.00 |
| Marvin H. Feldman, CLU, ChFC<br>Fremar Bldg., PO Box 30<br>16569 St. Clair Ave<br>East Liverpool, ON 43920-9123<br>Receipt For: Primary / General / Other (specify): | self-employed<br>insurance agent<br>Aggregate Year-to-Date $ 350.00 | 01/05/99 | 350.00 |

SUBTOTAL of Receipts This Page (optional) ..... 3880.00

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 2 OF 5

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. Larry G. Foster, Jr.<br>PO Box 9848<br>Greensboro, NC 27429-0848<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | self-employed<br>insurance agent<br>Aggregate Year-to-Date $ 220.00 | 01/05/99 | 220.00 |
| B. Scott Gardiner, CLU, LUTCF<br>4100 Newport Place, #840<br>Newport Beach, CA 92660<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | self-employed<br>insurance agent<br>Aggregate Year-to-Date $ 500.00 | 01/07/99 | 500.00 |
| C. Joseph M. Gray, CLU, LUTCF, ChFC<br>3025 Dover Drive<br>Roanoke, VA 24018-2111<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | self-employed<br>insurance agent<br>Aggregate Year-to-Date $ 250.00 | 01/22/99 | 250.00 |
| D. Stephen M. Gucciardi<br>501 Boylston Street<br>Boston, MA 02116-3706<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | self-employed<br>insurance agent<br>Aggregate Year-to-Date $ 250.00 | 01/04/99 | 250.00 |
| E. James W. Harlihy, Jr., CLU<br>20 Washington Street<br>Rutland, VT 05701-5022<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | self-employed<br>insurance agent<br>Aggregate Year-to-Date $ 480.00 | 01/04/99 | 480.00 |
| F. Ross F. Hoffman, CLU, CFP, ChFC<br>121 North Pir, Suite G<br>Ventura, CA 93001<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | self-employed<br>insurance agent<br>Aggregate Year-to-Date $ 300.00 | 01/05/99 | 300.00 |
| G. Donald P. Johnson, FIC<br>P.O. Box 10098<br>827 28th Street, South, Ste C<br>Fargo, ND 58103<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | self-employed<br>insurance agent<br>Aggregate Year-to-Date $ 300.00 | 01/19/99 | 300.00 |

SUBTOTAL of Receipts This Page (optional) 2300.00

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 3 OF 5

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. George C. Kosmos, Jr., CLU<br>1001 4th Ave. Plaza, #3800<br>Seattle, WA 98154 | self-employed<br>insurance agent | 01/11/99 | 400.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Aggregate Year-to-Date $ | 400.00 | |
| B. William C. Lohnes, CLU<br>3414 Peachtree Rd., NE #850<br>1000 Monarch Plaza<br>Atlanta, GA 30326-1166 | self-employed<br>insurance agent | 01/06/99 | 400.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Aggregate Year-to-Date $ | 400.00 | |
| C. Gene L. Mahn, CLU, ChFC<br>1635 La Granada Drive<br>Thousand Oaks, CA 91362-2146 | self-employed<br>insurance agent | 01/04/99<br>01/10/99 | 250.00<br>8.50 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Aggregate Year-to-Date $ | 258.50 | |
| D. David B. Malkin, CLU, ChFC<br>354 Eisenhower Pkwy. #2850<br>Livingston, NJ 07039-1023 | self-employed<br>insurance agent | 01/21/99 | 500.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Aggregate Year-to-Date $ | 500.00 | |
| E. Paul J. McGoldrick, CLU, ChFC<br>P.O. Box 439<br>Littleton, NH 03561-0439 | self-employed<br>insurance agent | 01/14/99 | 300.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Aggregate Year-to-Date $ | 300.00 | |
| F. Marvin J. Meyer<br>1345 Avenue of the Americas<br>22nd Floor<br>New York, NY 10105-0302 | self-employed<br>insurance agent | 01/06/99 | 500.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Aggregate Year-to-Date $ | 500.00 | |
| G. Leon N. Mozrah<br>5350 W Kennedy Blvd.<br>Tampa, FL 33609 | self-employed<br>insurance agent | 01/04/99 | 480.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Aggregate Year-to-Date $ | 480.00 | |

SUBTOTAL of Receipts This Page (optional) 2838.50

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 4 OF 5

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 |
|---|---|---|---|
| William T. O'Donnell<br>311 S. Wacker Dr., #6550<br>Chicago, IL 60606<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | self-employed<br>insurance agent<br>Aggregate Year-to-Date > $ 240.00 | 01/11/99 | 240.00 |
| Gerald A. Peter, CLU<br>9200 Montgomery Rd., #17A<br>Cincinnati, OH 45242-7730<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | self-employed<br>insurance agent<br>Aggregate Year-to-Date > $ 400.00 | 01/07/99 | 400.00 |
| James D. Pittman, CLU, ChFC<br>222 SW Columbia, Suite 900<br>Portland, OR 97201-6609<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | self-employed<br>insurance agent<br>Aggregate Year-to-Date > $ 250.00 | 01/07/99 | 250.00 |
| Richard A. Renwick, CLU, MSFS<br>Batterymarch Park II<br>5th Floor<br>Quincy, MA 02169<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | self-employed<br>insurance agent<br>Aggregate Year-to-Date > $ 400.00 | 01/04/99 | 400.00 |
| Lawrence F. Riegner, CLU, ChFC<br>220 Market Ave., So., #1100<br>Canton, OH 44702-2181<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | self-employed<br>insurance agent<br>Aggregate Year-to-Date > $ 500.00 | 01/08/99 | 500.00 |
| John D. Rosenberg<br>101 California #2700<br>San Francisco, CA 94111-5830<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | self-employed<br>insurance agent<br>Aggregate Year-to-Date > $ 275.00 | 01/07/99 | 275.00 |
| Mark V. Snider, CLU, ChFC<br>39 S Court St<br>P.O. Box 1047<br>Athens, OH 45701<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | self-employed<br>insurance agent<br>Aggregate Year-to-Date > $ 271.00 | 01/10/99<br>01/08/99 | 21.00<br>250.00 |

SUBTOTAL of Receipts This Page (optional) ..... 2336.00

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 5 OF 5

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 F. Solfisburg<br>175 Derby Street, Suite 27<br>Hingham, MA 02043-4026<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | self-employed<br>insurance agent<br>Aggregate Year-to-Date $ | 01/08/99<br>01/11/99<br>400.00 | 300.00<br>100.00 |
| B. Donald P. Speakman, CLU, ChFC<br>Two Gateway Center, Suite 2000<br>Pittsburgh, PA 15222-1402<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | self-employed<br>insurance agent<br>Aggregate Year-to-Date $ | 01/11/99<br>500.00 | 500.00 |
| C. R. Peter Tedlie, CLU, ChFC<br>P.O. Box 903<br>Neenah, WI 54957-0903<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | self-employed<br>insurance agent<br>Aggregate Year-to-Date $ | 01/11/99<br>300.00 | 300.00 |
| D. Arthur H. Thompson, CLU, ChFC<br>612 Main Street<br>P.O. Box 767<br>Presque Isle, ME 04769-0767<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | self-employed<br>insurance agent<br>Aggregate Year-to-Date $ | 01/07/99<br>360.00 | 360.00 |
| E. Robert J. Wernecke, CLU<br>2850 E. Camelback, #320<br>Phoenix, AZ 85016-4311<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | self-employed<br>insurance agent<br>Aggregate Year-to-Date $ | 01/21/99<br>600.00 | 600.00 |
| F. William T. Wood<br>400 Union Hill Dr., #300<br>Birmingham, AL 35209<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | self-employed<br>insurance agent<br>Aggregate Year-to-Date $ | 01/04/99<br>400.00 | 400.00 |
| G. Receipt For: ☐ Primary ☐ General ☐ Other (specify): | [illegible]<br>[illegible]<br>Aggregate Year-to-Date $ | | |

SUBTOTAL of Receipts This Page (optional) ..... 2560.00

TOTAL This Period (last page this line number only) ..... 13914.50

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**SCHEDULE A** **ITEMIZED RECEIPTS**

| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 1 OF 1 |
|---|---|
| | FOR LINE NUMBER 17 |

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**NAME OF COMMITTEE (In Full)**

National Association of Life Underwriters Political Action Committee

| | | | |
|---|---|---|---|
| **A. Full Name, Mailing Address and ZIP Code**<br>First Union National Bank of Washington DC<br>Receipt For: ☐ Primary ☐ General ☒ Other (specify): Interest | Name of Employer<br>Occupation<br>Aggregate Year-to-Date $ 388.01 | Date (month, day, year)<br>1/31/99 | Amount of Each Receipt this Period<br>388.01 |
| **B. Full Name, Mailing Address and ZIP Code**<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date $ | Date (month, day, year) | Amount of Each Receipt this Period |
| **C. Full Name, Mailing Address and ZIP Code**<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date $ | Date (month, day, year) | Amount of Each Receipt this Period |
| **D. Full Name, Mailing Address and ZIP Code**<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date $ | Date (month, day, year) | Amount of Each Receipt this Period |
| **E. Full Name, Mailing Address and ZIP Code**<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date $ | Date (month, day, year) | Amount of Each Receipt this Period |
| **F. Full Name, Mailing Address and ZIP Code**<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date $ | Date (month, day, year) | Amount of Each Receipt this Period |
| **G. Full Name, Mailing Address and ZIP Code**<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date $ | Date (month, day, year) | Amount of Each Receipt this Period |

| | |
|---|---|
| **SUBTOTAL** of Receipts This Page (optional) | |
| **TOTAL** This Period (last page this line number only) | 388.01 |

FFRNDWPDF

**SCHEDULE B** **ITEMIZED DISBURSEMENTS**

| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 1 OF 1 |
|---|---|
| | FOR LINE NUMBER 21b |

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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**<br>First Union National Bank of Washington DC | Purpose of Disbursement<br>Disbursement for: [ ] Primary [ ] General [X] Other (specify) Bank Charges | Date (month, day, year)<br>1/31/99 | Amount of Each Disbursement This Period<br>2,855.36 |
| **B. Full Name, Mailing Address and ZIP Code**<br>National Association of Life Underwriters, Wash DC | Purpose of Disbursement<br>Reimburse admin expenses<br>Disbursement for: [ ] Primary [ ] General [X] Other (specify) | Date (month, day, year)<br>1/99 | Amount of Each Disbursement This Period<br>251,793.00 |
| **C. Full Name, Mailing Address and ZIP Code** | Purpose of Disbursement<br>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<br>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<br>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<br>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<br>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<br>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<br>Disbursement for: [ ] Primary [ ] General [ ] Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |

| | |
|---|---|
| **SUBTOTAL** of Disbursements This Page (optional) | |
| **TOTAL** This Period (last page this line number only) | 254,648.36 |

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**SCHEDULE B** **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 23

**Contributions to Federal Candidates/Committees**

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

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

| Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement this Period |
|---|---|---|---|
| Bilbray for Congress<br>970 Seacoast Drive<br>Imperial Beach, CA 91932 | Returned Check #7786 dated 4/29/98 for Brian P. Bilbray (CA-<br>Disbursement For: [X] Primary [ ] General [ ] Other: 1998 | 1/13/99 | ($1,000.00) |
| Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement this Period |
| Snowe for Senate<br>Four City Center<br>2nd Floor<br>Portland, ME 04101 | Contribution: Olympia J. Snowe (ME-R-Senate-2000 primary)<br>Disbursement For: [X] Primary [ ] General [ ] Other: 2000 | 1/28/99 | $1,000.00 |

| | |
|---|---|
| **SUBTOTAL** of Disbursements This Page (optional) | $0.00 |
| **TOTAL** This Period (last page this line number only) | $0.00 |

**SCHEDULE B** **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 28(a)

**Refunds of Contributions To Individuals**

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

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

| Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement this Period |
|---|---|---|---|
| Marla A. McClain<br>5402 Tortuga Trail<br>Austin, TX 78731-4542 | Refund to Individual<br>Disbursement For: ☐ Primary ☐ General<br>☒ Other: Other 1999 | 1/27/99 | $200.00 |
| Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement this Period |
| Brent J. Welch, CLU, ChFC, CFP<br>Family Wealth Counselors, LLC<br>9538 State Road 16<br>Onalaska, WI 54650 | Refund to Individual<br>Disbursement For: ☐ Primary ☐ General<br>☒ Other: Other 1999 | 1/28/99 | $1,000.00 |

| | |
|---|---|
| **SUBTOTAL** of Disbursements This Page (optional) | $1,200.00 |
| **TOTAL** This Period (last page this line number only) | $1,200.00 |

SCHEDULE D
(Revised 3/90)

# DEBTS AND OBLIGATIONS
## Excluding Loans

Line Number 10
(use separate schedule for each numbered line)

| Name of Committee (in Full) National Association of Life Underwriters Political Action Committee | Outstanding Balance Beginning This Period | Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
|---|---|---|---|---|
| A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor<br>National Association of Life Underwriters<br>1922 F Street NW<br>Washington, DC 20006 | 250,753 | 39,748 | 251,793 | 38,708 |
| Nature of Debt (Purpose):<br>Administrative overhead, personnel costs | | | | |
| B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor | | | | |
| Nature of Debt (Purpose): | | | | |
| C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor | | | | |
| Nature of Debt (Purpose): | | | | |
| D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor | | | | |
| Nature of Debt (Purpose): | | | | |
| E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor | | | | |
| Nature of Debt (Purpose): | | | | |
| F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor | | | | |
| Nature of Debt (Purpose): | | | | |
| 1) SUBTOTALS This Period This Page (optional) | | | | |
| 2) TOTALS This Period (last page in this line only) | | | | 38,708 |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | | | | -0- |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | | | | 38,708 |

4-90HB

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 |
| ☐ | First Class Mail | POSTMARKED |
| ☑ | Registered/Certified Mail | POSTMARKED 2-22-95 |
| ☐ | 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 |
| ☐ | Electronic Filing | |

JMU
PREPARER

2-26-95
DATE PREPARED

(4/98)