REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM
OCT 24 12 35 PM '96

USE FEC MAILING LABEL OR TYPE OR PRINT

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

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

CITY, STATE and ZIP CODE
Washington, DC 20006

2. FEC IDENTIFICATION NUMBER
C 0000 5249

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

4. TYPE OF REPORT

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

Monthly Report Due On:
☐ February 20 ☐ 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 Sept. 1996 through 30 Sept 1996		
6. (a) Cash on Hand January 1, 19 96		$ 999,000.39
(b) Cash on Hand at Beginning of Reporting Period	$ 893,188.34	
(c) Total Receipts (from Line 19)	$ 84,357.62	$ 772,672.77
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 977,545.96	$ 1,771,673.16
7. Total Disbursements (from Line 30)	$ 191,049.60	$ 985,176.80
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 786,496.36	$ 786,496.36
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
10/24/96

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 Sep 1996 TO 30 Sep 1996

	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	15,592.09	86,851.58
ii. Unitemized	66,717.42	664,313.85
iii. Total (add i and ii) ➤	82,259.51	751,165.43
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤	82,259.51	751,165.43
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	1,000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	2,098.11	20,507.34
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	84,357.62	772,672.77
20. Total Federal Receipts (subtract line 18 from line 19) ➤	84,357.62	772,672.77
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	49.60	164,426.80
c. Total Operating Expenditures (add a i, a ii, and b) ➤	49.60	164,426.80
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	191,000.00	820,750.00
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) ➤	191,049.60	985,176.80
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	191,049.60	985,176.80
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	82,259.51	751,165.43
33. Total Contribution Refunds (from line 28d)	0.00	0.00
34. Net Contributions (other than loans)(subtract line 33 from 32)	82,259.51	751,165.43
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	49.60	164,426.80
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35) ➤	49.60	164,426.80

SCHEDULE A — ITEMIZED RECEIPTS

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

PAGE 1 OF 22

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
Gerald R. Allen, CLU, ChFC 1230 E. Diehl Rd., S-108 Naperville, IL 60563-9369	Self-employed	09/12/96	22.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date > $	307.00

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jeffrey Leonard Allison 501 Wampanoag Trail #300 Riverside, RI 02915-1507	Self-employed	09/07/96	62.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date > $	212.50

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Chris Allred, CLU, ChFC, CIC P.O. Box 1937 Lexington, NC 27293-1937	Self-employed	09/30/96 09/30/96	55.00 220.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date > $	275.00

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephen D. Andersen 7431 "O" Street Lincoln, NE 68510-2444	Self-employed	09/12/96	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date > $	403.20

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert B. Anderson, CLU P. O. Box 127 Jonesborough, TN 37659-0127	Self-employed	09/12/96	50.40
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date > $	453.60

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ernest R. Barry, CLU, ChFC 227 West Trade Street Suite 1550 Charlotte, NC 28202-1647	Self-employed	09/30/96	440.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date > $	440.00

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Peter [illegible], CLU, ChFC 11111 Nall Ave., #104 Leawood, KS 66211-1670	Self-employed	09/12/96	25.20
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date > $	226.80

SUBTOTAL of Receipts This Page (optional)	917.60
TOTAL This Period (last page this line number only)	

SCHEDULE A — ITEMIZED RECEIPTS

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

PAGE 2 OF 22

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
Craig Beachnaw, LIC 3217 West Saginaw Lansing, MI 48917-2310	Self-employed	09/12/96	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 370.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David B. Bianchi, CLU P. O. Box 10358 Reno, NV 89510-0358	Self-employed	09/12/96	30.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 270.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert P. Bishopp, CLU, ChFC 705 W. 7th Ave. Spokane, WA 99204-2836	Self-employed	09/12/96	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 225.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frank B. Bliss 1742 Solano Ave Berkeley, CA 94707-2213	Self-employed	09/12/96	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 252.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John J. Bradley, CLU 100 Congress Street Quincy, MA 02169-0906	Self-employed	09/12/96	41.66
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 374.94		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gary A. Bramon, CLU, ChFC 890 Lamont Ave Ste-201 Novato, CA 94945-4100	Self-employed	09/12/96	42.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 302.50		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ann R. Brockmeyer, CLU, ChFC 6635 W. Central Ave. Toledo, OH 43617-1029	Self-employed	09/13/96	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 250.00		

SUBTOTAL of Receipts This Page (optional)	473.16
TOTAL This Period (last page this line number only)	

SCHEDULE A — ITEMIZED RECEIPTS

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

PAGE 22 OF

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
Peter C. Browne, LUTCF 555 5th Avenue #1400 New York, NY 10017-2416	Self-employed Occupation: Insurance agent	09/03/96	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	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
Joe D. Byars, CLU, LUTCF 214 No. 12th St Ft Smith, AR 72901-2713	Self-employed Occupation: Insurance agent	09/12/96	25.20
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 226.80		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mary A. Cannady, LUTCF P. O. Box 799 Walterboro, SC 29488-0799	Self-employed Occupation: Insurance agent	09/24/96	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1000.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William A. Carlisle, CLU 6077 Primacy Pkwy #224 Memphis, TN 38119-5762	Self-employed Occupation: Insurance agent	09/12/96	21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 222.60		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lawrence A. Chargin 7202 N. Millbrook #205 Fresno, CA 93720-3341	Self-employed Occupation: Insurance agent	09/12/96	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 378.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas R. Clark, CLU, ChFC 974 73rd Street #26 Des Moines, IA 50312-1026	Self-employed Occupation: Insurance agent	09/12/96	30.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 270.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bradford G. Collins P. O. Box 527 Farmington, CT 06034-0527	Self-employed Occupation: Insurance agent	09/24/96	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 200.00		

SUBTOTAL of Receipts This Page (optional)	1218.20
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

National Association of Life Underwriters Political Action Committee

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Richard E. Cooke, CLU, ChFC 3050 N. Lakeharbor #211 Boise, ID 83703-6243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation Insurance agent Aggregate Year-to-Date > $ 214.20	09/12/96	21.00
B. Full Name, Mailing Address and ZIP Code R. Scott Culbertson, CFP, CEBS 2023 Cato Drive #102 State College, PA 16801-2765 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance agent Aggregate Year-to-Date > $ 252.80	Date (month, day, year) 09/12/96	Amount of Each Receipt this Period 50.40
C. Full Name, Mailing Address and ZIP Code Vincent M. D'Addona, CLU, ChFC 130 William Street, 6th Floor New York, NY 10038-3882 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance agent Aggregate Year-to-Date > $ 382.50	Date (month, day, year) 09/12/96	Amount of Each Receipt this Period 42.50
D. Full Name, Mailing Address and ZIP Code Steven M. Daniel, CLU, ChFC P. O. Box 430 Butte, MT 59703-0430 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance agent Aggregate Year-to-Date > $ 210.00	Date (month, day, year) 09/12/96	Amount of Each Receipt this Period 21.00
E. Full Name, Mailing Address and ZIP Code Joseph L. Davis, CLU, ChFC, CFP 1625 K Street N.W. #400 Washington, DC 20006-1604 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance agent Aggregate Year-to-Date > $ 219.53	Date (month, day, year) 09/30/96	Amount of Each Receipt this Period 83.33
F. Full Name, Mailing Address and ZIP Code William James DeBruin, LUTCF 2323 E Capitol Dr #200 Appleton, WI 54911-8731 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance agent Aggregate Year-to-Date > $ 226.80	Date (month, day, year) 09/12/96	Amount of Each Receipt this Period 25.20
G. Full Name, Mailing Address and ZIP Code Louis P. DiCerbo, II, CLU, ChFC 261 Madison Ave. New York, NY 10016-2303 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance agent Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 09/17/96	Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)	743.43
TOTAL This Period (last page this line number only)	

SCHEDULE A — ITEMIZED RECEIPTS

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PAGE 5 OF 22

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
David S. Dickenson, II, CLU ChFC 1901 East 13th Street Suite 506 Cleveland, OH 44114-3503 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation Insurance agent Aggregate Year-to-Date > $ 378.00	09/12/96	42.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Samuel E. Dinges, LUTCF 4685 Merle Hay Rd S-102 Des Moines, IA 50322-1908 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation Insurance agent Aggregate Year-to-Date > $ 240.00	09/03/96	120.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael D. Dixon, CLU 4505 Las Virgenes Rd. #200 Calabasas, CA 91302-1956 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation Insurance agent Aggregate Year-to-Date > $ 378.00	09/12/96	42.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles E. Drimal CLU ChFC MSFS 261 Madison Ave., 4th Flr New York, NY 10016-2303 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation Insurance agent Aggregate Year-to-Date > $ 500.00	09/17/96	500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph E. Dunn, LUTCF PO Box 308, 201 3rd Street Bemidji, ND 56601-3111 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation Insurance agent Aggregate Year-to-Date > $ 240.00	09/12/96	25.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Daniel Eddleman, CLU 475 Sansome St #1800 San Francisco, CA 94111-3141 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation Insurance agent Aggregate Year-to-Date > $ 378.00	09/12/96	42.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald A. Eichelberger, CLU 209 East San Marnan Drive Waterloo, IA 50702-5839 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation Insurance agent Aggregate Year-to-Date > $ 453.60	09/12/96	50.40

SUBTOTAL of Receipts This Page (optional)	821.40
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 6 OF 27

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
Eugene R. Emery, CLU, ChFC 120 Niles Courtland Rd SE Warren, OH 44484-2400	Self-employed Occupation: Insurance agent	09/24/96	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	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
Gerald E. Ferrier, LUTCF 1117 Ellis Street #C-D Bellingham, WA 98225-5203	Self-employed Occupation: Insurance agent	09/12/96	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 378.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jeffery L. Ferrier, LUTCF 1117 Ellis St. #C & D Bellingham, WA 98225-5203	Self-employed Occupation: Insurance agent	09/12/96	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 378.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas F. Flournoy, Jr., CLU P. O. Box 1013 Macon, GA 31202-1013	Self-employed Occupation: Insurance agent	09/12/96	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 378.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steven M. Frank, CLU 21700 Oxnard St #1160 Woodland Hills, CA 91367-7302	Self-employed Occupation: Insurance agent	09/12/96	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 450.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lowell R. Frantz, CLU Greenwood Med Ctr P. O. Box M. Millerstown, PA 17062-0278	Self-employed Occupation: Insurance agent	09/24/96	120.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 240.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gary R. Frold, CLU, ChFC P.O. Box 3642 St. Petersburg, FL 33731-3642	Self-employed Occupation: Insurance agent	09/12/96	50.40
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 453.60		

SUBTOTAL of Receipts This Page (optional)	596.40
TOTAL This Period (last page this line number only)	

SCHEDULE A — ITEMIZED RECEIPTS

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Peter Fulchiron, CLU, LUTCF 405 Enfrente Dr #100 Novato, CA 94949-7206	Self-employed	09/12/96	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 378.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Del D. Gab, CLU Box 2094 Dickinson, ND 58602-2094	Self-employed	09/12/96	21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 201.60		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David S. Gerber, CLU 1926 Arch St., 3rd Flr. Rear Philadelphia, PA 19103-1444	Self-employed	09/16/96	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 300.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lee M. Goeres, LUTCF Box 4003 Missoula, MT 59806-4003	Self-employed	09/12/96	12.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 212.50		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph H. Gwinn, CLU, CPCU, ChFC P. O. Box 308 Vinton, VA 24179-0308	Self-employed	09/12/96	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 357.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Karl Erik Hansen, CLU, ChFC 419 N. Shoreline Blvd. Mountain View, CA 94043-4605	Self-employed	09/12/96	42.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 382.50		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sharon L. Hansen P. O. Box 2305 Mt Vernon, WA 98273-7305	Self-employed	09/12/96	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 225.00		

SUBTOTAL of Receipts This Page (optional)	485.00
TOTAL This Period (last page this line number only)	

SCHEDULE A — ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alex Hanson, CLU, ChFC P. O. Box 1138 Portsmouth, NH 03802-1138	Self-employed	09/09/96 09/12/96 09/24/96	-42.00 42.00 -42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date > $	277.20
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Larry I. Hardy, RHU P. O. Box 12398 Reno, NV 89510-2398	Self-employed	09/24/96	105.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date > $	225.50
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William E. Hazel, CLU, ChFC 3250 W. Big Beaver Rd #327 Troy, MI 48084-2902	Self-employed	09/12/96	42.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date > $	382.50
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Terry K. Headley, LUTCF 8990 West Dodge Road #226 Omaha, NE 68114-3315	Self-employed	09/12/96	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date > $	403.20
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dennis L. Helgeson, CLU, ChFC 120 8th Avenue NW Minot, ND 58703-2362	Self-employed	09/12/96	21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date > $	201.60
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bruce C. Hendrickson, CLU, ChFC P. O. Box 765 415 East Avenue Holdrege, NE 68949-2216	Self-employed	09/07/96	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date > $	500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ronald G. Hester, CLU, ChFC Addison Exec Bldg., #9 P.O. Box 31 Boone, NC 28607-0031	Self-employed	09/12/96	23.10
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date > $	207.90

SUBTOTAL of Receipts This Page (optional)	692.10
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 1 OF 22

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

National Association of Life Underwriters Political Action Committee

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Edward C. Hiers, CLU, ChFC 18 Constitution Drive Bedford, NH 03110-6000	Self-employed	09/12/96	21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > $	205.80
B. Full Name, Mailing Address and ZIP Code Richard L. Hill, CLU, ChFC P. O. Box 30275 Lincoln, NE 68503-0275	Name of Employer Self-employed	Date (month, day, year) 09/12/96	Amount of Each Receipt this Period 42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > $	403.20
C. Full Name, Mailing Address and ZIP Code Michael J. Hiller, ChFC 909 N Mayfair Rd. Milwaukee, WI 53226-3429	Name of Employer Self-employed	Date (month, day, year) 09/12/96	Amount of Each Receipt this Period 25.20
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > $	226.80
D. Full Name, Mailing Address and ZIP Code Ivan C. Hinrichs, CLU, ChFC 230 S. Tryon Street Suite 1400 Charlotte, NC 28202-3215	Name of Employer Self-employed	Date (month, day, year) 09/30/96	Amount of Each Receipt this Period 550.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > $	550.00
E. Full Name, Mailing Address and ZIP Code Edward George Hopper, CLU 2340 Des Plaines Ave. #115 Des Plaines, IL 60018-3292	Name of Employer Self-employed	Date (month, day, year) 09/12/96	Amount of Each Receipt this Period 5.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > $	286.00
F. Full Name, Mailing Address and ZIP Code Ruble A. Hord, III 901 E. Cary Street #1600 Richmond, VA 23219-4037	Name of Employer Self-employed	Date (month, day, year) 09/05/96	Amount of Each Receipt this Period 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 Max R. Hutton, LUTCF 118 Kilmar Knoll East Peoria, IL 61611-1622	Name of Employer Self-employed	Date (month, day, year) 09/05/96	Amount of Each Receipt this Period 100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > $	200.00

SUBTOTAL of Receipts This Page (optional)	993.20
TOTAL This Period (last page this line number only)	

SCHEDULE A ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 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
William V. Irons, CLU, LUTCF 469 Centerville Rd #203 Warwick, RI 02886-4328	Self-employed	09/12/96	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 420.40		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald C. Jayne, CLU, ChFC 21800 Oxnard Street, #450 Woodland Hills, CA 91367-3652	Self-employed	09/12/96	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 225.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul R. Jeffers, CLU, ChFC P.O. Box 941 Carmichael, CA 95609-0941	Self-employed	09/12/96	42.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 382.50		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
E. Dunbar Jewell, CLU, ChFC 1212 South Boulevard #102 Charlotte, NC 28203-4208	Self-employed	09/12/96	23.10
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 266.20		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Terry M. Kaltenbach, CLU, ChFC 1455 Frazee Rd #515 San Diego, CA 92108-4378	Self-employed	09/12/96	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 378.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas L. Keeney, LUTCF 2319 E. Lincolnway P.O. Box 867 Sterling, IL 61081-0867	Self-employed	09/05/96	80.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 210.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Howard M. Rott 5550 Topanga Canyon Blvd. #100 Woodland Hills, CA 91367-6478	Self-employed	09/30/96 09/30/96	100.00 100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 200.00		

SUBTOTAL of Receipts This Page (optional)	454.60
TOTAL This Period (last page this line number only)	

SCHEDULE A — ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard A. Koob, CLU, ChFC, AEP 626 W. Moreland Blvd. Waukesha, WI 53188-2433	Self-employed	09/12/96	50.40
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 453.60		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael J. Kraft, CLU 70 Washington St. #200 Oakland, CA 94607-3738	Self-employed	09/12/96	42.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 395.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephen A. Kramer, CLU 370 Lexington Avenue New York, NY 10017-6503	Self-employed	09/07/96	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 375.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James H. Krueger, CLU, ChFC, MSM 4321 West College Ave. Ste 395 Appleton, WI 54914-3989	Self-employed	09/12/96	25.20
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 226.80		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bruce C. Lichtenberg, LUTCF 4725 First Street #225 Pleasanton, CA 94566-7366	Self-employed	09/12/96	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 450.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert E. Long, Jr. 300 North Greene St., #2050 Greensboro, NC 27401-2167	Self-employed	09/30/96	110.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 220.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lawrence E. Bolanis, CLU G-3526 Miller Rd. Ste-B Flint, MI 48507-1236	Self-employed	09/12/96	42.60
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 378.00		

SUBTOTAL of Receipts This Page (optional)	445.10
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

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. Peter Lyons, CLU, ChFC, MSFS 800 South Street, Suite 660 Watermill Center Waltham, MA 02154-1439	Self-employed	09/12/96	33.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date > $	301.50
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Darren Scott Mason, CLU, ChFC 30092 Ivy Glenn #230 Laguna Niguel, CA 92677-5027	Self-employed	09/12/96	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date > $	225.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rick L. McDavid P.O. Box 943 Kingsport, TN 37662-0943	Self-employed	09/12/96	30.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date > $	210.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William K. McGreevy, CLU, LUTCF 108 W 11th Street Sioux Falls, SD 57102-0704	Self-employed	09/19/96	125.00
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
Robert F. McKown, CLU, ChFC 2020 Commonwealth Avenue Newton, MA 02166-2006	Self-employed	09/12/96	42.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date > $	382.50
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dennis R. Meredith, CLU, ChFC 5151 E Broadway Ste-750 Tucson, AZ 85711-3734	Self-employed	09/12/96	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date > $	445.20
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Martin D. Meyer 1345 Avenue of the Americas 22nd Floor New York, NY 10105-0302	Self-employed	09/25/96	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date > $	500.00

SUBTOTAL of Receipts This Page (optional): 798.00

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

SCHEDULE A — ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
David A. Middaugh, CLU, AEP P. O. Box 2543 Fargo, ND 58108-2543 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 495.00	09/12/96	50.00
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
Kenneth D. Miller, CPA 300 N. Greene St., #2050 Greensboro, NC 27401-2167 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 220.00	09/30/96	110.00
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
Robert A. Miller 850 Third Ave., 15th Flr. New York, NY 10022-6222 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 210.00	09/12/96	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
James W. Monteverde, CLU, ChFC, 710 Fifth Avenue Pittsburgh, PA 15219-3000 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 540.00	09/12/96	60.00
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
Raymond H. Moran, CLU, ChFC 1 Commerce Sq. Suite #2250 Memphis, TN 38103 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 453.60	09/12/96	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
Herbert F. Morgan 1836 Hermitage Blvd. #200 Tallahassee, FL 32308-7706 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 352.80	09/12/96	50.40
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
Steven C. Mercer 3275 W. 4th Street P.O. Box 1230 Waterloo, IA 50704-1230 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 453.60	09/12/96	50.40

SUBTOTAL of Receipts This Page (optional)	413.20
TOTAL This Period (last page this line number only)	

SCHEDULE A — ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 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 / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Lynn H. Naden 333 S. Green Bay Rd. Waukegan, IL 60085-4859 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent $ 386.40	09/12/96	42.00
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
Robert M. Nelson, CLU, LUTCF 10050 Regency Circle #300 Omaha, NE 68114-3722 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent $ 283.10	09/12/96	42.50
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
Richard D. Nilmeier, RHU, CLU 4928 E. Clinton #201 Fresno, CA 93727-1526 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent $ 226.50	09/12/96	8.50
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
James F. O'Connell, CLU 400 S. Jefferson #450 Spokane, WA 99204-3177 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent $ 390.50	09/12/96	42.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
James W. Oglesby, LUTCF BB&T Building, Suite 500 1 Pack Square Asheville, NC 28801-3401 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent $ 222.75	09/12/96	23.10
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
Rae Lee Olson 419 North Shoreline Blvd. Mountain View, CA 94043-4605 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent $ 382.50	09/12/96	42.50
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
Mitchell W. Ostrove, CLU, ChFC 4 New King Street White Plains, NY 10604-1202 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent $ 244.00	09/12/96	42.00

SUBTOTAL of Receipts This Page (optional) 242.60

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Cody H. Phillips, JD, CLU, ChFC P.O. Box 5160 Chapel Hill, NC 27514-5002	Self-employed	09/12/96	46.75
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date > $	434.50
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R. Jan Pinney, CLU, ChFC, CPCU 3005 Douglas Blvd #120 Roseville, CA 95661-3854	Self-employed	09/12/96	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date > $	378.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Piotrowicz, CLU, ChFC 987 Old Eagle School Rd. #706 Wayne, PA 19087-1755	Self-employed	09/23/96	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date > $	300.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James D. Pittman, CLU, ChFC 222 S.W. Columbia, Suite 900 Portland, OR 97201-6609	Self-employed	09/12/96	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date > $	225.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wilmer S. Poynor, III, CLU, ChFC 104 Inverness Ctr. Pl., #500 Birmingham, AL 35242-4865	Self-employed	09/16/96	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date > $	400.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Harold B. Poirier Rte #302 Box 156 Groton, VT 05046-0156	Self-employed	09/24/96	291.55
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date > $	291.55
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John S. Pugh, CLU, ChFC 1100 Laskin Rd. Virginia Beach, VA 23451-5210	Self-employed	09/12/96	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date > $	225.00

SUBTOTAL of Receipts This Page (optional)	1030.30
TOTAL This Period (last page this line number only)	

SCHEDULE A — ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John M. Qualy, CLU 701 Market St., #1070 St. Louis, MO 63101-1873	Self-employed	09/03/96	150.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date > $	450.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Karl H. Rakow, LUTCF 2000 Schafer Street Box 1 Bismarck, ND 58501-1204	Self-employed	09/12/96	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date > $	240.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard L. Rawlings, CLU, ChFC 650 Elm St. #350 Manchester, NH 03101-2502	Self-employed	09/13/96 09/30/96	50.00 50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	09/30/96 Aggregate Year-to-Date > $	50.00 480.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lynda L. Regan 1179 N. McDowell Blvd. Petaluma, CA 94954-6532	Self-employed	09/19/96	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date > $	200.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
D. David Russell, CLU, ChFC 2423 Carlisle Place Sarasota, FL 34231-7013	Self-employed	09/12/96	50.40
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date > $	428.40
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	09/12/96	17.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date > $	442.60
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William R. Sapers, CLU 101 Rogers Street Cambridge, MA 02142-1000	Self-employed	09/06/96	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date > $	250.00

SUBTOTAL of Receipts This Page (optional)	742.90
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

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

National Association of Life Underwriters Political Action Committee

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Gregory B. Schaeffer, LUTCF, FIC 3012 30th Avenue Kenosha, WI 53144-1623	Self-employed	09/12/96	25.20
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance agent		
	Aggregate Year-to-Date > $	226.80	
B. Full Name, Mailing Address and ZIP Code G. Douglas Schellman, CLU, ChFC P. O. Box 9969 Colorado Springs, CO 80932-0969	Name of Employer Self-employed	Date (month, day, year) 09/12/96	Amount of Each Receipt this Period 21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance agent		
	Aggregate Year-to-Date > $	201.50	
C. Full Name, Mailing Address and ZIP Code William B., Jr. Scher, Jr. 5201 Portsmouth Road Bethesda, MD 20816-2928	Name of Employer Self-employed	Date (month, day, year) 09/01/96 09/30/96 09/28/96	Amount of Each Receipt this Period 250.00 250.00 -250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance agent		
	Aggregate Year-to-Date > $	250.00	
D. Full Name, Mailing Address and ZIP Code James D. Schulz, CLU, ChFC 7431 "O" Street Lincoln, NE 68510-2444	Name of Employer Self-employed	Date (month, day, year) 09/12/96	Amount of Each Receipt this Period 42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance agent		
	Aggregate Year-to-Date > $	403.20	
E. Full Name, Mailing Address and ZIP Code Walter J. Scott, Jr., CLU 240 Algoma Blvd. P.O. Box 1600 Oshkosh, WI 54902-4775	Name of Employer Self-employed	Date (month, day, year) 09/12/96	Amount of Each Receipt this Period 50.40
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance agent		
	Aggregate Year-to-Date > $	453.60	
F. Full Name, Mailing Address and ZIP Code Vince R. Sectimeri, RHU 420 Lake Cook Rd. #111 Deerfield, IL 60015-4914	Name of Employer Self-employed	Date (month, day, year) 09/12/96	Amount of Each Receipt this Period 42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance agent		
	Aggregate Year-to-Date > $	306.40	
G. Full Name, Mailing Address and ZIP Code James L. Shaheen, LUTCF 12775 La Mirada Blvd Suite #203 La Mirada, CA 90638	Name of Employer Self-employed	Date (month, day, year) 09/12/96	Amount of Each Receipt this Period 22.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance agent		
	Aggregate Year-to-Date > $	202.50	
SUBTOTAL of Receipts This Page (optional)			453.10
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

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

National Association of Life Underwriters Political Action Committee

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Arthur D. Shankman, CLU 101 Eisenhower Parkway P.O. Box 779 Roseland, NJ 07068-0779 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation Insurance agent Aggregate Year-to-Date > $ 240.00	09/20/96	240.00
B. Full Name, Mailing Address and ZIP Code Stephen C. Shaw, CLU 3730 Mt. Diablo Blvd., Suite 220 Lafayette, CA 94549-3613 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance agent Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 09/24/96	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and ZIP Code Stephen L. Shepard, CLU P. O. Box 3917 Portland, OR 97208-3917 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance agent Aggregate Year-to-Date > $ 400.00	Date (month, day, year) 09/03/96	Amount of Each Receipt this Period 400.00
D. Full Name, Mailing Address and ZIP Code Richard S. Simpson, CLU, ChFC 1736 Jefferson Street Napa, CA 94559-1703 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance agent Aggregate Year-to-Date > $ 200.00	Date (month, day, year) 09/09/96	Amount of Each Receipt this Period 0.00
E. Full Name, Mailing Address and ZIP Code Paul M. Smith, Sr., CLU 5101 College Blvd. S-100 Leawood, KS 66211-1614 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance agent Aggregate Year-to-Date > $ 459.00	Date (month, day, year) 09/12/96	Amount of Each Receipt this Period 51.00
F. Full Name, Mailing Address and ZIP Code Carl H. Schnenberg, CLU 500 West Monroe St., #2600 Chicago, IL 60661-3630 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance agent Aggregate Year-to-Date > $ 400.00	Date (month, day, year) 09/23/96	Amount of Each Receipt this Period 150.00
G. Full Name, Mailing Address and ZIP Code Wilbur N. St. Clair, Jr., CLU 11221 B Lockwood Dr. Silver Spring, MD 20901-4554 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance agent Aggregate Year-to-Date > $ 211.39	Date (month, day, year) 09/12/96	Amount of Each Receipt this Period 21.00
SUBTOTAL of Receipts This Page (optional)			1362.00
TOTAL This Period (last page this line number only)			

SCHEDULE A | ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code
Angelo T. Stath
1000 East 80th Place #627
S. Merrillville, IN 46410-5644

Receipt For: ☐ Primary ☐ General ☐ Other (specify):

Name of Employer: Self-employed
Occupation: Insurance agent
Aggregate Year-to-Date > $ 247.50

Date (month, day, year): 09/12/96
Amount of Each Receipt this Period: 27.50

B. Full Name, Mailing Address and ZIP Code
John P. Steele, LUTCF
P. O. Box 369
Manhattan, MT 59741-0369

Receipt For: ☐ Primary ☐ General ☐ Other (specify):

Name of Employer: Self-employed
Occupation: Insurance agent
Aggregate Year-to-Date > $ 217.50

Date (month, day, year): 09/12/96
Amount of Each Receipt this Period: 12.50

C. Full Name, Mailing Address and ZIP Code
Juliana M. Steverson, CLU, RHU
P. O. Box 85481
San Diego, CA 92186-5481

Receipt For: ☐ Primary ☐ General ☐ Other (specify):

Name of Employer: Self-employed
Occupation: Insurance agent
Aggregate Year-to-Date > $ 225.00

Date (month, day, year): 09/12/96
Amount of Each Receipt this Period: 25.00

D. Full Name, Mailing Address and ZIP Code
Robert C. Stineman, CLU
4505 Morningside Drive
Omaha, NE 68134-2936

Receipt For: ☐ Primary ☐ General ☐ Other (specify):

Name of Employer: Self-employed
Occupation: Insurance agent
Aggregate Year-to-Date > $ 250.00

Date (month, day, year): 09/24/96
Amount of Each Receipt this Period: 125.00

E. Full Name, Mailing Address and ZIP Code
Clifford L. Stone, LUTCF
P. O. Box 1951
Williston, ND 58802-1951

Receipt For: ☐ Primary ☐ General ☐ Other (specify):

Name of Employer: Self-employed
Occupation: Insurance agent
Aggregate Year-to-Date > $ 201.60

Date (month, day, year): 09/12/96
Amount of Each Receipt this Period: 21.00

F. Full Name, Mailing Address and ZIP Code
David L. Stratton, CLU, ChFC
8300 Briarwood Ste-B
Anchorage, AK 99518-3331

Receipt For: ☐ Primary ☐ General ☐ Other (specify):

Name of Employer: Self-employed
Occupation: Insurance agent
Aggregate Year-to-Date > $ 252.00

Date (month, day, year): 09/09/96
Amount of Each Receipt this Period: -42.00

G. Full Name, Mailing Address and ZIP Code
Steven M. Streeter, LUTCF
4820 Harwood Rd. #200
San Jose, CA 95124-5206

Receipt For: ☐ Primary ☐ General ☐ Other (specify):

Name of Employer: Self-employed
Occupation: Insurance agent
Aggregate Year-to-Date > $ 201.50

Date (month, day, year): 09/12/96
Amount of Each Receipt this Period: 21.00

SUBTOTAL of Receipts This Page (optional) > 190.00

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

SCHEDULE A | ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Peter A. Sullivan, CLU 10 Davol Square, Box 19 Providence, RI 02903-4754 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent 450.00	09/30/96	150.00
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
John M. Taylor, CLU, ChFC P. O. Box 7546 Columbus, GA 31908-7546 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent	09/12/96 09/24/96	42.00 500.00
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
Michael G. Taylor, CLU, ChFC Harbor Court 55 Merchant Street #1900 Honolulu, HI 96813-4305 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent 878.00	09/12/96 09/30/96	8.50 8.50
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
Robert L. Tedoldi, CLU, ChFC 95 Glastonbury Blvd 4th Fl Glastonbury, CT 06033-4412 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent 378.00	09/12/96	42.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Gregory M. Telge, CLU, ChFC 1779 Elm Street Manchester, NH 03104-2952 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent 205.80	09/12/96	21.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Jacob N. Temkin 400 Westminster Street Providence, RI 02903-3222 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent 214.30	09/12/96	21.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Raymond F. Truncellito, CLU 66 Hanover St 301 Manchester, NH 03101-2230 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent 205.80	09/12/96	21.00

SUBTOTAL of Receipts This Page (optional)	814.00
TOTAL This Period (last page this line number only)	

SCHEDULE A — ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
John S. Tuttle, CLU, ChFC P. O. Box 4718 Syracuse, NY 13221-4718 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent 500.00	09/23/96	125.00
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
Samuel B. Urso, Jr., CLU, ChFC, MSF 516 West Main Street P. O. Drawer 1530 Clarksburg, WV 26302-1530 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent 300.00	09/03/96	300.00
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
Adam Varrenti, Jr., CLU, ChFC 9 N Five Points Rd Flr-2 West Chester, PA 19380-4739 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent 225.80	09/12/96	25.20
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
Sylvia J. Walker, LUTCF, CPIW 805 Terrace Drive Newport News, VA 23601-2240 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent 444.00	09/12/96	21.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
David R. Watson, CLU, ChFC, AEP One Liberty Place, Suite 680 Philadelphia, PA 19103-7301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent 453.60	09/12/96	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
John C. Watson, III CLU ChFC ABP 823 N. Elm St. #100 Greensboro, NC 27401-1597 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent 330.00	09/30/96	275.00
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
Thomas L. Webb, CLU, ChFC 4356 Commercial St. SE Salem, OR 97302-3914 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent 378.00	09/12/96	42.00

SUBTOTAL of Receipts This Page (optional)	838.60
TOTAL This Period (last page this line number only)	

SCHEDULE A — ITEMIZED RECEIPTS

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

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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
Lester E. Westgard 1351 Page Drive Ste 204 Fargo, ND 58103-3536 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $ 240.00	09/12/96	25.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
William T. Whitmore, Jr., LUTCF P. O. Box 4748 Virginia Beach, VA 23454-0748 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $ 378.00	09/12/96	42.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
David C. Whitney, CLU 300 East 42nd St. Flr-8 New York, NY 10017-5947 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $ 375.00	09/27/96	125.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Larry J. Winkelhake, CLU, ChFC P. O. Bx 26909 Milwaukee, WI 53226-0909 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $ 225.80	09/12/96	25.20
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Peter J. Worth 380 Lexington Avenue New York, NY 10168-0002 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $ 350.00	09/16/96	100.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
E. Dennis Zahrbock, CLU ChFC CFP P. O. Box 679 Wayzata, MN 55391-0679 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $ 400.00	09/17/96	350.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Bernard H. Zais, CLU, ChFC 30 Kimball Ave., Suite 205 S. Burlington, VT 05403-6825 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $ 450.00	09/05/96	150.00

SUBTOTAL of Receipts This Page (optional)	817.20
TOTAL This Period (last page this line number only)	15542.09

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kaptur for Congress Box 899 Toledo, OH 43691	Marcy Kaptur OH-9 $1,000.00 Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 1996	09/04/96	$500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Collins for Senator P.O. Box 1096 Bangor, ME 04402-1096	Susan Collins ME-SEN $2,500.00 Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 1996	09/16/96	$2,500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mike Enzi for U.S. Senate 501 South Gillette Gillette, WY 82716	Mike Enzi WY-SEN $2,500.00 Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 1996	09/16/96	$2,500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Harvey Gantt for US Senate '96 P.O. Box 35555 Charlotte, NC 28202	Harvey Gantt NC-SEN $1,000.00 Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 1996	09/16/96	$1,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ted Little for Congress P.O. Box 2366 Auburn, AL 36831	Ted Little AL-3 $1,000.00 Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 1996	09/16/96	$1,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Robert Aderholt for Congress P.O. Box 1158 Haleyville, AL 35565	Robert Aderholt AL-4 $1,000.00 Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 1996	09/16/96	$1,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Davis for Congress 5252 West Polk Street Chicago, IL 60644	Danny Davis IL-7 $1,000.00 Disbursement for: ☒ Primary ☐ General ☐ Other (specify) 1996	09/16/96	$1,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Volunteers for Shimkus 1025 South Second Street Springfield, IL 62704	John Shimkus IL-20 $1,000.00 Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 1996	09/16/96	$1,000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Blankenbaker for Congress 425 Massachusetts Avenue Indianapolis, IN 46204	Virginia Blankenbaker IN-10 $1,000.00 Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 1996	09/16/96	$1,000.00

SUBTOTAL of Disbursements This Page (optional)	$11,500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mike Manatrey for Congress P.O. Box 850 Montezuma, IA 50171	Mike Manatrey IA-3 $1,000.00 Disbursement for: ☐ Primary ☒ General 1996 ☐ Other (specify)	09/16/96	$1,000.00
Jim Ryun for Congress 4006 S.W. Huntoon Topeka, KS 66604	Jim Ryun KS-2 $1,000.00 Disbursement for: ☐ Primary ☒ General 1996 ☐ Other (specify)	09/16/96	$1,000.00
Vincent Schwab for Congress 110 South Cherry, Suite 103 Olathe, KS 66061	Vincent Schwab KS-3 $1,000.00 Disbursement for: ☐ Primary ☒ General 1996 ☐ Other (specify)	09/16/96	$1,000.00
Gibbons for Congress Committee 4655 Aircenter Circle Reno, NV 89502	James Gibbons NV-2 $1,000.00 Disbursement for: ☐ Primary ☒ General 1996 ☐ Other (specify)	09/16/96	$1,000.00
Mike Pappas for Congress 3616 Route 22 West Somerville, NJ 08876	Mike Pappas NJ-12 $2,000.00 Disbursement for: ☐ Primary ☒ General 1996 ☐ Other (specify)	09/16/96	$2,000.00
Bob Smith for Congress Comm. 5000 Cirus Drive, Suite 150 Medford, OR 97504	Bob Smith OR-2 $1,000.00 Disbursement for: ☐ Primary ☒ General 1996 ☐ Other (specify)	09/16/96	$1,000.00
Richard Pettigrew for Congress P.O. Box 761 Sioux Falls, SD 57101	Richard Pettigrew SD-1 $1,000.00 Disbursement for: ☐ Primary ☒ General 1996 ☐ Other (specify)	09/16/96	$1,000.00
Bill Hancock for Congress 767 McKinney Chapel Road Rogersville, TN 37857	William Hancock TN-1 $1,000.00 Disbursement for: ☐ Primary ☒ General 1996 ☐ Other (specify)	09/16/96	$1,000.00
National Democrats for Congress 1470 Monroe Avenue Memphis, TN 38104	Harold Ford TN-9 $1,000.00 Disbursement for: ☐ Primary ☒ General 1996 ☐ Other (specify)	09/16/96	$1,000.00

SUBTOTAL of Disbursements This Page (optional) $10,000.00

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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
Max Sandlin for Congress 1600 S. Washington Marshall, TX 75670	Max Sandlin TX-1 $1,000.00 Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 1996	09/16/96	$1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Pete Sessions for Congress 1919 South Shiloh Road #200 Garland, TX 75041	Pete Sessions TX-5 $1,000.00 Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 1996	09/16/96	$1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Brady for Congress P.O. Box 8277 The Woodlands, TX 77387	Kevin Brady TX-8 $1,000.00 Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 1996	09/16/96	$1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Cook for Congress 8 East Broadway, Suite 614 Salt Lake City, UT 84111	Merrill Cook UT-2 $1,000.00 Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 1996	09/16/96	$1,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Goode for Congress 124 Orchard Avenue Rocky Mount, VA 24151	Virgil Goode VA-5 $1,000.00 Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 1996	09/16/96	$1,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bob Ney For Congress 1212 North Vernon Street Arlington, VA 22201	Bob Ney OH-18 $7,500.00 Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 1996	09/19/96	$2,500.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Craig for Senate Committee Box 2754 Boise, ID 82701	Larry E. Craig ID-SEN $8,000.00 Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 1996	09/19/96	$2,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Funderburk For Congress 121 East Cumberland St. Dunn, NC 28335	David Funderburk NC-2 $500.00 Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 1996	09/19/96	$500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bass Victory '96 Committee 136 North Main Street Suite 3 Concord, NH 03301	Charles Bass NH-2 $2,000.00 Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 1996	09/19/96	$1,000.00
SUBTOTAL of Disbursements This Page (optional)			$11,000.00
TOTAL This Period (last page this line number only)			

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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
Stevens for Senate Committee Box 1776 Washington, DC 20013	Ted Stevens AK-SEN $6,500.00 Disbursement for: ☐ Primary ☒ General 1996 ☐ Other (specify)	09/19/96	$2,500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Citizens for Harkin Box 75221 Washington, DC 20013	Tom Harkin IA-SEN $5,000.00 Disbursement for: ☐ Primary ☒ General 1996 ☐ Other (specify)	09/19/96	$5,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
McConnell Senate Committee '96 513 1/2 South Third Street Louisville, KY 40202	Mitch McConnell KY-SEN $5,000.00 Disbursement for: ☐ Primary ☒ General 1996 ☐ Other (specify)	09/19/96	$5,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Brownback for Congress 515 S. Kansas Ave. Topeka, KS 66603	Sam Brownback KS-2 $1,000.00 Disbursement for: ☐ Primary ☒ General 1996 ☐ Other (specify)	09/19/96	$1,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bob Smith for US Senate 407 N. Washington Alexandria, VA 22314	Robert C. Smith NH-SEN $2,500.00 Disbursement for: ☐ Primary ☒ General 1996 ☐ Other (specify)	09/19/96	$2,500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Zimmer for Congress PO Box 107 Flemington, NJ 08822	Richard Zimmer NJ-12 $2,500.00 Disbursement for: ☐ Primary ☒ General 1996 ☐ Other (specify)	09/19/96	$2,500.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Helms for Senate Box 26544 Raleigh, NC 27611	Jesse Helms NC-SEN $7,500.00 Disbursement for: ☐ Primary ☒ General 1996 ☐ Other (specify)	09/19/96	$2,500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Jim Inhofe 3035 N. 65th Rd. Suite 201 North Oklahoma City, OK 73116	James Inhofe OK-SEN $2,500.00 Disbursement for: ☐ Primary ☒ General 1996 ☐ Other (specify)	09/19/96	$2,500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The Reed Committee Box 8628 Cranston, RI 02920	Jack Reed RI-2 $7,000.00 Disbursement for: ☐ Primary ☒ General 1996 ☐ Other (specify)	09/19/96	$5,000.00
			$28,500.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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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	B. Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Senator Phil Gramm Committee Box 565087 Dallas, TX 75356	Phil Gramm TX-SEN $2,750.00 x Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/19/96	$2,500.00
Senator John Warner 1996 Comm. Box 19509 Alexandria, VA 22320	John Warner VA-SEN $2,500.00 x Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/19/96	$2,500.00
Friends for Congressman 631 The Plain Road Westbury, NY 11590	Daniel Frisa NY-4 $8,000.00 x Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/20/96	$5,000.00
[illegible] 2668 Cannon Point Court Columbus, OH 43209	John [illegible] OH-12 $2,500.00 x Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/20/96	$1,000.00
Betty [illegible] for Congress Com Box 459 Saratoga Springs, NY 12866	Gerald B. Solomon NY-22 $5,000.00 x Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/20/96	$5,000.00
Re[illegible] PO Box 19609 Raleigh, NC 27619	Fred[illegible] Heineman NC-4 $500.00 x Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/20/96	$500.00
[illegible] P.O. Box 9207 Mesa, AZ 85214	J. [illegible] AZ-6 $6,000.00 x Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/20/96	$5,000.00
[illegible] Comm. Box 395 Bakersfield, CA 93302	Wi[illegible] Thomas CA-21 $5,000.00 x Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/20/96	$2,500.00
[illegible] for Congress 2445 Morena Blvd., Suite 101 San Diego, CA 92110	Brian P. Bilbray CA-49 $4,500.00 x Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/20/96	$1,000.00
			$25,000.00

SUBTOTAL of Disbursements This Page (optional) .....

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

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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
Schaefer to Congress Box 1654 Englewood, CO 80150	Dan Schaefer CO-6 $6,000.00 Disbursement for: ☐ Primary ☒ General 1996 ☐ Other (specify)	09/20/96	$2,500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Nancy Johnson for Congress 980 West Main Street New Britain, CT 06050	Nancy L. Johnson CT-6 $9,000.00 Disbursement for: ☐ Primary ☒ General 1996 ☐ Other (specify)	09/20/96	$5,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Crapo for Congress P.O. Box 1013 Boise, ID 83701	Mike Crapo ID-2 $4,500.00 Disbursement for: ☐ Primary ☒ General 1996 ☐ Other (specify)	09/20/96	$1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Nussle for Congress Box 643 Marion, IA 52302	Jim Nussle IA-2 $1,000.00 Disbursement for: ☐ Primary ☒ General 1996 ☐ Other (specify)	09/20/96	$1,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hastert for Congress Committee 3833 Swan House Ct. Burtonsville, MD 20866	Dennis Hastert IL-14 $4,000.00 Disbursement for: ☐ Primary ☒ General 1996 ☐ Other (specify)	09/20/96	$2,500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Whitfield for Congress 200 East 9th Street Hopkinsville, KY 42240	Edward Whitfield KY-1 $3,500.00 Disbursement for: ☐ Primary ☒ General 1996 ☐ Other (specify)	09/20/96	$1,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Citizens for Bunning 1717 Dixie Highway, Suite 180 Ft. Wright, KY 41011	Jim Bunning KY-4 $1,000.00 Disbursement for: ☐ Primary ☒ General 1996 ☐ Other (specify)	09/20/96	$1,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Dave Camp for Congress 230 E. Main Street Midland, MI 48640	Dave Camp MI-4 $7,000.00 Disbursement for: ☐ Primary ☒ General 1996 ☐ Other (specify)	09/20/96	$2,500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Upton for MI 6th US P.O. Box 490 Stevensville, MI 49127	Fred Upton MI-6 $5,000.00 Disbursement for: ☐ Primary ☒ General 1996 ☐ Other (specify)	09/20/96	$2,500.00

SUBTOTAL of Disbursements This Page (optional) $19,000.00

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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
The Jim Ramstad Volunteer CmteJim Ramstad 8100 Penn Ave. South Suite 104 Bloomington, MN 55431	MN-3 $3,000.00 Disbursement for: ☐ Primary ☒ General 1996 ☐ Other (specify)	09/20/96	$1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ensign for Congress 4012 S. Rainbow Blvd. Suite K-560 Las Vegas, NV 89103	John Ensign NV-1 $5,500.00 Disbursement for: ☐ Primary ☒ General 1996 ☐ Other (specify)	09/20/96	$2,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Martini for Congress 1064 Pompton Avenue Cedar Grove, NJ 07009	Bill Martini NJ-8 $3,000.00 Disbursement for: ☐ Primary ☒ General 1996 ☐ Other (specify)	09/20/96	$2,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Paxon for Congress Box 1995 Williamsville, NY 14231	L. William Paxon NY-27 $8,000.00 Disbursement for: ☐ Primary ☒ General 1996 ☐ Other (specify)	09/20/96	$5,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Burr for Congress 514 South Stratford Road Winston-Salem, NC 27103	Richard Burr NC-5 $2,000.00 Disbursement for: ☐ Primary ☒ General 1996 ☐ Other (specify)	09/20/96	$1,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Oxley for Congress Committee Box 1990 Findlay, OH 45839	Michael G. Oxley OH-4 $1,000.00 Disbursement for: ☐ Primary ☒ General 1996 ☐ Other (specify)	09/20/96	$1,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Citizens for Gillmor PO Box 910 Port Clinton, OH 43452	Paul E. Gillmor OH-5 $6,500.00 Disbursement for: ☐ Primary ☒ General 1996 ☐ Other (specify)	09/20/96	$2,500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hall for Congress Committee Box 711 Rockwall, TX 75087	Ralph M. Hall TX-4 $1,000.00 Disbursement for: ☐ Primary ☒ General 1996 ☐ Other (specify)	09/20/96	$1,000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Citizens for Jack Metcalf 12811 8th Avenue West Suite A-205 Everett, WA 98204	Jack Metcalf WA-2 $5,000.00 Disbursement for: ☐ Primary ☒ General 1996 ☐ Other (specify)	09/20/96	$2,500.00
		SUBTOTAL of Disbursements This Page (optional)	$18,000.00
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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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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
Ben Cardin for Congress Box 65056 Baltimore, MD 21209	Benjamin Cardin MD-3 $7,500.00 Disbursement for: ☐ Primary ☒ General 1996 ☐ Other (specify)	09/20/96	$5,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Lots of People for Jim Saxton Box 795 Mt. Holly, NJ 08060	James Saxton NJ-3 $4,000.00 Disbursement for: ☐ Primary ☐ General 1996 ☐ Other (specify)	09/23/96	$2,500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Lobiondo for Congress 738 East Landis Avenue Vineland, NJ 08360	Frank LoBiondo NJ-2 $5,000.00 Disbursement for: ☐ Primary ☐ General 1996 ☐ Other (specify)	09/23/96	$2,500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Neither for Congress Committee PO Box 117 Mt. Vernon, VA 22121	Bill Neither NC-8 $500.00 Disbursement for: ☐ Primary ☐ General 1996 ☐ Other (specify)	09/23/96	$500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Walter B. Jones for Congress P.O. Box 99667 Raleigh, NC 27624	Walter B. Jones, Jr. NC-3 $1,000.00 Disbursement for: ☐ Primary ☐ General 1996 ☐ Other (specify)	09/23/96	$1,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Myrick for Congress PO Box 37091 Charlotte, NC 28237	Sue Myrick NC-9 $500.00 Disbursement for: ☐ Primary ☐ General 1996 ☐ Other (specify)	09/23/96	$500.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Charlie Taylor for Congress P.O. Box 2355 Asheville, NC 28802	Charles Taylor NC-11 $1,500.00 Disbursement for: ☐ Primary ☐ General 1996 ☐ Other (specify)	09/23/96	$500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Collin Peterson for Congress Box 6 St. Cloud, MN 56302	Collin Peterson MN-7 $2,000.00 Disbursement for: ☐ Primary ☐ General 1996 ☐ Other (specify)	09/24/96	$2,000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jerry Lewis for Congress Box 247 Redlands, CA 92373	Jerry Lewis CA-40 $2,500.00 Disbursement for: ☐ Primary ☐ General 1996 ☐ Other (specify)	09/30/96	$2,500.00
SUBTOTAL of Disbursements This Page (optional)			$17,000.00
TOTAL This Period (last page this line number only)			

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

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FOR LINE NUMBER 23

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Coloradans For David Skaggs Box 652 Westminster, CO 80030	David Skaggs CO-2 $1,000.00 x 1996 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/30/96	$500.00
Friends For Congress PO Box 31507 Grand Junction, CO 81502	Scott McInnis CO-3 $5,500.00 x 1996 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/30/96	$2,000.00
Friends of Cliff Stearns Cmte Box 308 Silver Springs, FL 34489	Cliff Stearns FL-6 $5,500.00 x 1996 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/30/96	$2,500.00
Friends of Jack Kingston 7360 Skidaway Road Savannah, GA 31406	Jack Kingston GA-1 $2,000.00 x 1996 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/30/96	$2,000.00
Friends of Newt Gingrich 1085 Holcomb Bridge Road #190A Roswell, GA 30076	Newt Gingrich GA-6 $7,000.00 x 1996 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/30/96	$5,000.00
Jesse Jackson Jr. For Congress 421 New Jersey Avenue, SE Washington, DC 20003	Jesse Jackson, Jr. IL-2 $1,000.00 x 1996 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/30/96	$1,000.00
Dan Burton For Congress Box 50593 Indianapolis, IN 46250	Dan Burton IN-6 $6,500.00 x 1996 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/30/96	$2,500.00
Bonior For Congress 237 Gratiot Mt Clemens, MI 48043	David B. Bonior MI-10 $4,000.00 x 1996 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/30/96	$2,000.00
Knollenberg For Congress 512 Second Street S.E. Washington, DC 20003	Joe Knollenberg MI-11 $6,500.00 x 1996 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/30/96	$2,500.00

SUBTOTAL of Disbursements This Page (optional) $20,000.00

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

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use expense schedule(s) for each category of the Detailed Summary Page	PAGE 10 OF 12
	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
Gephardt in Congress c/o 555 New Jersey Ave., NW Suite 201 Washington, DC 20001	Richard A. Gephardt MO-3 $6,500.00 x Disbursement for: ☐ Primary ☐ General 1996 ☐ Other (specify)	09/30/96	$2,500.00
Christensen for Congress PO Box 540621 Omaha, NE 68154	Jon Christensen NE-2 $5,000.00 x Disbursement for: ☐ Primary ☐ General 1996 ☐ Other (specify)	09/30/96	$5,000.00
Frank Pallone for Congress Committee Box 2884 Washington, DC 20013	Frank Pallone NJ-6 $3,500.00 x Disbursement for: ☐ Primary ☐ General 1996 ☐ Other (specify)	09/30/96	$1,500.00
McNulty for Congress Box 1560 Green Island, NY 12183	Michael McNulty NY-21 $6,500.00 x Disbursement for: ☐ Primary ☐ General 1996 ☐ Other (specify)	09/30/96	$2,500.00
Hobson for Congress Committee 333 N Limestone St. Springfield, OH 45503	David Hobson OH-7 $2,000.00 x Disbursement for: ☐ Primary ☐ General 1996 ☐ Other (specify)	09/30/96	$500.00
Sherrod Brown for Congress 111 Edgefield Drive Elyria, OH 44035	Sherrod Brown OH-13 $1,000.00 x Disbursement for: ☐ Primary ☐ General 1996 ☐ Other (specify)	09/30/96	$1,000.00
Holden for Congress P.O. Box 523024 Springfield, VA 22152	Timothy Holden PA-6 $3,500.00 x Disbursement for: ☐ Primary ☐ General 1996 ☐ Other (specify)	09/30/96	$500.00
Pennsylvanians for Kanjorski 15075 Lindenberry Lane Dumfries, VA 22026	Paul Kanjorski PA-11 $4,000.00 x Disbursement for: ☐ Primary ☐ General 1996 ☐ Other (specify)	09/30/96	$4,000.00
Friends of Paul Critchlow c/o David Schwartz 462 Walnut Street Allentown, PA 18101	Paul Critchlow PA-15 $2,000.00 x Disbursement for: ☐ Primary ☐ General 1996 ☐ Other (specify)	09/30/96	$2,000.00
			$19,500.00

SUBTOTAL of Disbursements This Page (optional) .....

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 11 OF 12
	FOR LINE NUMBER 23

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

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Congressman Bart Gordon Committee 122 C St. NW, Suite 500A Washington, DC 20001	Bart Gordon TN-6 $4,500.00 x Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/30/96	$2,000.00
Friends of John Tanner Box 70926 Washington, DC 20024	John Tanner TN-8 $3,500.00 x Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/30/96	$2,000.00
Edwards for Congress 2100 Washington Waco, TX 76701	Chet Edwards TX-11 $2,000.00 x Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/30/96	$1,000.00
Reyes Congressional Campaign 215 E. Yendell El Paso, TX 79902	Silvestre Reyes TX-16 $3,000.00 x Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/30/96	$500.00
Martin Frost Campaign Comm. Box 4219 Dallas, TX 75208	Martin Frost TX-24 $3,500.00 x Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/30/96	$1,000.00
Bateman for Congress Committee PO Box 1668 Grafton, VA 23692	Herbert Bateman VA-1 $4,000.00 x Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/30/96	$1,000.00
Hastings for Congress Comm. 4710 Desert Plateau Drive Pasco, WA 99301	Richard Hastings WA-4 $4,500.00 x Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/30/96	$1,000.00
Alan Mollohan for Congressional Camp. Box 1343 Fairmont, WV 26554	Alan Mollohan WV-1 $1,000.00 x Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/30/96	$1,000.00
Re-Elect Nick Rahall for Congress Box 64 Beckley, WV 25801	Nick Joe Rahall, III WV-3 $1,000.00 x Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/30/96	$1,000.00
			$10,500.00

SUBTOTAL of Disbursements This Page (optional) .....

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 12 OF 12
	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
Doyle For Congress PO Box 17426 Pittsburgh, PA 15235	Mike Doyle PA-18 $1,500.00 Disbursement for: ☐ Primary ☒ General 1996 ☐ Other (specify)	09/30/96	$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)	$191,000.00

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☑	Hand Delivered	DATE OF RECEIPT 10-24-96
☐	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

MV — PREPARER

10-24-96 — DATE PREPARED

FEC FORM 70-2 (12/92)