REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

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

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

CITY, STATE and ZIP CODE
Washington, DC 20006

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUN 24 10 29 AM '97

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 May 1997 through 31 May 1997		
6. (a) Cash on Hand January 1, 1997		$ 633,863.97
(b) Cash on Hand at Beginning of Reporting Period	$ 726,498.50	
(c) Total Receipts (from Line 19)	$ 71,927.52	$ 419,222.55
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 798,426.02	$ 1,053,086.52
7. Total Disbursements (from Line 30)	$ 22,095.00	$ 276,755.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 776,331.02	$ 776,331.02
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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
Domenick Cornisi, Assistant Treasurer

Signature of Treasurer
D. Cornisi

Date
6/30/97

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

FEC FORM 3X
(revised 9/93)

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: National Association of Life Underwriters' Political Action Committee

REPORT COVERING PERIOD FROM 1 May 1997 TO: 31 May 1997

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	9,408.59	42,394.91
ii. Unitemized	61,719.73	370,814.50
iii. Total (add i and ii) ➤	71,128.32	413,209.41
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤	71,128.32	413,209.41
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.)	799.20	5,013.14
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	71,927.52	419,222.55
20. Total Federal Receipts (subtract line 18 from line 19) ➤	71,927.52	419,222.55
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	95.00	75,255.50
c. Total Operating Expenditures (add a i, a ii, and b) ➤	95.00	75,255.50
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	22,000.00	201,500.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) ➤	0.00	0.00
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	22,095.00	276,755.50
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	22,095.00	276,755.50
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	71,128.32	413,209.41
33. Total Contribution Refunds (from line 28d)	0.00	0.00
34. Net Contributions (other than loans)(subtract line 33 from 32)	71,128.32	413,209.41
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	95.00	75,255.50
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00
37. Net Operating Expenditures (subtract line 36 from 35) ➤	95.00	75,255.50

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 12

FOR LINE NUMBER 11(b)(i)

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

NAME OF COMMITTEE (in Full)

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Stephen D. Andersen 7431 "O" Street Lincoln, NE 68510-2444 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date $	05/14/97	42.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Robert B. Anderson, CLU P. O. Box 127 Jonesborough, TN 37659-0127 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date $	05/14/97	50.40
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
George F. Bashaw, Jr., CLU 2021 S. Lewis, #400 Tulsa, OK 74104-5710 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date $	05/23/97	300.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Craig Beachnaw, LIC 3217 West Saginaw Lansing, MI 48917-2310 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date $	05/14/97	42.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Kent A. Bennett, LUTCF 514 Pine Street Williamsport, PA 17701-5047 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date $	05/14/97	60.60
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Frank B. Bliss 1742 Solano Ave Berkeley, CA 94707-2213 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date $	05/14/97	42.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
John J. Bradley, CLU 100 Congress Street Quincy, MA 02169-0906 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date $	05/14/97	41.66

SUBTOTAL of Receipts This Page (optional) 208.30

TOTAL This Period (last page this line number only) 578.66

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 2 OF 12

FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (In Full)

National Association of Life Underwriters Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Gary A. Bramon, CLU, ChFC 890 Lamont Ave Ste-201 Novato, CA 94945-4100 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 212.50	05/14/97	42.50
B. David Burstin, CLU Six PPG Place Suite 1150 Pittsburgh, PA 15222-5406 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 300.00	05/22/97	300.00
C. Lawrence A. Chargin 7202 N. Millbrook #205 Fresno, CA 93720-3341 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 210.00	05/14/97	42.00
D. R. Scott Culbertson, CFP, CEBS 2023 Cato Drive #102 State College, PA 16801-2765 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 201.60	05/14/97	50.40
E. Vincent M. D'Addona, CLU, ChFC 140 Broadway, 22nd Floor New York, NY 10005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 212.50	05/14/97	42.50
F. James A. Davis, CLU 701 Cherry Street, Suite 200 Chattanooga, TN 37402-1939 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 300.00	05/05/97	300.00
G. David S. Dickenson, II, CLU ChFC 1901 East 13th Street Suite 506 Cleveland, OH 44114-3583 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 210.00	05/14/97	42.00

SUBTOTAL of Receipts This Page (optional) > 819.40

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 3 OF 12

FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (In Full)

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
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 > $ 210.00	05/14/97	42.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	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 > $ 210.00	05/14/97	42.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	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 > $ 252.00	05/14/97	50.40
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Gerald B. Ferrier, LUTCF 1117 Ellis Street #C-D Bellingham, WA 98225-5203 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 210.00	05/14/97	42.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Jeffery L. Ferrier, LUTCF 1117 Ellis St. #C & D Bellingham, WA 98225-5203 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 210.00	05/14/97	42.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Alan R. Pinkelstein, CLU 120 W. 45th St Flr-14 New York, NY 10036-4041 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 250.00	05/27/97	250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Thomas F. Flournoy, Jr., CLU P. O. Box 1013 Macon, GA 31202-1013 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 210.00	05/14/97	42.00

SUBTOTAL of Receipts This Page (optional) ..... > 510.40

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 4 OF 12

FOR LINE NUMBER 17(a)(i)

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

NAME OF COMMITTEE (In Full)

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Steven M. Frank, CLU 21700 Oxnard St #1160 Woodland Hills, CA 91367-7302 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation Insurance agent Aggregate Year-to-Date $	05/14/97	50.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
James E. Freilinger, CLU, ChFC, 482 Congress Street #400 Portland, ME 04101-3493 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation Insurance agent Aggregate Year-to-Date $	05/23/97	225.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Gary R. Froid, CLU, ChFC P.O. Box 3642 St. Petersburg, FL 33731-3642 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation Insurance agent Aggregate Year-to-Date $	05/14/97	50.40
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Peter Fulchiron, CLU, LUTCF 405 Enfrente Dr #100 Novato, CA 94949-7206 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation Insurance agent Aggregate Year-to-Date $	05/14/97	50.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Harold A. Gillet, LUTCF P. O. Box 2907 Missoula, MT 59806-2907 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation Insurance agent Aggregate Year-to-Date $	05/14/97	12.50
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Michael P. Grossman, CFP 95 Glastonbury Blvd Glastonbury, CT 06033-4412 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation Insurance agent Aggregate Year-to-Date $	05/14/97	42.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Joseph H. Gwinn, CLU, CPCU, ChFC P. O. Box 308 Vinton, VA 24179-0308 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation Insurance agent Aggregate Year-to-Date $	05/14/97	42.00

SUBTOTAL of Receipts This Page (optional) 210.00

TOTAL This Period (last page this line number only) 471.90

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 12 OF

FOR LINE NUMBER

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

NAME OF COMMITTEE (In Full)

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Allan G. Hancock, CLU, ChFC P. O. Box 2096 Altoona, PA 16603-2096 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation Aggregate Year-to-Date > $ Insurance agent	05/12/97	600.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Karl Erik Hansen, CLU, ChFC 419 N. Shoreline Blvd. Mountain View, CA 94043-4605 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation Aggregate Year-to-Date > $ Insurance agent	05/14/97	42.50
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Alex Hanson, CLU, ChFC P. O. Box 1138 Portsmouth, NH 03802-1138 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation Aggregate Year-to-Date > $ Insurance agent	05/14/97	42.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	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 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation Aggregate Year-to-Date > $ Insurance agent	05/14/97	42.50
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Terry K. Headley, LUTCF 8990 West Dodge Road #226 Omaha, NE 68114-3315 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation Aggregate Year-to-Date > $ Insurance agent	05/14/97	50.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Richard L. Hill, CLU, ChFC P. O. Box 30275 Lincoln, NE 68503-0275 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation Aggregate Year-to-Date > $ Insurance agent	05/14/97	42.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
William V. Irons, CLU, LUTCF 469 Centerville Rd #203 Warwick, RI 02886-4328 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation Aggregate Year-to-Date > $ Insurance agent	05/14/97	50.40

SUBTOTAL of Receipts This Page (optional) 252.00

TOTAL This Period (last page this line number only) 869.40

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (In Full)

National Association of Life Underwriters Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Stewart N. Isbell, LUTCF 12031 Regentview Ave. #200 Downey, CA 90241-5517 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date: 225.00	05/14/97	42.50
B. Frederick W. Joyner 1316 Ashley Square Winston Salem, NC 27103-2919 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date: 275.00	05/29/97	275.00
C. Richard A. Koob, CLU, ChFC, AEP 626 N. Moreland Blvd. Waukesha, WI 53188-2433 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date: 252.00	05/14/97	50.40
D. Michael J. Kraft, CLU 70 Washington St. #200 Oakland, CA 94607-3738 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date: 212.50	05/14/97	42.50
E. Bruce C. Lichtenberg, LUTCF 4725 First Street #225 Pleasanton, CA 94566-7366 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date: 250.00	05/14/97	50.00
F. Lawrence R. Lounds, CLU G-3526 Miller Rd. Ste-B Flint, MI 48507-1236 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date: 210.00	05/14/97	42.00
G. Gene L. Mahn, CLU, ChFC 1635 La Granada Drive Thousand Oaks, CA 91362-2146 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date: 442.50	05/14/97	8.50

SUBTOTAL of Receipts This Page (optional) 510.90

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (In Full)

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Robert F. McKown, CLU, ChFC 2020 Commonwealth Avenue Newton, MA 02166-2006 Receipt For: Primary General Other (specify):	Self-employed Insurance agent	05/14/97	42.50
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Morland McManigal, CLU, CPCU 690 E Tabor Ave #A-1 Fairfield, CA 94533-4079 Receipt For: Primary General Other (specify):	Self-employed agent	05/12/97	500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dennis R. Merideth, CLU, ChFC 5151 E Broadway Ste-750 Tucson, AZ 85711-3734 Receipt For: Primary General Other (specify):	Self-employed agent	05/14/97	50.40
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	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 agent	05/14/97	50.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	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 agent	05/14/97	42.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	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 agent	05/14/97	60.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	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 agent	05/14/97	50.40

SUBTOTAL of Receipts This Page (optional) 252.80

TOTAL This Period (last page this line number only) 795.30

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 8 OF 12

FOR LINE NUMBER

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

NAME OF COMMITTEE (In Full)

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Herbert F. Morgan 1836 Hermitage Blvd. #200 Tallahassee, FL 32308-7706 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation Aggregate Year-to-Date $ Insurance Agent	05/14/97	50.40
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Steven G. Mulder 3275 W. 4th Street P.O. Box 1230 Waterloo, IA 50704-1230 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation Aggregate Year-to-Date $ Insurance Agent	05/14/97	50.40
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ruffner P. Murray, Jr. P. O. Box 241449 Memphis, TN 38124-1449 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation Aggregate Year-to-Date $ Insurance Agent	05/22/97	600.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Lynn H. Naden 320 S. Green Bay Rd. Waukegan, IL 60085-4859 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation Aggregate Year-to-Date $ Insurance Agent	05/14/97	50.40
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	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 Occupation Aggregate Year-to-Date $ Insurance Agent	05/14/97	42.50
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	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 Occupation Aggregate Year-to-Date $ Insurance Agent	05/14/97	42.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	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 Occupation Aggregate Year-to-Date $ Insurance Agent	05/14/97	42.50

SUBTOTAL of Receipts This Page (optional) 212.50

TOTAL This Period (last page this line number only) 878.20

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 9 OF 12

FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (in Full)

National Association of Life Underwriters Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mitchell W. Ostrove, CLU, ChFC 4 New King Street White Plains, NY 10604-1202 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date: 210.00	05/14/97	42.00
Gary H. Pendleton, CLU, ChFC 2908 Lake Boone Place Raleigh, NC 27608 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date: 229.13	05/14/97	45.83
Art Pfeiffer, CLU, ChFC 7100 Fairway Drive #56 Palm Beach Grdns, FL 33418-3779 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date: 300.00	05/20/97	300.00
Harry Phillips, 3rd, CLU, CPCU 350 Fifth Avenue, Suite 5404 New York, NY 10118-5404 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date: 500.00	05/30/97	500.00
R. Jan Pinney, CLU, ChFC, CPCU 3005 Douglas Blvd #120 Roseville, CA 95661-3854 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date: 500.00	05/14/97	42.00
John M. Qualy, CLU 701 Market St., #1070 St. Louis, MO 63101-1873 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date: 210.00	05/05/97	150.00
Frank L. Rainaldi, CLU, ChFC 6 Becker Farm Road, 4th Floor Roseland, NJ 07068 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date: 450.00	05/05/97	240.00

SUBTOTAL of Receipts This Page (optional) 240.00

TOTAL This Period (last page this line number only) 1319.83

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 10 OF 12

FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (In Full)

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Karl H. Rakow, LUTCF 2000 Schafer Street Box 1 Bismarck, ND 58501-1204 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation Aggregate Year-to-Date: Insurance agent 251.22	05/14/97	42.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dennis R. Richards P.O. Box 1029 Scottsbluff, NE 69363-1029 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation Aggregate Year-to-Date: Insurance agent 250.00	05/09/97	250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Burton T. Ritchie, CLU 438 N Easton Rd Box 86 Glenside, PA 19038-4903 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation Aggregate Year-to-Date: Insurance agent 600.00	05/05/97	600.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
D. David Russell, CLU, ChFC 2423 Carlisle Place Sarasota, FL 34231-7013 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation Aggregate Year-to-Date: Insurance agent 252.00	05/14/97	50.40
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Albert J. Schiff, CLU One Stamford Plaza 10th Flr 263 Tresser Boulevard Stamford, CT 06901-3236 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation Aggregate Year-to-Date: Insurance agent 500.00	05/07/97	500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
James D. Schulz, CLU, ChFC 7431 "O" Street Lincoln, NE 68510-2444 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation Aggregate Year-to-Date: Insurance agent 235.20	05/14/97	42.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Walter J. Scott, Jr., CLU 240 Algoma Blvd. P.O. Box 1600 Oshkosh, WI 54902-4775 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation Aggregate Year-to-Date: Insurance agent 252.00	05/14/97	50.40

SUBTOTAL of Receipts This Page (optional) 1534.00

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

FOR LINE NUMBER II(a)(i)

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

NAME OF COMMITTEE (In Full)

National Association of Life Underwriters Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Vince R. Settineri, RHU 420 Lake Cook Rd. #111 Deerfield, IL 60015-4914 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 252.00	05/14/97	50.40
B. Paul M. Smith, Sr., CLU 5101 College Blvd. S-100 Leawood, KS 66211-1614 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 255.00	05/14/97	51.00
C. Carl H. Sonnenberg, CLU 500 West Monroe St., #2600 Chicago, IL 60661-3630 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 330.00	05/12/97	150.00
D. David L. Stratton, CLU, ChFC 8300 Briarwood Ste-B Anchorage, AK 99518-3331 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 250.00	05/14/97	50.00
E. John Michael Taylor, CLU, ChFC P.O. Box 7546 Columbus, GA 31908-7546 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 210.00	05/14/97	42.00
F. Robert L. Tedoldi, CLU, ChFC 95 Glastonbury Blvd 4th Fl Glastonbury, CT 06033-4412 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 210.00	05/14/97	42.00
G. Mark S. Waskow, CLU, ChFC, LUTCF 126 College St., Ste. 4E Burlington, VT 05401 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 500.00	05/29/97	600.00

SUBTOTAL of Receipts This Page (optional) 985.40

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 12 OF 12

FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (In Full)

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
David R. Watson, CLU, ChFC, AEP One Liberty Place, Suite 680 Philadelphia, PA 19103-7301	Self-employed Insurance agent	05/14/97	50.40
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 252.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Thomas L. Webb, CLU, ChFC 4648 Circuit Rider Lane S. Salem, OR 97302-3914	Self-employed Insurance agent	05/14/97	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 278.00		
C. 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	Self-employed Insurance agent	05/14/97	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 210.00		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) > 134.40

TOTAL This Period (last page this line number only) > 9408.59

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 23

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

NAME OF COMMITTEE (In Full)

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Boyd For Congress PO Box 15703 Tallahassee, FL 32317	Allen Boyd FL-2 $1,000.00 Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1998	05/01/97	$1,000.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Friends of Bob Graham 422 C Street NW, Lower Level Washington, DC 20002	Bob Graham FL-SEN $1,000.00 Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1998	05/02/97	$1,000.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Coverdell For Senate Box 14503 Atlanta, GA 30324	Paul Coverdell GA-SEN $2,000.00 Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1998	05/02/97	$2,000.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Earl Pomeroy for Congress PO Box 746 Bismark, ND 58502	Earl Pomeroy ND-A/L $2,000.00 Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1998	05/02/97	$1,000.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Friends of David Minge c/o Rick Jauert 410 New Jersey Ave. S.E. Washington, DC 20003	David Minge MN-2 $500.00 Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1998	05/05/97	$500.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Friends of Chris Dodd 203 C Street, NE Washington, DC 20002	Christopher J. Dodd CT-SEN $2,000.00 Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1998	05/05/97	$2,000.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Taylor for Congress P.O. Box 2355 Asheville, NC 28802	Charles H. Taylor NC-11 $500.00 Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1998	05/06/97	$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 Mark Foley P.O. Box 30505 Palm Bch Gardens, FL 33420	Mark Foley FL-16 $2,500.00 Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1998	05/06/97	$1,500.00
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Nancy Johnson For Congress P.O. Box 1986 New Britain, CT 06050	Nancy L. Johnson CT-6 $1,000.00 Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1998	05/06/97	$1,000.00

SUBTOTAL of Disbursements This Page (optional) $10,500.00

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

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 4

FOR LINE NUMBER 23

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

NAME OF COMMITTEE (In Full)

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Dave Weldon Committ P.O. Box 968 Melbourne, FL 32902	Dave Weldon FL-15 $500.00 Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1998	05/06/97	$500.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Mike Pappas for Congress 3582 Route 22 West Somerville, NJ 08876	Mike Pappas NJ-12 $500.00 Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1998	05/06/97	$500.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Congressman Bart Gordon Commit 122 C St. NW, Suite 500A Washington, DC 20001	Bart Gordon TN-6 $1,000.00 Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1998	05/08/97	$1,000.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
National Republican Congressio 320 First Street SE Washington, DC 20003	National Republican Congressiona $15,000.00 Disbursement for: [X] Primary [ ] General [ ] Other (specify) Annual 1998	05/08/97	$15,000.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Barrett for Congress P.O. Box 7882 Madison, WI 53707	Tom Barrett WI-5 $500.00 Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1998	05/21/97	$500.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Rogan Campaign Committee 3525 N. Verdugo Road Glendale, CA 91208	James Rogan CA-27 $2,500.00 Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1998	05/21/97	$1,500.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Ehrlich for Congress Committee 1527 York Road Lutherville, MD 21093	Robert Ehrlich MD-2 $1,000.00 Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1998	05/21/97	$1,000.00
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Hulshof for Congress Post Office Box 1621 Columbia, MO 65205	Kenny Hulshof MO-9 $2,500.00 Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1998	05/21/97	$1,500.00
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Luther For Congress 1399 Geneva Avenue North Suite 103 Oakdale, MN 55128	William P. Luther MN-6 $500.00 Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1998	05/21/97	$500.00

SUBTOTAL of Disbursements This Page (optional) $22,000.00

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

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 3 OF 4

FOR LINE NUMBER 23

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

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The Sensenbrenner Committee PO Box 575 Brookfield, WI 53008	F. James Sensenbrenner WI-9 $1,000.00 Disbursement for: [X] Primary [ ] General 1998 [ ] Other (specify)	05/23/97	$1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Tom Allen for Congress P.O. Box 17766 Portland, ME 04112	Tom Allen ME-1 $500.00 Disbursement for: [X] Primary [ ] General 1998 [ ] Other (specify)	05/23/97	$500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DeLauro for Congress One Trumble Street New Haven, CT 06511	Rosa DeLauro CT-3 $500.00 Disbursement for: [X] Primary [ ] General 1998 [ ] Other (specify)	05/23/97	$500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Senator D'Amato 425 Second Street, NE Washington, DC 20002	Alfonse M. D'Amato NY-SEN $2,000.00 Disbursement for: [X] Primary [ ] General 1998 [ ] Other (specify)	05/29/97	$2,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Vern Ehlers for Congress P.O. Box 3340 Grand Rapids, MI 49501	Vern Ehlers MI-3 $500.00 Disbursement for: [X] Primary [ ] General 1998 [ ] Other (specify)	05/29/97	$500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
New Mexicans for Bill Richardson 1918 Belmont Road NW Washington, DC 20009	Bill Richardson NM-3 Disbursement for: [ ] Primary [X] General 1996 [ ] Other (specify)	5/30/97 (voided check from 1996 pre-general report)	(1,000.00)
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Wally Herger for Congress PO Box 2223 Marysville, CA 95901	Wally Herger CA-2 Disbursement for: [ ] Primary [X] General 1996 [ ] Other (specify)	5/30/97 (voided check from 1996 pre-general report)	(2,000.00)
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bob Goodlatte for Congress Comm. P.O. Box 292 Roanoke, VA 23236	Bob Goodlatte VA-6 Disbursement for: [ ] Primary [X] General 1996 [ ] Other (specify)	5/30/97 (voided check from 1996 pre-general report)	(1,000.00)
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Lee for Congress 3701 South Main Houston, TX 77004	Sheila Jackson Lee TX-18 Disbursement for: [ ] Primary [X] General 1996 [ ] Other (specify)	5/30/97 (voided check from 1996 pre-general report)	(500.00)

SUBTOTAL of Disbursements This Page (optional) ..... $ 0.00

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

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 33

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

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Stokes for Congress Committee PO Box 66364 Washington, DC 20035	Louis Stokes OH-11 Disbursement for: [ ] Primary [X] General 1996 [ ] Other (specify)	5/30/97 (voided check from 1996 pre-general report)	(500.00)
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Regula for Congress c/o J. B. Kis 733 42nd Street, NW Canton, OH 44709	Ralph S. Regula OH-16 Disbursement for: [ ] Primary [X] General 1996 [ ] Other (specify)	5/30/97 (voided check from 1996 pre-general report)	(500.00)
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Bob Goodlatte for Congress Committee PO Box 292 Roanoke, VA 23286	Bob Goodlatte VA-6 Disbursement for: [ ] Primary [X] General 1996 [ ] Other (specify)	5/30/97 (voided check from 1996 post-general report)	(1,000.00)
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	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 Disbursement for: [ ] Primary [X] General 1996 [ ] Other (specify)	5/30/97 (voided check from 1996 post-general report)	(1,500.00)
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Gibbons for Congress Committee 4655 Arcentia Circle Reno, NV 89502	James Gibbons NV-2 Disbursement for: [ ] Primary [X] General 1996 debt [ ] Other (specify)	5/30/97 (voided check from 1996 Final report)	(1,000.00)
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Cooksey for Congress 1310 North 19th Street Monroe, LA 71201	John C. Cooksey LA-5 Disbursement for: [ ] Primary [X] General 1996 Debt [ ] Other (specify)	5/30/97 (voided check from 1996 Final report)	(1,000.00)
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Max Cleland 3070 NE Expressway Atlanta, GA 30341	Max Cleland GA-SEN Disbursement for: [ ] Primary [X] General 1996 Debt [ ] Other (specify)	5/30/97 (voided check from 1996 Final report)	(5,000.00)
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional) ..... ($10,500.00)

TOTAL This Period (last page this line number only) $22,000.00

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 6-24-97
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

RS — PREPARER

6-24-97 — DATE PREPARED

FEC FORM 70-2 (12/92)