REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEDERAL ELECTION COMMISSION
WASHINGTON

APR 19 5 20 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 Mar 1 1996 through Mar 31 1996		
6. (a) Cash on Hand January 1, 1996		$ 999,000.39
(b) Cash on Hand at Beginning of Reporting Period	$ 941,492.09	
(c) Total Receipts (from Line 19)	$ 96,338.25	$ 287,619.78
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$1,037,830.34	$1,286,620.17
7. Total Disbursements (from Line 30)	$ 22,650.86	$ 271,440.69
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$1,015,179.48	$1,015,179.48
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
4/19/96

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)

9 6 0 3 0 2 5 3 7 0 6

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 Mar 1,1996 TO Mar 31, 1996

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)	7,170.00	24,357.00
ii. Unitemized	86,801.98	255,979.15
iii. Total ... (add i and ii) ➤	93,971.98	280,336.15
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions ... (add a iii, b and c) ➤	93,971.98	280,336.15
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		
17. Other Federal Receipts (Dividends, Interest, etc.)	2,366.27	7,283.63
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts ... (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	96,338.25	287,619.78
20. Total Federal Receipts ... (subtract line 18 from line 19) ➤	96,338.25	287,619.78
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	22,650.86	132,690.69
c. Total Operating Expenditures ... (add a i, a ii, and b) ➤	22,650.86	132,690.69
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	138,750.00
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) ➤	22,650.86	138,750.00
31. Total Federal Disbursements ... (subtract line 21 a i from line 30) ➤	22,650.86	138,750.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	93,971.98	280,336.15
33. Total Contribution Refunds (from line 28d)	0.00	0.00
34. Net Contributions (other than loans)(subtract line 33 from 32)	93,971.98	280,336.15
35. Total Federal Operating Expenditures ... (add 21 a i and 21 b) ➤	22,650.86	132,690.69
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures ... (subtract line 36 from 35) ➤	22,650.86	132,690.69

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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. 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 > $ 360.00	03/18/96	360.00
B. Paul F. Berlin, CLU 230 W. Superior, Suite 510 Chicago, IL 60610-3536 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 400.00	03/11/96	400.00
C. Mary B. Bickers 3145 Virginia Beach Blvd. #110 Virginia Beach, VA 23452-6950 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 400.00	03/29/96	400.00
D. Robert L. Blair 11501 Main Street Middletown, KY 40243-1315 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 300.00	03/05/96	300.00
E. Mark J. Carpenter 475 Sansome St. #1800 San Francisco, CA 94111-3141 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 207.50	03/18/96 03/31/96	100.00 50.00
F. Thomas Stanley Dean, CLU, CPCU 114 Shamrock Blvd. Venice, FL 34293-1629 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 310.20	03/11/96	300.00
G. Milton L. Eggren, Jr., CLU, ChFC 17 10th Ave. S. Hopkins, MN 55343 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 900.00	03/18/96	500.00

SUBTOTAL of Receipts This Page (optional) 2410.00

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

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 3

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

National Association of Life Underwriters Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Gordon L. Elgersma, CLU, ChFC 248 Louis Campau Pr NW Grand Rapids, MI 49503-2627 Receipt For: Primary / General / Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 250.00	03/14/96	150.00
B. Roger A. Hubley, ChFC, CLU, MSFS 277 Coon Rapids Blvd #414 Minneapolis, MN 55433-5856 Receipt For: Primary / General / Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 300.00	03/12/96	200.00
C. David B. Malkin, CLU, ChFC 354 Eisenhower Pkwy. Plz II Livingston, NJ 07039-1023 Receipt For: Primary / General / Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 500.00	03/14/96	500.00
D. James C. McGill, CLU, ChFC 7101 Mercy Road Suite 411 Omaha, NE 68106-2737 Receipt For: Primary / General / Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 300.00	03/18/96	300.00
E. Kenneth W. Petersen, CLU, ChFC 4001 MacArthur Blvd., #300 Newport Beach, CA 92660-2510 Receipt For: Primary / General / Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 250.00	03/12/96	250.00
F. Robert B. Plybon, CLU, ChFC P. O. Box 10069 Greensboro, NC 27404-0069 Receipt For: Primary / General / Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 550.00	03/29/96	550.00
G. S. Caesar Raboy, CLU One Sun Life Exec. Park Wellesley, MA 02181-5699 Receipt For: Primary / General / Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 250.00	03/12/96	250.00

SUBTOTAL of Receipts This Page (optional) 2200.00

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

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 3

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

National Association of Life Underwriters Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Dennis R. Richards P.O. Box 1029 Scottsbluff, NE 69363-1029 Receipt For: Primary / General / Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 300.00	03/18/96	300.00
B. Ralph M. Solomon, CLU 2424 N Federal Hwy #259 Boca Raton, FL 33431-7780 Receipt For: Primary / General / Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 360.00	03/04/96	360.00
C. Peter A. Sullivan, CLU 10 Davol Square, Box 19 Providence, RI 02903-4754 Receipt For: Primary / General / Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 300.00	03/12/96	300.00
D. Joseph M. Tanner, Sr. 3170 Crow Canyon Pl., #100 P.O. Box 1607 San Ramon, CA 94583-6607 Receipt For: Primary / General / Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 250.00	03/12/96	150.00
E. John J. Tarditi, Jr., FLMI,LUTCF 118 Ellis Street Haddonfield, NJ 08033-1601 Receipt For: Primary / General / Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 600.00	03/11/96	300.00
F. Jack B. Turner, CLU, ChFC P. O. Box 627 Clarksville, TN 37041-0627 Receipt For: Primary / General / Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 600.00	03/26/96	600.00
G. Ernest B. Whichard, Jr. CLU ChFC P.O. Drawer 29286 Greensboro, NC 27429-9286 Receipt For: Primary / General / Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 564.85	03/29/96	550.00

SUBTOTAL of Receipts This Page (optional) 2560.00

TOTAL This Period (last page this line number only) 7170.00

96030453710

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 21b

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NAME OF COMMITTEE (in Full)

E National Association of Life Underwriters Political Action Committee

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code NALU 1922 F Street, NW Washington, DC 20006	For administrative only Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/17/96	22,650.86
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)	22,650.86
TOTAL This Period (last page this line number only)	22,650.86

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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 4-19-96
☐	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

SLB
PREPARER

4-20-96
DATE PREPARED

FEC FORM 70-2 (12/92)

9 6 0 3 0 4 5 3 7 1 2