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

1. NAME OF COMMITTEE (in full) NATIONAL ASSOCIATION OF LIFE UNDERWRITERS' POLITICAL ACTION COMMITTEE	
ADDRESS (number and street) Check if different than previously reported 1922 F STREET, NW	2. FEC IDENTIFICATION NUMBER C 0000 5249
CITY, STATE and ZIP CODE WASHINGTON, DC 20006	3. This committee qualifies as a multicandidate committee DURING THIS Reporting Period on (date)

4. TYPE OF REPORT

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

Monthly Report Due On:

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

[ ] Termination Report

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

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

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

SUMMARY	COLUMN A This Period	COLUMN B Calendar YTD
5. Covering Period 1 Mar. 1993 through 31 Mar. 1993		
6. (a) Cash on Hand January 1, 1993		204,914.39
(b) Cash at Beginning of Reporting Period	312,474.33	
(c) Total Receipts (from line 19)	112,405.97	275,522.64
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	424,880.30	480,437.03
7. Total Disbursements (from Line 30)	30,321.83	85,878.56
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)	394,558.47	394,558.47
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-376-3120

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

Type or Print Name of Treasurer
JOSEPH E. DILLON, ASSISTANT TREASURER

Signature of Treasurer: Joseph E. Dillon

Date: 04/20/93

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 1/1/91)

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X (revised 1/1/91)

NAME OF COMMITTEE: NATIONAL ASSOCIATION OF LIFE UNDERWITERS' POLITICAL ACTION COMMITTEE

REPORT COVERING PERIOD FROM 1 Mar. 1993 TO 31 Mar. 1993

I. RECEIPTS	COLUMN A This Period	COLUMN B Calendar YTD
11. Contributions (other than loans) From:		
a. Individuals/Persons Other Than Political Committees		
i. Itemized (use Schedule A) ..... (add i and ii)	3,691.75	12,723.50
ii. Unitemized	105,483.02	259,127.61
iii. Total	109,174.77	271,851.11
b. Political Party Committees		
c. Other Political Committees (such as PAC's)		
d. Total Contributions ..... (add a iii, b and c)	109,174.77	271,851.11
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	3,000.00	3,000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	231.20	671.53
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts ..... (add 11d, 12, 13, 14, 15, 16, 17, and 18)	112,405.97	275,522.64
20. Total Federal Receipts ..... (subtract line 18 from line 19)	112,405.97	275,522.64
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	71.83	126.56
c. Total Operating Expenditures ..... (Add a i, aii, and b)	71.83	126.56
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	30,250.00	85,750.00
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 PAC's)		
d. Total Contribution Refunds ..... (Add a, b, and c)	0.00	0.00
29. Other Disbursements		
30. Total Disbursements ..... (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	30,321.83	85,876.56
31. Total Federal Disbursements ..... (subtract line 21 a ii from line 30)	30,321.83	85,876.56
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d)	109,174.77	271,851.11
33. Total Contribution Refunds (from line 28d)	0.00	0.00
34. Net Contributions (other than loans) (subtract line 33 from 32)	109,174.77	271,851.11
35. Total Federal Operating Expenditures ..... (add 21 a i and 21 b)	71.83	126.56
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures ..... (subtract line 36 from 35)	71.83	126.56

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	Date (month, day, year)	Amount of Each Receipt this Period
Ben Feldman, CLU P.O. Box 30 East Liverpool, OH 43920	Self-employed	03/22/93 03/01/93	150.00 100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent		
	Aggregate Year-to-Date > $	250.00	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Arnold M. Katz, CLU 651 Allendale Road P.O. Box 1553 King of Prussia, PA 19406-1438	Self-employed	03/11/93	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent		
	Aggregate Year-to-Date > $	200.00	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Larry M. Lambert, CLU, CFP 3780 Kilroy Airport Way Suite 510 Long Beach, CA 90806-2459	Self-employed	03/22/93	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent		
	Aggregate Year-to-Date > $	250.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Norman G. Levine, CLU, ChFC 1 California Street Suite 2900 San Francisco, CA 94111-5430	Self-employed	03/17/93	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent		
	Aggregate Year-to-Date > $	500.00	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Henry F. McCamish, Jr., CLU 19th Floor, One Buckhead Plaza 3060 Peachtree Road, NW Atlanta, GA 30305-2239	Self-employed	03/22/93	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent		
	Aggregate Year-to-Date > $	500.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Carl F. Mehlhop, CLU, ChFC #1 Sansome Street, Suite 1700 San Francisco, CA 94104-4432	Self-employed	03/15/93	4.25
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent		
	Aggregate Year-to-Date > $	362.75	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Peter F. Mueller, Jr. 177 Bovet Rd. #575 San Mateo, CA 94402-3121	Self-employed	03/23/93	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent		
	Aggregate Year-to-Date > $	250.00	

SUBTOTAL of Receipts This Page (optional) 1829.25

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

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
Harry Phillips, 3rd, CLU, CPCU 350 Fifth Avenue, Suite 5404 New York, NY 10118	Self-employed	03/24/93	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 500.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert B. Plybon, CLU, ChFC 3600 Northline Ave., Suite 630 P. O. Box 10069 Greensboro, NC 27404	Self-employed	03/31/93	450.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 450.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Timothy E. Radden, CLU, ChFC P.O. Box 36551 255 E. Osborn Road Phoenix, AZ 85067	Self-employed	03/05/93	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 200.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Rosenzweig, CLU, ChFC 360 Lexington Avenue, Suite 1700 New York, NY 10017-6502	Self-employed	03/11/93	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 250.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alan Silver 1000 Marina Village Parkway Suite 120 Alameda, CA 94501-1041	Self-employed	03/09/93	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 250.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dennis C. Stone 8191 College Pkwy. #204 Ft Myers, FL 33919-5110	Self-employed	03/24/93	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance agent Aggregate Year-to-Date > $ 200.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) . . . . . > 1,850.00

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

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 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 > $ 400.00	03/22/93	400.00
B. Full Name, Mailing Address and ZIP Code H. Robert Weisman P. O. Box 351 Nashua, NH 03061-0351 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 200.00	03/19/93	200.00
C. Full Name, Mailing Address and ZIP Code Robert J. Wernecke, CLU 4647 N. 32nd Street, Suite 150 Phoenix, AZ 85018-3346 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 400.00	03/18/93	400.00
D. Full Name, Mailing Address and ZIP Code William M. Whitteker, Jr., CLU Ten Govenor Park 5057 Shoreham Place #260 San Diego, CA 92122 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 250.00	03/23/93	250.00
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) > 1250.00

TOTAL This Period (last page this line number only) > 3,691.75

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 16

Refunds of Contributions

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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
Committee to Re-elect Johnson for Congress Committee 3869 Beech Down Drive Chantilly, VA 22021		03/18/93 (contribution itemized on Sept '92 report)	$3,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 3,000.00		
B. 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 > $		
C. 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 > $		
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) > $3,000.00

TOTAL This Period (last page this line number only) > $3,000.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Connie Mack PO Box 1835 Tampa, FL 33601	Connie M. Mack, III FL-SEN $,000.00 Disbursement for: [x] Primary [ ] General [ ] Other (specify) 1994	03/02/93	$1,000.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Talent for US Congress PO Box 23683 Washington, DC 20026-3683	James M. Talent MO-2 $1,000.00 Disbursement for: [ ] Primary [x] General [ ] Other (specify) 1992	03/02/93	$1,000.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Durbin for Congress Committee Box 1949 Springfield, IL 62705	Richard J. Durbin IL-20 $2,000.00 Disbursement for: [x] Primary [ ] General [ ] Other (specify) 1994	03/02/93	$2,000.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Rangel For Congress Committee 2030 Allen Place NW Washington, DC 20009	Charles B. Rangel NY-15 $1,000.00 Disbursement for: [x] Primary [ ] General [ ] Other (specify) 1994	03/02/93	$1,000.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Ron Klink for Congress Five Gateway Center, Suite 601 Pittsburgh, PA 15222	Ron Klink PA-4 $1,000.00 Disbursement for: [ ] Primary [x] General [ ] Other (specify) 1992	03/02/93	$1,000.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Moynihan Campaign 21 East 40th St. New York, NY 10016	Daniel Patrick Moynihan NY-SEN $2,000.00 Disbursement for: [x] Primary [ ] General [ ] Other (specify) 1994	03/08/93	$1,000.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Hatch Election Committee 425 2nd St. NE Washington, DC 20002	Orrin G. Hatch UT-SEN $1,000.00 Disbursement for: [x] Primary [ ] General [ ] Other (specify) 1994	03/08/93	$1,000.00
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Roth Senate Committee P.O. Box 105 Wilmington, DE 19899	William V. Roth, Jr. DE-SEN $1,000.00 Disbursement for: [x] Primary [ ] General [ ] Other (specify) 1994	03/08/93	$1,000.00
I. 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 $500.00 Disbursement for: [x] Primary [ ] General [ ] Other (specify) 1994	03/09/93	$500.00

SUBTOTAL of Disbursements This Page (optional) $9,500.00

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

2 3 3 8 3 5 4 7 1 3

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 5

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
Friends of Newt Gingrich Box 130 Riverdale, GA 30274	Newt Gingrich GA-6 $1,000.00 Disbursement for: [x] Primary [ ] General [ ] Other (specify) 1994	03/09/93	$1,000.00
B. 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 123 Yuba City, CA 95992	Wally Herger CA-2 $500.00 Disbursement for: [x] Primary [ ] General [ ] Other (specify) 1994	03/09/93	$500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
McCrery For Congress Committee 6903 Lemon Road McLean, VA 22101	Jim McCrery LA-5 $500.00 Disbursement for: [x] Primary [ ] General [ ] Other (specify) 1994	03/09/93	$500.00
D. 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 $750.00 Disbursement for: [x] Primary [ ] General [ ] Other (specify) 1994	03/09/93	$750.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mike Kopetski For Congress 140 Owens Street South Salem, OR 97302	Michael Kopetski OR-5 $500.00 Disbursement for: [x] Primary [ ] General [ ] Other (specify) 1994	03/09/93	$500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jim Slattery for Congress Comm Box 1278 Topeka, KS 66601	Jim Slattery KS-2 $1,000.00 Disbursement for: [x] Primary [ ] General [ ] Other (specify) 1994	03/09/93	$1,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Don Johnson For Congress 290 North Milledge PO Box 28 Athens, GA 30603	Don Johnson GA-10 $500.00 Disbursement for: [x] Primary [ ] General [ ] Other (specify) 1994	03/09/93	$500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mann for Congress 568 Evanswood Place Cincinnati, OH 45220	David Mann OH-1 $500.00 Disbursement for: [x] Primary [ ] General [ ] Other (specify) 1994	03/11/93	$500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Andrews for Congress 1409 Kings Hwy North Cherry, NJ 08034	Rob Andrews NJ-1 $500.00 Disbursement for: [x] Primary [ ] General [ ] Other (specify) 1994	03/11/93	$500.00

SUBTOTAL of Disbursements This Page (optional)	$5,750.00
TOTAL This Period (last page this line number only)	

9 3 0 3 8 3 5 4 7 1 2

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 3 OF 5

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
Frank Pallone for Congress Committee Box 2884 Washington, DC 20013	Frank Pallone NJ-6 $500.00 Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1994	03/15/93	$500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ros-Lehtinen for Congress Box 522784 Miami, FL 33152	Ileana Ros-Lehtinen FL-18 $500.00 Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1994	03/18/93	$500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Cynthia McKinney for Congress P.O. Box 371125 Decatur, GA 30037	Cynthia McKinney GA-11 $500.00 Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1994	03/18/93	$500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bonior for Congress 237 Gratiot Mt Clemens, MI 48043	David E. Bonior MI-10 $2,000.00 Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1994	03/18/93	$2,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Martin Frost Campaign Comm. Box 4219 Dallas, TX 75208	Martin Frost TX-24 $500.00 Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1994	03/18/93	$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 Bill Emerson 1924 N St. NW Washington, DC 20036	Bill Emerson MO-8 $500.00 Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1994	03/18/93	$500.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Committee for Sam Gibbons Box 2884 Washington, DC 20013	Sam Gibbons FL-11 $1,000.00 Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1994	03/22/93	$1,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Nita Lowey for Congress Comm. 3467 Mildred Drive Falls Church, VA 22042	Nita M. Lowey NY-18 $500.00 Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1994	03/23/93	$500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Manton for Congress 46-12 Queens Blvd., #205 Sunnyside, NY 11104	Thomas Manton NY-7 $500.00 Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1994	03/23/93	$500.00

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

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 4 OF 5

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
A. Re-elect Cgsmn Joe Moakley Box 1073 Boston, MA 02205-9832	Joe Moakley MA-9 $500.00 Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1994	03/23/93	$500.00
B. Edwards For Congress 2100 Washington Waco, TX 76701	Chet Edwards TX-11 $500.00 Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1994	03/23/93	$500.00
C. Hunter for Congress Box 1036 Coronado, CA 92118	Duncan L. Hunter CA-52 $500.00 Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1994	03/23/93	$500.00
D. Citizens for Neumann '93 Cmte 4450 Milton Avenue Suite 104 Janesville, WI 53546	Mark Neumann WI-1 $2,000.00 Disbursement for: [ ] Primary [ ] General [X] Other (specify) Special 1992	03/30/93	$2,000.00
E. Jeff Neubauer for U.S. Congres 566 State Street Racine, WI 53401	Jeff Neubauer WI-1 $2,000.00 Disbursement for: [ ] Primary [ ] General [X] Other (specify) Special 1992	03/30/93	$2,000.00
F. Friends for Bryan 320 4th St. NE Washington, DC 20002	Richard H. Bryan NV-SEN $1,000.00 Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1994	03/30/93	$1,000.00
G. Friends of Larry Pressler Box 2827 Washington, DC 20013	Larry Pressler SD-SEN $1,000.00 Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1996	03/30/93	$1,000.00
H. Lots of People For Jim Saxton Box 795 Mt. Holly, NJ 08060	James Saxton NJ-3 $1,000.00 Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1994	03/30/93	$1,000.00
I. Friends of Connie Mack P.O. Box 1835 Tampa, FL 33601	Connie N. Mack, III FL-SEN $2,000.00 Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1994	03/31/93	$1,000.00

SUBTOTAL of Disbursements This Page (options) $9,500.00

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

2 3 0 3 8 3 5 4 7 2 1

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

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 Lieberman '94' Committee P.O. Box 31294 Hartford, CT 06103	Joseph I. Lieberman CT-SEN $1,000.00 Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1994	03/31/93	$1,000.00
B. Full Name, Mailing Address and ZIP Code Lewis for Congress Box 247 Redlands, CA 92373	Jerry Lewis CA-35 Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1992	03/04/93	($2,000.00) check voided from 10/92
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) $30,250.00

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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
☑	First Class Mail	POSTMARKED 4-20-93
☐	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

T.M.H.
PREPARER

4-20-93
DATE PREPARED

FEC FORM 70-2 (12/92)

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