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

FEB 20 3 37 PM '96

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. [X] This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

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

Monthly Report Due On:

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

[ ] Termination Report

Twelfth day report preceding election on _____ In the State of _____

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

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 Jan 1996 through 31 Jan 1996		
6. (a) Cash on Hand January 1, 1995		999,000.39
(b) Cash at Beginning of Reporting Period	999,000.39	
(c) Total Receipts (from line 19)	92,321.64	92,321.64
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1,091,322.03	1,091,322.03
7. Total Disbursements (from Line 30)	60,774.03	60,774.03
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)	1,030,548.00	1,030,548.00
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: 2/20/96

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)

96030303750

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 9/93)

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

REPORT COVERING PERIOD FROM 1 Jan 1996 TO 31 Jan 1996

	COLUMN A This Period	COLUMN B Calendar YTD
I. RECEIPTS		
11. Contributions (other than loans) From:		
a. Individuals/Persons Other Than Political Committees		
I. Itemized (use Schedule A) (add I and II)	10,122.00	10,122.00
II. Unitemized	79,565.45	79,565.45
III. Total	89,687.45	89,687.45
b. Political Party Committees		
c. Other Political Committees (such as PAC's)		
d. Total Contributions (add a III, b and c)	89,687.45	89,687.45
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	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	2,634.19	2,634.19
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)	92,321.64	92,321.64
20. Total Federal Receipts (subtract line 18 from line 19)	92,321.64	92,321.64
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	24.03	24.03
c. Total Operating Expenditures (Add a I, aII, and b)	24.03	24.03
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	60,750.00	60,750.00
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)	60,774.03	60,774.03
31. Total Federal Disbursements (subtract line 21 a II from line 30)	60,774.03	60,774.03
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d)	89,687.45	89,687.45
33. Total Contribution Refunds (from line 28d)	0.00	0.00
34. Net Contributions (other than loans) (subtract line 33 from 32)	89,687.45	89,687.45
35. Total Federal Operating Expenditures (add 21 a I and 21 b)	24.03	24.03
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35)	24.03	24.03

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 5

FOR LINE NUMBER 11(a)(i)

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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. Willis Gatch Ashby, CFP 3515 S. Tamarac Ste #210 Denver, CO 80237-1430 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 500.00	01/02/96	500.00
B. Sam E. Beller, CLU, ChFC 450 Seventh Ave Ste #500 New York, NY 10123-0599 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 200.00	01/25/96	200.00
C. V. Stanley Benfell, CLU, ChFC 1290 Broadway Denver, CO 80203-5601 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 250.00	01/05/96	250.00
D. William S. Cochran, CLU 162 Fourth Avenue, North 3rd Floor Nashville, TN 37219-2407 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 600.00	01/10/96	600.00
E. Michael Colosky, CPA, CLU, ChFC P. O. Box 3291 Lake Charles, LA 70602-3291 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 500.00	01/19/96	500.00
F. James F. Eberhardt, CLU, ChFC 5473 Kearny Villa Rd., #270 San Diego, CA 92123-1160 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 400.00	01/26/96	400.00
G. Milton L. Edgren, Jr., CLU, ChFC 17 10th Ave. S. Hopkins, MN 55343 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 400.00	01/22/96	400.00

SUBTOTAL of Receipts This Page (optional) 2850.00

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

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 5

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

National Association of Life Underwriters Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Frank Friedler, Jr., CLU, ChFC 415 Lafayette St., #300 New Orleans, LA 70130-3253 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 200.00	01/22/96	200.00
B. Richard E. Fuhrer, CLU P. O. Box 111328 Pittsburgh, PA 15238-0728 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 300.00	01/18/96	300.00
C. Mary Pat Gallivan 4937 Oliver Ave. So. Minneapolis, MN 55409-2256 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 232.00	01/25/96	232.00
D. Don Johnson, FIC P. O. Box 10098 Fargo, ND 58106-0098 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 300.00	01/19/96	300.00
E. James Kageleiry Box 823 Dover, NH 03821-0823 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 300.00	01/19/96	300.00
F. Gary L. Kaltenbach, CLU, ChFC 3 Imperial Promenade, #100 Santa Ana, CA 92707-5901 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 400.00	01/22/96	400.00
G. Michael J. Kiley, CLU, CFP 2100 S.E. Main Street Suite 370 Irvine, CA 92714-6240 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 400.00	01/02/96	400.00

SUBTOTAL of Receipts This Page (optional) 2132.00

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

96030374 3

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 / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Kenneth E. Knox, CLU, ChFC One State Street, #402 Providence, RI 02908-5035	Self-employed Insurance agent	01/10/96	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Barry N. Koslow, JD, CLU 175 Andover Street P.O. Box 495 Danvers, MA 01923-0795	Self-employed Insurance agent	01/03/96	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 200.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
W Gary Langenhahn, CLU MSFS ChFC 130 William Street, 6th Floor New York, NY 10038-3882	Self-employed Insurance agent	01/08/96	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 300.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Sidney Levine, CLU 109 Executive Circle Daytona Beach, FL 32114-1136	Self-employed Insurance agent	01/03/96	360.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 360.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Richard H. Linsday, CLU, ChFC 70 South Lake Ave., #1050 Pasadena, CA 91101-2601	Self-employed Insurance agent	01/02/96	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Richard McCloskey, CLU, ChFC 4001 MacArthur Blvd., #300 Newport Beach, CA 92660-2510	Self-employed Insurance agent	01/10/96	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 200.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Patrick L. McGohan, CLU 3445 S. Dixie Drive #200 Dayton, OH 45439-2326	Self-employed Insurance agent	01/26/96	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		

SUBTOTAL of Receipts This Page (optional) > 2060.00

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

9 6 0 3 0 3 0 3 7 4 4

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Paul J. McGoldrick, CLU, ChFC P. O. Box 439 Littleton, NH 03561-0439 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 300.00	01/23/96	300.00
B. Van E. Mueller, LUTCF W308 N1728 Westlake Cr. Delafield, WI 53018-2135 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 300.00	01/25/96	300.00
C. Arnold S. Ross, CLU 1270 Avenue of the Americas New York, NY 10020-1700 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 250.00	01/02/96	250.00
D. Robert G. Runnette, CLU Two PNC Plaza, #2900 Pittsburgh, PA 15222-2705 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 480.00	01/04/96	480.00
E. Godfrey L. Smith, III, CLU, ChFC 2101 Executive Drive Tower Box 35 Hampton, VA 23666-2404 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 250.00	01/31/96	250.00
F. Donald P. Speakman, CLU, ChFC Two Gateway Center Ste-2000 Pittsburgh, PA 15222 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 600.00	01/18/96	600.00
G. Cameron C. Sutton, CLU, JD 400 Interstate North Pkwy. #1400 Atlanta, GA 30339-5025 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 300.00	01/02/96	300.00

SUBTOTAL of Receipts This Page (optional) 2480.00

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

9 4 5 3 0 3 7 4 5

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 Robert J. Wernecke, CLU 3875 N. 44th St., #300 Phoenix, AZ 85018-5435 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance agent Aggregate Year-to-Date > $ 600.00	Date (month, day, year) 01/22/96	Amount of Each Receipt this Period 600.00
B. 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
C. 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
D. 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
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)			600.00
TOTAL This Period (last page this line number only)			10122.00

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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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Chenoweth For Congress PO Box 897 Boise, ID 83701	Helen Chenoweth ID-1 $500.00 Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1996	01/02/96	$500.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Bryant For Congress PO Box 1961 Cordova, TN 38088	Ed Bryant TN-7 $1,000.00 Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1996	01/02/96	$1,000.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Frank Riggs for Congress PO Box 590 Windsor, CA 95492	Frank Riggs CA-1 $500.00 Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1996	01/02/96	$500.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Senator Phil Gramm Committee Box 565087 Dallas, TX 75356	Phil Gramm TX GEN $250.00 Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1996	01/22/96	$250.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Foley For Congress 7414 74th Way West Palm Beach, FL 33407	Mark Foley FL-16 $1,000.00 Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1996	01/23/96	$1,000.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Friends of Andrea Seastrand 1115 Toro Street Suite C-1 San Luis Obispo, CA 93486	Andrea H. Seastrand CA-22 $2,000.00 Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1996	01/23/96	$2,000.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Sweetser For Congress '96 139 Main Street Montpelier, VT 05602	Susan W. Sweetser VT A/L $2,500.00 Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1996	01/23/96	$2,500.00
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Helms For Senate Box 26544 Raleigh, NC 27611	Jesse Helms NC GEN $5,000.00 Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1996	01/23/96	$5,000.00
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Tom Davis For Congress 3817 Plaza Drive Fairfax, VA 22030	Tom Davis VA-11 $500.00 Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1996	01/23/96	$500.00

SUBTOTAL of Disbursements This Page (optional) $13,250.00

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

9 6 0 3 0 3 7 4 7

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 2

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. Democratic Senatorial Campaign Committee 430 South Capitol Street SE Washington, DC 20003	Democratic Sen. Campaign Comm $15,000.00 Disbursement for: [ ] Primary [ ] General [x] Other (specify) Annual 1996	01/24/96	$15,000.00
B. Democratic Congressional Campaign Committee 430 South Capitol St. SE Washington, DC 20003	Democratic Cong'l Campaign $15,000.00 Disbursement for: [ ] Primary [ ] General [x] Other (specify) Annual 1996	01/24/96	$15,000.00
C. Stevens For Senate Committee Box 1776 Washington, DC 20013	Ted Stevens AK SEN $4,000.00 Disbursement for: [x] Primary [ ] General [ ] Other (specify) 1996	01/25/96	$4,000.00
D. Craig for Senate Committee Box 2754 Boise, ID 82701	Larry E. Craig ID SEN $4,000.00 Disbursement for: [x] Primary [ ] General [ ] Other (specify) 1996	01/25/96	$4,000.00
E. Citizens For Cochran Box 22761 Jackson, MS 39225	Thad Cochran MS SEN $3,000.00 Disbursement for: [x] Primary [ ] General [ ] Other (specify) 1996	01/25/96	$3,000.00
F. Re-elect Thurmond Committee Box 11691 Columbia, SC 29211	Strom Thurmond SC SEN $3,000.00 Disbursement for: [x] Primary [ ] General [ ] Other (specify) 1996	01/25/96	$3,000.00
G. Friends of Max Baucus Box 6268 Bozeman, MT 59715	Max Baucus MT SEN $3,000.00 Disbursement for: [x] Primary [ ] General [ ] Other (specify) 1996	01/25/96	$3,000.00
H. Albert Wynn for Congress 8700 Central Ave., Ste-306 Landover, MD 20785	Albert Wynn MD 4 $500.00 Disbursement for: [x] Primary [ ] General [ ] Other (specify) 1996	01/30/96	$500.00
I.	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)	$47,500.00
TOTAL This Period (last page this line number only)	$60,750.00

96030303748

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 2-20-96
☐	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

PREPARER

2-20-96
DATE PREPARED

FEC FORM 70-2 (12/92)

9 6 0 3 0 3 0 3 7 4 9