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, N.W

CITY, STATE and ZIP CODE
Washington, DC 20006

2. FEC IDENTIFICATION NUMBER
C00005249

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

☐ 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____

☐ 30-Day Post-Election Report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY

5. Covering Period 9/1/98 through 9/30/98

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 19 98		$ 803,698.87
	(b) Cash on Hand at Beginning of Reporting Period	$ 653,988.38	
	(c) Total Receipts (from Line 19)	$ 75,246.00	$ 683,493.85
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 729,234.38	$ 1,487,192.72
7.	Total Disbursements (from Line 36)	$ 143,468.92	$ 901,417.26
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 585,765.46	$ 585,765.46
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 the Federal Election Commission on: 800 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

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
NALU PAC, Robert L. Williams Jr., CPA, Acting Assistant Treasurer

Signature

Date
10/20/98

NOTE: Submission may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

FEC FORM 3X
(revised 6/96)

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 8, FEC FORM 3X

(revised 1/91)

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

REPORT COVERING PERIOD: FROM 9/1/98 TO 9/30/98

	COLUMN A Total this Period	COLUMN B Calendar Year
Receipts		
11. Contributions (other than loans) From:		
a. Individuals/Persons Other Than Political Committees	16,283.63	102,852.36
i. Itemized (use Schedule A)	57,672.80	568,468.21
ii. Unitemized	73,936.43	670,520.57
iii. Total (add i and ii) ➤		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a, b and c) ➤	73,936.43	670,520.57
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.)	1,309.57	12,963.28
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	75,246.00	683,483.85
20. Total Federal Receipts (subtract line 18 from line 19) ➤	75,246.00	683,483.85
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	3,468.92	181,955.25
c. Total Operating Expenditures (add a i, a ii, and b) ➤	3,468.92	181,955.25
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	140,000.00	719,100.50
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		461.51
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) ➤		461.51
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	143,468.92	901,417.26
31. Total Federal Disbursements (subtract line 21a ii from line 30) ➤	143,468.92	901,417.26
Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	73,936.43	670,520.57
33. Total Contribution Refunds (from line 28d)		461.51
34. Net Contributions (other than loans)(subtract line 33 from 32)	73,936.43	670,059.06
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	3,468.92	360,241.58
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35) ➤	3,468.92	360,241.58

FEC Form 3X

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 26

FOR LINE NUMBER 11(a) (i)

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NAME OF COMMITTEE (In Full)

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
James M. Allen 626 West Moreland Blvd., Waukesha, WI 53188-2433 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-Employed Insurance Agent Aggregate Year-to-Date > $ 226.80	09/10/98	25.20
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Stephan D. Andersen 7431 "O" St., Lincoln, NE 68510-2444 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-Employed Insurance Agent Aggregate Year-to-Date > $ 420.00	09/10/98	42.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Carol Anderson, CFP, LUTCF 260 Regency Pakway S-101 Omaha, NE 68114-3716 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-Employed Insurance Agent Aggregate Year-to-Date > $ 250.00	09/10/98	25.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Robert B. Anderson P.O. Box 127 Jonesborough, TN 37659-0127 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-Employed Insurance Agent Aggregate Year-to-Date > $ 453.60	09/10/98	50.40
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
James Benson Barton 1919 Lancaster Rd., P.O. Box 476 Granville, OH 43023 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-Employed Insurance Agent Aggregate Year-to-Date > $ 250.00	09/14/98	250.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Felix Baz-Dresch, CLU, ChFC 11111 Nall Ave., #104 Leawood, KS 66211-1670 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-Employed Insurance Agent Aggregate Year-to-Date > $ 226.80	09/10/98	25.20
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Craig Beachnaw, LIC 3217 West Saginaw Lansing, MI 48917-2310 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-Employed Insurance Agent Aggregate Year-to-Date > $ 378.00	09/10/98	42.00

SUBTOTAL of Receipts This Page (optional) $459.60

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 / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Fred R. Bean, CLU 8201 Cantrell Rd., #265 Little Rock, AR 72227-2400 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-Employed Insurance Agent Aggregate Year-to-Date $ 556.00	09/10/98	34.00
B. Full Name, Mailing Address and ZIP Code Kent A. Bennett, LUTCF 514 Pine St., Williamsport, PA 17701-5057 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-Employed Occupation Insurance Agent Aggregate Year-to-Date $ 453.60	Date (month, day, year) 09/10/98	Amount of Each Receipt this Period 50.40
C. Full Name, Mailing Address and ZIP Code Alan Bernhagen P.O. Box 9163 Rapid City, SD 57709-9163 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-Employed Occupation Insurance Agent Aggregate Year-to-Date $ 250.00	Date (month, day, year) 09/18/98	Amount of Each Receipt this Period 50.00
D. Full Name, Mailing Address and ZIP Code David Bianchi,CLU P.O. Box 10358 Reno, NV 89510-0358 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-Employed Occupation Insurance Agent Aggregate Year-to-Date $ 265.00	Date (month, day, year) 09/10/98	Amount of Each Receipt this Period 25.00
E. Full Name, Mailing Address and ZIP Code John J. Bradley 100 Congress St., Quincy, MA 02169-0906 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self Employed Occupation Insurance Agent Aggregate Year-to-Date $374.94	Date (month, day, year) 09/10/98	Amount of Each Receipt this Period 41.66
F. Full Name, Mailing Address and ZIP Code Gary A. Brannon, CLU, ChFC 890 Lamont Ave, Ste-201 Novato, CA 94945-4100 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-Employed Occupation Insurance Agent Aggregate Year-to-Date $ 382.50	Date (month, day, year) 09/10/98	Amount of Each Receipt this Period 42.50
G. Full Name, Mailing Address and ZIP Code David Brown 1125 Sunset Vandalia, IL 62471 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-Employed Occupation Insurance Agent Aggregate Year-to-Date $ 226.80	Date (month, day, year) 09/10/98	Amount of Each Receipt this Period 25.20

SUBTOTAL of Receipts This Page (optional)	$318.76
TOTAL This Period (last page this line number only)	

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PAGE 3 OF 26

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 Joe D. Byars, CLU, LUTCF 214 No. 12th St., Fort Smith, AR 72901-2713 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-Employed Occupation Insurance Agent Aggregate Year-to-Date > $ 226.80	Date (month, day, year) 09/10/98	Amount of Each Receipt this Period 25.20
B. Full Name, Mailing Address and ZIP Code Mary A. Cannady, LUTCF P.O. Box 799 Walterboro, SC 29488-0799 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-Employed Occupation Insurance Agent Aggregate Year-to-Date > $ 720.00	Date (month, day, year) 09/18/98 09/18/98 09/18/98	Amount of Each Receipt this Period 425.00 220.00 25.00
C. Full Name, Mailing Address and ZIP Code Lawrence Chargin 1350 E Spruce, Ste. 100 Fresno, CA 93720 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-Employed Occupation Insurance Agent Aggregate Year-to-Date > $ 378.00	Date (month, day, year) 09/10/98	Amount of Each Receipt this Period 42.00
D. Full Name, Mailing Address and ZIP Code Terry C. Chick, CLU, CFP 255 E. Plato Blvd., St. Paul, MN 55107-1623 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-Employed Occupation Insurance Agent Aggregate Year-to-Date > $ 408.00	Date (month, day, year) 09/22/98	Amount of Each Receipt this Period 408.00
E. Full Name, Mailing Address and ZIP Code Thomas R. Clark, CLU, ChFC 974 73rd St., #26 Des Moines, IA 50312-1026 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-Employed Occupation Insurance Agent Aggregate Year-to-Date > $ 540.00	Date (month, day, year) 09/10/98	Amount of Each Receipt this Period 60.00
F. Full Name, Mailing Address and ZIP Code R. Michael Condrey, CLU 4020 Westchase Blvd., #275 Raleigh, NC 27607-3951 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-Employed Occupation Insurance Agent Aggregate Year-to-Date > $ 220.00	Date (month, day, year) 09/04/98	Amount of Each Receipt this Period 110.00
G. Full Name, Mailing Address and ZIP Code J. Scott Connole, LUTCF 1609 11th # B, Helena, MT 59601-4614 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self Employed Occupation Insurance Agent Aggregate Year-to-Date > $ 204.40	Date (month, day, year) 09/10/98	Amount of Each Receipt this Period 21.00
		SUBTOTAL of Receipts This Page (optional)	$1336.20
		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

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FOR LINE NUMBER 11 (a) - (i)

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NAME OF COMMITTEE (In Full)

National Associaiton of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Andre B. Cook CLU 300 International Drive #3 Williamsville, NY 14221 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-Employed Occupation: Insurance Agent Aggregate Year-to-Date: $ 200.00	09/02/98	100.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Richard E. Cooke, CLU, ChFC ,AEP 3050 N. Lakeharbor, #211 Boise, ID 83703-6243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Occupation: Insurance Agent Aggregate Year-to-Date: $ 218.40	09/10/98	21.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Orris "Vic" Crum 7300 W. 110th St., #950 Overland Park, KS 66210-2350 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-Employed Occupation: Insurance Agent Aggregate Year-to-Date: $ 317.70	09/10/98	50.40
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
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: $ 453.60	09/10/98	50.40
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Michael E. Curry, CLU, CEBS 800 East Colorado Blvd. Suite 160, Pasadena, CA 91101-2132 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date: $ 200.00	09/22/98	100.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Vincent M. D'Addona, CLU, ChFC 140 Broadway, 22nd Fl. New York, NY 10005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-Employed Occupation: Insurance Agent Aggregate Year-to-Date: $ 382.50	09/10/98	42.50
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Steven M. Daniel,CLU,ChFC P.O. Box 430 Butte , MT 59703-0430 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-Employed Occupation: Insurance Agent Aggregate Year-to-Date: $ 214.20	09/10/98	21.00

SUBTOTAL of Receipts This Page (optional) $385.30

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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PAGE 5 OF 26

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
Ronald Dauzenroth 11120 126th St., Court East Puyallup, WA 98374	Self-Employed	09/10/98	4.25
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance Agent Aggregate Year-to-Date: $ 538.25		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
John A. Davidson, LUTCF 1329 E Thousand Oaks Blvd., Ste. 128 Thousand Oaks, CA 91362	Self-Employed	09/02/98 09/25/98	-42.00 0.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance Agent Aggregate Year-to-Date: $ 294.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Joseph L. Davis, CLU, ChFC, CFP 1625 K Street NW #400 Washington, DC 20006-1604	Self Employed	09/10/98	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance Agent Aggregate Year-to-Date: $ 436.80		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
John R. Dean, CLU, ChFC, MSPS P.O. Box 1508 Willmar, MN 56201-1508	Self-Employed	09/10/98	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance Agnet Aggregate Year-to-Date: $ 278.00		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
William James DeBruin, LUTCF 2323 E Capitol Dr., #200 Appleton, WI 54911-8731	Self-Employed	09/10/98	25.20
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance Agent Aggregate Year-to-Date: $ 226.80		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Robert W. Decoursey, CLU 150 Monument Rd., Ste. 605 Bala Cynwyd, PA 19004-1701	Self-Employed	09/10/98	25.20
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance Agent Aggregate Year-to-Date: $ 226.80		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
David S. Dickenson, II, CLU,ChFC 29500 Aurora Rd., #2 Solon, OH 44139	Self-Employed	09/10/98	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance Agent Aggregate Year-to-Date: $ 378.00		

SUBTOTAL of Receipts This Page (optional)	$138.65
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 6 OF 26

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
Michael D. Dixon, CLU 4505Las Virgines Rd., #200 Calabasas, CA 91302-1956	Self employed	09/10/98	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance Agent Aggregate Year-to-Date: $ 378.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Daniel Eddleman, CLU 475 Sansome St., #1800 San Francisco, CA 94111-3141	Self-Employed	09/10/98	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance Agent Aggregate Year-to-Date: $ 378.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald A. Eichelberger, CLU 209 East San Marnan Dr. Waterloo, IA 50702-5839	Self-Employed	09/10/98	50.40
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance Agent Aggregate Year-to-Date: $ 453.60		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
C. Robert Elrod, CLU, LUTCF 3874 E 250 S Wabash, IN 46992-8947	Self-Employed	09/25/98	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance Agent Aggregate Year-to-Date: $ 225.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephen D. Estler, CLU, ChFC 600 Corporate Dr., #200 Ft. Lauderdale, FL 33334-3603	Self-Employed	09/10/98	25.20
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance Agent Aggregate Year-to-Date: $ 226.80		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wayne F. Farnsworth Jr., CLU 51 N Third St., #101 Newark, OH 43055-5542	Self-Employed	09/21/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance Agent Aggregate Year-to-Date: $ 250.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gerald Ferrier, LUTCF 1117 Ellis St., #C-D Bellingham, WA 98225-5203	Self-Employed	09/10/98	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance Agent Aggregate Year-to-Date: $ 378.00		

SUBTOTAL of Receipts This Page (optional)	$501.60
TOTAL This Period (last page this line number only)	

FEC FORM 3

SCHEDULE A — ITEMIZED RECEIPTS

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

PAGE 7 OF 26

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
Jeffery Ferrier, LUTCF 1117 Ellis St., #C & D Bellingham, WA 98225-5203	Self Employed	09/10/98	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance Agent Aggregate Year-to-Date > $ 450.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Flournoy, Jr., CLU P.O. Box 1013 Macon, GA 31202-1013	Self-Employed	09/10/98	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance Agent Aggregate Year-to-Date > $ 378.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steven Frank, CLU 21800 Oxnard St., Ste. 400 Woodland Hills, CA 91367	Self-Employed	09/10/98	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance Agent Aggregate Year-to-Date > $ 314.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Elaine Fremling, CLU 120 8th St., South #2 Fargo, MD 58103-1823	Self-Employed	09/22/98	175.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance Agent Aggregate Year-to-Date > $ 265.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gary G. Friedlander, LUTCF P.O. Drawer 790 Gainesville, FL 32602-0790	Self employed	09/10/98	25.20
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance Agent Aggregate Year-to-Date > $ 226.80		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Fuhrer, CLU P.O. BOX 111328 Pittsburgh, PA 15238-0728	Self Employed	09/21/98	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance Agent Aggregate Year-to-Date > $ 300.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Peter Fulchiron, CLU, LUTCF 405 Enfrente Dr #100 Novato, CA 94949-7206	Self Employed	09/10/98	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance Agent Aggregate Year-to-Date > $ 450.00		

SUBTOTAL of Receipts This Page (optional) $684.20

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

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FOR LINE NUMBER 11 (a) (i)

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NAME OF COMMITTEE (in Full)

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Del D. Gab, CLU Box 2094 Dickinson, ND 58602-2094 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Insurance Agent $ 265.00	09/10/98	25.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
David S. Gerber, CLU 1926 Arch St., 3rd Fl. Rear Philadelphia, PA 19103-1444 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Insurance Agent $ 240.00	09/28/98	240.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Julius Giarmarco, Esq. 201 W Big Beaver, #500 Troy, MI 48084 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-Employed Insurance Agent $ 300.00	09/18/98	300.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Harold Gillet, LUTCF P.O. Box 2907 Missoula, MT 59806-2907 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Insurance Agent $ 263.75	09/10/98	12.50
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Read F. Goode, CLU, ChFC P.O. Box 1528 Richmond, VA 23218 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Insurance Agent $ 200.00	09/11/98	100.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Michael P. Grossman, CFP 95 Glastonbury Blvd., Glastonbury, CT 06033-4412 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Insurance Agent $ 378.00	09/10/98	42.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Joseph B. Gwinn, CLU, CPCU, ChFC P.O. Box 308 Vinton, VA 24179-0308 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Insurance Agent $ 378.00	09/10/98	42.00

SUBTOTAL of Receipts This Page (optional)	$761.50
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

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FOR LINE NUMBER 11 (a) (i)

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NAME OF COMMITTEE (in Full)

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Bruce A. Hager 1635 42nd St SW Fargo, ND 58103 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Insurance Agent $ 420.00	09/10/98	42.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Karl Erik Hansen, CLD, ChFC 419 Shoreline Blvd., Mountain View, CA 94043-4605 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Insurance Agent $ 382.50	09/10/98	42.50
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Sharon Hansen P.O. Box 2305 Mt. Vernon, WA 98273-7305 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Insurance Agent $ 225.00	09/10/98	25.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Alex Hanson, CLU, ChFC One Cate St., Portsmouth, NH 03801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Insurance Agent $ 420.00	09/10/98	42.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Hawco, CLU, ChFC P.O. Box 30406 Lincoln, NE 68503-0406 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-Employed Insurance Agent $ 250.00	09/10/98	25.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Samuel Hazleton, IV, CLU 951 Albany Shaker Rd., Latham, NY 12110-1409 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Insurance Agent $ 272.50	09/10/98	42.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Terry K. Headley, LUTCF 8990 West Dodge Road, #226 Omaha, NE 68114-3315 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Insurance Agent $ 500.00	09/10/98	50.00

SUBTOTAL of Receipts This Page (optional)	$268.50
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 10 OF 26
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NAME OF COMMITTEE (In Full)

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Daniel R. Hefner 7501 Madison St., PO Box 247 Forest Park, IL 60130-0247	Self Employed Insurance Agent $ 360.00	09/17/98	360.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Dennis Helgeson, CLU, ChFC 120 8th Ave., NW Minot, ND 58703-2362	Self Employed Insurance Agent $ 210.00	09/10/98	21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Edward J. Hendricks, LUTCF P.O. Box 3077 Reno, NV 89505-3077	Self Employed Insurance Agent $ 222.60	09/10/98	21.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify):			
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Ronald G. Baster, CLU, ChFC Addison Exec Bldg., #9 P.O. Box 31; Boone, NC 28607-0031	Self Employed Insurance Agent $ 247.50	09/10/98	27.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Edward C. Hiers, CLU, ChFC 18 COnstitution Dr., Bedford, NH 03110-6000	Self Employed Insurance Agent $ 210.00	09/10/98	21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Richard L. Hill, CLU, ChFC P. O. Box 30275 Lincoln, NE 68503-0275	Self Employed Insurance Agent $ 420.00	09/10/98	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Michael J. Hillar, ChFC 909 N. Mayfair Road Wauwatosa, WI 53213	Self Employed Insurance Agent $ 226.80	09/10/98	25.20
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			

SUBTOTAL of Receipts This Page (optional)	$517.70
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

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FOR LINE NUMBER 11 (a)(i)

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dan C. Hoffman, LUTCF P. O. Box 1849 Evanston, WY 82931-1849	Self Employed	09/10/98 09/04/98	4.25 250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance Agent Aggregate Year-to-Date > $ 288.25		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
William Hofgard, CLU, ChFC 1510 28th St., #250 Boulder, CO 80303	Self Employed	09/14/98	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance Agent Aggregate Year-to-Date > $ 500.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Darrel Hovde P. O. Box 1806 Minot, ND 58702-1806	Self Employed	09/10/98	21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance Agent Aggregate Year-to-Date > $ 210.00		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Frederick W. Howarth, III 17351 Sunset Blvd., #501 Pacific Palisade, CA 90272-4134	Self Employed	09/14/98	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**
John P. Huntington, CLU, ChFC 21 College Hill Rd #300 Warwick, RI 02886-2745	Self Employed	09/10/98	21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance Agent Aggregate Year-to-Date > $ 218.40		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
James W. Ikard 177 Broad St., #1005 Stamford, CT 06901-2048	Self Employed	09/16/98	100.00
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**
William V. Irons, CLU, LUTCF 469 Centerville Rd #203 Warwick, RI 02886-4328	Self Employed	09/10/98	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance Agent Aggregate Year-to-Date > $ 436.60		

SUBTOTAL of Receipts This Page (optional)	$1188.25
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

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FOR LINE NUMBER 11 (a) (i)

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NAME OF COMMITTEE (In Full)

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Stewart Isbell, LUTCF 15143 Bellflower Blvd., Bellflower, CA 90706 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Insurance Agent Aggregate Year-to-Date > $ 382.50	09/10/98	42.50
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
John N. Jadryev, LUTCF 1700-. 1st Ave., Eastdale Plaza Iowa City, IA 52241-1150 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Insurance Agent Aggregate Year-to-Date > $ 249.30	09/10/98	25.20
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Donald C. Jayne, CLU, ChFC 21800 Oxnard St., #450 Woodland Hills, CA 91367-3652 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Insurance Agent Aggregate Year-to-Date > $ 225.00	09/10/98	25.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Russell D. Jenkins, LUTCF P.O. Box 808, Emporia, KS 66801-0808 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Insurance Agent Aggregate Year-to-Date > $ 226.80	09/10/98	25.20
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
E. Dunbar Jewell, CLU, ChFC 1212 South Blvd., #102 Charlotte, NC 28203-4208 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Insurance Agent Aggregate Year-to-Date > $ 262.90	09/10/98	23.10
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Gary L. Johnson 5301 Keystone Ct Rolling Meadows, IL 60008-3811 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Insurance Agent Aggregate Year-to-Date > $ 226.80	09/10/98	25.20
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Frederick W. Joyner 1316 Ashley Square Winston, Salem, NC 27103-2919 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Insurance Agent Aggregate Year-to-Date > $ 275.00	09/22/98	275.00

SUBTOTAL of Receipts This Page (optional) $441.20

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

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FOR LINE NUMBER 11 (a) (i)

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NAME OF COMMITTEE (In Full)

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Gary L. Kaltenbach, CLU, ChFC 2601 Main St., Ste. 700 Irvine, CA 92614-6220 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Insurance Agent $ 250.00	09/04/98	50.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Terry M. Kaltenbach, CLU, ChFC 1455 Frazee Rd. #400 San Diego, CA 92108-4378 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Insurance Agent $ 328.00	09/10/98	42.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
John B. Kearns , LUTCF P. O. Box 1029 Scottsbluff, NE 69363-1029 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Insurance Agent $ 210.00	09/10/98	21.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Daniel Francis Kirk, CLU #500 Piedmont Rd NE #430 Atlanta, GA 30305-1503 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Insurance Agent $ 200.00	09/14/98	100.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Casey C. Knake P. O. Box 1541 Norfolk, NE 68702-1541 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Insurance Agent $ 210.00	09/10/98	21.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Richard Koob, CLU,ChFC, AEP 626 W. Moreland Blvd. Waukesha, WI 53188-2433 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Insurance Agent $ 453.60	09/10/98	50.40
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Michael J. Kraft, CLU 70 Washington St. #200 Oakland, CA 94607-3738 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Insurance Agent $ 382.50	09/10/98	42.50

SUBTOTAL of Receipts This Page (optional)	$326.90
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 14 OF 26
	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
Ronald F. Kramer, LUTCF P.O. Box 26 Pierce, NE 68767-0026	Self Employed	09/10/98	21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance Agent Aggregate Year-to-Date > $ 210.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James H. Krueger, CLU,MSFS,MSM 3301 N. Ballard Road, #A Appleton, WI 54911-8988	Self Employed	09/10/98	25.20
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance Agent Aggregate Year-to-Date > $ 226.80		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Larry M. Lambert, CLU, CFP 3780 Kilroy Airport Way Ste, 510, Long Beach, CA 90806-6801	Self Employed	09/18/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance Agent Aggregate Year-to-Date > $ 500.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
D. Michael Lane, CLU 411 Union St., #1910 Nashville, TN 37219-1701	Self Employed	09/10/98	5.40
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance Agent Aggregate Year-to-Date > $ 378.60		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David F. Lau, JD, CL, ChFC 725 S. Adams, Ste. 276 Birmingham, MI 48009-6944	Self Employed	09/30/98	125.00
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
Gregory Lefor P.O. Box 7 Dickinson, ND 58602	Self Employed	09/10/98	21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance Agent Aggregate Year-to-Date > $ 225.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bruce C. Lichtenberg, LUTCP 3730 , Mt. Diablo Blvd., #220 Lafayette, CA 94549-3613	Self Employed	09/10/98	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance Agent Aggregate Year-to-Date > $ 450.00		

SUBTOTAL of Receipts This Page (optional)	$497.60
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

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FOR LINE NUMBER 11 (a) (i)

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NAME OF COMMITTEE (In Full)

National Association of Life Underwriters - Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jerome A. Lindberg, CLU, AEP 100 Washington, St., 5th Fl. The White Memorial Bldg., Syracuse NY 13202-1612	Self Employed	09/14/98	25.00
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
Barry N. Link, CLU ,ChFC 1749 Naperville Rd., #100 Wheaton , IL 60187-8132	Self Employed	09/04/98	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance Agent		
	Aggregate Year-to-Date > $ 300.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lawrence E. Lounds, CLU G-3526 Miller Rd. Ste. B Flint, MI 48507-1236	Self Employed	09/10/98	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance Agent		
	Aggregate Year-to-Date > $ 386.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. Peter Lyons, CLU, ChFC, MSFS 800 South St. Ste. 660 Watermill Center, Waltham MA 02154-14	Self Employed	09/10/98	33.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance Agent		
	Aggregate Year-to-Date > $ 301.50		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gene L. Mahn., CLU, ChFC 1635 La Granada Dr., Thousand Oaks, CA 91362-2146	Self Employed	09/10/98	8.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance Agent		
	Aggregate Year-to-Date > $ 376.50		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Claude A. Marlowe, Jr., LUTCF PO Box 3686 Kingsport, TN 37664-0686	Self Employed	09/10/98	25.20
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance Agent		
	Aggregate Year-to-Date > $ 226.80		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Darren Scott Mason, CLU, ChFC 30092 Ivy Glenn #230 Laguna Niguel, CA 92677-5027	Self Employed	09/10/98	41.66
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance Agent		
	Aggregate Year-to-Date > $ 374.94		

SUBTOTAL of Receipts This Page (optional) $475.86

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

FEC Form 3

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 16 OF 26

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
Carl James Maus, LUTCF 417 Monitor Way St. Charles, MO 63303	Self Employed Occupation: Insurance Agent	09/10/98 09/18/98	50.40 1800.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 2052.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Barry A. McBride 4350 Camelback Rd., #B-210 Phoenix, AZ 85018-2722	Self Employed Occupation: Insurance Agent	09/10/98	25.20
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 226.80		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Pat B. McCoy, LUTCF 3304 Richmond Rd. Texarkana, TX 75503-2134	Self Employed Occupation: Insurance Agent	09/10/98	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 700.00		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Robert F. McKown, CLU, ChFC 2020 Commonwealth Ave., Newton, MA 02166-2006	Self Employed Occupation: Insurance Agent	09/10/98	42.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 382.50		
E. 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 St., Ste.1700 San Francisco, CA 94104-4448	Self Employed Occupation: Insurance Agent	09/10/98	21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 339.00		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Dennis R. Merideth, CLU, ChFC 5151 Broadway, Ste. 750 Tucson, AZ 85711-3734	Self Employed Occupation: Insurance Agent	09/10/98	50.40
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 453.60		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
David A. Middaugh, CLU, AEP 1019 5th Ave., S. Fargo, ND 58103	Self Employed Occupation: Insurance Agent	09/10/98	60.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 606.00		

SUBTOTAL of Receipts This Page (optional)	$2149.50
TOTAL This Period (last page this line number only)	

FE7AN047

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 / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
A. Harlan V. Miller, CLU, ChFC 1612 Prosser Ave., #200 Dayton, OH 45400-2041 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Insurance Agent $ 225.00	09/10/98	25.00
B. Robert A. Miller 850 Third Ave., 15th Fl. New York, NY 10022-6222 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Insurance Agent $ 378.00	09/10/98	42.00
C. James W. Monteverde, CLU, AEP, ChPC 710 Fifth Ave. Pittsburgh, PA 15219-3000 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Insurance Agent $ 540.00	09/10/98	60.00
D. Raymond H. Moran, CLU, ChFC 1755 N. Kirby Pkwy., #300 Memphis, TN 38120 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Insurance Agent $ 453.60	09/10/98	50.40
E. Herbert F. Moran 1836 Hermitage Blvd., #200 Tallahassee, FL 32308-7706 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Insurance Agent $ 453.60	09/10/98	50.40
F. Lynn H. Naden 320 S. Green Bay Rd. Waukegan, IL 60085-4859 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Insurance Agent $ 352.80	09/02/98	-50.40
G. Robert M. Nelson, CLU, LUTCF 10050 Regency Circle #300 Omaha, NE 68114-3722 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Insurance Agent $ 425.00	09/10/98	42.50

SUBTOTAL of Receipts This Page (optional)	$219.90
TOTAL This Period (last page this line number only)	—

FE7AN0X7

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 / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Shirley A. Nielsen, LUTCF PO Box 2162 Grand Island, NE 68802-216 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Insurance Agent $ 210.00	09/10/98	21.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Frank R. Nolimal, CLU, ChFC, LUTCF 4325 S. INdustrial Rd., #300 Las Vegas, NV 89103-4125 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Insurance Agent $ 270.00	09/10/98	30.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
James F. O'Connell, CLU 400 S. Jefferson, #450 Spokane, WA 99204-3177 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Insurance Agent $ 378.00	09/10/98	42.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
James W. Oglesby, LUTCF PO Box 7156 Asheville, NC 28802 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Insurance Agent $ 625.90	09/10/98	45.10
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Rae Lee Olson 419 North Shoreline Blvd. Mountain View, CA 94043-4605 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Insurance Agent $ 382.50	09/10/98	42.50
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
David P. Oppel PO Box 838 Duncansville, PA 16635-0838 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Insurance Agent $ 300.00	09/14/98	300.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Mitchell W. Ostrove, CLU, ChFC 4 New king St. White Plains, NY 10604-1202 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Insurance Agent $ 378.00	09/10/98	42.00

SUBTOTAL of Receipts This Page (optional)	$522.60
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

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FOR LINE NUMBER 11 (a) (j)

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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
Ronald S. Park, CLU, ChFC Manulife Financial 18301 Von Karman, Ste. 300 Irvine, CA 92612	Self Employed	09/08/98	250.00
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
Ralph W. Pellecchia, CLU, ChFC 100 Walnut Ave., 5th Fl. Clark, NJ 07066-5720	Self Employed	09/11/98	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance Agent	Aggregate Year-to-Date: $ 300.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gary B. Pendleton, CLU, ChFC 2601 Oberlin Rd. Ste. 201 Raleigh, NC 27608	Self Employed	09/10/98	45.83
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance Agent	Aggregate Year-to-Date: $ 412.47	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R. Stewart Perry, LUTCF 276 Southland Dr. Lexington, KY 40503-1953	Self Employed	09/21/98	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance Agent	Aggregate Year-to-Date: $ 300.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Cody H. Phillips, JD, CLU, ChFC PO Box 9303 Des Moines, IA 50306-9303	Self Employed	09/10/98	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance Agent	Aggregate Year-to-Date: $ 512.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R. Jan Pinney, CLU, ChFC, CPCU 3005 Douglad Blvd. #120 Roseville, CA 95661-3854	Self Employed	09/10/98	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance Agent	Aggregate Year-to-Date: $ 378.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Pintrowicz, CLU, ChFC 500 E. Swedesford Rd. Wayne, PA 19087-1696	Self Employed	09/09/98	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance Agent	Aggregate Year-to-Date: $ 300.00	

SUBTOTAL of Receipts This Page (optional)	$1287.83
TOTAL This Period (last page this line number only)	

FEC AN 047

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 / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Bradley W. Pratt., CLU, LUTCF 121 E. Main # 106 PO Box 3045 Mankato, MN 56002 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Insurance Agent Aggregate Year-to-Date > $ 278.00	09/10/98	42.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Gail Dwyer Premer 6200 N Kiawatha Ave Penthouse Ste., Chicago, IL 60646-4309 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Insurance Agent Aggregate Year-to-Date > $ 300.00	09/11/98	300.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Hank L. Prien PO Box 9315 Fargo, ND 58106-9315 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Insurance Agent Aggregate Year-to-Date > $ 245.00	09/10/98	26.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
John S. Pugh, CLU, MSFS 3330 Pacific Ave., Ste. 302 Virginia Beach, VA 23451 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Insurance Agent Aggregate Year-to-Date > $ 225.00	09/10/98	25.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
John T. Rademaker, Jr., CLU 3502 N. Meridian St. Indianapolis, IN 46208-4425 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Insurance Agent Aggregate Year-to-Date > $ 200.00	09/14/98	100.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Ronald J. Redrick 445 Hutchinson Ave., Ste. 950 Columbus, OH 43235 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Insurance Agent Aggregate Year-to-Date > $ 250.00	09/22/98	150.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
D. David Russell, CLU, ChFC 2423 Carlisle Place Sarasota, FL 34231-7013 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Insurance Agent Aggregate Year-to-Date > $ 453.60	09/10/98	50.40

SUBTOTAL of Receipts This Page (optional)	$693.40
TOTAL This Period (last page this line number only)	

FE7AN047

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 / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Daniel L. Rust, LUTCF PO Box 1335 Bozeman, MT 59771-1335 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Insurance Agent $ 377.58	09/10/98	17.50
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Gregory Schaeffer, LUTCF, FIC 2315 30th Ave., Kenosha, WI, 53144 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Insurance Agent $ 226.80	09/10/98	25.20
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Wayne M. Schuh 205 SE Spokane St. Portland, OR 97202-6413 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Insurance Agent $ 200.00	09/21/98	100.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
James D. Schulz, CLU, ChFC 7431 "O" St., Lincoln, NE 68510-2444 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Insurance Agent $ 420.00	09/10/98	42.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Walter J. Scott, Jr., CLU PO BOX 1600 Oshkosh, WI 54902-1600 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Insurance Agent $ 459.60	09/10/98	50.40
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
James P. Shaheen, LUTCF 12775 La Mirada Blvd.; Ste. 203 La Mirada, CA 90638 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Insurance Agent $ 225.00	09/10/98	25.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Walter J. Shield, CLU, ChFC 600 Stewart St., #1708 Seattle, WA 98101-1217 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Insurance Agent $ 350.00	09/14/98	250.00

SUBTOTAL of Receipts This Page (optional)	$510.10
TOTAL This Period (last page this line number only)	

FEC FORM 3

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11 (a) (i)

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
James John Silbernagel, LUTCF PO Box 427 Kewaskum, WI 53040 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Insurance Agent Aggregate Year-to-Date > $ 226.80	09/10/98	25.20
B. Full Name, Mailing Address and ZIP Code Richard S. Simpson, CLU, ChFC 1736 Jefferson St. Napa CA 94559-1703 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Insurance Agent Aggregate Year-to-Date > $ 237.50	09/10/98	25.00
C. Full Name, Mailing Address and ZIP Code Paul M. Smith, Sr., CLU 5101 College Blvd., S-100 Leawood, KS 66211-1614 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Insurance Agent Aggregate Year-to-Date > $ 459.00	09/10/98	51.00
D. Full Name, Mailing Address and ZIP Code Mark V. Snider, CLU, ChFC 39 S. Court St. PO Box 1047/Athens, OH 45701 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Insurance Agent Aggregate Year-to-Date > $ 239.00	09/10/98	21.00
E. Full Name, Mailing Address and ZIP Code Billy J. Stanfill, CLU PO Box 1352 Mooresville, NC 28115-1352 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Insurance Agent Aggregate Year-to-Date > $ 210.00	09/10/98	23.10
F. Full Name, Mailing Address and ZIP Code Angelo T. Stath 1000 East 80th Place #627 S. Merrillville, IN 46410-5644 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Insurance Agent Aggregate Year-to-Date > $ 247.50	09/10/98	27.50
G. Full Name, Mailing Address and ZIP Code Clifford L. Stone, LUTCF 300 N. 4th St., Ste. 100 Bismarck, ND 58501 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Insurance Agent Aggregate Year-to-Date > $ 210.00	09/10/98	21.00

SUBTOTAL of Receipts This Page (optional)	$193.80
TOTAL This Period (last page this line number only)	

FE7AN047

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 23 OF 26

FOR LINE NUMBER 11 (a) (i)

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NAME OF COMMITTEE (In Full)

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David L. Stratton, CLU, ChFC 6927 Old Seward Hwy. Anchorage, AK 99518-3331	Self Employed	09/10/98	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance Agent Aggregate Year-to-Date > $ 450.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mark Phelan Sudderberg 120 West State St., Ste. 201 Rockford, IL 61103	Self Employed	09/10/98	25.20
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance Agent Aggregate Year-to-Date > $ 226.80		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Robert L. Sullivan, CLU, ChFC 3130 West Main St., Ste-C Visalia, CA 93291-5765	Self Employed	09/22/98	150.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance Agent Aggregate Year-to-Date > $ 275.00		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Ronald B. Suseman 20 E. Clmenton Rd., S-101N Gibbsboro, NJ 08026-1165	Self Employed	09/16/98	480.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: InsuranceAgent Aggregate Year-to-Date > $ 480.00		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
C. Douglas Sutton, CLU PO Box 20104 Raleigh, NC 27619-0104	Self Employed	09/14/98	110.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance Agent Aggregate Year-to-Date > $ 220.00		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Donald R. Svoboda, CLU, ChFC 5930 S 58th St., #Z Lincoln, NE 68516-3653	Self Employed	09/10/98	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: InsuranceAgent Aggregate Year-to-Date > $ 250.00		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Christi L. Swearingen, LUTCF 3709 Spenard Rd. #100 Anchorage, AK 99503-5674	Self Employed	09/22/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance Agent Aggregate Year-to-Date > $ 500.00		

SUBTOTAL of Receipts This Page (optional)	$1090.20
TOTAL This Period (last page this line number only)	

FE7AND47

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11 (a) (i)

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NAME OF COMMITTEE (In Full)

National Association of Life UNderwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David G. Tangvald, CLU, ChFC 5100 SW Macadam Ave., #210 Portland, OR 97201-3828	Self Employed	09/28/98	400.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance Agent Aggregate Year-to-Date > $ 400.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
John Michael Taylor, CLU, ChFC PO Box 7546 Columbus, GA 31908-7546	Self Employed	09/10/98	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance Agent Aggregate Year-to-Date > $ 378.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Robert Tedoldi, CLU, ChFC, CFP 95 Glastonbury Blvd., 4th Fl. Glastonbury, CT 06033-4412	Self Employed	09/10/98	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance Agent Aggregate Year-to-Date > $ 378.00		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Gregory M. Telge, CLU, ChFC 1655 N River Rd. Manchester, NH 03104-1645	Self Employed	09/10/98	21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance Agent Aggregate Year-to-Date > $ 210.00		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Brad Tison, CLU, ChFC, CFP PO Box 65770 W. Des Moines, IA 50265-0770	Self Employed	09/10/98	50.40
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance Agent Aggregate Year-to-Date > $ 453.60		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Rhoda S. Toles, CAE 1405 Lilac Drive North #121 Minneapolis, MN 55422-4528	Self Employed	09/10/98	42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance Agent Aggregate Year-to-Date > $ 278.00		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Lynda D. Turner, LUTCF 6100 Uptown N.E. #230 Albuquerque, NM 87110-9856	Self Employed	09/10/98	25.20
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Insurance Agent Aggregate Year-to-Date > $ 226.80		

SUBTOTAL of Receipts This Page (optional)	$622.60
TOTAL This Period (last page this line number only)	

FE7AN047

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 John S. Tuttle, CLU, ChFC PO Box 4718 Syracuse, NY 13221-4718 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Occupation Insurance Agent Aggregate Year-to-Date > $ 500.00	09/04/98	125.00
B. Full Name, Mailing Address and ZIP Code Howard Raymond Utz, LUTCF PO Box 480 Mars, PA 16046-0480 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self Employed Occupation Insurance Agent Aggregate Year-to-Date > $ 226.80	Date (month, day, year) 09/10/98	Amount of Each Receipt this Period 25.20
C. Full Name, Mailing Address and ZIP Code Adam Varrenti, Jr., CLU, ChFC 9 N Five Points Rd. Flr-2 West Chester, PA 19380-4739 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self Employed Occupation Insurance Agent Aggregate Year-to-Date > $ 226.80	Date (month, day, year) 09/10/98	Amount of Each Receipt this Period 25.20
D. Full Name, Mailing Address and ZIP Code Robert D. Vieluf, LUTCF 1703 Golfview PO Box 98 Collinsville, IL 62234-4832 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self Employed Occupation Insurance Agent Aggregate Year-to-Date > $ 226.80	Date (month, day, year) 09/10/98	Amount of Each Receipt this Period 25.20
E. Full Name, Mailing Address and ZIP Code Dana S. Vutera 2320 Drueilla Ln Ste A Baton Rouge, LA 70809 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer Self Employed Occupation Insurance Agent Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 09/14/98	Amount of Each Receipt this Period 50.00
F. Full Name, Mailing Address and ZIP Code David R. Watson, CLU, ChFC, AEP One Liberty Place, Ste. 680 Philadelphia, PA 19103-7301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self Employed Occupation Insurance Agent Aggregate Year-to-Date > $ 453.60	Date (month, day, year) 09/10/98	Amount of Each Receipt this Period 50.40
G. Full Name, Mailing Address and ZIP Code Lester E. Westgard 1351 Page Drive Ste. 204 Fargo, ND 58103-3536 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self Employed Occupation Insurance Agent Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 09/10/98	Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)	$326.00
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 26 OF 26

FOR LINE NUMBER 11 (a) (i)

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NAME OF COMMITTEE (In Full)

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
William T. Whitmore, Jr., LUTCF PO Box 4748 Virginia Beach, VA 23454-0748 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Insurance Agent Aggregate Year-to-Date $ 378.00	09/10/98	42.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Susan Wier 8023 S. Zikes Road Bloomington, IN 47401-9178 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Insurance Agent Aggregate Year-to-Date $ 282.50	09/10/98	25.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Larry J. Winkelhake, CLU, ChFC PO Box 26909 Milwaukee, WI 53226-0909 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Insurance Agent Aggregate Year-to-Date $ 226.80	09/10/98	25.20
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
David A. Winston 9210 Graceland Place Fairfax, VA 22031-1913 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Insurance Agent Aggregate Year-to-Date $ 209.71	09/04/98 09/04/98 09/04/98	9.62 9.62 9.62
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Ronald I. Woodmansee, CLU, ChFC 204 W Route 38 Moorestown, NJ 08057-3225 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Insurance Agent Aggregate Year-to-Date $270.00	09/10/98	30.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Bernard H. Zais, CLU, ChFC 55 Crescent Breach Dr. Burlington, VT 05401 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Insurance Agent Aggregate Year-to-Date $ 450.00	09/04/98	150.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Theodore J. Zouzounis, CLU 3 Altarinda Road, Ste. 300 Orinda, CA 94563-2601 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Insurance Agent Aggregate Year-to-Date $ 275.00	09/10/98	35.00

SUBTOTAL of Receipts This Page (optional)	$345.68
TOTAL This Period (last page this line number only)	$16,263.63

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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 17

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF LIFE UNDERWRITERS POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
FIRST UNION NATIONAL BANK OF WASHINGTON DC Receipt For: ☐ Primary ☐ General ☒ Other (specify): INTEREST	Occupation- Aggregate Year-to-Date > $ 12,963.28	9/30/98	1309.57
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)	1309.57
TOTAL This Period (last page this line number only)	1309.57

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 21 b

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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
FIRST UNION NATIONAL BANK OF WASHINGTON DC	Disbursement for: ☐ Primary ☐ General ☒ Other (specify) BANK CHANGES	9/30/98	3468.92
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	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	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	3468.92
TOTAL This Period (last page this line number only)	3468.92

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 8
	FOR LINE NUMBER 23

Contributions to Federal Candidates/Committees

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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
Leadership 21 5501 Cherokee Avenue Suite 112 Alexandria, VA 22312	Contribution: Leadership 21 PAC to PAC Disbursement For: ☐ Primary ☐ General ☒ Other: Annual 1998	9/21/98	$2,500.00
Don Benton for Congress 16313 Northeast Leaper Road Vancouver, WA 98686	Contribution: Don Benton (WA-3-R) Disbursement For: ☐ Primary ☒ General ☐ Other: 1998	9/18/98	$2,500.00
Mike Bilirakis for Congress P O Box 1077 Tarpon Springs, FL 34688	Returned Check #7975 dated 7/31/98 for Michael Bilirakis (FL-R-9th) Disbursement For: ☒ Primary ☐ General ☐ Other: 1998	9/25/98	($2,000.00)
Friends of Roy Blunt 1736 E. Sunshine Street Suite 817 Springfield, MO 65804	Contribution: Roy Blunt (MO-7-R) Disbursement For: ☐ Primary ☒ General ☐ Other: 1998	9/24/98	$500.00
Mary Bono Committee 1555 South Palm Canyon Suite D-105 Palm Springs, CA 92264	Contribution: Mary Bono (CA-44-R) Disbursement For: ☐ Primary ☒ General ☐ Other: 1998	9/24/98	$1,000.00
Molly Bordonaro for Congress #835 SW Canyon Lane Suite 235 Portland, OR 97225	Contribution: Molly Bordonaro (OR-1-R) Disbursement For: ☐ Primary ☒ General ☐ Other: 1998	9/18/98	$2,500.00
The Burns Committee PO Box 3311 Billings, MT 59103	Contribution: Conrad Burns (MT-R - 5 cycle) Disbursement For: ☒ Primary ☐ General ☐ Other: 2000	9/1/98	$1,500.00
Committee for the Preservation of Capitalism PO Box 22614 Alexandria, VA 22304	Contribution: Committee Capitalizism PAC to PAC Disbursement For: ☐ Primary ☐ General ☒ Other: Annual 1998	9/21/98	$2,500.00
Collins for Congress P.O. Box 35 Jonesboro, GA 30237	Contribution: Michael A. Collins (GA-3-R) Disbursement For: ☐ Primary ☒ General ☐ Other: 1998	9/21/98	$2,500.00
SUBTOTAL of Disbursements This Page (optional)			$13,500.00
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 8

FOR LINE NUMBER 23

Contributions to Federal Candidates/Committees

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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
Cook for Congress 8 East Broadway/Suite 614 Salt Lake City, UT 84111	Contribution: Merrill Cook (UT-2-R) Disbursement For: ☐ Primary ☒ General ☐ Other: 1998	9/21/98	$2,000.00
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Tom Davis For Congress P.O. Box 483 Dunn Loring, VA 22027	Contribution: Thomas M. Davis, III (VA-11-R) Disbursement For: ☐ Primary ☒ General ☐ Other: 1998	9/21/98	$1,000.00
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	Contribution: Robert L. Ehrlich, Jr. (MD-2-R) Disbursement For: ☐ Primary ☒ General ☐ Other: 1998	9/23/98	$2,500.00
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Team Emerson '98 P.O. Box 822 Cape Girardeau, MO 63702	Contribution: Jo Ann Emerson (MO-8-R) Disbursement For: ☐ Primary ☒ General ☐ Other: 1998	9/30/98	$2,500.00
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Ewing For Congress P.O. Box 766 Pontiac, IL 61764	Contribution: Tom W. Ewing (IL-15-R) Disbursement For: ☐ Primary ☒ General ☐ Other: 1998	9/24/98	$500.00
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Faircloth for Senate P.O. Box 26585 Raleigh, NC 27611	Contribution: Lauch Faircloth (NC-R – Senate) Disbursement For: ☐ Primary ☒ General ☐ Other: 1998	9/22/98	$1,500.00
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Fletcher for Congress 4005 Palomar Blvd. Lexington, KY 40513	Contribution: Ernest Fletcher (KY-6-R) Disbursement For: ☐ Primary ☒ General ☐ Other: 1998	9/21/98	$2,500.00
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Franks for Congress 219 South Street - Suite 203 New Providence, NJ 07974	Contribution: Bob Franks (NJ-7-R) Disbursement For: ☐ Primary ☒ General ☐ Other: 1998	9/9/98	$1,000.00
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Martin Frost Campaign Comm. 800 E. Abram Street Dallas, TX 75210	Contribution: Martin Frost (TX-24-D) Disbursement For: ☐ Primary ☒ General ☐ Other: 1998	9/23/98	$2,500.00

SUBTOTAL of Disbursements This Page (optional)	$16,000.00
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 8

FOR LINE NUMBER 23

Contributions to Federal Candidates/Committees

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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
Republican Majority Fund 1155 21st Street, NW Suite 300 Washington, DC 20036	Contribution: Republican Majority Fund PAC to PAC Disbursement For: ☐ Primary ☐ General ☒ Other: Annual 1998	9/21/98	$2,500.00
Gallegly For Congress Box 3789 Simi Valley, CA 93093	Contribution: Elton Gallegly (CA-23-R) Disbursement For: ☐ Primary ☒ General ☐ Other: 1998	9/23/98	$1,000.00
Friends of Newt Gingrich 1085 Holcomb Bridge Road Suite 109A Roswell, GA 30076	Contribution: Newt Gingrich (GA-6-R) Disbursement For: ☐ Primary ☒ General ☐ Other: 1998	9/24/98	$4,500.00
Bob Goodlatte for Congress Cmte PO Box 292 Roanoke, VA 23236	Contribution: Bob Goodlatte (VA-6-R) Disbursement For: ☐ Primary ☒ General ☐ Other: 1998	9/21/98	$1,000.00
Bob Goodlatte for Congress Cmte PO Box 292 Roanoke, VA 23236	Contribution: Bob Goodlatte (VA-6-R) Disbursement For: ☐ Primary ☒ General ☐ Other: 1998	9/21/98	$1,000.00
Congressman Bart Gordon Committe P.O. Box 2008 Murfreesboro, TN 37133	Contribution: Bart Gordon (TN-6-D) Disbursement For: ☐ Primary ☒ General ☐ Other: 1998	9/21/98	$2,000.00
Hastings for Congress Comm. P.O. Box 2926 Pasco, WA 99302	Contribution: Richard Hastings (WA-4-R) Disbursement For: ☐ Primary ☒ General ☐ Other: 1998	9/24/98	$2,500.00
Comm. to Re-Elect J.D. Hayworth P.O. Box 14273 Scottsdale, AZ 85267	Contribution: J.D. Hayworth (AZ-6-R) Disbursement For: ☐ Primary ☒ General ☐ Other: 1998	9/21/98	$4,000.00
Wally Herger for Congress Committee PO Box 1500 Chico, CA 95927	Contribution: Wally Herger (CA-2-R) Disbursement For: ☐ Primary ☒ General ☐ Other: 1998	9/21/98	$2,500.00
		SUBTOTAL of Disbursements This Page (optional)	$21,000.00
		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 4 OF 8

FOR LINE NUMBER 23

Contributions to Federal Candidates/Committees

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	Purpose of Disbursement / Disbursement For	Date (month, day, year)	Amount of Each Disbursement this Period
Holden for Congress 502 Walnut Street Reading, PA 19601	Contribution: Tim Holden (PA-6-D) Disbursement For: ☐ Primary ☒ General ☐ Other: 1998	9/29/98	$1,000.00
Nancy Johnson For Congress P.O. Box 1986 New Britain, CT 06050	Contribution: Nancy L. Johnson (CT-6-R) Disbursement For: ☐ Primary ☒ General ☐ Other: 1998	9/23/98	$4,000.00
Citizens for Kasich 2021 E. Dublin-Granville Rd #215 Columbus, OH 43229	Contribution: John R. Kasich (OH-12-R) Disbursement For: ☐ Primary ☒ General ☐ Other: 1998	9/21/98	$2,500.00
Friends of Jerry Kleczka 3268 South 9th Street Milwaukee, WI 53215	Contribution: Gerald D. Kleczka (WI-4-D) Disbursement For: ☒ Primary ☐ General ☐ Other: 1998	9/3/98	$1,000.00
Knollenberg for Congress 27877 Orchard Lake Road Farmington Hills, MI 20003	Contribution: Joe Knollenberg (MI-11-R) Disbursement For: ☐ Primary ☒ General ☐ Other: 1998	9/21/98	$2,000.00
Knollenberg for Congress 27877 Orchard Lake Road Farmington Hills, MI 20003	Contribution: Joe Knollenberg (MI-11-R) Disbursement For: ☐ Primary ☒ General ☐ Other: 1998	9/21/98	$2,000.00
Kuykendall Congressional Committee 1379 Park Western Drive San Pedro, CA 90732	Contribution: Steve Kuykendall (CA-36-R) Disbursement For: ☐ Primary ☒ General ☐ Other: 1998	9/21/98	$2,000.00
LaTourette for Congress Committee 7200 Center Street Suite 102 Mentor, OH 44060	Contribution: Steve C. LaTourette (OH-19-R) Disbursement For: ☐ Primary ☒ General ☐ Other: 1998	9/29/98	$2,500.00
Larson for Congress 1087 Old Main Street East Hartford, CT 06108	Contribution: John Larson (CT-1-D) Disbursement For: ☒ Primary ☐ General ☐ Other: 1998	9/2/98	$2,500.00
		SUBTOTAL of Disbursements This Page (optional)	$19,500.00
		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 5 OF 6

FOR LINE NUMBER 23

Contributions to Federal Candidates/Committees

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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
Lazio for Congress '98 P.O. Box 5063 Bayshore, NY 11706	Contribution: Rick A. Lazio (NY-2-R) Disbursement For: ☐ Primary ☒ General ☐ Other: 1998	9/24/98	$1,000.00
John Lewis for Congress Cmte 1520 Pinehurst Drive, SW Atlanta, GA 30311	Contribution: John Lewis (GA-5-D) Disbursement For: ☐ Primary ☒ General ☐ Other: 1998	9/21/98	$1,000.00
Lincoln for Senate PO Box 3197 Little Rock, AR 72203	Contribution: Blanche Lambert Lincoln (AR-D -- Senate) Disbursement For: ☐ Primary ☒ General ☐ Other: 1998	9/1/98	$3,000.00
Linder for Congress PO Box 942060 Atlanta, GA 31141	Contribution: John Linder (GA-11-R) Disbursement For: ☐ Primary ☒ General ☐ Other: 1998	9/8/98	$1,000.00
LoBiondo for Congress 738 East Landis Avenue Suite 101 Vineland, NJ 08360	Contribution: Frank A. LoBiondo (NJ-2-R) Disbursement For: ☐ Primary ☒ General ☐ Other: 1998	9/8/98	$1,000.00
Ken Lucas for Congress 8100 Burlington Pike Suite 334 Florence, KY 41042	Contribution: Ken Lucas (KY-4-D) Disbursement For: ☐ Primary ☒ General ☐ Other: 1998	9/18/98	$2,500.00
Citizens for Jack Metcalf 12811 8th Avenue West Suite B-101 Everett, WA 98204	Contribution: Jack Metcalf (WA-2-R) Disbursement For: ☐ Primary ☒ General ☐ Other: 1998	9/21/98	$2,000.00
Mikulski for Senate Committee P O Box 13147 Baltimore, MD 21203	Contribution: Barbara A. Mikulski (MD-D - Senate) Disbursement For: ☐ Primary ☒ General ☐ Other: 1998	9/21/98	$2,500.00
Minge for Congress P.O. Box 364 Montevideo, MN 56265	Contribution: David Minge (MN-2-D) Disbursement For: ☐ Primary ☒ General ☐ Other: 1998	9/22/98	$500.00

SUBTOTAL of Disbursements This Page (optional)	$14,500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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PAGE 6 OF 8

FOR LINE NUMBER 23

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Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement For	Date (month, day, year)	Amount of Each Disbursement this Period
Monday Morning PAC PO Box 10097 Arlington, VA 22210	Contribution: Monday Morning PAC PAC to PAC [ ] Primary [ ] General [X] Other: Annual 1998	9/8/98	$5,000.00
People for Patty Murray U S Senate Campaign 2666 East Lake Avenue Room 2988 Seattle, WA 98124	Contribution: Patty Murray (WA-D - Senate) [ ] Primary [X] General [ ] Other: 1998	9/21/98	$1,000.00
Jo Musser for Congress PO Box 628245 Middleton, WI 53562-8245	Contribution: Josephine Musser (WI-2-R) [ ] Primary [X] General [ ] Other: 1998	9/21/98	$2,500.00
National Leadership PAC 2100 Pennsylvania Avenue, NW Suite 400 Washington, DC 20037	Contribution: National Leadership PAC PAC to PAC [ ] Primary [ ] General [X] Other: Annual 1998	9/21/98	$1,000.00
O'Connor for Congress 225 Asylum Street Hartford, CT 06103	Contribution: Kevin O'Connor (CT-1-R) [X] Primary [ ] General [ ] Other: 1998	9/2/98	$1,000.00
The Freedom Project 111 C Street, SE Washington, DC 20003	Contribution: PAC to PAC [ ] Primary [ ] General [X] Other: Annual 1998	9/21/98	$2,500.00
Friends for Harry Reid 245 2nd Street, NE Suite 300 Washington, DC 20002	Contribution: Harry M. Reid (NV-D) [ ] Primary [X] General [ ] Other: 1998	9/24/98	$5,000.00
Reynolds for Congress PO Box 141 Williamsville, NY 14231	Contribution: Tom Reynolds (NY-27-R) [ ] Primary [X] General [ ] Other: 1998	9/21/98	$2,500.00
Roth Senate Committee P.O. Box 105 Wilmington, DE 19899	Contribution: William V. Roth, Jr. (DE-R - Senate) [X] Primary [ ] General [ ] Other: 2000	9/3/98	$4,000.00
SUBTOTAL of Disbursements This Page (optional)			$24,500.00
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

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FOR LINE NUMBER 23

Contributions to Federal Candidates/Committees

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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
Ryan for Congress Box 1919 Janesville, WI 53547-9941	Contribution: Paul Ryan (WI-1-R) Disbursement For: ☐ Primary ☒ General ☐ Other: 1998	9/18/98	$2,500.00
Tom Sawyer Committee 1540 W Market Street, Suite 201 Akron, OH 44313	Contribution: Thomas C. Sawyer (OH-14-D) Disbursement For: ☐ Primary ☒ General ☐ Other: 1998	9/28/98	$2,500.00
Lots of People for Jim Saxton P O Box 795 Mt Holly, NJ 08060	Contribution: James H. Saxton (NJ-3-R) Disbursement For: ☐ Primary ☒ General ☐ Other: 1998	9/8/98	$1,000.00
Don Sherwood for Congress 10 Bridgeover Tunkhannock, PA 18657	Contribution: Don Sherwood (PA-10-R) Disbursement For: ☐ Primary ☒ General ☐ Other: 1998	9/21/98	$2,500.00
Volunteers for Shimkus PO Box 5458 Springfield, IL 62704	Contribution: John M. Shimkus (IL-20-R) Disbursement For: ☐ Primary ☒ General ☐ Other: 1998	9/23/98	$2,000.00
Stenholm For Congress Committee Box 1032 Stamford, TX 79553	Contribution: Charles W. Stenholm (TX-17-D) Disbursement For: ☐ Primary ☒ General ☐ Other: 1998	9/2/98	$2,500.00
Sweeney for Congress PO Box 4137 Clifton Parks, NY 12065	Contribution: John Sweeney (NY-22-R) Disbursement For: ☐ Primary ☒ General ☐ Other: 1998	9/28/98	$2,500.00
Lee Terry for Congress PO Box 540098 Omaha, NE 68154	Contribution: Lee Terry (NE-2-R) Disbursement For: ☐ Primary ☒ General ☐ Other: 1998	9/21/98	$2,500.00
Mike Thompson for Congress PO Box 157 Santa Rosa, CA 95402-0157	Contribution: Mike Thompson (CA-1-D) Disbursement For: ☐ Primary ☒ General ☐ Other: 1998	9/21/98	$2,000.00
SUBTOTAL of Disbursements This Page (optional)			$20,000.00
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

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FOR LINE NUMBER 23

Contributions to Federal Candidates/Committees

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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
Thurman for Congress PO Box 5058 Inverness, FL 34450	Contribution: Karen L. Thurman (FL-5-D) Disbursement For: ☐ Primary ☒ General ☐ Other: 1998	9/21/98	$1,000.00
Committee to Elect Pat Toomey 1005 Union Blvd. Allentown, PA 18103	Contribution: Pat Toomey (PA-15-R) Disbursement For: ☐ Primary ☒ General ☐ Other: 1998	9/21/98	$2,500.00
Friends of Dave Weldon Committee P.O. Box 968 Melbourne, FL 32902	Contribution: Dave Weldon (FL-15-R) Disbursement For: ☐ Primary ☒ General ☐ Other: 1998	9/18/98	$1,000.00
Weller for Congress PO Box 687 Morris, IL 60450	Contribution: Jerry Weller (IL-11-R) Disbursement For: ☐ Primary ☒ General ☐ Other: 1998	9/18/98	$4,000.00
Wicker For Congress PO Box 874 Tupelo, MS 38802	Contribution: Roger F. Wicker (MS-1-R) Disbursement For: ☐ Primary ☒ General ☐ Other: 1998	9/24/98	$1,000.00
Heather Wilson for Congress 5400 San Mateo NE Suite G Albuquerque, NM 87109	Contribution: Heather Wilson (NM-1-R) Disbursement For: ☐ Primary ☒ General ☐ Other: 1998	9/23/98	$1,500.00

SUBTOTAL of Disbursements This Page (optional)	$11,000.00
TOTAL This Period (last page this line number only)	$140,000.00

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.

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☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
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KDT
PREPARER

10-22-98
DATE PREPARED

(4/98)