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

1. NAME OF COMMITTEE (in full) NATIONAL ASSOCIATION OF LIFE UNDERWRITERS' POLITICAL ACTION COMMITTEE

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

CITY, STATE and ZIP CODE
WASHINGTON, DC 20006

2. FEC IDENTIFICATION NUMBER
C 0000 5249

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

4. TYPE OF REPORT

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

Monthly Report Due On:

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

[ ] Termination Report

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

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

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

SUMMARY

5. Covering Period 1 Jan. 1995 through 31 Jan. 1995

	COLUMN A This Period	COLUMN B Calendar YTD
6. (a) Cash on Hand January 1, 1995		410,734.64
(b) Cash at Beginning of Reporting Period	410,734.64	
(c) Total Receipts (from line 19)	103,566.99	103,566.99
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	514,301.63	514,301.63
7. Total Disbursements (from Line 30)	3,035.56	3,035.56
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)	511,266.07	511,266.07
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

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

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

Signature of Treasurer: Joseph E. Dillon

Date: 02/16/95

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

FEC FORM 3X
(revised 9/93)

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X (revised 9/93)

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

REPORT COVERING PERIOD FROM 1 Jan. 1995 TO 31 Jan. 1995

I. RECEIPTS	COLUMN A This Period	COLUMN B Calendar YTD
11. Contributions (other than loans) From:		
a. Individuals/Persons Other Than Political Committees		
i. Itemized (use Schedule A) (add i and ii)	11,239.25	11,239.25
ii. Unitemized	91,501.15	91,501.15
iii. Total	102,740.40	102,740.40
b. Political Party Committees		
c. Other Political Committees (such as PAC's)		
d. Total Contributions (add a iii, b and c)	102,740.40	102,740.40
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	825.59	825.59
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)	103,565.99	103,565.99
20. Total Federal Receipts (subtract line 18 from line 19)	103,565.99	103,565.99
II. DISBURSEMENTS		
21. Operating Expenditures:		
a. Shared Federal/Non Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures	35.56	35.56
c. Total Operating Expenditures (Add a i, aii, and b)	35.56	35.56
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	3,000.00	3,000.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans made		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PAC's)		
d. Total Contribution Refunds (Add a, b, and c)	0.00	0.00
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	3,035.56	3,035.56
31. Total Federal Disbursements (subtract line 21 a ii from line 30)	3,035.56	3,035.56
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d)	102,740.40	102,740.40
33. Total Contribution Refunds (from line 28d)	0.00	0.00
34. Net Contributions (other than loans) (subtract line 33 from 32)	102,740.40	102,740.40
35. Total Federal Operating Expenditures (add 21 a i and 21 b)	35.56	35.56
36. Offsets to Operating Expenditures (from line 15)		
37 Net Operating Expenditures (subtract line 36 from 35)	35.56	35.56

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 5

FOR LINE NUMBER 11(a)(i)

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

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. William H. Beckley, CLU, MSFS 303 W. Madison Street Suite 800 Chicago, IL 60606-3384 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $	01/23/95 300.00	300.00
B. Sanford M. Bernbaum, Jr CLU ChFC IBM Building, 18th Floor 1200 Fifth Avenue Seattle, WA 98101-1127 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $	01/12/95 01/23/95 354.25	4.25 350.00
C. James B. Borders, CLU 9104 Ensley Lane Leawood, KS 66206-1706 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $	01/26/95 300.00	300.00
D. James M. Clary 520 Lake Cook Road Suite 150 Deerfield, IL 60015-4900 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $	01/23/95 300.00	300.00
E. William S. Cochran, CLU 162 Fourth Avenue, North Nashville, TN 37219-2407 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $	01/03/95 600.00	600.00
F. Michael Colosky, CPA, CLU, ChFC P. O. Box 3291 Lake Charles, LA 70602-3291 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $	01/20/95 500.00	500.00
G. Milton L. Edgren, Jr., CLU 17 South Tenth Ave. Hopkins, MN 55343-7505 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $	01/17/95 400.00	400.00

SUBTOTAL of Receipts This Page (optional) 2754.25

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

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SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11(a)(i)

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Gordon L. Elgersma, CLU, ChFC 248 Louis Campau Pr NW Grand Rapids, MI 49503-2627 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 250.00	01/03/95	250.00
B. Robert M. Estrada 2416 W. Shaw Ave #112 Fresno, CA 93711-3303 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 250.00	01/23/95	250.00
C. Edward J. Feiman, CLU, ChFC 370 17th Street, Suite 4950 Denver, CO 80202-5680 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 400.00	01/04/95	400.00
D. Frank Friedler, Jr., CLU, ChFC 415 Lafayette St., #300 New Orleans, LA 70130-3281 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 200.00	01/17/95	200.00
E. Richard E. Fuhrer, CLU P. O. Box 111328 Pittsburgh, PA 15238-0728 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 300.00	01/13/95	300.00
F. Larry A. Harvey 7405 Temple Terr Hwy #A Tampa, FL 33637-5764 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 300.00	01/09/95	300.00
G. Robert E. Riley, CLU, ChFC One Penn Plaza, Suite 1000 New York, NY 10119-0095 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 500.00	01/19/95	500.00

SUBTOTAL of Receipts This Page (optional) 2200.00

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

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SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11(a)(i)

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

Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Robert E. Long, Jr. 7241 Burlington Road Box 2000 Whitsett, NC 27377-2000 Receipt For: Primary / General / Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $ 550.00	01/23/95 01/23/95	110.00 440.00
B. David B. Malkin, CLU, ChFC 354 Eisenhower Pkwy. Plz II Livingston, NJ 07039-1023 Receipt For: Primary / General / Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $ 500.00	01/25/95	500.00
C. Paul J. Mesoldrick, CLU, ChFC P. O. Box 439 Littleton, NH 03561-0439 Receipt For: Primary / General / Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $ 300.00	01/17/95	300.00
D. John W. Meisenbach 1325 4th Avenue, Suite 2100 Seattle, WA 98101-2579 Receipt For: Primary / General / Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $ 250.00	01/23/95	250.00
E. Van E. Mueller, LUTCF 208 Kisdon Hill Court Waukesha, WI 53188-3932 Receipt For: Primary / General / Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $ 300.00	01/23/95	300.00
F. Thomas W. Myers, CLU, ChFC 133 East First North St. Summerville, SC 29483-6801 Receipt For: Primary / General / Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $ 200.00	01/23/95	200.00
G. John M. Qualy, CLU 701 Market St., #1070 St. Louis, MO 63101 Receipt For: Primary / General / Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $ 300.00	01/04/95	300.00

SUBTOTAL of Receipts This Page (optional) 2400.00

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

95039061307

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 5

FOR LINE NUMBER 11(a)(i)

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. S. Caesar Raboy, CLU One Sun Life Exec. Park Wellesley, MA 02181-5699 Receipt For: Primary / General / Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 250.00	01/20/95	250.00
B. Mark P. Schueller, CPA, CLU 770 N. Jefferson Street, 2nd Fl. Milwaukee, WI 53202-3701 Receipt For: Primary / General / Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 480.00	01/20/95	480.00
C. George H. Seifert 200 Executive Dr., Suite 110 West Orange, NJ 07052-3303 Receipt For: Primary / General / Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 600.00	01/25/95	600.00
D. Clarence E. Smith, III, CLU 3131 Maple Drive, Suite 220 Atlanta, GA 30305-2522 Receipt For: Primary / General / Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 250.00	01/30/95	250.00
E. Thomas J. Von Riesen, CLU, ChFC 9110 W. Dodge, #175 Omaha, NE 68114 Receipt For: Primary / General / Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 450.00	01/20/95	450.00
F. Frank B. Weisz, JD, LLM 5 East Germantown Pike, #100 Plymouth Meeting, PA 19462-1539 Receipt For: Primary / General / Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 480.00	01/20/95	480.00
G. John D. Williams, CLU, ChFC 2 University Office Park 51 Sawyer Road Waltham, MA 02154-3448 Receipt For: Primary / General / Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 275.00	01/18/95	275.00

SUBTOTAL of Receipts This Page (optional) 2785.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 5

FOR LINE NUMBER 11(a)(i)

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Norman H. Winer, CLU 33 S. Sixth St. #3050 Minneapolis, MN 55402-3785 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $	01/18/95 700.00	700.00
B. E. Dennis Zahrbock, CLU ChFC CFP P. O. Box 679 Wayzata, MN 55391-0679 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $	01/09/95 400.00	400.00
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)	1100.00
TOTAL This Period (last page this line number only)	11239.25

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 23

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

NAME OF COMMITTEE (In Full)

National Association of Life Underwriters' Political Action Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Burr for Congress 514 South Stratford Road Winston-Salem, NC 27103	Richard Burr NC-5 Disbursement for: [ ] Primary [ ] General [x] Other (specify) General Debt	1/19/95	1,000.00
B. Friends of Max Baucus Box 6268 Bozeman, MT 59715	Max Baucus MT-SEN 1,000.00 Disbursement for: [X] Primary 1996 [ ] General [ ] Other (specify)	1/25/95	1,000.00
C. Grassley '98 Committee P.O. Box 6193 Alexandria, VA 22306-0193	Charles E. Grassley IA-SEN 1,000.00 Disbursement for: [X] Primary 1998 [ ] General [ ] Other (specify)	1/31/95	1,000.00
D.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

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

95039061370

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☑	Hand Delivered	DATE OF RECEIPT 2-17-95
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

JMH
PREPARER

2-17-95
DATE PREPARED

FEC FORM 70-2 (12/92)

95039461871