REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM
Oct 2 2 13 PM '97

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) National Association of Life Underwriters Political Action Committee

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

CITY, STATE and ZIP CODE
Washington, DC 20006

2. FEC IDENTIFICATION NUMBER
C 0000 5249

3. ☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

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

Monthly Report Due On:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☒ September 20 ☐ January 31

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

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

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

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Covering Period 1 Aug 1997 through 31 Aug 1997		
6.	(a) Cash on Hand January 1, 19 97		$ 633,863.97
	(b) Cash on Hand at Beginning of Reporting Period	$ 852,479.08	
	(c) Total Receipts (from Line 19)	$ 64,046.35	$ 622,451.91
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 916,525.43	$ 1,256,315.88
7.	Total Disbursements (from Line 30)	$ 5,045.00	$ 344,835.45
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 911,480.43	$ 911,480.43
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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

Type or Print Name of Treasurer
Don Cornish, Assistant Treasurer

Signature of Treasurer

Date
10/2/97

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 1/1/91)

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

REPORT COVERING PERIOD FROM 1 Aug 1997 TO: 31 Aug 1997

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	11,739.44	74,848.78
ii. Unitemized	51,175.81	538,702.64
iii. Total (add i and ii) ➤	62,915.25	613,551.42
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤	62,915.25	613,551.42
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	1,000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	1,131.10	7,900.49
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	64,046.35	622,451.91
20. Total Federal Receipts (subtract line 18 from line 19) ➤	64,046.35	622,451.91
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	45.00	75,335.45
c. Total Operating Expenditures (add a i, a ii, and b) ➤	45.00	75,335.45
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	5,000.00	269,500.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) ➤	0.00	0.00
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	5,045.00	344,835.45
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	5,045.00	344,835.45
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	62,915.25	613,551.42
33. Total Contribution Refunds (from line 28d)	0.00	0.00
34. Net Contributions (other than loans)(subtract line 33 from 32)	62,915.25	613,551.42
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	45.00	75,335.45
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00
37. Net Operating Expenditures (subtract line 36 from 35) ➤	45.00	75,335.45

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 19

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Sanford Ader, CLU, CFP 675 3rd Avenue, Suite 1200 New York, NY 10017-5704 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 400.00	08/07/97	400.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Gerald R. Allen, CLU, ChFC 1230 E. Diehl Rd., S-108 Naperville, IL 60563-9369 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 216.00	08/13/97	27.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Stephen D. Andersen 7431 "O" Street Lincoln, NE 68510-2444 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 369.60	08/13/97	42.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Robert B. Anderson, CLU P. O. Box 127 Jonesborough, TN 37659-0127 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 403.20	08/13/97	50.40
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Eph Baker, CLU, ChFC 190 Broad Street P.O. Box 98 Montoursville, PA 17754-0098 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 480.00	08/11/97	480.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Felix R. Baz-Dresch, CLU, ChFC 11111 Nall Ave., #104 Leawood, KS 66211-1670 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 201.60	08/13/97	25.20
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	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 Occupation: Insurance agent Aggregate Year-to-Date > $ 336.00	08/13/97	42.00

SUBTOTAL of Receipts This Page (optional) > 1066.60

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 2 OF 19

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Kent A. Bennett, LUTCF RR514 Pine Street Williamsport, PA 17701-5047 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation Aggregate Year-to-Date: Insurance agent	08/13/97	50.40
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
David B. Bianchi, CLU P. O. Box 10358 Reno, NV 89510-0358 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation Aggregate Year-to-Date: Insurance agent	422.60 08/13/97	30.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Robert P. Bishopp, CLU, ChFC 705 W. 7th Ave. Spokane, WA 99204-2836 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation Aggregate Year-to-Date: Insurance agent	240.00 08/13/97	25.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Frank B. Bliss 1742 Solano Ave Berkeley, CA 94707-2213 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation Aggregate Year-to-Date: Insurance agent	200.00 08/13/97	42.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
John J. Bradley, CLU 100 Congress Street Quincy, MA 02169-0906 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation Aggregate Year-to-Date: Insurance agent	336.00 08/13/97	41.66
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Gary A. Bramon, CLU, ChFC 890 Lamont Ave Ste-201 Novato, CA 94945-4100 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation Aggregate Year-to-Date: Insurance agent	333.28 08/13/97	42.50
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Joe D. Byars, CLU, LUTCF 214 No. 12th St Ft Smith, AR 72901-2713 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation Aggregate Year-to-Date: Insurance agent	340.00 08/13/97	25.20

SUBTOTAL of Receipts This Page (optional)	201.60	
TOTAL This Period (last page this line number only)		256.76

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	Date (month, day, year)	Amount of Each Receipt this Period
G. Scott Cahill, CLU P O Box 3191 Orlando, FL 32802-3191 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation Aggregate Year-to-Date: Insurance agent 300.00	08/22/97	300.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
William A. Carlisle, CLU 2356 Hawkhurst Box 752217 Memphis, TN 38175-2217 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation Aggregate Year-to-Date: Insurance agent 201.60	08/13/97	25.20
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Lawrence A. Chargin 7202 N. Millbrook #205 Fresno, CA 93720-3341 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation Aggregate Year-to-Date: Insurance agent 336.00	08/13/97	42.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Terry C. Chick, CLU, CFP 255 E. Plato Blvd. St. Paul, MN 55107-1623 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation Aggregate Year-to-Date: Insurance agent 400.00	08/15/97	400.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Thomas R. Clark, CLU, ChFC 974 73rd Street #26 Des Moines, IA 50312-1026 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation Aggregate Year-to-Date: Insurance agent 270.00	08/13/97	60.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Charles E. Cox P. O. Box 83 Huntsville, AL 35804-0083 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation Aggregate Year-to-Date: Insurance agent 200.00	08/29/97	100.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
R. Scott Culbertson, CFP, CEBS 2023 Cato Drive #102 State College, PA 16801-6865 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation Aggregate Year-to-Date: Insurance agent 352.80	08/13/97	50.40

SUBTOTAL of Receipts This Page (optional) 977.60

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

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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
Vincent M. D'Addona, CLU, ChFC 140 Broadway, 22nd Floor New York, NY 10005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 340.00	08/13/97	42.50
Thomas Stanley Dean, CLU, CPCU 114 Shamrock Blvd. Venice, FL 34293-1629 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 600.00	08/30/97	300.00
William James DeBruin, LUTCF 2323 E Capitol Dr #200 Appleton, WI 54911-8731 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 201.60	08/13/97	25.20
Robert W. Decoursey, CLU 555 E City Line Ave #900 Bala Cynwyd, PA 19004-1105 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 201.60	08/13/97	25.20
David S. Dickenson, II, CLU ChFC 1901 East 13th Street Suite 506 Cleveland, OH 44114-3583 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 336.00	08/13/97	42.00
Michael D. Dixon, CLU 4505 Las Virgenes Rd. #200 Calabasas, CA 91302-1956 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 336.00	08/13/97	42.00
Charles E. Drimal CLU ChFC MSFS 261 Madison Ave., 4th Flr New York, NY 10016-2303 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 400.00	08/29/97 08/29/97	100.00 300.00

SUBTOTAL of Receipts This Page (optional) 876.90

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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. Joseph E. Dunn, LUTCF 627 irving Beach Drive SW Bemidji, MN 56601 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $ 215.00	08/13/97	25.00
B. Daniel Eddleman, CLU 475 Sansome St #1800 San Francisco, CA 94111-3141 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $ 336.00	08/13/97	42.00
C. Donald A. Eichelberger, CLU 209 East San Marnan Drive Waterloo, IA 50702-5839 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $ 403.20	08/13/97	50.40
D. Gerald E. Ferrier, LUTCF 1117 Ellis Street #C-D Bellingham, WA 98225-5203 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $ 336.00	08/13/97	42.00
E. Jeffery L. Ferrier, LUTCF 1117 Ellis St. #C & D Bellingham, WA 98225-5203 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $ 344.00	08/13/97	50.00
F. Thomas F. Flournoy, Jr., CLU P. O. Box 1013 Macon, GA 31202-1013 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $ 336.00	08/13/97	42.00
G. Steven M. Frank, CLU 21700 Oxnard St #1160 Woodland Hills, CA 91367-7302 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date $ 400.00	08/13/97	50.00

SUBTOTAL of Receipts This Page (optional) 301.40

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

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National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
James E. Freilinger, CLU, ChFC, 482 Congress Street #400 Portland, ME 04101-3493	Self-employed / Insurance agent	08/19/97	75.00
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date 375.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Gary G. Friedlander, LUTCF P. O. Drawer 790 Gainesville, FL 32602-0790	Self-employed / Insurance agent	08/13/97	25.20
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date 201.60		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Gary R. Froid, CLU, ChFC P.O. Box 3642 St. Petersburg, FL 33731-3642	Self-employed / Insurance agent	08/13/97	50.40
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date 403.20		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Peter Fulchiron, CLU, LUTCF 405 Enfrente Dr #100 Novato, CA 94949-7206	Self-employed / Insurance agent	08/13/97	50.00
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date 376.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Del D. Gab, CLU Box 2094 Dickinson, ND 58602-2094	Self-employed / Insurance agent	08/13/97	25.00
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date 220.40		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Alfred A. Gelfond 1973 Washington Valley Rd. Martinsville, NJ 08836-2053	Self-employed / Insurance agent	08/25/97	300.00
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date 300.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Seymour Geller, CFP, ChFC, CLU 11 West 42nd St., 29th Flr. New York, NY 10036-8002	Self-employed / Insurance agent	08/13/97	125.00
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional) 650.60

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

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NAME OF COMMITTEE (In Full)

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Harold A. Gillet, LUTCF P. O. Box 2907 Missoula, MT 59806-2907 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation Aggregate Year-to-Date Insurance Agent	08/13/97	12.50
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Lee M. Goeres, LUTCF Box 4003 Missoula, MT 59806-4003 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation Aggregate Year-to-Date Insurance Agent	08/13/97 08/21/97	12.50 117.50
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	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 Occupation Aggregate Year-to-Date Insurance Agent	08/13/97	42.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Joseph H. Gwinn, CLU, CPCU, ChFC P. O. Box 308 Vinton, VA 24179-0308 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation Aggregate Year-to-Date Insurance Agent	08/13/97	42.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Robert J. Haberman, LUTCF 7121 O. Street Lincoln, NE 68510-2428 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation Aggregate Year-to-Date Insurance Agent	08/22/97	250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Karl Erik Hansen, CLU, ChFC 419 N. Shoreline Blvd. Mountain View, CA 94043-4605 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation Aggregate Year-to-Date Insurance Agent	08/13/97	42.50
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Sharon L. Hansen P. O. Box 2305 Mt Vernon, WA 98273-7305 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation Aggregate Year-to-Date Insurance Agent	08/13/97	25.00

SUBTOTAL of Receipts This Page (optional) 200.00

TOTAL This Period (last page this line number only) 544.00

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Alex Hanson, CLU, ChFC P. O. Box 1138 Portsmouth, NH 03802-1138 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 361.20	08/13/97	42.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Thomas M. Hawco, CLU, ChFC P. O. Box 30406 Lincoln, NE 68503-0406 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 270.00	08/13/97	25.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
William E. Hazel, CLU, ChFC 3250 W. Big Beaver Rd #327 Troy, MI 48084-2902 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 340.00	08/13/97	42.50
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	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 Occupation: Insurance agent Aggregate Year-to-Date > $ 410.80	08/13/97	50.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Richard L. Hill, CLU, ChFC P. O. Box 30275 Lincoln, NE 68503-0275 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 369.60	08/13/97	42.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Michael J. Hiller, ChFC 909 N Mayfair Rd. Milwaukee, WI 53226-3429 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 201.60	08/13/97	25.20
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ivan C. Hinrichs, CLU, ChFC 230 S. Tryon Street Suite 1400 Charlotte, NC 28202-3815 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 550.00	08/19/97	550.00

SUBTOTAL of Receipts This Page (optional) 776.70

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

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. Alfred S. Howes 530 5th Ave. 11th FL New York, NY 10036-5197 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date $ 500.00	08/19/97	500.00
B. William V. Irons, CLU, LUTCF 469 Centerville Rd #203 Warwick, RI 02886-4328 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date $ 403.20	08/13/97	50.40
C. Stewart N. Isbell, LUTCF 12031 Regentview Ave. #200 Downey, CA 90241-5517 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date $ 352.50	08/13/97	42.50
D. Donald C. Jayne, CLU, ChFC 21800 Oxnard Street, #450 Woodland Hills, CA 91367-3652 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date $ 200.00	08/13/97	25.00
E. Gary L. Johnson 5301 Keystone Ct Rolling Meadows, IL 60008-3811 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date $ 201.60	08/13/97	25.20
F. James M. Juengling, CLU, ChFC 2400 Big Timber Rd. #200 Elgin, IL 60123 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date $ 201.60	08/13/97	25.20
G. Terry M. Kaltenbach, CLU, ChFC 1455 Frazee Rd #400 San Diego, CA 92108-4378 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date $ 210.00	08/13/97	42.00

SUBTOTAL of Receipts This Page (optional) 710.30

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

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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	Date (month, day, year)	Amount of Each Receipt this Period
Richard A. Koob, CLU, ChFC, AEP 626 W. Moreland Blvd. Waukesha, WI 53188-2433	Self-employed Insurance agent	08/13/97	50.40
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 440.30		
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Michael J. Kraft, CLU 70 Washington St. #200 Oakland, CA 94607-3738	Self-employed Insurance agent	08/13/97	42.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 340.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Stephen A. Kramer, CLU 370 Lexington Avenue New York, NY 10017-6503	Self-employed Insurance agent	08/26/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
James H Krueger, CLU ChFC FIC RHU 3301 N Ballard Road Ste. A Appleton, WI 54911-8900	Self-employed Insurance agent	08/13/97	25.20
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 201.60		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
John Ernest Lagana, CLU 2100 Riveredge Parkway Ste 200 Atlanta, GA 30328-4655	Self-employed Insurance agent	08/27/97	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 200.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
David F. Lau, JD, CL, CHFC 725 S. Adams, Suite 276 Birmingham, MI 48009-6944	Self-employed Insurance agent	08/25/97	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Charles E. Lewis, Jr., CLU 3 Bethesda Metro Ctr #300 Bethesda, MD 20814-5318	Self-employed Insurance agent	08/13/97	25.20
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 201.60		

SUBTOTAL of Receipts This Page (optional) >	618.30
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 11 OF 19

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Bruce C. Lichtenberg, LUTCF 3730 Mt. Diablo Blvd. #220 Lafayette, CA 94549 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation Insurance agent	08/13/97	50.00
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 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation Insurance agent	400.00 08/18/97	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 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation Insurance agent	300.00 08/13/97	42.00
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 Street, Suite 660 Watermill Center Waltham, MA 02154-1439 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation Insurance agent	336.00 08/13/97	33.50
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 Drive Thousand Oaks, CA 91362-2146 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation Insurance agent	268.00 08/13/97	8.50
F. 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 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation Insurance agent	458.00 08/13/97	25.00
G. 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 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation Insurance agent	200.00 08/13/97	66.80

SUBTOTAL of Receipts This Page (optional)	317.00	
TOTAL This Period (last page this line number only)		525.80

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
Robert F. McKown, CLU, ChFC 2020 Commonwealth Avenue Newton, MA 02166-2006 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 340.00	08/13/97	42.50
Dennis R. Merideth, CLU, ChFC 5151 E Broadway Ste-750 Tucson, AZ 85711-3734 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 403.20	08/13/97	50.40
Ronald B. Merry, CLU, ChFC P.O. Box 3467 Great Falls, MT 59403-3467 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 232.50	08/21/97	232.50
Marvin J. Meyer 1345 Avenue of the Americas 22nd Floor New York, NY 10105-0302 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 500.00	08/18/97	500.00
David A. Middaugh, CLU, AEP P. O. Box 2543 Fargo, ND 58108-2543 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 445.00	08/13/97	50.00
Robert A. Miller 850 Third Ave., 15th Flr. New York, NY 10022-6222 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 336.00	08/13/97	42.00
James W. Monteverde, CLU, ChFC 710 Fifth Avenue Pittsburgh, PA 15219-3000 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 480.00	08/13/97	60.00

SUBTOTAL of Receipts This Page (optional) > 977.40

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

SCHEDULE A **ITEMIZED RECEIPTS**

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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. Raymond H. Moran, CLU, ChFC 1 Commerce Sq. Suite #2250 Memphis, TN 38103 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date $ 403.20	08/13/97	50.40
B. Herbert F. Morgan 1836 Hermitage Blvd. #200 Tallahassee, FL 32308-7706 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date $ 403.20	08/13/97	50.40
C. Steven G. Mulder 3275 W. 4th Street P.O. Box 1230 Waterloo, IA 50704-1230 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date $ 403.20	08/13/97	50.40
D. Lynn H. Naden 320 S. Green Bay Rd. Waukegan, IL 60085-4859 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date $ 403.20	08/13/97	50.40
E. Robert M. Nelson, CLU, LUTCF 10050 Regency Circle #300 Omaha, NE 68114-3722 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date $ 374.00	08/13/97	42.50
F. James F. O'Connell, CLU 400 S. Jefferson #450 Spokane, WA 99204-3177 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date $ 336.00	08/13/97	42.00
G. Rae Lee Olson 419 North Shoreline Blvd. Mountain View, CA 94043-4605 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date $ 340.00	08/13/97	42.50

SUBTOTAL of Receipts This Page (optional) 328.60

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

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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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mitchell W. Ostrove, CLU, ChFC 4 New King Street White Plains, NY 10604-1202 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 336.00	08/13/97	42.00
Gary H. Pendleton, CLU, ChFC 2908 Lake Boone Place Raleigh, NC 27608 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 366.64	08/13/97	45.83
Nathan M. Perlmutter, CLU, ChFC 108-14 72nd Avenue Forest Hills, NY 11375-5350 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 500.00	08/11/97	500.00
Cody H. Phillips, JD, CLU, ChFC 530 Oak Court, Suite 200 Memphis, TN 38117 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 250.75	08/13/97	51.00
R. Jan Pinney, CLU, ChFC, CPCU 3005 Douglas Blvd #120 Roseville, CA 95661-3854 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 336.00	08/13/97	42.00
Charles E. Potter, CLU, ChFC #120-1616 Front St. Durham, NC 27705 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 275.00	08/25/97	68.75
John S. Pugh, CLU, MSFS 3330 Pacific Ave. Suite 302 Virginia Beach, VA 23451 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date > $ 200.00	08/13/97	25.00

SUBTOTAL of Receipts This Page (optional) > 774.58

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

SCHEDULE A **ITEMIZED RECEIPTS**

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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	Date (month, day, year)	Amount of Each Receipt this Period
Karl H. Rakow, LUTCF 2000 Schafer Street Box 1 Bismarck, ND 58501-1204 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date 137.22	08/13/97	42.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dennis R. Richards P.O. Box 1029 Scottsbluff, NE 69363-1029 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date 350.00	08/07/97	100.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ray V. Robinson 1633 S Chinowth St Visalia, CA 93277-3911 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date 283.50	08/13/97	40.50
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Michael Rosenzweig CLU ChFC AEP 261 Madison Ave. Flr-4 New York, NY 10016-2303 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date 500.00	08/14/97	250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	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 403.20	08/13/97	50.40
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Daniel L. Rust, LUTCF P.O. Box 1335 Bozeman, MT 59771-1335 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date 562.50	08/13/97 08/21/97	17.50 325.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Gregory B. Schaeffer, LUTCF, FIC 2315 30th Ave. Kenosha, WI 53144 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent Aggregate Year-to-Date 201.60	08/13/97	25.20

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	950.60

SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (in Full)

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
James D. Schulz, CLU, ChFC 7431 "O" Street Lincoln, NE 68510-2444 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 361.20	08/13/97	42.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Walter J. Scott, Jr., CLU 240 Algoma Blvd. P.O. Box 1600 Oshkosh, WI 54902-1775 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 103.20	08/13/97	50.40
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Vince R. Settineri, RHU 420 Lake Cook Rd. #111 Deerfield, IL 60015-4914 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 282.60	08/13/97	10.20
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	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 Occupation: Insurance agent Aggregate Year-to-Date > $ 301.60	08/13/97	25.20
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Richard S. Simpson, CLU, ChFC 1736 Jefferson Street Napa, CA 94559-1703 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 200.00	08/13/97	25.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Paul M. Smith, Sr., CLU 5101 College Blvd. S-100 Leawood, KS 66211-1614 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 408.00	08/13/97	51.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Angelo T. Stath 1000 East 80th Place #627 S. Merrillville, IN 46410-5644 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > $ 220.00	08/13/97	27.50

SUBTOTAL of Receipts This Page (optional) > 231.30

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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	Date (month, day, year)	Amount of Each Receipt this Period
John S. Steger, CLU 101 East 5th St., #2110 St. Paul, MN 55101-1808 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation Aggregate Year-to-Date > Insurance agent	08/25/97	400.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Juliana M. Steverson, CLU, RHU P. O. Box 85481 San Diego, CA 92186-5481 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation Aggregate Year-to-Date > Insurance agent	08/13/97	25.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
David L. Stratton, CLU, ChFC 8300 Briarwood Ste-B Anchorage, AK 99518-3331 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation Aggregate Year-to-Date > Insurance agent	08/13/97	50.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mark Phelan Sudderberg P.O. Box 19 Rockford, IL 61105-0019 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation Aggregate Year-to-Date > Insurance agent	08/13/97	25.20
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Jose S. Suquet 1290 Avenue of the Americas New York, NY 10104 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation Aggregate Year-to-Date > Insurance agent	08/04/97	100.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
John Michael Taylor, CLU, ChFC P.O. Box 7546 Columbus, GA 31908-7546 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation Aggregate Year-to-Date > Insurance agent	08/13/97	42.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Robert L. Tedoldi, CLU, ChFC 95 Glastonbury Blvd 4th Fl Glastonbury, CT 06033-4412 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation Aggregate Year-to-Date > Insurance agent	08/13/97	42.00

SUBTOTAL of Receipts This Page (optional) 386.00

TOTAL This Period (last page this line number only) 684.20

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)

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. Adam Varrenti, Jr., CLU, ChFC 9 N Five Points Rd Flr-2 West Chester, PA 19380-4739 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent	08/13/97	25.20
B. David R. Watson, CLU, ChFC, AEP One Liberty Place, Suite 680 Philadelphia, PA 19103-7301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent	201.60 08/13/97	50.40
C. Thomas L. Webb, CLU, ChFC 4648 Circuit Rider Lane S. Salem, OR 97302-3914 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent	403.20 08/13/97	42.00
D. Lester E. Westgard 1351 Page Drive Ste 204 Fargo, ND 58103-3536 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent	404.00 08/13/97	25.00
E. Larry J. Winkelhake, CLU, ChFC P. O. Bx 26909 Milwaukee, WI 53226-0909 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent	215.00 08/13/97	25.20
F. Ronald I. Woodmansee, CLU, ChFC 204 W Route 38 Moorestown, NJ 08057-3225 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent	201.60 08/13/97	30.00
G. John R. Yaissle, CLU, ChFC 1802 Hamilton Street Allentown, PA 18104-5630 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance agent	240.00 08/04/97	360.00

SUBTOTAL of Receipts This Page (optional)	360.00
TOTAL This Period (last page this line number only)	557.80

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 19 OF 19

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Theodore J. Zouzounis, CLU 3 Altarinda Road, Suite 300 Orinda, CA 94563-2601	Self-employed Insurance agent	08/13/97	30.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 340.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) 30.00

TOTAL This Period (last page this line number only) 11739.44

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 23

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Boyd For Congress PO Box 15703 Tallahassee, FL 32317	Allen Boyd FL-2 $3,500.00 Disbursement for: ☐ Primary ☐ General ☐ Other (specify) 1998	08/13/97	$2,500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Martin Frost Campaign Comm. 300 E. Abram Street Dallas, TX 75210	Martin Frost TX-24 $2,500.00 Disbursement for: ☐ Primary ☐ General ☐ Other (specify) 1998	08/20/97	$1,500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Stenholm For Congress Committe Box 1032 Stamford, TX 79553	Charles W. Stenholm TX-17 $1,500.00 Disbursement for: ☐ Primary ☐ General ☐ Other (specify) 1998	08/21/97	$1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	$5,000.00
TOTAL This Period (last page this line number only)	$5,000.00

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.

☑	Hand Delivered	DATE OF RECEIPT 10-2-97
☐	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

[illegible]	10-2-97
PREPARER	DATE PREPARED

FEC FORM 70-2 (12/92)