

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

AUG 0 10 06 AM '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 <u>1 June 1997</u> through <u>30 June 1997</u>		
6. (a) Cash on Hand January 1, 19 <u>97</u>		\$ 633,863.97
(b) Cash on Hand at Beginning of Reporting Period	\$ 776,331.02	
(c) Total Receipts (from Line 19)	\$ 75,543.95	\$ 494,766.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 851,874.97	\$ 1,128,630.47
7. Total Disbursements (from Line 20)	\$ 47,017.85	\$ 323,713.35 323,713.35
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 804,857.12	\$ 804,857.12
9. Debts and Obligations Owed TO 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
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	

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

Signature of Treasurer [Signature] Date 7/19/97

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

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FEC FORM 3X
(revised 9/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, REC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD	
National Association of Life Underwriters Political Action Committee	FROM 1 Jun 1997	TO: 30 Jun 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)	8,984.69	51,379.60
ii. Unitemized	65,664.77	436,479.27
iii. Total (add i and ii) >	74,649.46	487,858.87
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) >	74,649.46	487,858.87
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.)	894.49	5,907.63
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	75,543.95	494,766.50
20. Total Federal Receipts (subtract line 18 from line 19) >	75,543.95	494,766.50
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	17.85	75,273.35
c. Total Operating Expenditures (add a i, a ii, and b) >	17.85	75,273.35
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	47,000.00	248,500.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441 a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individual/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) >	47,017.85	323,773.35
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	47,017.85	323,773.35
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d)	74,649.46	487,858.87
33. Total Contribution Refunds (from line 28d)	0.00	0.00
34. Net Contributions (other than loans) (subtract line 33 from line 32)	74,649.46	487,858.87
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	17.85	75,273.35
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from line 35) >	17.85	75,273.35

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 13
FOR LINE NUMBER 11(a)(1)

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

NAME OF COMMITTEE (in Full)

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephen D. Andersen 7431 "O" Street Lincoln, NE 68510-2444	Self-employed	06/12/97	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Agent		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert B. Anderson, CLU P. O. Box 127 Jonesborough, TN 37659-0127	Self-employed	06/12/97	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Agent		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Craig Beachnaw, LIC 3217 West Saginaw Lansing, MI 48917-2310	Self-employed	06/12/97	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Agent		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kent A. Bennett, LUTCF 514 Pine Street Williamsport, PA 17701-5047	Self-employed	06/12/97	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Agent		
E. 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	Self-employed	06/12/97	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Agent		
F. 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	Self-employed	06/12/97	41.66
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Agent		
G. 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	Self-employed	06/12/97	42.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Agent		

SUBTOTAL of Receipts This Page (optional)	255.00
TOTAL This Period (last page this line number only)	310.96

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 13
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
Ann H. Brockmeyer, CLU, ChFC 6635 W. Central Ave. Toledo, OH 43617-1029	Self-employed	06/24/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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
Lawrence A. Chargin 7202 N. Millbrook #205 Fresno, CA 93720-3341	Self-employed	06/12/97	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date	252.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R. Scott Culbertson, CFP, CBBS 2023 Cato Drive #102 State College, PA 16801-2765	Self-employed	06/12/97	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date	252.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Vincent M. D'Addona, CLU, ChFC 140 Broadway, 22nd Floor New York, NY 10005	Self-employed	06/12/97	42.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date	355.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Stanley Dean, CLU, CPCU 114 Shamrock Blvd. Venice, FL 34293-1629	Self-employed	06/23/97 06/23/97 06/30/97	300.00 300.00 -300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date	300.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard F. DeFluri P.O. Box 259 State College, PA 16804-0259	Self-employed	06/23/97	480.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date	480.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert DeValle, CLU, ChFC 1500 Main St. 6th Floor, Plaza Level Springfield, MA 01115-0601	Self-employed	06/17/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date	250.00

SUBTOTAL of Receipts This Page (optional)	1414.90
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 3 OF 13

FOR LINE NUMBER

11(a)(1)

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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
John D. Devany Point West Place 111 Speen St. #201 Birmingham, MA 01701-2090 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-employed Occupation: Insurance agent	06/11/97	150.00
David S. Dickenson, II, CLU ChFC 1901 East 13th Street Suite 506 Cleveland, OH 44114-3581 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-employed Occupation: Insurance agent	06/12/97	42.00
Michael D. Dixon, CLU 4505 Las Virgenes Rd. #200 Calabasas, CA 91302-1956 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-employed Occupation: Insurance agent	06/12/97	42.00
Daniel Eddleman, CLU 475 Sansome St #1800 San Francisco, CA 94111-3141 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-employed Occupation: Insurance agent	06/12/97	42.00
Milton L. Edgren, Jr., CLU, ChFC 17 10th Ave. S. Hopkins, MN 55343-7505 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-employed Occupation: Insurance agent	06/06/97	1000.00
Donald A. Eichelberger, CLU 209 East San Marnan Drive Waterloo, IA 50702-5839 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-employed Occupation: Insurance agent	06/12/97	50.40
Edwin M. Ellman, JD 22 W. Gay Street Columbus, OH 43215-2809 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-employed Occupation: Insurance agent	06/23/97	250.00

SUBTOTAL of Receipts This Page (optional) 250.00

TOTAL This Period (last page this line number only) 1576.40

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 4 OF 13

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
Gerald E. Ferrier, LUTCF 1117 Ellis Street #C-D Bellingham, WA 98225-5203	Self-employed	05/12/97	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Total of Date	252.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jeffery L. Ferrier, LUTCF 1117 Ellis St. #C & D Bellingham, WA 98225-5203	Self-employed	06/12/97	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Total of Date	252.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas F. Flounoy, Jr., CLU P. O. Box 1013 Macon, GA 31202-1013	Self-employed	06/12/97	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Total of Date	252.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steven M. Frank, CLU 21700 Oxnard St #1160 Woodland Hills, CA 91367-7302	Self-employed	06/12/97	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Total of Date	252.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	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	06/12/97	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Total of Date	300.00
F. 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	06/12/97	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Total of Date	302.40
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Campbell T. Gerrish, CLU, ChFC 425 Park Ave., 20th Flr. New York, NY 10022-3506	Self-employed	06/12/97	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Total of Date	275.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

375.40

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 5 OF 13
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
Harold A. Gillet, LUTCF P. O. Box 2907 Missoula, MT 59806-2907	Self-employed	06/12/97	12.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date 232.50	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael P. Grossman, CFP 95 Glastonbury Blvd Glastonbury, CT 06033-4412	Self-employed	06/12/97	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph H. Gwinn, CLU, CPCU, ChFC P. O. Box 308 Vinton, VA 24179-0308	Self-employed	06/12/97	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Karl Erik Hansen, CLU, ChFC 419 N. Shoreline Blvd. Mountain View, CA 94043-4605	Self-employed	06/12/97	42.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alex Hanson, CLU, ChFC P. O. Box 1138 Portsmouth, NH 03802-1138	Self-employed	06/12/97	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	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	Self-employed	06/12/97	42.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Terry K. Headley, LUTCF 8990 West Dodge Road #226 Omaha, NE 68114-3315	Self-employed	06/12/97	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date	

SUBTOTAL of Receipts This Page (optional)

310.80

TOTAL This Period (last page this line number only)

273.50

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 6 OF 13
FOR LINE NUMBER 11(4)(1)

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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
Richard L. Hill, CLU, ChFC P. O. Box 30275 Lincoln, NE 68503-0275 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-employed Occupation Aggregate Year-to-Date <u>\$</u> Insurance agent	05/12/97	42.00
David A. Hjorth, CLU, ChFC 414 N. 2nd Ave., Ste. C Upland, CA 91786-4701 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-employed Occupation Aggregate Year-to-Date <u>\$</u> Insurance agent	05/02/97	200.00
William V. Irons, CLU, LUTCF 469 Centerville Rd #203 Warwick, RI 02886-4320 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-employed Occupation Aggregate Year-to-Date <u>\$</u> Insurance agent	05/12/97	50.40
Stewart N. Isbell, LUTCF 12031 Regentview Ave. #200 Downey, CA 90241-5517 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-employed Occupation Aggregate Year-to-Date <u>\$</u> Insurance agent	05/12/97	42.50
William R. Johnson, FIC P. O. Box 267 Hammond, IA 50421-0267 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-employed Occupation Aggregate Year-to-Date <u>\$</u> Insurance agent	05/17/97	600.00
Gerald E. Koll, CLU, ChFC 6135 SW Jean Rd #A Lake Oswego, OR 97035-5200 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-employed Occupation Aggregate Year-to-Date <u>\$</u> Insurance agent	05/02/97	250.00
Richard A. Koob, CLU, ChFC, AEF 626 W. Moreland Blvd. Waukesha, WI 53180-2433 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-employed Occupation Aggregate Year-to-Date <u>\$</u> Insurance agent	05/12/97	50.40

SUBTOTAL of Receipts This Page (optional) 302.40

TOTAL This Period (last page this line number only) 1235.30

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 7 OF 13
FOR LINE NUMBER

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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 J. Kraft, CLU 70 Washington St. #200 Oakland, CA 94607-3738 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date $\$$	06/12/97	42.50
Stephen A. Kramer, CLU 370 Lexington Avenue New York, NY 10017-6503 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date $\$$	06/09/97	125.00
Bruce C. Lichtenberg, LUTCF 4725 First Street #225 Pleasanton, CA 94566-7366 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date $\$$	06/12/97	50.00
Lawrence B. Lounds, CLU G-3526 Miller Rd. Ste-B Flint, MI 48507-1336 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date $\$$	06/12/97	42.00
Robert H. Lovvorn, Jr., CLU P. O. Box 6198 Columbia, SC 29260-6198 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date $\$$	06/19/97	250.00
J. Peter Lyons, CLU, ChFC, MSFS 800 South Street, Suite 660 Watermill Center Waltham, MA 02154-1439 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date $\$$	06/12/97	33.50
Gene L. Mahn, CLU, ChFC 1635 La Granada Drive Thousand Oaks, CA 91362-2146 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date $\$$	06/12/97	8.50

SUBTOTAL of Receipts This Page (optional)

451.00

TOTAL This Period (last page this line number only)

551.50

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 8 OF 13

FOR LINE NUMBER 11(a)(1)

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)

A. Full Name, Mailing Address and ZIP Code National Association of Life Underwriters Political Action Committee Joseph G. Mathews, CLU, ChFC 1000 Lake St. Louis Boulevard Lake St. Louis, MO 63367-2924 Office 224 <input type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employee Occupation Self-employed	Date (month, day, year) 06/19/97	Amount of Each Receipt this Period 120.00
Aggregate Year-to-Date > \$			

B. Full Name, Mailing Address and ZIP Code Henry F. McCanish, Jr., CLU 19th Floor, One Buckhead Plaza 3050 Peachtree Road NE Atlanta, GA 30305-2754 Office <input type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employee Occupation Self-employed	Date (month, day, year) 06/12/97	Amount of Each Receipt this Period 500.00
Aggregate Year-to-Date > \$			

C. Full Name, Mailing Address and ZIP Code Robert F. McKown, CLU, ChFC 2020 Commonwealth Avenue Boston, MA 02166-2006 Office <input type="checkbox"/> Other (specify):	Name of Employee Occupation Self-employed	Date (month, day, year) 06/12/97	Amount of Each Receipt this Period 42.50
Aggregate Year-to-Date > \$			

D. Full Name, Mailing Address and ZIP Code Dennis R. Merideth, CLU, ChFC 5151 E Broadway Ste-750 Phoenix, AZ 85710-8734 Office <input type="checkbox"/> Other (specify):	Name of Employee Occupation Self-employed	Date (month, day, year) 06/12/97	Amount of Each Receipt this Period 50.40
Aggregate Year-to-Date > \$			

E. Full Name, Mailing Address and ZIP Code David A. Middaugh, CLU, AEP P. O. Box 2543 Perry, ND 58108-2543 Office <input type="checkbox"/> Other (specify):	Name of Employee Occupation Self-employed	Date (month, day, year) 06/12/97	Amount of Each Receipt this Period 50.00
Aggregate Year-to-Date > \$			

F. Full Name, Mailing Address and ZIP Code Robert A. Miller 850 Third Ave., 15th Flr. New York, NY 10022-6212 Office <input type="checkbox"/> Other (specify):	Name of Employee Occupation Self-employed	Date (month, day, year) 06/12/97	Amount of Each Receipt this Period 42.00
Aggregate Year-to-Date > \$			

G. Full Name, Mailing Address and ZIP Code James W. Monteverde, CLU, ChFC, 710 Fifth Avenue Pittsburgh, PA 15219-1000 Office <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employee Occupation Self-employed	Date (month, day, year) 06/12/97	Amount of Each Receipt this Period 60.00
Aggregate Year-to-Date > \$			

SUBTOTAL of Receipts This Page (optional)	Insurance agent	360.00	
TOTAL This Period (last page this line number only)			864.90

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 9 OF 13
FOR LINE NUMBER 11(4)(1)

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NAME OF COMMITTEE (In Full)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
National Association of Life Underwriters Political Action Committee Raymond H. Moran, CLU, ChFC 1 Commerce Sq. Suite #2250 Memphis, TN 38100 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-employed	06/12/97	50.40
Aggregate Year-to-Date > \$			
B. Full Name, Mailing Address and ZIP Code Herbert F. Morgan 1836 Hermitage Blvd. #200 Tallahassee, FL 32308-1706 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Insurance agent	06/12/97	50.40
Aggregate Year-to-Date > \$			
C. Full Name, Mailing Address and ZIP Code Steven G. Mulder 3275 W. 4th Street Waterloo, IA 50704-1230 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Insurance agent	06/12/97	50.40
Aggregate Year-to-Date > \$			
D. Full Name, Mailing Address and ZIP Code Lynn H. Naden 320 S. Green Bay Rd. Peoria, IL 61606-4859 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Insurance agent	06/12/97	50.40
Aggregate Year-to-Date > \$			
E. Full Name, Mailing Address and ZIP Code Robert M. Nelson, CLU, LUTCF 10050 Regency Circle #300 Omaha, NE 68114-3922 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Insurance agent	06/12/97	42.50
Aggregate Year-to-Date > \$			
F. Full Name, Mailing Address and ZIP Code James F. O'Connell, CLU 400 S. Jefferson #450 Spokane, WA 99204-3177 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Insurance agent	06/12/97	42.00
Aggregate Year-to-Date > \$			
G. Full Name, Mailing Address and ZIP Code Rae Lee Olson 419 North Shoreline Blvd. Mountain View, CA 94043-4805 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Insurance agent	06/12/97	42.50
Aggregate Year-to-Date > \$			

SUBTOTAL of Receipts This Page (optional)

Insurance agent

255.00

TOTAL This Period (last page this line number only)

328.60

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 10 OF 13

FOR LINE NUMBER 10 11(A)(1)

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NAME OF COMMITTEE (in Full)

A. Full Name, Mailing Address and ZIP Code Receipt For	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 10604-1802 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Insurance agent self-employed	06/12/97	42.00
Aggregate Year-to-Date > \$			
Gary H. Pendleton, CLU, ChFC 2908 Lake Boone Place Raleigh, NC 27608 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Insurance agent self-employed	06/12/97	45.83
Aggregate Year-to-Date > \$			
R. Jan Pinney, CLU, ChFC, CPCU 3005 Douglas Blvd #120 Roseville, CA 95691-3854 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Insurance agent self-employed	06/12/97	42.00
Aggregate Year-to-Date > \$			
Karl H. Rakow, LUTCF 2000 Schafer Street Bismarck, ND 58501-1204 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Insurance agent self-employed	06/12/97	42.00
Aggregate Year-to-Date > \$			
Ray V. Robinson 1633 S Chinoweth St Visalia, CA 93277-3911 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Insurance agent self-employed	06/12/97	40.50
Aggregate Year-to-Date > \$			
D. David Russell, CLU, ChFC 2423 Carlisle Place Sarasota, FL 34234-7013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Insurance agent self-employed	06/12/97	50.40
Aggregate Year-to-Date > \$			
Daniel L. Rust, LUTCF P O Box 1335 Bozeman, MT 59711-1335 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Insurance agent self-employed	06/12/97	17.50
Aggregate Year-to-Date > \$			
SUBTOTAL of Receipts This Page (optional)	Insurance agent 202.50		
TOTAL This Period (last page this line number only)			280.23

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 11 OF 13

FOR LINE NUMBER 11 (A) (3)

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NAME OF COMMITTEE (in Full)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
National Association of Life Underwriters Political Action Committee James D. Schulz, CLU, ChFC 7431 "O" Street Lincoln, NE 68510-2444 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Self-employed	06/12/97	42.00
Aggregate Year-to-Date > \$			
B. Full Name, Mailing Address and ZIP Code Walter J. Scott, Jr., CLU 240 Algoma Blvd. P.O. Box 1600 Oshkosh, WI 54902-4775 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Insurance agent	06/12/97	50.40
Aggregate Year-to-Date > \$			
C. Full Name, Mailing Address and ZIP Code Vince R. Settineri, RHU 420 Lake Cook Rd. #111 Deerfield, IL 60015-4914 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Insurance agent	06/12/97	10.20
Aggregate Year-to-Date > \$			
D. Full Name, Mailing Address and ZIP Code Paul M. Smith, Sr., CLU 5101 College Blvd. S-100 Leawood, KS 66211-1614 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Insurance agent	06/12/97	51.00
Aggregate Year-to-Date > \$			
E. Full Name, Mailing Address and ZIP Code David L. Stratton, CLU, ChFC 3200 Briarwood Ste-B Anchorage, AK 99518-3831 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Insurance agent	06/12/97	50.00
Aggregate Year-to-Date > \$			
F. Full Name, Mailing Address and ZIP Code Robert L. Sullivan, CLU, ChFC 3130 West Main St Ste-C Visalia, CA 93291-5765 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Insurance agent	06/30/97	125.00
Aggregate Year-to-Date > \$			
G. Full Name, Mailing Address and ZIP Code Christi L. Swearingen, LUTCF 3709 Spenard Rd #100 Anchorage, AK 99503-3674 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Insurance agent	06/17/97	250.00
Aggregate Year-to-Date > \$			

SUBTOTAL of Receipts This Page (optional) Insurance agent 250.00

TOTAL This Period (last page this line number only) 578.60

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 12 OF 13
 FOR LINE NUMBER 11(a)(1)

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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
John J. Tarditi, Jr., FLMI, LUTCF 118 Ellis Street Haddonfield, NJ 08033-1601 <input type="checkbox"/> Other (specify):	Self-employed Occupation:	06/13/97	150.00
Aggregate Year-to-Date > \$			
B. Full Name, Mailing Address and ZIP Code John Michael Taylor, CLU, ChFC P.O. Box 7546 Columbus, GA 31907-7546 <input type="checkbox"/> Other (specify):	Insurance agent Self-employed Occupation:	06/12/97	42.00
Aggregate Year-to-Date > \$			
C. Full Name, Mailing Address and ZIP Code Robert L. Tedoldi, CLU, ChFC 95 Glastonbury Blvd 4th Fl Glastonbury, CT 06033-2104 <input type="checkbox"/> Other (specify):	Insurance agent Self-employed Occupation:	06/12/97	42.00
Aggregate Year-to-Date > \$			
D. Full Name, Mailing Address and ZIP Code Jim E. Waggoner, FIC, LUTCF 300 East 58th Street North Rapidan Falls, SD 57104-0242 <input type="checkbox"/> Other (specify):	Insurance agent Self-employed Occupation:	06/10/97	250.00
Aggregate Year-to-Date > \$			
E. Full Name, Mailing Address and ZIP Code Ben F. Ward, CLU, CFA 871 Ridgeway Loop Road Suite 104 Memphis, TN 38120-4008 <input type="checkbox"/> Other (specify):	Insurance agent Self-employed Occupation:	06/23/97	300.00
Aggregate Year-to-Date > \$			
F. Full Name, Mailing Address and ZIP Code David R. Watson, CLU, ChFC, AEP One Liberty Place, Suite 680 Philadelphia, PA 19103-7000 <input type="checkbox"/> Other (specify):	Insurance agent Self-employed Occupation:	06/12/97	50.40
Aggregate Year-to-Date > \$			
G. Full Name, Mailing Address and ZIP Code Thomas L. Webb, CLU, ChFC 4648 Circuit Rider Lane S. Seaside, OR 97138-1414 <input type="checkbox"/> Other (specify):	Insurance agent Self-employed Occupation:	06/12/97	42.00
Aggregate Year-to-Date > \$			

SUBTOTAL of Receipts This Page (optional)	320.00	
TOTAL This Period (last page this line number only)		876.40

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 13
FOR LINE NUMBER 11(a)(1)

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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
William T. Whitmore, Jr., LUTCF P. O. Box 4748 Virginia Beach, VA 23454-0748	Self-employed	06/12/97	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date $\$$ 252.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David C. Whitney, CLU 300 East 42nd St. Fir-8 New York, NY 10017-5947	Self-employed	06/16/97	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date $\$$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bernard H. Zais, CLU, ChFC 30 Kimball Ave., Suite 205 S. Burlington, VT 05403-6825	Self-employed	06/09/97	150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date $\$$ 300.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date $\$$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date $\$$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date $\$$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date $\$$	

SUBTOTAL of Receipts This Page (optional)	317.00
TOTAL This Period (last page this line number only)	8984.69

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 4
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
Ted Strickland for Congress P.O. Box 580 Lucasville, OH 45648	Ted Strickland OH-6 \$1,000.00 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	06/03/97	\$1,000.00
Albert Wynn for Congress PO Box 5232 Capitol Heights, MD 20791	Albert Wynn MD-4 \$1,000.00 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	06/03/97	\$500.00
Rick Robinson for Congress P.O. Box 175888 Fort Mitchell, KY 41017	Rick Robinson KY-4 \$2,000.00 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	06/03/97	\$2,000.00
John Lewis for Congress Cmte PO Box 2323 Atlanta, GA 30301	John Lewis GA-5 \$1,000.00 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	06/03/97	\$1,000.00
Friends of Clay Shaw Box 2188 Ft Lauderdale, FL 33303-2188	E. Clay Shaw, Jr. FL-22 \$1,000.00 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	06/03/97	\$1,000.00
New Mexicans for Bill Redmond P.O. Box 10193 Santa Fe, NM 87504	Bill Redmond NM-3 \$2,500.00 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special 1998	06/03/97	\$2,500.00
Texans for Henry Bonilla 3905 Tattnall Schertz, TX 78154	Henry Bonilla TX-23 \$500.00 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	06/05/97	\$500.00
Friends of John Tanner 5501 Cherokee Avenue #112 Alexandria, VA 22312	John Tanner TN-8 \$1,000.00 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	06/05/97	\$1,000.00
National Republican Senatorial Cmte 425 Second Street SE Washington, DC 20002	National Republican Senatorial Cmte \$15,000.00 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Annual 1998	06/05/97	\$15,000.00

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

PAGE 2 OF 4
 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
Bob Ney For Congress P.O. Box 490 St. Clairsville, OH 43950	Bob Ney OH-18 \$2,500.00 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	06/05/97	\$1,500.00
Stenholm For Congress Committee Box 1032 Stamford, TX 79553	Charles W. Stenholm TX-17 \$500.00 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	06/05/97	\$500.00
Mike Bilirakis For Congress P.O. Box 1077 Tarpon Springs, FL 34688	Michael Bilirakis FL-9 \$1,500.00 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	06/05/97	\$1,000.00
Friends of Newt Gingrich 1085 Holcomb Bridge Road Suite 109A Roswell, GA 30076	Newt Gingrich GA-6 \$2,000.00 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	06/05/97	\$1,000.00
Oxley for Congress Committee Box 1996 Findlay, OH 45839	Michael G. Oxley OH-4 \$1,000.00 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	06/05/97	\$1,000.00
Volunteers for Shimkus P.O. Box 5458 Springfield, IL 62704	John Shimkus IL-20 \$1,500.00 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	06/05/97	\$1,000.00
Mike Bilirakis For Congress P.O. Box 1077 Tarpon Springs, FL 34688	Michael Bilirakis FL-9 \$1,500.00 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	06/05/97	\$500.00
Bob Riley for Congress P.O. Box 700 Ashland, AL 36251	Bob Riley AL-3 \$4,000.00 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	06/06/97	\$1,000.00
Friends of Ray LaHood 3311 N. Sterling, Suite 10 Peoria, IL 61604	Ray LaHood IL-18 \$1,500.00 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	06/06/97	\$1,500.00

SUBTOTAL of Disbursements This Page (optional) \$9,000.00

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 4
FOR ONE 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
Bliley for Congress Committee PO Box 17095 Richmond, VA 23226	Thomas J. Bliley, Jr. VA-7 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 \$1,000.00	06/09/97	\$1,000.00
Wyden for Senate 216 Maryland Avenue, NE #205 Washington, DC 20002	Ron Wyden OR-SEN Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 \$1,000.00	06/12/97	\$1,000.00
Rangel for Congress Committee 2030 Allen Place NW Washington, DC 20009	Charles B. Rangel NY-15 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 \$2,000.00	06/12/97	\$1,000.00
Knollenberg for Congress 27877 Orchard Lake Road Farmington Hills, MI 20003	Joe Knollenberg MI-11 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 \$1,000.00	06/12/97	\$1,000.00
Duncan For Congress PO Box 2646 Knoxville, TN 37901	John J. Duncan, Jr. TN-2 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 \$500.00	06/13/97	\$500.00
Breaux For Senate P.O. Box 3526 Lafayette, LA 70502-3526	John B. Breaux LA-SEN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 \$2,500.00	06/18/97	\$2,500.00
Baker for Congress Committee Box 1694 Baton Rouge, LA 70821	Richard Baker LA-6 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 \$2,000.00	06/23/97	\$2,000.00
Rangel For Congress Committee 2030 Allen Place NW Washington, DC 20009	Charles B. Rangel NY-15 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 \$2,000.00	06/24/97	\$1,000.00
Ensign For Congress 4012 S. Rainbow Blvd. Suite K-611 Las Vegas, NV 89103	John Ensign NV-1 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 \$1,000.00	06/25/97	\$1,000.00

SUBTOTAL of Disbursements This Page (optional) \$11,000.00

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 **4**
 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
Volunteers for Shimkus P.O. Box 5458 Springfield, IL 62704	John Shimkus IL 20 01-500-00 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	06/27/97	\$500.00
B. Full Name, Mailing Address and ZIP Code People For English PO Box 1940 Erie, PA 16507	Phil English PA 21 01-000-00 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	06/30/97	\$1,000.00
C. Full Name, Mailing Address and ZIP Code Sue Kelly For Congress Box 491 Old West Point Road Cornwall, Hudson, NY 12520	Sue W. Kelly NY 19 02-000-00 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	06/30/97	\$1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) \$2,500.00

TOTAL This Period (last page this line number only) \$47,000.00

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.

<input checked="" type="checkbox"/> Hand Delivered	DATE OF RECEIPT <i>8-8-97</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House Office of Records and Registration	DATE OF RECEIPT
<input type="checkbox"/> Received from the Senate Office of Public Records	DATE OF RECEIPT
<input type="checkbox"/> Other (Specify):	POSTMARKED
	<hr/> and/or DATE OF RECEIPT

[Signature] PREPARER

8-8-97 DATE PREPARED