



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

Paul M. Smith Sr., CLU
National Association of Life
Underwriters Political
Action Committee
1922 F Street NW
Washington, DC 20006

MAR 20 1996

Identification Number: C00005249

Reference: Year End Report (12/1/95-12/31/95)

Dear Mr. Smith:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Your report includes computer produced formats of the Summary and Detailed Summary Pages. Computer produced formats may only be used upon prior approval of the Commission. You should submit a separate sample format with a cover letter requesting approval. Until your format has been approved, FEC forms must be used. 11 CFR §104.2(d)

-Your Schedule B for Line 21(b) of the Detailed Summary Page discloses a \$25,090.16 disbursement to LUPAC-Administration. If the disbursement is going to an account maintained by your connected organization which is used to pay for the administrative costs of the committee, then amend your Schedule B to disclose the name of your connected organization as the recipient of the disbursement on the Schedule B. If this transaction represents an "internal transfer" of funds from one federal account to another, and the source(s) of such funds has been identified in previous reports, please note that such transfers should not be itemized, as doing so inflates total receipts and cash on hand. Also, if this is an internal transfer, and the committee has opted to pay for its own administrative expenses, then each person who receives payments for operating expenditures aggregating in excess of \$200 for the calendar year must be itemized on Schedule B. If this is the case, please amend your report accordingly.

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 219-3580.

Sincerely,



Neil Evans
Reports Analyst
Reports Analysis Division

9303035314

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 1 OF 1
FOR LINE NUMBER 215

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	Purpose of Disbursement For administrative only	Date (month, day, year)	Amount of Each Disbursement This Period
LUPAC - Administration 1922 F Street, NW Washington, DC 20006	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12/9/95	25,090.16
B. 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
C. 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
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)

25,090.16

TOTAL This Period (last page this line number only)

25,090.16

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