



RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

The National Association of Life Underwriters

1922 F Street, N.W. • Washington, D.C. 20006-4387 • (202) 331-6000 • FAX (202) 331-6001

3 30 PM '97

February 25, 1997

Federal Election Commission
Attn: Neil Evans
Reports Analysis Division
999 E Street, NW
Washington, DC 20463

Reference: NALUPAC (Id. # C00005249)
30 Day Post-General Report (10/17/96 - 11/25/96)

Dear Mr. Evans:

This letter is in response to your inquiry regarding your preliminary review of the above report. The reports for Schedules A & B are being printed on to photocopies of your FEC forms. We apologize for the occasional problems with reports being misaligned. The following copy is clean.

The second issue raised is about the disbursement made on schedule B to the "Democratic Senatorial Campaign Committee". The report showed this on line 23 with our normal contributions. The check was made out to "Democratic Senatorial Campaign Committee - Non-Federal Account", and was intended for that purpose. The amended report shows this contribution pulled out of line 23, and reported on Line 29 as "Other Disbursements", per your conversation with Joe Dillon.

Thank you for your clarification of this matter on the phone. If you have any further questions, please feel free to contact me at (202)331-6013.

Sincerely,

John L. Guillotte
NALU Asst. Controller

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEDERAL ELECTION COMMISSION MAIL ROOM

FEB 25 3 30 PM '97

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <u>National Association of Life Underwriters Political Action Committee</u>	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <u>1922 F Street, NW</u>	2. FEC IDENTIFICATION NUMBER <u>C 000 5249</u>
CITY, STATE and ZIP CODE <u>Washington, DC 20006</u>	3. <input checked="" type="checkbox"/> 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
Nov. 5th 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>17 Oct. 1996</u> through <u>25 Nov 1996</u>		
6. (a) Cash on Hand January 1, 19 <u>96</u>		\$ 999,000.39
(b) Cash on Hand at Beginning of Reporting Period	\$ 508,496.36	
(c) Total Receipts (from Line 19)	\$ 87,722.41	\$ 860,395.18
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 596,218.77	\$ 1,859,395.57
7. Total Disbursements (from Line 20)	\$ 16,500.00	\$ 1,279,676.80
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 579,718.77	\$ 579,718.77
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 20483 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 <u>Joseph E Dillon, Assistant Treasurer</u>	Date <u>2/25/97</u>
Signature of Treasurer <i>Joseph E Dillon</i>	

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing the 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, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD	
National Association of Life Underwriters Political Action Committee		FROM 17 Oct. 1996	TO 25 Nov. 1996
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		14,682.46	161,534.04
ii. Unitemized		73,039.95	737,353.80
iii. Total (add i and ii) >		87,722.41	838,887.84
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contributions (add a ii, b and c) >		87,722.41	838,887.84
12. Transfers From Affiliated/Other Party Committees			
13. All Loans Received			
14. Loan Repayments Received			
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			
		0.00	1,000.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			
		0.00	20,507.34
17. Other Federal Receipts (Dividends, Interest, etc.)			
18. Transfers from Nonfederal Account for Joint Activity			
		87,722.41	860,395.18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		87,722.41	860,395.18
20. Total Federal Receipts (subtract line 16 from line 19) >			
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			
ii. Non-Federal Share		0.00	164,426.80
b. Other Federal Operating Expenditures		0.00	164,426.80
c. Total Operating Expenditures (add a i, a ii, and b) >			
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees			
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. Individual/Persons Other Than Political Committees			
b. Political Party Committees			
c. Other Political Committees (such as PACs)		0.00	0.00
d. Total Contribution Refunds (add a, b and c) >		5,000.00	5,000.00
29. Other Disbursements			
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		16,500.00	1,279,676.80
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		16,500.00	1,279,676.80
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		87,722.41	838,887.84
33. Total Contribution Refunds (from line 28d)		0.00	0.00
34. Net Contributions (other than loans)(subtract line 33 from 32)		87,722.41	838,887.84
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		0.00	164,426.80
36. Offsets to Operating Expenditures (from line 15)			
		0.00	164,426.80
37. Net Operating Expenditures (subtract line 36 from 35) >			

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 28
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
Gerald R. Allen, CLU, ChFC 1230 E. Diehl Rd., S-108 Naperville, IL 60563-9369	Self-employed	11/14/96	22.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date \$ 252.00	
David R. Alter, CLU 65 Willowbrook Blvd., 1st Flr. Wayne, NJ 07470-7051	Self-employed	11/19/96	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	
Stephen D. Andersen 7431 "O" Street Lincoln, NE 68510-2444	Self-employed	11/14/96	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date \$ 487.20	
Robert B. Anderson, CLU P. O. Box 127 Jonesborough, TN 37659-0127	Self-employed	11/14/96	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date \$ 537.60	
Kenneth Eugene Barnes, CLU 74-140 El Paseo #4-493 Palm Desert, CA 92260-4113	Self-employed	11/14/95	21.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date \$ 231.00	
John M. Barry, CLU, ChFC 227 West Trade Street Suite 1550 Charlotte, NC 28202-1647	Self-employed	10/31/96	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date \$ 410.00	
Jeffrey Lynn Battles, Sr. 9512 Wolf Creek Pike Trotwood, OH 45426-4146	Self-employed	11/14/96	21.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Insurance agent	Aggregate Year-to-Date \$ 231.00	

SUBTOTAL of Receipts This Page (optional)

748.50

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 28
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
Felix R. Baz-Dresch, CLU, ChFC 11111 Nail Ave., #104 Leawood, KS 66211-1670	Self-employed	11/14/96	25.20
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date \$ 277.20	
B. 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	11/14/96	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date \$ 462.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul F. Berlin, CLU 230 W. Superior, Suite 510 Chicago, IL 60610-3536	Self-employed	11/05/96	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date \$ 800.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Janice A. Berthold, CLU, ChFC 1700 Winchester Blvd Campbell, CA 95008-1163	Self-employed	11/25/96	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date \$ 200.00	
E. 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	Self-employed	11/14/96	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date \$ 320.00	
F. 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	Self-employed	11/14/96	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date \$ 275.00	
G. 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	11/14/96	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date \$ 336.00	

SUBTOTAL of Receipts This Page (optional) 659.20

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 28

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
Blandy Boocock 6001 N Nauni Valley Dr Paradise Valley, AZ 85253-5134	Self-employed	11/14/96	8.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date \$ 533.80	
B. 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	11/14/96	41.66
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date \$ 458.26	
C. 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	11/14/96	42.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date \$ 467.50	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
S. Lujana Bull, CLU, LUTCF 499 W. Shaw Ave #110 Fresno, CA 93704-2516	Self-employed	11/14/96	21.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date \$ 231.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
William D. Burke, CLU, CFP 303 Second St., #660 San Francisco, CA 94107	Self-employed	11/14/95	21.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date \$ 231.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert D. Buxbaum, CLU, ChFC 2 University Office Park P.O. Box 9086 Waltham, MA 02254-9086	Self-employed	11/14/95	21.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date \$ 231.00	
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	Self-employed	11/14/96	21.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date \$ 268.80	

SUBTOTAL of Receipts This Page (optional) 176.66

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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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 A. Carlisle, CLU 6077 Primacy Pkwy #224 Memphis, TN 38119-5762	Self-employed	11/14/96	21.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 264.60	
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	11/14/96	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 462.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas R. Clark, CLU, ChFC 974 73rd Street #26 Des Moines, IA 50312-1026	Self-employed	11/14/96	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 325.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James M. Clary 520 Lake Cook Rd., #150 Deerfield, IL 60015-4900	Self-employed	11/25/96	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R. Michael Condrey, CLU 4020 Westchase Blvd., #275 Raleigh, NC 27607-3951	Self-employed	10/31/96	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 210.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard E. Cooke, CLU, ChFC 3050 N. Lakeharbor #211 Boise, ID 83703-6243	Self-employed	11/14/96	21.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 256.20	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas E. Cooper, RHU, LUTCF 2175 Germantown Rd S #310 Germantown, TN 38138-3846	Self-employed	11/14/96	17.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 220.50	

SUBTOTAL of Receipts This Page (optional)

476.50

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 OF 28
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
R. Scott Culbertson, CFP, CEBS 2023 Cato Drive #102 State College, PA 16801-4155 Primary <input checked="" type="checkbox"/> Other (specify):	Self-employed Occupation: Insurance agent	11/14/96	50.40
Aggregate Year-to-Date		\$ 453.60	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sam J. Cunningham, CLU, ChFC P O Box 19594 Irvine, CA 92612 Receipt For: Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-employed Occupation: Insurance agent	11/21/96	500.00
Aggregate Year-to-Date		\$ 500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Vincent M. D'Addona, CLU, ChFC 130 William Street, 6th Floor New York, NY 10038-3882 Receipt For: Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-employed Occupation: Insurance agent	11/14/96	42.50
Aggregate Year-to-Date		\$ 467.50	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steven M. Daniel, CLU, ChFC P. O. Box 430 Butte, MT 59703-0430 Receipt For: Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-employed Occupation: Insurance agent	11/14/96	21.00
Aggregate Year-to-Date		\$ 252.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William James DeBruin, LUTCF 2323 E Capitol Dr #200 Appleton, WI 54911-8731 Receipt For: Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-employed Occupation: Insurance agent	11/14/96	21.00
Aggregate Year-to-Date		\$ 273.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert W. Decoursey, CLU 555 E City Line Ave #900 Bala Cynwyd, PA 19004-1105 Receipt For: Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-employed Occupation: Insurance agent	11/14/96	25.20
Aggregate Year-to-Date		\$ 226.80	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David S. Dickenson, II, CLU ChFC 1901 East 13th Street Suite 506 Cleveland, OH 44114-7583 Receipt For: Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-employed Occupation: Insurance agent	11/14/96	42.00
Aggregate Year-to-Date		\$ 462.00	

SUBTOTAL of Receipts This Page (optional) 702.10

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 6 OF 28

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 Michael D. Dixon, CLU 4505 Las Virgenes Rd. #200 Calabasas, CA 91302-1956		Name of Employer Self-employed	Date (month, day, year) 11/14/96	Amount of Each Receipt this Period 42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Insurance agent	Aggregate Year-to-Date > \$ 462.00	
B. Full Name, Mailing Address and ZIP Code Joseph E. Dunn, LUTCF PO Box 308, 201 3rd Street Bemidji, ND 56601-3111		Name of Employer Self-employed	Date (month, day, year) 11/14/96	Amount of Each Receipt this Period 25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Insurance agent	Aggregate Year-to-Date > \$ 290.00	
C. Full Name, Mailing Address and ZIP Code Daniel Eddleman, CLU 475 Sansome St #1800 San Francisco, CA 94111-3141		Name of Employer Self-employed	Date (month, day, year) 11/14/96	Amount of Each Receipt this Period 42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Insurance agent	Aggregate Year-to-Date > \$ 462.00	
D. Full Name, Mailing Address and ZIP Code Donald A. Eichelberger, CLU 209 East San Marnan Drive Waterloo, IA 50702-5839		Name of Employer Self-employed	Date (month, day, year) 11/14/96	Amount of Each Receipt this Period 42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Insurance agent	Aggregate Year-to-Date > \$ 546.00	
E. Full Name, Mailing Address and ZIP Code C. Robert Elrod, CLU, LUTCF 3874 E 250 S Wabash, IN 46992-8947		Name of Employer Self-employed	Date (month, day, year) 10/29/96	Amount of Each Receipt this Period 37.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Insurance agent	Aggregate Year-to-Date > \$ 237.50	
F. Full Name, Mailing Address and ZIP Code Ronald L. Engel, CLU, ChFC 1042 West Hedding #200 San Jose, CA 95126-1291		Name of Employer Self-employed	Date (month, day, year) 11/14/96	Amount of Each Receipt this Period 21.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Insurance agent	Aggregate Year-to-Date > \$ 231.00	
G. Full Name, Mailing Address and ZIP Code Edward J. Feiman, CLU, ChFC 5435 Corporate Dr., Suite 100 Troy, MI 48098-2634		Name of Employer Self-employed	Date (month, day, year) 10/29/96	Amount of Each Receipt this Period 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Insurance agent	Aggregate Year-to-Date > \$ 400.00	

SUBTOTAL of Receipts This Page (optional) 609.50

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 7 OF 28

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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-employed Occupation: Insurance agent	11/14/96	42.00
Jeffery L. Ferrier, LUTCF 1117 Ellis St. #C & D Bellingham, WA 98225-5203 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-employed Occupation: Insurance agent	11/14/96	42.00
Thomas F. Flournoy, Jr., CLU P. O. Box 1013 Macon, GA 31202-1013 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-employed Occupation: Insurance agent	11/14/96	42.00
Francis J. Foley, CLU 114 Market St. Ste-210 Roanoke, VA 24011-1402 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-employed Occupation: Insurance agent	11/14/96	21.00
Steven M. Frank, CLU 21700 Oxnard St #1160 Woodland Hills, CA 91367-7302 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-employed Occupation: Insurance agent	11/14/96	50.00
Lowell R. Frantz, CLU Greenwood Med Ctr P. O. Box M. Mifflerstown, PA 17062-1022B Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-employed Occupation: Insurance agent	10/22/96 10/31/96	60.00 15.00
David S. Frick, LUTCF P. O. Box 158 Indiana, PA 15701-0158 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-employed Occupation: Insurance agent	10/21/96	120.00

SUBTOTAL of Receipts This Page (optional)

392.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 8 OF 28

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
Gary G. Friedlander, LUTCF P. O. Drawer 790 Gainesville, FL 32602-0790	Self-employed	11/14/96	25.20
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 247.20	
B. 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	11/14/96	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 554.40	
C. 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	11/14/96	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 462.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Del D. Gab, CLU Box 2094 Dickinson, ND 58602-2094	Self-employed	11/14/96	21.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 243.60	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles E. Garrity, CLU, ChFC 9977 Valley View Road Suite 220 Eden Prairie, MN 55344-3586	Self-employed	10/24/96	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 400.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lee M. Goeres, LUTCF Box 4003 Missoula, MT 59806-4003	Self-employed	11/14/96	12.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 237.50	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Roger Goren, CLU, ChFC 261 Madison Ave., 7th Floor New York, NY 10015-2303	Self-employed	11/20/96	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 500.00	

SUBTOTAL of Receipts This Page (optional)

1051.10

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)(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
Joseph H. Gwinn, CLU, CPCU, ChFC P. O. Box 308 Vinton, VA 24179-0308	Self-employed Occupation: Insurance agent	11/14/96	42.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	441.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bruce A. Hager 52 Broadway Fargo, ND 58102-4934	Self-employed Occupation: Insurance agent	11/14/96	21.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	233.40	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bruce M. Hankins, CLU, ChFC 2340 Detroit Avenue Maumee, OH 43537-3713	Self-employed Occupation: Insurance agent	10/18/96	150.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	200.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark J. Hanna, CLU, ChFC 455 Market St #1800 San Francisco, CA 94105-2447	Self-employed Occupation: Insurance agent	11/19/96	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	350.00	
E. 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 Occupation: Insurance agent	11/14/96	42.50
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	467.50	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sharon L. Hansen P. O. Box 2305 Mt Vernon, WA 98273-7305	Self-employed Occupation: Insurance agent	11/14/96	25.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	275.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Lee Harlow, CLU 11321 Sunset Hills Rd Reston, VA 22090-5205	Self-employed Occupation: Insurance agent	11/21/96	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	500.00	

SUBTOTAL of Receipts This Page (optional)

1030.50

TOTAL This Period (last page line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **28** OF **28**
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
Thomas M. Hawco, CLU, ChFC P. O. Box 30406 Lincoln, NE 68503-0406	Self-employed	11/14/96	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$	207.50
B. 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	11/14/96	42.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$	467.50
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Samuel H. Hazleton, IV, CLU 951 Albany Shaker Rd. Latham, NY 12110-1409	Self-employed	11/13/96	62.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$	250.00
D. 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	11/14/96	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$	487.20
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dennis L. Helgeson, CLU, ChFC 120 8th Avenue NW Minot, ND 58703-2362	Self-employed	11/14/96	21.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$	243.60
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ronald G. Hester, CLU, ChFC Addison Exec Bldg., #9 P.O. Box 31 Boone, NC 28607-0031	Self-employed	11/14/96	21.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$	252.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. Frank Hickam, LUTCF 25 Harlech Drive Anglesey Wilmington, DE 19807-2507	Self-employed	11/19/96	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$	275.00

SUBTOTAL of Receipts This Page (optional)

339.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 11 OF 28

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
Edward C. Hiers, CLU, ChFC 18 Constitution Drive Bedford, NH 03110-6000	Self-employed	11/14/96	21.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date \$ 247.80	
B. 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	Self-employed	11/14/96	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date \$ 487.20	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael J. Hiller, ChFC 909 N Mayfair Rd. Milwaukee, WI 53226-3429	Self-employed	11/14/96	21.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date \$ 273.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ronald L. Hilliard, CLU, ChFC 2 Piedmont Center, Suite 600 3555 Piedmont Road Atlanta, GA 30305-4657	Self-employed	11/05/96	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date \$ 200.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David F. Hokanson, CLU, ChFC 5340 College Boulevard Overland Park, KS 66211-1621	Self-employed	11/13/96	120.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date \$ 240.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward George Hopper, CLU 2340 Des Plaines Ave. #115 Des Plaines, IL 60018-3292	Self-employed	11/14/96	5.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date \$ 296.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William V. Irons, CLU, LUTCF 469 Centerville Rd #203 Warwick, RI 02886-4328	Self-employed	11/14/96	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date \$ 512.40	

SUBTOTAL of Receipts This Page (optional) 351.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 12 OF 28

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
Stewart N. Isbell, LUTCF 12031 Regentview Ave. #200 Downey, CA 90241-5517	Self-employed	11/14/98	42.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date \$ 233.50	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald C. Jayne, CLU, ChFC 21800 Oxnard Street, #450 Woodland Hills, CA 91367-3652	Self-employed	11/14/98	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date \$ 275.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
E. Dunbar Jewell, CLU, ChFC 1212 South Boulevard #102 Charlotte, NC 28203-4208	Self-employed	11/14/98	21.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date \$ 310.30	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. Richard Jones, LUTCF P. O. Box 4886 Macon, GA 31208-4886	Self-employed	11/14/98	21.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date \$ 231.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael M. Kaleel 75 Federal Street, Suite 412 Boston, MA 02110-1904	Self-employed	11/21/98	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	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Terry M. Kaltenbach, CLU, ChFC 1455 Frazee Rd #515 San Diego, CA 92108-4378	Self-employed	10/28/98 11/14/98	0.00 42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date \$ 462.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephen M. Karp, CLU, ChFC 400 Hillside Avenue Needham, MA 02194-1226	Self-employed	11/14/98	21.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date \$ 231.00	

SUBTOTAL of Receipts This Page (optional)

322.50

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	Date (month, day, year)	Amount of Each Receipt this Period
Barton L. Kaufman, CLU P.O. Box 90405 201 West 103rd Street, Suite 630 Indianapolis, IN 46290-1093	Self-employed	11/25/96	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date \$ 500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Randy R. Kilgore, CLU, LUTCF 830 North Tegen, Ste-303 Colorado Springs, CO 80903-4719	Self-employed	11/14/96	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date \$ 512.50	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Casey C. Knake P. O. Box 1541 Norfolk, NE 68702-1541	Self-employed	11/14/96	21.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date \$ 204.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	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	11/14/96	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date \$ 546.00	
E. 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	Self-employed	11/14/96	42.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date \$ 480.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephen A. Kramer, CLU 370 Lexington Avenue New York, NY 10017-6503	Self-employed	11/25/96	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date \$ 500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ronald V. Krizek, CLU, ChFC P.O. Box 477 Elm Grove, WI 53122-0477	Self-employed	11/13/96	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date \$ 220.00	

SUBTOTAL of Receipts This Page (optional)

680.50

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	Date (month, day, year)	Amount of Each Receipt this Period
James H. Krueger, CLU, ChFC, MSM 4321 West College Ave. Ste 395 Appleton, WI 54914-3989	Self-employed	11/14/96	21.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date \$ 273.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Larry M. Lambert, CLU, CFP 3780 Kilroy Airport Way Suite 510 Long Beach, CA 90806-6801	Self-employed	11/05/96	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date \$ 375.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Leon L. Levy, CLU Broad and Walnut St 4th Fl Philadelphia, PA 19102-3803	Self-employed	11/05/96	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	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bruce C. Lichtenberg, LUTCF 4725 First Street #225 Pleasanton, CA 94566-7366	Self-employed	11/14/96	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date \$ 550.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lawrence E. Lounds, CLU G-3526 Miller Rd. Ste-B Flint, MI 48507-1236	Self-employed	11/14/96	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date \$ 462.00	
F. 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	Self-employed	11/14/96	33.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date \$ 368.50	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dennis J. Manning, CLU, ChFC 201 Park Avenue S. #16-B New York, NY 10003-1601	Self-employed	11/25/96	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date \$ 500.00	

SUBTOTAL of Receipts This Page (optional)

1071.50

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 15 OF 28
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
Charles D. Marks, CLU, ChFC 1250 Poydras Plaza, #325 New Orleans, LA 70113-1826	Self-employed	10/21/96	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date \$ 500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Darren Scott Mason, CLU, ChFC 30092 Ivy Glenn #230 Laguna Niguel, CA 92677-5027	Self-employed	11/14/96	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date \$ 275.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ronald R. McCall, II, LUTCF 1120 20th Place Vero Beach, FL 32960-5362	Self-employed	11/07/96	150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date \$ 600.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard McCloskey, CLU, ChFC 4001 MacArthur Blvd., #300 Newport Beach, CA 92660-2510	Self-employed	10/21/96	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date \$ 300.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rick L. McDavid P.O. Box 943 Kingsport, TN 37662-0943	Self-employed	11/01/96 11/14/96	-25.00 25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date \$ 235.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Vernon McFalls, LUTCF P. O. Box 1007 Searcy, AR 72145-1007	Self-employed	11/14/96	16.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date \$ 204.80	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles E. McIntyre, CLU, ChFC 2101 W. Commercial Blvd. #5100 Ft Lauderdale, FL 33309-7111	Self-employed	11/07/96	600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date \$ 600.00	

SUBTOTAL of Receipts This Page (optional)

1391.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **16** OF **28**

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
Robert F. McKown, CLU, ChFC 2020 Commonwealth Avenue Newton, MA 02166-2006	Self-employed	11/14/96	42.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 467.50	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Peter A. McMahon 100 Corporate Pky #118 Amherst, NY 14226-1293	Self-employed	11/14/96	21.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 231.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John W. Meisenbach 1325 4th Avenue, Suite 2100 Seattle, WA 98101-2579	Self-employed	11/06/96	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert T. Merchen, CLU, ChFC 7002 Hodgson Memorial Drive Savannah, GA 31406-1517	Self-employed	11/14/96	22.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 242.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dennis R. Merideth, CLU, ChFC 5151 E Broadway Ste-750 Tucson, AZ 85711-3734	Self-employed	11/14/96	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 529.20	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David A. Middaugh, CLU, AEP P. O. Box 2543 Fargo, ND 58108-2543	Self-employed	11/14/96	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 595.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Harlan V. Miller, CLU, ChFC 1612 Prosser Ave. #200 Dayton, OH 45409-2041	Self-employed	11/14/96	21.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 231.00	

SUBTOTAL of Receipts This Page (optional)

448.50

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 7 OF 28

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
Marvin Gail Miller, CLU, ChFC 5 Sierra Gate Plaza #340 Roseville, CA 95678-6600	Self-employed	11/05/96	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 200.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert A. Miller 850 Third Ave., 15th Flr. New York, NY 10022-6222	Self-employed	11/14/96	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 294.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stanley G. Mintz, CLU 6515 Grand Teton Plaza Madison, WI 53719-1048	Self-employed	11/13/96	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 220.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James W. Monteverde, CLU, ChFC, 710 Fifth Avenue Pittsburgh, PA 15219-3000	Self-employed	11/14/96	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 660.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Raymond H. Moran, CLU, ChFC 1 Commerce Sq. Suite #2250 Memphis, TN 38103	Self-employed	11/14/96	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 537.60	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Herbert F. Morgan 1836 Hermitage Blvd. #200 Tallahassee, FL 32308-7706	Self-employed	11/14/96	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 453.60	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steven G. Mulder 3275 W. 4th Street P.O. Box 1230 Waterloo, IA 50704-1230	Self-employed	11/14/96	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 546.00	

SUBTOTAL of Receipts This Page (optional)	436.40
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	Date (month, day, year)	Amount of Each Receipt this Period
Denis F. Mullane, CLU, MSFS Town Center, Suite 200 29 S. Main St. Hartford, CT 06107-2420 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date \$ 200.00	10/21/96	100.00
G. James Murphy, CLU 124 Washington, Suite A Pt. Richmond, CA 94801-3979 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date \$ 200.00	11/21/96	200.00
Lynn H. Naden 320 S. Green Bay Rd. Waukegan, IL 60085-4859 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date \$ 470.40	11/14/96	42.00
Robert M. Nelson, CLU, LUTCF 10050 Regency Circle #300 Omaha, NE 68114-3722 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date \$ 368.10	11/14/96	42.50
Richard D. Nilmeier, RHU, CLU 4928 E. Clinton #201 Fresno, CA 93727-1526 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date \$ 243.50	11/14/96	8.50
James F. O'Connell, CLU 400 S. Jefferson #450 Spokane, WA 99204-3177 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date \$ 474.50	11/14/96	42.00
James W. Oglesby, LUTCF P. O. Box 7156 Asheville, NC 28802 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date \$ 270.85	11/14/96	25.00

SUBTOTAL of Receipts This Page (optional)

460.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rae Lee Olson 419 North Shoreline Blvd. Mountain View, CA 94043-4605	Self-employed	11/14/96	42.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date 467.50	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mitchell W. Ostrove, CLU, ChFC 4 New King Street White Plains, NY 10604-1202	Self-employed	11/14/96	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date 328.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Barton C. Pasco, CLU, ChFC 9030 Stony Point Pkwy #500 Richmond, VA 23235-1936	Self-employed	11/14/96	21.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date 231.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ralph W. Pellecchia, CLU, ChFC 100 Walnut Avenue, 5th Floor Clark, NJ 07066-1247	Self-employed	10/31/96	600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date 600.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Cody H. Phillips, JD, CLU, ChFC 530 Oak Court, Suite 200 Memphis, TN 38117	Self-employed	11/14/96	42.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date 523.75	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
George B. Pickett P. O. Box 137 Jackson, MS 39205-0137	Self-employed	11/18/96	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date 400.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R. Jan Pinney, CLU, ChFC, CPCU 3005 Douglas Blvd #120 Roseville, CA 95661-3854	Self-employed	11/14/96	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date 462.00	

SUBTOTAL of Receipts This Page (optional)

1190.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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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
James D. Pittman, CLU, ChFC 222 S.W. Columbia, Suite 900 Portland, OR 97201-6609	Self-employed	11/14/96	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date \$ 300.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
William Poe, Jr., CLU 3207 Willowcreek Rd. #B Portage, IN 46368-5013	Self-employed	11/14/96	21.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date \$ 231.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ralph Prescott, CLU, LUTCF, ChFC 335 Park Street South Dahlonega, GA 30533-1220	Self-employed	11/14/96	21.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date \$ 231.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John S. Pugh, CLU, MSFS 1100 Laskin Rd. Virginia Beach, VA 23451-5210	Self-employed	11/14/96	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date \$ 275.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Frank L. Rainaldi, CLU, ChFC 150 Morris Avenue, Suite 204 Springfield, NJ 07081-1315	Self-employed	11/20/96	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date \$ 420.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Karl H. Rakow, LUTCF 2000 Schafer Street Box 1 Bismarck, ND 58501-1284	Self-employed	11/14/96	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date \$ 290.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Richard L. Rawlings, CLU, ChFC 650 Elm St. #350 Manchester, NH 03101-2502	Self-employed	11/13/96	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date \$ 580.00	

SUBTOTAL of Receipts This Page (optional)

492.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Stephen M. Rice, CLU, ChFC 4820 Harwood Rd. San Jose, CA 95124	Self-employed	11/19/96	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 350.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
William C. Riechert 591 Stewart Ave #Penthouse Garden City, NY 11530-4702	Self-employed	11/14/96	21.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 231.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Steven C. Rossiter 623 18th St. Lake Charles, LA 70601	Self-employed	11/14/96	21.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 210.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
D. David Russell, CLU, ChFC 2423 Carlisle Place Sarasota, FL 34231-7013	Self-employed	11/14/96	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 529.20	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Daniel L. Rust, LUTCF P.O. Box 1335 Bozeman, MT 59771-1335	Self-employed	11/14/96	17.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 477.60	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Kenneth R. Samuelson, CLU, ChFC P.O. Box 36309 Charlotte, NC 28236-6309	Self-employed	10/31/96	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	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Gregory B. Schaeffer, LUTCF, FIC 3012 30th Avenue Kenosha, WI 53144-1623	Self-employed	11/14/96	21.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 273.00	

SUBTOTAL of Receipts This Page (optional)

630.90

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

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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
G. Douglas Schellman, CLU, ChFC P. O. Box 9969 Colorado Springs, CO 80932-0969	Self-employed Occupation: Insurance agent	11/14/96	21.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$	243.50	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Walter G. Schnee, III 70 South Lake Avenue, #1050 Pasadena, CA 91101-2601	Self-employed Occupation: Insurance agent	11/06/96	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
Wayne M. Schuh 205 S.E. Spokane Street Portland, OR 97202-6413	Self-employed Occupation: Insurance agent	10/21/96	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$	400.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James D. Schulz, CLU, ChFC 7431 "O" Street Lincoln, NE 68510-2444	Self-employed Occupation: Insurance agent	11/14/96	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$	487.20	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark B. Schwendeman 103 Putnam Street Marietta, OH 45750-2924	Self-employed Occupation: Insurance agent	11/14/96	21.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$	231.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Walter J. Scott, Jr., CLU 240 Algoma Blvd. P.O. Box 1600 Oshkosh, WI 54902-4775	Self-employed Occupation: Insurance agent	11/14/96	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$	546.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Vince R. Settineri, RHU 420 Lake Cook Rd. #111 Deerfield, IL 60015-4914	Self-employed Occupation: Insurance agent	11/14/96	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$	470.40	

SUBTOTAL of Receipts This Page (optional)

718.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 23 OF 28

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
James P. Shaheen, LUTCF 12775 La Mirada Blvd Suite #203 La Mirada, CA 90638 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-employed Occupation: Insurance agent	11/14/96	22.50
		Aggregate Year-to-Date	247.50
Ty W. Shute 4370 La Jolla Village Dr. Suite #300 San Diego, CA 92122-1250 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-employed Occupation: Insurance agent	11/25/96	250.00
		Aggregate Year-to-Date	250.00
Richard S. Simpson, CLU, ChFC 1736 Jefferson Street Napa, CA 94559-1703 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-employed Occupation: Insurance agent	11/14/96	25.00
		Aggregate Year-to-Date	250.00
Paul M. Smith, Sr., CLU 5101 College Blvd. S-100 Leawood, KS 66211-1614 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-employed Occupation: Insurance agent	11/14/96	51.00
		Aggregate Year-to-Date	561.00
Russell A. Smith, CLU, CFP 31740 Railroad Canyon Rd Suite 2-A Canyon Lake, CA 92587-9490 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-employed Occupation: Insurance agent	11/14/96	6.50
		Aggregate Year-to-Date	206.00
Lawrence Edward Sneed 7730 Pardee Lane Oakland, CA 94621-1424 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-employed Occupation: Insurance agent	11/14/96	21.00
		Aggregate Year-to-Date	231.00
Wilbur W. St. Clair, Jr., CLU 11221 B Lockwood Dr. Silver Spring, MD 20901-4554 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-employed Occupation: Insurance agent	11/14/96	21.00
		Aggregate Year-to-Date	253.38

SUBTOTAL of Receipts This Page (optional)

399.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 24 OF 28

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
Dennis N. Stansbury, CLU, ChFC 200 Eel River Avenue Logansport, IN 46947-3125	Self-employed	11/14/96	10.00
	Occupation Insurance agent	11/19/96	150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	254.00	
Angelo T. Stath 1000 East 80th Place #627 S. Merrillville, IN 46410-5644	Self-employed	11/14/96	27.50
	Occupation Insurance agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	302.50	
Peter E. Staudohar, CLU, ChFC Parkdale Plaza, #306 1660 Highway 100 South Minneapolis, MN 55416-1529	Self-employed	10/22/96	200.00
	Occupation Insurance agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	300.00	
John P. Steele, LUTCF P. O. Box 369 Manhattan, MT 59741-0369	Self-employed	11/14/96	12.50
	Occupation Insurance agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	242.50	
Juliana M. Steverson, CLU, RHU P. O. Box 85481 San Diego, CA 92186-5481	Self-employed	11/14/96	25.00
	Occupation Insurance agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	275.00	
Frederick H. Stitt, CLU 175 West Jackson Boulevard Suite 1831 Chicago, IL 60604-2801	Self-employed	11/01/96	200.00
	Occupation Insurance agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	200.00	
Clifford L. Stone, LUTCF P. O. Box 1951 Williston, ND 58802-1951	Self-employed	11/14/96	21.00
	Occupation Insurance agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	243.60	

SUBTOTAL of Receipts This Page (optional)

646.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 25 OF 28

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David L. Stratton, CLU, ChFC 8300 Briarwood Ste-B Anchorage, AK 99518-3331	Self-employed	10/28/96	50.00
	Occupation	11/14/96	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
	Steven M. Stratton, LUTCF 4820 Harwood Rd. #200 San Jose, CA 95124-5206	Self-employed	11/14/96 21.00
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
	Ronald B. Sussman 20 E. Clementon Rd. S-101N Gibbsboro, NJ 08026-1165	Self-employed	11/07/96 240.00
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
	Donald R. Svoboda, CLU, ChFC 5930 S 58th St #Z Lincoln, NE 68516-3653	Self-employed	11/14/96 17.50
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
	Christi L. Swearingen, LUTCF 3709 Spenard Rd #100 Anchorage, AK 99503-5674	Self-employed	11/07/96 125.00
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
	Robert W. Talbott, CLU, LUTCF 400 East 2nd Avenue #104 Eugene, OR 97401-2452	Self-employed	11/14/96 42.00
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
	John J. Tarditi, Jr., FLMI, LUTCF 118 Ellis Street Haddonfield, NJ 08033-1601	Self-employed	11/14/96 150.00 11/14/96 150.00 11/19/96 -150.00
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)

695.50

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 26 OF 28

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
John Michael Taylor, CLU, ChFC P.O. Box 7546 Columbus, OH 31908	Self-employed	11/14/96	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date \$ 363.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Leonard B. Taylor, CLU 3350 Peachtree Rd., #1050 Atlanta, GA 30326-1404	Self-employed	11/15/96	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date \$ 200.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael G. Taylor, CLU, ChFC Harbor Court 55 Merchant Street #1900 Honolulu, HI 96813-4306	Self-employed	11/04/96 11/14/96	8.50 8.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date \$ 252.50	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert L. Tedoldi, CLU, ChFC 95 Glastonbury Blvd 4th Fl Glastonbury, CT 06033-4412	Self-employed	11/14/96	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date \$ 462.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gregory M. Telge, CLU, ChFC 1779 Elm St. Manchester, NH 03104	Self-employed	11/14/96	21.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date \$ 247.80	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jacob N. Temkin 400 Westminster Street Providence, RI 02903-3222	Self-employed	11/14/96	21.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date \$ 256.20	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John L. Thomas, CLU, MSFS 450 Country Club Rd #330 Eugene, OR 97401-6053	Self-employed	10/28/96 11/14/96	0.00 25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date \$ 214.00	

SUBTOTAL of Receipts This Page (optional)

268.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 27 OF 28

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
Raymond F. Truncellito, CLU 66 Hanover St 301 Manchester, NH 03101-2230	Self-employed	11/14/96	21.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 247.80	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Adam Varrenti, Jr., CLU, ChFC 9 N Five Points Rd Flr-2 West Chester, PA 19380-4739	Self-employed	11/14/96	25.20
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 277.20	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sylvia J. Walker, LUTCF, CPIW 805 Terrace Drive Newport News, VA 23601-2240	Self-employed	11/14/96	21.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 486.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David R. Watson, CLU, ChFC, AEP One Liberty Place, Suite 680 Philadelphia, PA 19103-7301	Self-employed	11/14/96	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 554.40	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas L. Webb, CLU, ChFC 4648 Circuit Rider Lane South Salem, OR 97302-3914	Self-employed	11/14/96	84.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 504.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael L. Weintraub, CLU 2700 Ygnacio Valley Road Suite 160 Walnut Creek, CA 94598-3462	Self-employed	10/21/96	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 350.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lester E. Westgard 1351 Page Drive Ste 204 Fargo, ND 58103-3536	Self-employed	11/14/96	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 290.00	

SUBTOTAL of Receipts This Page (optional)

476.60

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 28 OF 28

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
William T. Whitmore, Jr., LUTCF P. O. Box 4748 Virginia Beach, VA 23454-0748 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-employed Occupation Aggregate Year-to-Date \$ 462.00	11/14/96	42.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gary W. Williams PO Box 397 Vinton, VA 24179-0397 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-employed Occupation Aggregate Year-to-Date \$ 231.00	11/14/96	21.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Larry J. Winkelhake, CLU, ChFC P. O. BX 26909 Milwaukee, WI 53226-0909 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-employed Occupation Aggregate Year-to-Date \$ 273.00	11/14/96	21.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark L. Yavornitzki, CAE 38 Sheridan Avenue Albany, NY 12210-2714 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-employed Occupation Aggregate Year-to-Date \$ 231.00	11/14/96	21.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
H. Dewey Young, Jr., CLU P. O. BOX 17786 Raleigh, NC 27619-7786 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-employed Occupation Aggregate Year-to-Date \$ 210.00	11/13/96	100.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David G. Zick, CLU, ChFC 30600 Telegraph Rd #1375 Bingham Farms, MI 48025-4531 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-employed Occupation Aggregate Year-to-Date \$ 250.00	11/13/96	125.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) 330.00

TOTAL This Period (last page this line number only) 17192.46

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
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
Friends of Chris Dodd 313 3rd Street, NE Washington, DC 20002	Christopher J. Dodd CT-SEN \$2,000.00 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/22/96	\$2,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
C. Full Name, Mailing Address and ZIP Code Ken Bentsen For Congress 3260 South Loop West Houston, TX 77025	Ken Bentsen TX-25 \$1,000.00 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff 1996	11/14/96	\$1,000.00
D. Full Name, Mailing Address and ZIP Code Brady for Congress P.O. Box 8277 The Woodlands, TX 77387	Kevin Brady TX-8 \$3,500.00 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff 1996	11/14/96	\$2,500.00
E. Full Name, Mailing Address and ZIP Code Friends of Steve Stockman PO Box 57135 Webster, TX 77598	Steve Stockman TX-9 \$1,000.00 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff 1996	11/14/96	\$1,000.00
F. Full Name, Mailing Address and ZIP Code Hutchinson For Senate PO Box 747 Little Rock, AR 72203-9538	Tim Hutchinson AR-SEN \$7,000.00 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2002	11/14/96	\$5,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

\$11,500.00

TOTAL This Period (last page this line number only)

\$11,500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 29

Other Disbursements

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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
Democratic Senatorial Campaign Committee Non-Federal Account 430 South Capitol Street, SE Washington, DC 20003	Non-Federal Account \$5,000 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/23/96	5,000.00
B. 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
C. 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
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)

5,000.00

TOTAL This Period (last page this line number only)

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