

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION

May 26 3 58 PM '98

1. NAME OF COMMITTEE (in full) National Association of Life Underwriters Political Action Committee		2. FEC IDENTIFICATION NUMBER C00005249
ADDRESS (number and street) 1922 F Street, NW	<input type="checkbox"/> Check if different than previously reported	
CITY, STATE and ZIP CODE Washington, DC 20006		
3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)		

## 4. TYPE OF REPORT

Monthly Report Due On:

- 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
- February 20     June 20     October 20  
 March 20     July 20     November 20  
 April 20     August 20     December 20  
 May 20     September 20     January 31
- Twelfth day report preceding \_\_\_\_\_ (Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_
- Thirtieth day report following the General Election on \_\_\_\_\_  
in the State of \_\_\_\_\_
- b) Is this Report an Amendment?  YES  NO

## SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
4/1/98 through 4/30/98		
6. (a) Cash on Hand January 1, 1998		\$ 798,698.87
(b) Cash on Hand at Beginning of Reporting Period	\$ 901,334.01	
(c) Total Receipts (from Line 19)	\$ 74,859.82	\$ 334,958.56
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 976,193.83	\$ 1,133,657.43
7. Total Disbursements (from Line 30)	\$ 96,854.89	\$ 254,318.49
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 879,338.94	\$ 879,338.94
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	
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 Domenick Camisi, Assistant Treasurer		
Signature of Treasurer 		Date 5/20/98

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

--	--	--	--	--	--	--	--	--	--

FEC FORM 3X  
(revised 9/93)

**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS  
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE National Association of Life Underwriters Political Action Committee	REPORT COVERING PERIOD	
	FROM: 4/1/98	TO: 4/30/98
<b>I Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year</b>
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	11,247.30	40,833.25
ii. Unitemized	61,974.10	288,750.31
iii. Total (add i and ii)	73,221.40	329,583.56
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	0.00	0.00
d. Total Contributions (add a iii, b and c)	73,221.40	329,583.56
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	1,638.42	5,375.00
18. Transfers from Non-federal Account for Joint Activity	0.00	0.00
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)	74,859.82	334,958.56
20. Total Federal Receipts (subtract line 18 from line 19)	74,859.82	334,958.56
<b>II Disbursements</b>		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	0.00	0.00
ii. Non-Federal Share	0.00	0.00
b. Other Federal Operating Expenditures	2,509.75	6,790.34
c. Total Operating Expenditures (add a i, a ii, and b)	2,509.75	6,790.34
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	594,500.00	247,600.50
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	5202.50	285.01
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	0.00	0.00
d. Total Contribution Refunds (add a, b and c)	5202.50	285.01
29. Other Disbursements	0.00	0.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	96,854.89	254,318.49
31. Total Federal Disbursements (subtract line 21 a ii from line 30)	96,854.89	254,318.49
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans)(from line 11d)	73,221.40	329,583.56
33. Total Contribution Refunds (from line 28d)	5202.50	285.01
34. Net Contributions (other than loans)(subtract line 33 from 32)	73,018.90	329,298.55
35. Total Federal Operating Expenditures (add 21 a i and 21 b)	2,509.75	6,790.34
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00
37. Net Operating Expenditures (subtract line 36 from 35)	2,509.75	6,790.34

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 10  
FOR LINE NUMBER 11(a) (1)

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

**NAME OF COMMITTEE (In Full)**

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephen D. Andersen 7431 "O" Street Lincoln, NE 68510-2444	Self-employed	04/10/98	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent		
	Aggregate Year-to-Date > \$ 201.60		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert B. Anderson, CLU P. O. Box 127 Jonesborough, TN 37659-0127	Self-employed	04/10/98	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent		
	Aggregate Year-to-Date > \$ 201.60		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Arnold, CLU 175 Dorby Street, Suite 27 Hingham, MA 02043-4026	Self-employed	04/13/98	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		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John M. Barry, CLU, ChFC 227 West Trade Street Suite 1550 Charlotte, NC 28202-1647	Self-employed	04/27/98	275.00
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
Fred R. Bean, CLU 8201 Cantrell Road #265 Little Rock, AR 72227-2400	Self-employed	04/10/98	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent		
	Aggregate Year-to-Date > \$ 201.60		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kent A. Bennett, LUYCF 514 Pine Street Williamsport, PA 17701-5047	Self-employed	04/10/98	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent		
	Aggregate Year-to-Date > \$ 201.60		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William J. Brannon, CLU 7-C Terrace Way Greensboro, NC 27403-3659	Self-employed	04/01/98 04/03/98	275.00 275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent		
	Aggregate Year-to-Date > \$ 550.00		

SUBTOTAL of Receipts This Page (optional)

1276.60

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 2 OF 10  
FOR LINE NUMBER 11(a) (i)

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

**NAME OF COMMITTEE (In Full)**

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Chet K. Caldwell, LUTCF, CLU P.O. Box 1945 Payetteville, AR 72702-1945	Self-employed Occupation: Insurance agent	04/13/98	120.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$240.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard J. Carney, CLU P.O. Box 12888 Salem, OR 97304	Self-employed Occupation: Insurance agent	04/21/98	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
Thomas R. Clark, CLU, ChFC 974 73rd Street #26 Des Moines, IA 50312-1026	Self-employed Occupation: Insurance agent	04/10/98	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$240.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steven R. Craig, CLU, ChFC, MSFS 15315 Magnolia Blvd. #308 Sherman Oaks, CA 91403-1172	Self-employed Occupation: Insurance agent	04/07/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$250.00		
E. 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 16801-2765	Self-employed Occupation: Insurance agent	04/10/98	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$201.60		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph L. Davis, CLU, ChFC, CFP 1625 K Street N.W. #400 Washington, DC 20006-1604	Self-employed Occupation: Insurance agent	04/10/98	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$201.60		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald A. Eichelberger, CLU 209 East San Marwan Drive Waterloo, IA 50702-5839	Self-employed Occupation: Insurance agent	04/10/98	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$201.60		

**SUBTOTAL** of Receipts This Page (optional) ..... 681.20

**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 10  
FOR LINE NUMBER 11(a) (i)

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

**NAME OF COMMITTEE (in Full)**

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James N. Ellowitch 65 Willowbrook Blvd., 1st Flr. Wayne, NJ 07470-7051	Self-employed Occupation Insurance agent	04/30/98	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
Jeffery L. Perrier, LUTCF 1117 Ellis St. #C & D Bellingham, WA 98225-5203	Self-employed Occupation Insurance agent	04/10/98	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
Frank Friedler, Jr., CLU, ChFC 415 Lafayette St., #300 New Orleans, LA 70130-3253	Self-employed Occupation Insurance agent	04/22/98 04/22/98	100.00 -100.00
Receipt For: <input type="checkbox"/> Primary <input 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
Peter Fulchiron, CLU, LUTCF 405 Enfrente Dr #100 Novato, CA 94949-7206	Self-employed Occupation Insurance agent	04/10/98	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
Campbell T. Gerrish, CLU, ChFC 425 Park Ave., 20th Flr. New York, NY 10022-3506	Self-employed Occupation Insurance agent	04/21/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bruce A. Hager 1635 42nd St SW Fargo, ND 58103	Self-employed Occupation Insurance agent	04/10/98	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 201.60		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alex Hanson, CLU, ChFC One Cate Street Portsmouth, NH 03801	Self-employed Occupation Insurance agent	04/10/98	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 201.60		

**SUBTOTAL** of Receipts This Page (optional) ..... 750.80

**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 4 OF 10

FOR LINE NUMBER 11 (a) (i)

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

**NAME OF COMMITTEE (In Full)**

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert D. Harris, CLU, ChFC 199 Town Square, Suite P Wheaton, IL 60187-3872	Self-employed	04/22/98	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	
B. Full Name, Mailing Address and ZIP Code Terry K. Headley, LUTCF 8990 West Dodge Road #226 Omaha, NE 68114-3315	Self-employed	04/10/98	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$240.00	
C. Full Name, Mailing Address and ZIP Code Dermot T. Healey, CLU, ChFC 1120 Center Street P.O. Box 3160 Auburn, ME 04212-3160	Self-employed	04/30/98	360.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$360.00	
D. Full Name, Mailing Address and ZIP Code Richard L. Hill, CLU, ChFC P.O. Box 30275 Lincoln, NE 68503-0275	Self-employed	04/10/98	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$201.60	
E. Full Name, Mailing Address and ZIP Code William V. Irons, CLU, LUTCF 469 Centerville Rd #203 Warwick, RI 02886-4328	Self-employed	04/10/98	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$201.60	
F. Full Name, Mailing Address and ZIP Code Richard A. Koob, CLU, ChFC, Aep 626 W. Moreland Blvd. Waukesha, WI 53188-2433	Self-employed	04/10/98	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$201.60	
G. Full Name, Mailing Address and ZIP Code Larry M. Lambert, CLU, CFP 3780 Kilroy Airport Way Suite 510 Long Beach, CA 90806-6801	Self-Employed	04/22/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$250.00	

**SUBTOTAL** of Receipts This Page (optional) ..... 1121.20

**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 5 OF 10  
FOR LINE NUMBER 11(a) (i)

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

**NAME OF COMMITTEE (In Full)**

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
D. Michael Lane, CLU 411 Union St., #1910 Nashville, TN 37219-1701	Self-employed Occupation Insurance agent	04/10/98	5.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$351.60		
B. Full Name, Mailing Address and ZIP Code Bruce C. Lichtenberg, LUTCF 3730 Mt. Diablo Blvd. #220 Lafayette, CA 94549-3613	Self-employed Occupation Insurance agent	04/10/98	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$200.00		
C. Full Name, Mailing Address and ZIP Code Gene L. Mahn, CLU, ChFC 1635 La Granada Drive Thousand Oaks, CA 91362-2146	Self-employed Occupation Insurance agent	04/10/98	8.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$334.00		
D. Full Name, Mailing Address and ZIP Code David J. Malone, CLU, ChFC 444 Liberty Ave. Ste.600 Pittsburgh, PA 15222-1207	Self-employed Occupation Insurance agent	04/03/98	120.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$420.00		
E. Full Name, Mailing Address and ZIP Code Charles D. Marks, CLU, ChFC 1250 Poydras Plaza, #325 New Orleans, LA 70113-1826	Self-employed Occupation Insurance agent	04/28/98	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$500.00		
F. Full Name, Mailing Address and ZIP Code Pat B. McCoy, LUTCF 3304 Richmond Rd. Texarkana, TX 75503-2134	Self-employed Occupation Insurance agent	04/10/98	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$240.00		
G. Full Name, Mailing Address and ZIP Code Bruce F. McGuirk, CLU, ChFC 706 Green Valley Road, #507 Greensboro, NC 27408-7023	Self-employed Occupation Insurance agent	04/23/98	275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$275.00		

**SUBTOTAL** of Receipts This Page (optional) ..... 1018.90

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 6 OF 10  
FOR LINE NUMBER 11(a) (i)

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

**NAME OF COMMITTEE (In Full)**

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carl F. Mahlhop, CLU, ChFC #1 Sansome Street, Suite 1700 San Francisco, CA 94104-4448	Self-employed Occupation: Insurance agent	04/10/98	21.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 234.00		
Dennis R. Merideth, CLU, ChFC 5151 E Broadway Ste-750 Tucson, AZ 85711-3734	Self-employed Occupation: Insurance agent	04/10/98	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 201.60		
David A. Middaugh, CLU, AEP 3273 Evergreen Rd. NE Fargo, ND 58102	Self-employed Occupation: Insurance agent	04/10/98	72.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 294.00		
James W. Monteverde, CLU, ChFC, AEP 710 Fifth Avenue Pittsburgh, PA 15219-3000	Self-employed Occupation: Insurance agent	04/10/98	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$240.00		
Raymond H. Moran, CLU, ChFC 1755 N. Kirby Pkwy. #300 Memphis, TN 38120	Self-employed Occupation: Insurance agent	04/10/98	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 201.60		
Herbert F. Morgan 1836 Hermitage Blvd. #200 Tallahassee, FL 32308-7706	Self-employed Occupation: Insurance agent	04/10/98	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$201.60		
Lynn H. Naden 320 S. Green Bay Rd. Waukegan, IL 60085-4859	Self-employed Occupation: Insurance agent	04/10/98	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 201.60		

**SUBTOTAL** of Receipts This Page (optional) .....

354.60

**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 7 OF 10  
FOR LINE NUMBER 11(a) (i)

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

**NAME OF COMMITTEE (In Full)**

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert M. Nelson, CLU, LUTCF 10050 Regency Circle #300 Omaha, NE 68114-3722	Self-employed Occupation: Insurance agent	04/10/98	51.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$204.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
P. Martin Peters, CLU, RHU P.O. Box 887 Solana Beach, CA 92075-0887	Self-employed Occupation: Insurance agent	04/07/98	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
Harry Phillips, 3rd, CLU, CPCU 350 Fifth Avenue, Suite 5404 New York, NY 10118-5404	Self-employed Occupation: Insurance agent	04/10/98	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
John H. Raymer, CLU, ChFC 1818 Market Street, Suite 3101 Philadelphia, PA 19103-3685	Self-employed Occupation: Insurance agent	04/01/98	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
Daniel F. Rigby, RHU 62 1/2 S LaSalle St Aurora, IL 60505-3332	Self-employed Occupation: Insurance agent	04/30/98	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
D. David Russell, CLU, ChFC 2423 Carlisle Place Sarasota, FL 34231-7013	Self-employed Occupation: Insurance agent	04/10/98	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$201.60		
G. 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	04/10/98	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$201.60		

SUBTOTAL of Receipts This Page (optional) .....

1351.80

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 10  
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
Walter J. Scott, Jr., CLU P.O. Box 1600 Oshkosh, WI 54902-1600	Self-employed Occupation Insurance agent	04/10/98	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$201.60		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
George H. Seifert 200 Executive Dr. #120 West Orange, NJ 07052-3303	Self-employed Occupation Insurance agent	04/28/98	600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$600.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul M. Smith, Sr., CLU 980 Cape Marco Drive Monterey 120B Marco Island, FL 34145	Self-employed Occupation Insurance agent	04/10/98	51.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
David L. Stratton, CLU, ChFC 8300 Briarwood Ste-B Anchorage, AK 99518-3331	Self-employed Occupation Insurance agent	04/10/98	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
Marvin L. Sugar, CLU, ChFC 5100 Cape Cod Ct. Bethesda, MD 20816	Self-employed Occupation Insurance agent	04/29/98	360.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$360.00		
F. 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 Occupation Insurance agent	04/27/98	150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$300.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lee R. Thurber, CLU, ChFC 222 S.W. Columbia, #505 Portland, OR 97201-6609	Self-employed Occupation Insurance agent	04/27/98	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$200.00		

**SUBTOTAL** of Receipts This Page (optional) ..... 1461.40

**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

PAGE 9 OF 10

FOR LINE NUMBER 11(a) (i)

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

**NAME OF COMMITTEE (In Full)**

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Brad Tison, CLU, ChFC, CFP P.O. Box 65770 W. Des Moines, IA 50265-0770	Self-employed Occupation Insurance agent	04/10/98	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 201.60		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
M. Gene Ulrich, CFP 4240 Hickory Lane Box 3084 Sioux City, IA 51102-3084	Self-employed Occupation Insurance agent	04/17/98	600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 735.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steven G. VanScoik P.O. Box 1164 Elkhart, IN 46515-1164	Self-employed Occupation Insurance agent	04/03/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
Thomas J. Von Riesen, CLU, ChFC 11516 Miracle Hills Drive Suite 102 Omaha, NE 68154-4473	Self-employed Occupation Insurance agent	04/06/98	480.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 480.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kathryn N Watrous, LUTCF 135 N. Los Robles #610 Pasadena, CA 91101	Self-employed Occupation Insurance agent	04/03/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
F. 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 Occupation Insurance agent	04/10/98	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 201.60		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
H. Robert Weisman P.O. Box 351 Nashua, NH 03061-0351	Self-employed Occupation Insurance agent	04/09/98	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		

SUBTOTAL of Receipts This Page (optional) .....

1980.80

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 10 OF 10  
FOR LINE NUMBER 11(a) (i)

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

**NAME OF COMMITTEE (In Full)**

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code Robert J. Wernecke, CLU 2850 E. Camelback, #320 Phoenix, AZ 85016-4311 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-employed Occupation Insurance agent Aggregate Year-to-Date > \$600.00	Date (month, day, year) 04/10/98	Amount of Each Receipt this Period 600.00
B. Full Name, Mailing Address and ZIP Code James E. Whistler, CLU, ChFC 600 W. Broadway #600 San Diego, CA 92101-3359 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-employed Occupation Insurance agent Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 04/28/98	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and ZIP Code John R. Yaissle, CLU, ChFC 1802 Hamilton Street Allentown, PA 18104-5630 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-employed Occupation Insurance agent Aggregate Year-to-Date > \$300.00	Date (month, day, year) 04/24/98	Amount of Each Receipt this Period 300.00
D. Full Name, Mailing Address and ZIP Code Bing Get Yee, CLU, ChFC 742 N. Broadway Suite 2, Los Angeles, CA 90012-2820 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-employed Occupation Insurance agent Aggregate Year-to-Date > \$200.00	Date (month, day, year) 04/03/98	Amount of Each Receipt this Period 100.00
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional) ..... 1250.00

**TOTAL** This Period (last page this line number only) ..... 11247.30

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

**Contributions to Federal Candidates/Committees**

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

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
<b>Becerra for Congress</b> P O Box 411744 Los Angeles, CA 90041	<b>Contribution: Xavier Becerra (CA-30-D)</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	4/30/98	\$1,500.00
<b>Bilbray for Congress</b> 970 Seacoast Drive Imperial Beach, CA 91932	<b>Contribution: Brian P. Bilbray (CA-49-R)</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	4/29/98	\$1,000.00
<b>Friends of John Boehner</b> 7908 Cincinnati-Dayton Road Suite 1 West Chester, OH 45069	<b>Contribution: John A. Boehner (OH-8-R)</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	4/30/98	\$1,000.00
<b>Friends of Barbara Boxer</b> 426 C Street, NW Rear Building Washington, DC 20002	<b>Contribution: Barbara Boxer (CA-D)</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	4/29/98	\$2,000.00
<b>Breaux For Senate</b> P.O. Box 3526 Lafayette, LA 70502-3526	<b>Contribution: John B. Breaux (LA-D)</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other: 1998	4/30/98	\$5,000.00
<b>Sherrrod Brown For Congress</b> 111 Edgefield Drive Elyria, OH 44035	<b>Contribution: Sherrrod Brown (OH-13-D)</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	4/30/98	\$2,500.00
<b>Ben Cardin for Congress</b> 10 South Charles Street Baltimore, MD 21201	<b>Contribution: Benjamin L. Cardin (MD-3-D)</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	4/24/98	\$2,500.00
<b>Bluegrass Committee</b> 7500 Adler Way Louisville, KY 40222	<b>Contribution: Bluegrass Committee</b> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: Annual 1998	4/3/98	\$5,000.00
<b>Effective Government Committee</b> 607 14th Street, NW Suite 800 Washington, DC 20005	<b>Contribution: Effective Government Committee</b> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: Annual 1998	4/16/98	\$5,000.00

<b>SUBTOTAL of Disbursements This Page (optional)</b> .....	<b>\$25,500.00</b>
<b>TOTAL This Period (last page this line number only)</b> .....	

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

**Contributions to Federal Candidates/Committees**

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

NAME OF COMMITTEE (in Full) National Association of Life Underwriters Political Action Committee			
Full Name, Mailing Address and ZIP Code Condit for Congress - 1998 Box 1710 Modesto, CA 95353	Purpose of Disbursement Contribution: Gary A. Condit (CA-18-D) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	Date (month, day, year) 4/14/98	Amount of Each Disbursement this Period \$1,500.00
Full Name, Mailing Address and ZIP Code Crapo For U.S. Senate P.O. Box 1948 Boise, ID 83701	Purpose of Disbursement Contribution: Michael D. Crapo (ID-2-R) Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other: 1998	Date (month, day, year) 4/3/98	Amount of Each Disbursement this Period \$3,000.00
Full Name, Mailing Address and ZIP Code Friends of Senator D'Amato (1998 Committee) PO Box 888 Mineola, NY 11501	Purpose of Disbursement Contribution: Alfonse M. D'Amato (NY-R) Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other: 1998	Date (month, day, year) 4/3/98	Amount of Each Disbursement this Period \$1,000.00
Full Name, Mailing Address and ZIP Code Diana DeGette for Congress 770 Grant Street Suite 218 Denver, CO 80203	Purpose of Disbursement Contribution: Diana DeGette (CO-1-D) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	Date (month, day, year) 4/20/98	Amount of Each Disbursement this Period \$500.00
Full Name, Mailing Address and ZIP Code Tom DeLay for Congress 10707 Corporate Drive/Suite 130 Stafford, TX 77477	Purpose of Disbursement Contribution: Tom DeLay (TX-22-R) Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other: 1998	Date (month, day, year) 4/30/98	Amount of Each Disbursement this Period \$1,000.00
Full Name, Mailing Address and ZIP Code Ehrlich for Congress Committee 1527 York Road Lutherville, MD 21093	Purpose of Disbursement Contribution: Robert L. Ehrlich, Jr. (MD-2-R) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	Date (month, day, year) 4/30/98	Amount of Each Disbursement this Period \$1,000.00
Full Name, Mailing Address and ZIP Code Ewing for Congress Committee PO Box 3305 Bloomington, IL 61702	Purpose of Disbursement Returned Check #7670 dated 2/9/98 for Thomas W. Ewing (IL- Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	Date (month, day, year) 4/28/98	Amount of Each Disbursement this Period (\$500.00)
Full Name, Mailing Address and ZIP Code Gephardt in Congress Committee 7435 Watson Road Suite 107 St Louis, MO 63119	Purpose of Disbursement Contribution: Richard A. Gephardt (MO-3-D) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	Date (month, day, year) 4/16/98	Amount of Each Disbursement this Period \$2,500.00
Full Name, Mailing Address and ZIP Code Citizens for Gillmor P.O. Box 910 Port Clinton, OH 43452	Purpose of Disbursement Contribution: Paul E. Gillmor (OH-5-R) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	Date (month, day, year) 4/30/98	Amount of Each Disbursement this Period \$1,500.00
SUBTOTAL of Disbursements This Page (optional)			\$11,500.00
TOTAL This Period (last page this line number only)			

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	3	5
FOR LINE NUMBER		23

**Contributions to Federal Candidates/Committees**

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

NAME OF COMMITTEE (in Full)			
National Association of Life Underwriters Political Action Committee			
Full Name, Mailing Address and ZIP Code Wally Heger for Congress Committee PO Box 1500 Chico, CA 95927	Purpose of Disbursement Contribution: Wally Heger (CA-2-R) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	Date (month, day, year) 4/30/98	Amount of Each Disbursement this Period \$1,500.00
Full Name, Mailing Address and ZIP Code Rick Hill for Congress Committee PO Box 1256 Helena, MT 59604	Purpose of Disbursement Contribution: Rick Hill (MT-1-R) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	Date (month, day, year) 4/29/98	Amount of Each Disbursement this Period \$2,000.00
Full Name, Mailing Address and ZIP Code Hobson for Congress Committee 82 W. Columbia St. Springfield, OH 45502	Purpose of Disbursement Contribution: David L. Hobson (OH-7-R) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	Date (month, day, year) 4/30/98	Amount of Each Disbursement this Period \$1,000.00
Full Name, Mailing Address and ZIP Code Citizens Committee For Ernest F. Hollings PO Box 65271 Washington, DC 20035	Purpose of Disbursement Contribution: Ernest Fritz Hollings (SC-D) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	Date (month, day, year) 4/30/98	Amount of Each Disbursement this Period \$2,000.00
Full Name, Mailing Address and ZIP Code Kolbe '98 PO Box 31568 Tucson, AZ 85751	Purpose of Disbursement Contribution: Jim Kolbe (AZ-5-R) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	Date (month, day, year) 4/16/98	Amount of Each Disbursement this Period \$1,000.00
Full Name, Mailing Address and ZIP Code Lewis for Congress Committee PO Box 247 Redlands, CA 92373	Purpose of Disbursement Contribution: Jerry Lewis (CA-40-R) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	Date (month, day, year) 4/29/98	Amount of Each Disbursement this Period \$3,000.00
Full Name, Mailing Address and ZIP Code Mikulski for Senate Committee P O Box 13147 Baltimore, MD 21203	Purpose of Disbursement Contribution: Barbara A. Mikulski (MD-D) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	Date (month, day, year) 4/30/98	Amount of Each Disbursement this Period \$2,000.00
Full Name, Mailing Address and ZIP Code National Republican Congressional Committee 320 First Street SE Washington, DC 20003	Purpose of Disbursement Contribution: National Republican Congressional Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: Annual 1998	Date (month, day, year) 4/14/98	Amount of Each Disbursement this Period \$15,000.00
Full Name, Mailing Address and ZIP Code New Republican Majority Fund 3001 Park Center Drive Suite 1105 Alexandria, VA 22302	Purpose of Disbursement Contribution: New Republican Majority F (VA-72-R) Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: Annual 1998	Date (month, day, year) 4/8/98	Amount of Each Disbursement this Period \$5,000.00
SUBTOTAL of Disbursements This Page (optional)			\$32,500.00
TOTAL This Period (last page this line number only)			

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

**Contributions to Federal Candidates/Committees**

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

NAME OF COMMITTEE (in Full)			
National Association of Life Underwriters Political Action Committee			
Full Name, Mailing Address and ZIP Code Bob Ney for Congress P.O. Box 490 St. Clairsville, OH 43950	Purpose of Disbursement Contribution: Robert W. Ney (OH-18-R) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	Date (month, day, year) 4/9/98	Amount of Each Disbursement this Period \$1,500.00
Full Name, Mailing Address and ZIP Code Friends of Senator Don Nickles P O Box 1549 Ponca City, OK 74602	Purpose of Disbursement Contribution: Don Nickles (OK-R) Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other: 1998	Date (month, day, year) 4/16/98	Amount of Each Disbursement this Period \$5,000.00
Full Name, Mailing Address and ZIP Code B.O.B.S. PAC PO Box 15377 New Orleans, LA 70175-5377	Purpose of Disbursement Contribution: B.O.B.S. PAC Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: Annual 1998	Date (month, day, year) 4/20/98	Amount of Each Disbursement this Period \$2,500.00
Full Name, Mailing Address and ZIP Code Earl Pomeroy for Congress PO Box 746 Bismarck, ND 58502	Purpose of Disbursement Contribution: Earl Pomeroy (ND-1-D) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	Date (month, day, year) 4/30/98	Amount of Each Disbursement this Period \$2,000.00
Full Name, Mailing Address and ZIP Code Price for Congress Committee 610 Hillsborough St Suite 101 Raleigh, NC 27603	Purpose of Disbursement Contribution: David E. Price (NC-4-D) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	Date (month, day, year) 4/29/98	Amount of Each Disbursement this Period \$500.00
Full Name, Mailing Address and ZIP Code Reynolds for Congress PO Box 141 Williamsville, NY 14231	Purpose of Disbursement Contribution: Tom Reynolds (NY-27-R) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	Date (month, day, year) 4/30/98	Amount of Each Disbursement this Period \$2,500.00
Full Name, Mailing Address and ZIP Code Committee to Re-Elect Congressman Chris Smith P.O. Box 3184 Hamilton, NJ 08619	Purpose of Disbursement Contribution: Christopher H. Smith (NJ-4-R) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	Date (month, day, year) 4/14/98	Amount of Each Disbursement this Period \$500.00
Full Name, Mailing Address and ZIP Code Gordon Smith for U S Senate 5285 SW Meadows Road Suite 181 Lake Oswego, OR 97035	Purpose of Disbursement Contribution: Gordon Smith (OR-R) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 2002	Date (month, day, year) 4/8/98	Amount of Each Disbursement this Period \$2,000.00
Full Name, Mailing Address and ZIP Code Stabenow for Congress PO Box 4945 E Lansing, MI 48826	Purpose of Disbursement Contribution: Debbie Stabenow (MI-8-D) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	Date (month, day, year) 4/24/98	Amount of Each Disbursement this Period \$1,000.00
SUBTOTAL of Disbursements This Page (optional)			\$17,500.00
TOTAL This Period (last page this line number only)			



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	5	5
FOR LINE NUMBER		23

**Contributions to Federal Candidates/Committees**

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

NAME OF COMMITTEE (in Full)			
National Association of Life Underwriters Political Action Committee			
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Ted Strickland for Congress PO Box 580 Lucasville, OH 45648	Contribution: Ted Strickland (OH-6-D) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	4/31/98	\$2,000.00
Bill Thomas Campaign Committee Box 395 Bakersfield, CA 93302	Contribution: William M. Thomas (CA-21-R) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	4/30/98	\$1,500.00
John Thune for Congress 514 South Minnesota Suite 14 Sioux Falls, SD 57102	Contribution: John R. Thune (SD-1-R) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	4/29/98	\$500.00
Walden for Congress PO Box 360 Hood River, OR 97031	Contribution: Greg Walden (OR-2-R) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	4/30/98	\$2,500.00
Waxman Campaign Committee 8665 Wilshire Blvd #220 Beverly Hills, CA 90211	Contribution: Henry A. Waxman (CA-29-D) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	4/29/98	\$1,000.00

SUBTOTAL of Disbursements This Page (optional) .....	\$7,500.00
TOTAL This Period (last page this line number only) .....	\$94,500.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	1	1
FOR LINE NUMBER		28(a)

**Refunds of Contributions To Individuals**

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

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
B. Leonard Critcher, CLU, ChFC DBA The F.I.R.M. 8350 North Central Expressway #1160 Dallas, TX 75206-1611	Refund to Individual Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: Other 1998	4/7/98	\$102.50
Claude Peltz Peltz Associates 70 Blossom Road Windham, NH 03087-1573	Refund to Individual Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: Other 1998	4/16/98	\$100.00

SUBTOTAL of Disbursements This Page (optional) .....	\$202.50
TOTAL This Period (last page this line number only) .....	\$202.50

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 5/24/08
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 <i>De</i> PREPARER	 5/26/08 DATE PREPARED