

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUL 22 11 39 AM '99

TYPE OR PRINT

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

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:
- | | | |
|--------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input checked="" type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |
- 12-Day Pre-Election Report for the _____ (Type of Election)
election on _____ in the State of _____
- 30-Day Post-Election Report following the General Election
on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>June 1, 1999</u> through <u>June 30, 1999</u>		
6. (a) Cash on Hand January 1, 19 <u>99</u>		\$ 485,731.48
(b) Cash on Hand at Beginning of Reporting Period <u>June 1, 1999</u>	\$ 339,300.29	
(c) Total Receipts (from Line 19)	\$ 63,177.67	\$ 455,453.95
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 402,477.96	\$ 941,185.43
7. Total Disbursements (from Line 30)	\$ 139,924.74	\$ 678,632.21
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 262,553.22	\$ 262,553.22
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 25,379.23	

For further information contact:
Federal Election Commission
898 E Street, NW
Washington, DC 20485
Toll Free 800-424-9590
Local 202-694-1100

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

Kevin M. Madden, CPA

Signature of Treasurer

Kevin M. Madden

Date

7/21/99

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

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FEC FORM 3X
(revised 9/93)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

PAGE 2, FEC FORM 3X

(Revised 1/1/91)

NAME OF COMMITTEE National Association of Life Underwriters Political Action Committee	REPORT COVERING PERIOD FROM 6/1/99 TO 6/30/99	
	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		69,413.15
i. Itemized (use Schedule A)	12,826.91	
ii. Unitemized	51,108.76	384,974.14
iii. Total (add i and ii) >	63,935.67	454,387.29
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a ii, b and c) >	63,935.67	454,387.29
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)	(758.00)	1,066.66
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11 d, 12, 13, 14, 15, 16, 17, and 18) >	63,177.67	455,453.95
20. Total Federal Receipts (subtract line 18 from line 19) >	63,177.67	455,453.95
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule 1-14)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures	12,024.74	342,209.71
c. Total Operating Expenditures (add a i, a ii, and b) >	12,024.74	342,209.71
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	126,500.00	332,500.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (Use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees	1,400.00	3,922.50
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) >	1,400.00	3,922.50
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	139,924.74	678,632.21
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	139,924.74	678,632.21
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11 d)	63,935.67	454,387.29
33. Total Contribution Refunds (from line 28d)	1,400.00	3,922.50
34. Net Contributions (other than loans) (subtract line 33 from 32)	62,535.67	450,464.79
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	12,024.74	342,209.71
36. Offsets to Operating Expenditures (from line 15)	0	0
37. Net Operating Expenditures (subtract line 36 from 35) >	12,024.74	342,209.71

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 17
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
Stephen D. Andersen 7431 "O" Street Lincoln, NE 68510-2444	self-employed	06/10/99	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: insurance agent	Aggregate Year-to-Date > \$ 285.60	
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	06/10/99	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: insurance agent	Aggregate Year-to-Date > \$ 302.40	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Russell S. Andrews, CLU, ChFC 306 Hawley Avenue Syracuse, NY 13203-2344	self-employed	06/28/99	42.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: insurance agent	Aggregate Year-to-Date > \$ 255.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Dale M. Bayard 207-B Cities Service Highway Sulphur, LA 70663	self-employed	06/10/99	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: insurance agent	Aggregate Year-to-Date > \$ 252.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Craig Beachnaw, LIC 3217 West Saginaw Lansing, MI 48917-2310	self-employed	06/10/99	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: insurance agent	Aggregate Year-to-Date > \$ 252.00	
F. 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	06/10/99	52.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: insurance agent	Aggregate Year-to-Date > \$ 304.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Kent A. Bennett, LUTCF 514 Pine Street Williamsport, PA 17701-5407	self-employed	06/10/99	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: insurance agent	Aggregate Year-to-Date > \$ 252.00	

SUBTOTAL of Receipts This Page (optional)	312.90
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 2 OF 17
FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (In Full)

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John J. Bradley, CLU 100 Congress Street Quincy, MA 02169-0906	self-employed	06/10/99	41.66
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: insurance agent Aggregate Year-to-Date > \$ 249.96		
John Proctor Braica, CLU, ChFC 108 Howland Avenue East Providence, RI 02914-3055	self-employed	06/10/99	4.25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: insurance agent Aggregate Year-to-Date > \$ 329.75		
Gary A. Branton, CLU, ChFC 890 Lamont Avenue, Ste. 201 Novato, CA 94945-4100	self-employed	06/10/99	42.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: insurance agent Aggregate Year-to-Date > \$ 255.00		
David Burstin, CLU, ChFC, RND Six PPG Place Suite 1150 Pittsburgh, PA 15222-5496	self-employed	06/07/99	150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: insurance agent Aggregate Year-to-Date > \$ 650.00		
Lawrence A. Chargin 1350 E Spruce, Ste. 100 Fresno, CA 93720	self-employed	06/10/99	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: insurance agent Aggregate Year-to-Date > \$ 252.00		
Thomas R. Clark, CLU, ChFC 974 73rd Street, #26 Des Moines, IA 50312-1026	self-employed	06/10/99	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: insurance agent Aggregate Year-to-Date > \$ 360.00		
David Lewis Corrie 462 S 4th Avenue, #1900 Louisville, KY 40202-3445	self-employed	06/10/99	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: insurance agent Aggregate Year-to-Date > \$ 302.40		

SUBTOTAL of Receipts This Page (optional)	390.81
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 17
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
Ernest E. Cragg, CLU 310 Cornwall Road Wilmington, DE 19803-2962	self-employed	06/10/99	150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 270.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Orris "Vic" W. Crum 7300 W. 110th Street, #950 Overland Park, KS 66210-2350	self-employed	06/10/99	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 302.40	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
R. Scott Culbertson, CFP, CEBS 2023 Cato Drive, #102 State College, PA 16801-2765	self-employed	06/10/99	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 252.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Vincent M. D'Addona, CLU, ChFC 140 Broadway 22nd FL New York, NY 10005	self-employed	06/10/99	42.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 255.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John A. Davidson, LUTCF 1329 E Thousand Oaks Blvd., #128 Thousand Oaks, CA 91362	self-employed	06/10/99	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 252.00	
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, NW #400 Washington, DC 20006-1604	self-employed	06/10/99	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 302.40	
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 29500 Aurora Road, #2 Solon, OH 44139	self-employed	06/10/99	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 252.00	

SUBTOTAL of Receipts This Page (optional)	419.30
TOTAL This Period (see page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael D. Dixon, CLU 4505 Las Virgenes Road, #200 Calabasas, CA 91302-1956	self-employed	06/10/99	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 252.00	
Daniel Eddleman, CLU 475 Sansome Street, #1800 San Francisco, CA 94111-3141	self-employed	06/10/99	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 252.00	
Donald A. Eichelberger, CLU 209 East San Marzan Drive Waterloo, IA 50702-5839	self-employed	06/10/99	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 302.40	
Jack L. Ellledge, CLU 413 North Center Street Statesville, NC 28677-4021	self-employed	06/16/99	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	
Connie K. Elmore 205 SE Spokane Portland, OR 97202-6413	self-employed	06/02/99	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	
Gerald E. Ferrier, LUTCF 1117 Ellis Street, #C-D Bellingham, WA 98225-5203	self-employed	06/10/99	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 252.00	
Jeffery L. Ferrier, LUTCF 1117 Ellis Street, #C-D Bellingham, WA 98225-5203	self-employed	06/10/99	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	

SUBTOTAL of Receipts This Page (optional)	801.40
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
Thomas F. Flournoy, Jr., CLU P.O. Box 1013 Macon, GA 31202-1013	self-employed	06/10/99	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 252.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steven M. Frank, CLU 21800 Oxnard Street, Ste. 400 Woodland Hills, CA 91367	self-employed	06/10/99	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 252.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Debra L. Franklin, CFP, CLU 888 7th Avenue, Ste. 201 New York, NY 10106-0298	self-employed	06/10/99	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 302.40	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Peter Fulchiron, CLU, LUTCP 405 Enfrente Drive, #100 Novato, CA 94949-7206	self-employed	06/10/99	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 360.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Read F. Goode, CLU, ChFC P.O. Box 1520 Richmond, VA 23218	self-employed	06/11/99 06/11/99	100.00 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 200.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael P. Grossman, CFP 95 Glastonbury Blvd. Glastonbury, CT 06033-4412	self-employed	06/10/99	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 252.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph H. Gwin, CLU, CPCU, ChFC P.O. Box 308 Vinton, VA 24179-0308	self-employed	06/10/99	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 252.00	

SUBTOTAL of receipts This Page (optional)	478.40
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 6 OF 17

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
Bruce A. Hager 1635 42nd Street, SW Fargo, ND 58103	self-employed	06/10/99	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 302.40	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jeffery D. Hamblen, CLU, ChFC 8614 Westwood Center Drive, #500 Vienna, VA 22182-2272	self-employed	06/01/99 06/28/99	120.00 120.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 240.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Whitner W. Hankinson, CLU, ChFC P.O. Box 2503 Augusta, GA 30903-2503	self-employed	06/24/99	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
Karl Erik Hansen, CLU, ChFC 419 N. Shoreline Blvd. Mountain View, CA 94043-4605	self-employed	06/10/99	42.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 255.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alex Hanson, CLU, ChFC One Cata Street Portsmouth, NH 03801	self-employed	06/10/99	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 277.20	
F. 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	06/10/99	41.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 278.80	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Samuel E. Hazelton, IV, CLU 951 Albany Shaker Road Latham, NY 12110-1409	self-employed	06/10/99	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 252.00	

SUBTOTAL of Receipts This Page (optional)

707.90

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 **7** OF **17**
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
Terry K. Headley, LUTCF 8990 West Dodge Road, #226 Omaha, NE 68114-3315	self-employed	06/10/99	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 396.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bruce C. Hendrickson, CLU, ChFC 415 East Avenue Holdrege, NE 68949-0765	self-employed	06/28/99	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	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ronald G. Nester, CLU, ChFC P.O. Box 31 Boone, NC 28607-0031	self-employed	06/10/99	27.50
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
Ernest B. Hewlett, LUTCF 2040 E. Murray-Holiday Road, #214 Salt Lake City, UT 84117-5185	self-employed	06/01/99	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	
E. 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 Road, #203 Warwick, RI 02886-4328	self-employed	06/10/99	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 350.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Troy R. Jackson, Jr. CBBS 2626 Glenwood Avenue, #540 Raleigh, NC 27608-1050	self-employed	06/10/99 06/15/99	9.35 165.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 221.10	
G. 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	06/10/99	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 285.50	

SUBTOTAL of Receipts This Page (optional)

1103.95

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 17
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
Russell D. Jenkins, LUTCF P.O. Box 808 Emporia, KS 66801-0808	self-employed	06/10/99 06/25/99	50.40 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 520.80	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Frederick W. Joyner 1316 Ashley Square Winston Salem, NC 27103-2919	self-employed	06/15/99	550.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 550.00	
C. 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 Road, #400 San Diego, CA 92108-4378	self-employed	06/10/99	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	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
David W. Karr, CLU, ChFC 40 Monument Road, 4th FL Bala Cynwyd, PA 19004-1794	self-employed	06/10/99 06/10/99	100.00 100.00
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
Michael L. Kerley 9424 Talisman Drive Vienna, VA 22182-3419	self-employed	06/25/99 06/25/99	19.23 19.23
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 249.99	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Gerald E. Koll, CLU, ChFC 6135 SW Jean Road, #A Lake Oswego, OR 97035-5309	self-employed	06/14/99	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
Richard A. Koob, CLU, ChFC, AFP 626 W. Morland Blvd. Waukesha, WI 53188-2433	self-employed	06/10/99	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 302.40	

SUBTOTAL of Receipts This Page (optional)

1489.26

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
Michael J. Kraft, CLU 70 Washington Street, #200 Oakland, CA 94607-3738	self-employed	06/10/99	42.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 255.00	
B. Full Name, Mailing Address and ZIP Code Stephen A. Kramer, CLU 370 Lexington Avenue New York, NY 10017-6503	self-employed	06/01/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code Paul Kronish, CLU, ChFC 110 E. 42nd Street, Ste. 1614 New York, NY 10017	self-employed	06/15/99	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 Aaron C. Lee, Sr. 228 W. Millbrook Road Raleigh, NC 27609	self-employed	06/15/99	110.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 220.00	
E. Full Name, Mailing Address and ZIP Code Donald J. Levine, CLU, ChFC, CFP One California Street, Ste. 300 San Francisco, CA 94111-5430	self-employed	06/10/99	8.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 451.00	
F. Full Name, Mailing Address and ZIP Code Lawrence B. Lounds, CLU G-3526 Miller Road, Ste. B Flint, MI 48507-1236	self-employed	06/10/99	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 252.00	
G. Full Name, Mailing Address and ZIP Code J. Peter Lyons, CLU, ChFC, MSFS 800 South Street, Ste. 660 Waltham, MA 02154-1439	self-employed	06/10/99	33.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 201.00	

SUBTOTAL of Receipts This Page (optional)

611.50

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SCHEDULE A

ITEMIZED RECEIPTS

List 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
Gone L. Mahn, CLU, ChFC 1635 La Granada Drive Thousand Oaks, CA 91362-2146	self-employed	06/10/99	8.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 301.00	
B. Full Name, Mailing Address and ZIP Code Darren Scott Mason, CLU, ChFC 30092 Ivy Glenn, #230 Laguna Niguel, CA 92677-5027	self-employed	06/10/99	41.66
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 249.96	
C. Full Name, Mailing Address and ZIP Code Carl James Maus, LUTCF 417 Monitor Way St. Charles, MD 63303	self-employed	06/10/99	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 302.40	
D. Full Name, Mailing Address and ZIP Code Paul S. McCready, RFP, CFP 1306 W County Road, P #20400 Arden Hills, MN 55113-4306	self-employed	06/21/99	700.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 700.00	
E. Full Name, Mailing Address and ZIP Code James C. McGill, CLU, ChFC 7101 Mercy Road, Ste. 315 Omaha, NE 68106-2737	self-employed	06/01/99	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 550.00	
F. Full Name, Mailing Address and ZIP Code Richard E. McKinnon 2632 W. Kennewick Kennwick, WA 99336-3123	self-employed	06/10/99	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 252.00	
G. Full Name, Mailing Address and ZIP Code Robert F. McKown, CLU, ChFC 2020 Commonwealth Avenue Newton, MA 02466	self-employed	06/10/99	42.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 255.00	

SUBTOTAL of Receipts This Page (optional)

1010.06

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

A. 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	06/10/99	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 320.40	
B. Full Name, Mailing Address and ZIP Code David Middaugh, CLU, AEP 1019 5th Avenue, S Fargo, ND 58103	self-employed	06/10/99	72.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 432.00	
C. Full Name, Mailing Address and ZIP Code Robert A. Miller 850 Third Avenue, 15th FL New York, NY 10022-6222	self-employed	06/10/99	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 252.00	
D. Full Name, Mailing Address and ZIP Code James W. Monteverde, CLU, ChFC, AEP 710 Fifth Avenue Pittsburgh, PA 15219-3000	self-employed	06/10/99	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	
E. Full Name, Mailing Address and ZIP Code Raymond H. Moran, CLU, ChFC 1755 W. Kirby Parkway, #300 Memphis, TN 38120	self-employed	06/10/99	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 302.40	
F. Full Name, Mailing Address and ZIP Code Herbert F. Morgan 1836 Hermitage Blvd., #200 Tallahassee, FL 32308-7706	self-employed	06/10/99	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 285.60	
G. Full Name, Mailing Address and ZIP Code Van E. Mueller, LUTCF P.O. Box 450 Brookfield, WI 53008	self-employed	06/07/99	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)	906.80
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SCHEDULE A

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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
Ruffner P. Murray, Jr. P.O. Box 241449 Memphis, TN 38124-1449	self-employed	06/04/99	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	
B. 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	06/10/99	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 340.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James F. O'Connell, CLU 400 S. Jefferson, #450 Spokane, WA 99204-3177	self-employed	06/10/99	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 252.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James W. Oglesby, LUTCF P.O. Box 7156 Asheville, NC 28802	self-employed	06/10/99	66.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 354.20	
E. 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	06/10/99	42.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 255.00	
F. 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	06/10/99	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 252.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rick Patterson, LUTCF, CLU, ChFC P.O. Box 915468 Longwood, FL 32791-5468	self-employed	06/10/99	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 285.60	

SUBTOTAL of Receipts This Page (optional)

884.50

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
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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 H. Pendleton, CLU, ChFC 2601 Oberlin Road, Ste. 201 Raleigh, NC 27608	self-employed	06/10/99	45.83
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent Aggregate Year-to-Date > \$ 274.98		
B. 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	06/10/99	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent Aggregate Year-to-Date > \$ 252.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James D. Bittman, CLU, ChFC 222 SW Columbia, Ste. 900 Portland, OR 97201-6609	self-employed	06/11/99	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		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Stuart E. Raider, CLU, PIC 32770 Grand River Avenue, #B-200 Farmington, MI 48336-3159	self-employed	06/30/99	200.00
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
Ronald F. Remak 306 St. Road 446 Bloomington, IN 47401	self-employed	06/14/99	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		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert M. Roach, CLU, ChFC 580 S. High Street, #100 Columbus, OH 43215-5663	self-employed	06/10/99	42.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent Aggregate Year-to-Date > \$ 280.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Arnold S. Ross, CLU 1270 Avenue of the Americas New York, NY 10020-1700	self-employed	06/11/99	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)

805.33

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
D. David Russell, CLU, ChFC 2423 Carlisle Place Sarasota, FL 34231-7013	self-employed	06/10/99	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 285.60	
E. Full Name, Mailing Address and ZIP Code James D. Schulz, CLU, ChFC 7431 "O" Street Lincoln, NE 68510-2444	self-employed	06/10/99	42.00
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 Walter J. Scott, Jr., CLU P.O. Box 1600 Oshkosh, WI 54902-1600	self-employed	06/10/99	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 302.40	
D. Full Name, Mailing Address and ZIP Code Donald M. See, CLU 711 N. Tejon Street, #A Colorado Springs, CO 80903-5008	self-employed	06/21/99	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 225.00	
E. Full Name, Mailing Address and ZIP Code Dale J. Seymour, CLU, ChFC 1789 Indian Woods Circle, #200 Maumee, OH 43537	self-employed	06/10/99 06/22/99	10.00 340.00
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 Ken Simons, CLU, ChFC, LUTCF P.O. Box 126 Artesia, NM 88210	self-employed	06/10/99	50.10
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 300.60	
G. Full Name, Mailing Address and ZIP Code Paul M. Smith, Sr., CLU 980 Cape Marco Drive Marco Island, FL 34145	self-employed	06/10/99	51.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 306.00	

SUBTOTAL of Receipts This Page (optional)

685.50

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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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
Russell A. Smith, CLU, ChFC 31740 Railroad Canyon Road, Ste. 2-A Canyon Lake, CA 92587-9490	self-employed	06/10/99	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date \$ 252.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark V. Saider, CLU, ChFC 39 S. Court Street Athens, OH 45701	self-employed	06/10/99	21.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date \$ 376.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Billy J. Stanfill, CLU P.O. Box 1352 Mooresville, NC 28115-1352	self-employed	06/10/99 06/15/99	66.00 55.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date \$ 365.20	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James C. Stevens 115 E. 6th Street Mountain Home, AR 72654-0744	self-employed	06/30/99	324.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date \$ 324.00	
E. 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 6927 Old Seward Highway Anchorage, AK 99518-3331	self-employed	06/10/99	75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date \$ 450.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David C. Sundberg, CLU, ChFC 4435 O Street Lincoln, NE 68503-0275	self-employed	06/01/99	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	
G. 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, GA 31908-7546	self-employed	06/10/99	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date \$ 252.00	

SUBTOTAL of Receipts This Page (optional)

725.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Any information copied from such Reports and Statements may not be sold or used by any person for the purposes 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
Roger G. Taylor, CLU, LUTCF, ChFC 872 Country Club Road Rocky Mount, NC 27804	self-employed	06/15/99	550.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 550.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert L. Teldoldi, CLU, ChFC, CFP 95 Glastonbury Blvd., 4th FL Glastonbury, CT 06033-4412	self-employed	06/10/99	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 252.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Brad Tison, CLU, ChFC, CFP P.O. Box 65770 W. Des Moines, IA 50265	self-employed	06/10/99	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 302.40	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John S. Tuttle, CLU, ChFC P.O. Box 4178 Syracuse, NY 13221-4718	self-employed	06/21/99	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	
E. 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, Ste. 680 Philadelphia, PA 19103-7301	self-employed	06/10/99	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 252.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Nancy Weston 401 Holmes Avenue, NE Huntsville, AL 35801-4142	self-employed	06/25/99	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
John R. Yaissle, CLU, ChFC 1802 Hamilton Street Allentown, PA 18104-5630	self-employed	06/18/99	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)	1309.40
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bernard H. Zais, CLU, ChFC 55 Crescent Beach Drive Burlington, VT 05401	self-employed	06/04/99	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	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Theodore J. Zouzounis, CLU 3 Altarinda Road, Ste. 300 Orinda, CA 94563-2601	self-employed	06/10/99	35.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date \$ 210.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	self-employed		
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
	self-employed		
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
	self-employed		
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
	self-employed		
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
	self-employed		
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) 185.00

TOTAL This Period (last page this line number only) 12826.91

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 1 OF 1
FOR LINE NUMBER 17

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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
First Union National Bank of Washington DC		6/30/99	11.93
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): INTEREST	Occupation	Aggregate Year-to-Date > \$ 481.94	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)		
TOTAL This Period (last page this line number only)		11.93

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21a ii

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

NAME OF COMMITTEE (in full)

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
First Union National Bank of Washington DC	Bank Charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	6/30/99	562.52
B. Full Name, Mailing Address and ZIP Code National Association of Life Underwriters 1922 F Street, NW Washington, DC 20006	Purpose of Disbursement Personnel & admin expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	6/30/99	11,462.22
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) _____

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

12,024.74

SCHEDULE B

ITEMIZED DISBURSEMENTS

Contributions to Federal Candidates/Committees

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution: (MO-R) Senate	Date (month, day, year)	Amount of Each Disbursement this Period
Ashcroft for Senate 7710 Carondelet Suite 101 Clayton, MO 63105	DISBURSEMENT FOR: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 2000	6/21/99	\$1,000.00
Bass Victory Committee PO Box 3451 Concord, NH 03302	DISBURSEMENT FOR: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 2000	6/21/99	\$1,000.00
Bilbray for Congress 970 Seacoast Drive Imperial Beach, CA 91932	DISBURSEMENT FOR: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 2000	6/1/99	\$1,000.00
Blue Dog PAC P.O. Box 7668 Washington, DC 20004	DISBURSEMENT FOR: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: Annual 1999	6/11/99	\$2,500.00
Boswell for Congress 1401 N. Jefferson #E Indianola, IA 50125	DISBURSEMENT FOR: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 2000	6/21/99	\$500.00
Dan Burton for Congress Box 50593 Indianapolis, IN 46250	DISBURSEMENT FOR: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 2000	6/21/99	\$1,500.00
Friends of Robert C Byrd Committee 1211 Connecticut Avenue NW Ste 700 Washington, DC 20036	DISBURSEMENT FOR: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 2000	6/11/99	\$1,000.00
John Culberson for Congress Post Office Box 56489 Houston, TX 77256	DISBURSEMENT FOR: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 2000	6/11/99	\$2,500.00
DeLauro for Congress 49 Huntington Street New Haven, CT 06511	DISBURSEMENT FOR: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 2000	6/21/99	\$1,000.00

SUBTOTAL of Disbursements This Page (optional)	\$12,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Contributions to Federal Candidates/Committees

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution: (FL-20-D)	Date (month, day, year)	Amount of Each Disbursement this Period
Peter Deutsch for Congress PO Box 26778 Tamarac, FL 33320	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other 2000	6/21/99	\$1,500.00
Team Emerson P.O. Box 822 Capit Girardeau, MO 63701	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other 2000	6/28/99	\$1,000.00
Fletcher for Congress 4005 Palomar Blvd. Lexington, KY 40513	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other 2000	6/1/99	\$1,000.00
Friends of Mark Foley P.O. Box 30505 Palm Bch Gardens, FL 33420	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other 2000	6/1/99	\$1,000.00
Fossella for Congress PO Box 060248 New Dorp Station Staten Island, NY 10306	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other 2000	6/11/99	\$1,500.00
Martin Frost Campaign Comm. 800 E. Abram Street Dallas, TX 75210	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other 2000	6/11/99	\$4,000.00
Charlie Gonzalez Congressional Committee 134 Schreiner Place San Antonio, TX 78212	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other 2000	6/9/99	\$1,000.00
Slade Gorton for Senate PO Box 3348 Bellevue, WA 98009-3348	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other 2000	6/21/99	\$3,000.00
Mark Green For Congress PO Box 13103 Green Bay, WI 54307	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other 2000	6/9/99	\$1,000.00

SUBTOTAL of Disbursements This Page (optional)	\$15,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Contributions to Federal Candidates/Committees

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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
Citizens for Tony Hall 1812 Kettering Tower Dayton, OH 45423	Contribution: Tony P. Hall (OH-3-D) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 2000	6/11/99	\$1,000.00
Friends of Baron Hill PO Box 1071 Seymour, IN 47274	Contribution: Baron P. Hill (IN-9-D) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 2000	6/11/99	\$1,000.00
Rick Hill for Congress Committee PO Box 1256 Helena, MT 59604	Contribution: Rick Hill (MT-at large-R) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 2000	6/21/99	\$3,000.00
Hoeffel for Congress Committee 24 W Airy Street Norristown, PA 19401	Contribution: Joseph Hoeffel (PA-13-D) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 2000	6/21/99	\$2,500.00
Hulshof for Congress PO Box 1621 Columbia, MO 65205	Contribution: Kenny Hulshof (MO-9-R) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 2000	6/21/99	\$1,000.00
Hutchison for U.S. Senate 517 2nd St. NE Washington, DC 20002	Contribution: Kay Bailey Hutchison (TX-R-Senate) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 2000	6/21/99	\$1,000.00
Sue Kelly For Congress Box 599 Katonah, NY 10536	Contribution: Sue W. Kelly (NY-19-R) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 2000	6/22/99	\$1,500.00
Kerrey for US Senate Campaign PO Box 24231 Omaha, NE 68124	Contribution: Bob Kerrey (NE-D-Senate) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 2000	6/11/99	\$1,000.00
Steven Kuykendall for Committee 1379 Park Westar Drive San Pedro, CA 90732	Contribution: Steven Kuykendall (CA-36-R) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 2000	6/11/99	\$2,500.00

SUBTOTAL of Disbursements This Page (optional)	\$14,500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Contributions to Federal Candidates/Committees

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NAME OF COMMITTEE (in Full) National Association of Life Underwriters Political Action Committee			
Full Name, Mailing Address and ZIP Code Jon Kyl for US Senate PO Box 10246 Phoenix, AZ 85064	Purpose of Disbursement Contribution: Jon Kyl (AZ-R-Senate) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 2000	Date (month, day, year) 6/21/99	Amount of Each Disbursement this Period \$1,000.00
Full Name, Mailing Address and ZIP Code LaTourette for Congress Committee 7200 Center Street Suite 102 Mentor, OH 44060	Purpose of Disbursement Contribution: Steve C. LaTourette (OH-19-R) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 2000	Date (month, day, year) 6/21/99	Amount of Each Disbursement this Period \$1,000.00
Full Name, Mailing Address and ZIP Code LaTourette for Congress Committee 7200 Center Street Suite 102 Mentor, OH 44060	Purpose of Disbursement Contribution: Steve C. LaTourette (OH-19-R) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 2000	Date (month, day, year) 6/11/99	Amount of Each Disbursement this Period \$1,000.00
Full Name, Mailing Address and ZIP Code Larson for Congress 131 Hartland Street East Hartford, CT 06108	Purpose of Disbursement Contribution: John B. Larson (CT-1-D) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 2000	Date (month, day, year) 6/21/99	Amount of Each Disbursement this Period \$1,000.00
Full Name, Mailing Address and ZIP Code Lazio 2000 72 East Main Street/Suite 4 Babylon, NY 11702	Purpose of Disbursement Contribution: Rick A. Lazio (NY-2-R) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 2000	Date (month, day, year) 6/25/99	Amount of Each Disbursement this Period \$1,000.00
Full Name, Mailing Address and ZIP Code Mainstream America PAC PO Box 4287 Baton Rouge, LA 70821	Purpose of Disbursement Contribution: Mainstream America PAC (PAC to PAC) Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: Annual 1999	Date (month, day, year) 6/8/99	Amount of Each Disbursement this Period \$5,000.00
Full Name, Mailing Address and ZIP Code Donald Manzullo for Congress PO Box 7783 Rockford, IL 61126	Purpose of Disbursement Contribution: Donald A. Manzullo (IL-16-R) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 2000	Date (month, day, year) 6/1/99	Amount of Each Disbursement this Period \$500.00
Full Name, Mailing Address and ZIP Code McInnis For Congress PO Box 3157 Grand Junction, CO 81502	Purpose of Disbursement Contribution: Scott McInnis (CO-3-R) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 2000	Date (month, day, year) 6/9/99	Amount of Each Disbursement this Period \$2,500.00
Full Name, Mailing Address and ZIP Code McNulty For Congress PO Box 1560 Green Island, NY 12183	Purpose of Disbursement Contribution: Michael R. McNulty (NY-21-D) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 2000	Date (month, day, year) 6/21/99	Amount of Each Disbursement this Period \$1,000.00
SUBTOTAL of Disbursements This Page (optional)			\$14,000.00
TOTAL This Period (last page this line number only)			

SCHEDULE B

ITEMIZED DISBURSEMENTS

Contributions to Federal Candidates/Committees

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NAME OF COMMITTEE (in Full)			
National Association of Life Underwriters Political Action Committee			
Full Name, Mailing Address and ZIP Code McNulty For Congress PO Box 1560 Green Island, NY 12183	Purpose of Disbursement Contribution: Michael R. McNulty (NY-21-D) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 2000	Date (month, day, year) 6/21/99	Amount of Each Disbursement this Period \$1,000.00
Full Name, Mailing Address and ZIP Code National Republican Senatorial Committee 425 Second Street SE Washington, DC 20002	Purpose of Disbursement Contribution: National Republican Senat (Party) Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: Annual 1999	Date (month, day, year) 6/9/99	Amount of Each Disbursement this Period \$15,000.00
Full Name, Mailing Address and ZIP Code Oxley for Congress Committee Box 1996 Findlay, OH 45839	Purpose of Disbursement Contribution: Michael G. Oxley (OH-4-R) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 2000	Date (month, day, year) 6/1/99	Amount of Each Disbursement this Period \$2,500.00
Full Name, Mailing Address and ZIP Code Citizens for Tom Petri P.O. Box 270 Fond du Lac, WI 54936	Purpose of Disbursement Contribution: Thomas E. Petri (WI-6-R) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 2000	Date (month, day, year) 6/1/99	Amount of Each Disbursement this Period \$500.00
Full Name, Mailing Address and ZIP Code Phelps for Congress 225 Jacob Road El Dorado, IL 62930	Purpose of Disbursement Contribution: David D. Phelps (IL-19-D) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 2000	Date (month, day, year) 6/22/99	Amount of Each Disbursement this Period \$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-at large-D) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 2000	Date (month, day, year) 6/9/99	Amount of Each Disbursement this Period \$4,000.00
Full Name, Mailing Address and ZIP Code Reynolds for Congress PO Box 141 Williamsville, NY 14231	Purpose of Disbursement Contribution: Thomas M. Reynolds (NY-27-R) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 2000	Date (month, day, year) 6/9/99	Amount of Each Disbursement this Period \$2,000.00
Full Name, Mailing Address and ZIP Code Robb for the Senate PO Box 1994 McLean, VA 22101-1994	Purpose of Disbursement Contribution: Charles S. Robb (VA-D-Senate) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 2000	Date (month, day, year) 6/21/99	Amount of Each Disbursement this Period \$5,000.00
Full Name, Mailing Address and ZIP Code Rogan Campaign Committee 3525 N. Verdugo Road Glendale, CA 91208	Purpose of Disbursement Contribution: James E. Rogan (CA-27-R) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 2000	Date (month, day, year) 6/9/99	Amount of Each Disbursement this Period \$2,500.00
SUBTOTAL of Disbursements This Page (optional)			\$33,000.00
TOTAL This Period (last page this line number only)			

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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
Ryan for Congress Box 1919 Janesville, WI 53547-9941	Contribution: Paul Ryan (WI-1-R) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 2000	6/9/99	\$2,500.00
Ryan for Congress Box 1919 Janesville, WI 53547-9941	Contribution: Paul Ryan (WI-1-R) Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other: 2000	6/9/99	\$2,500.00
Max Sandlin for Congress Committee 1600 South Washington Marshall, TX 75670	Contribution: Max Sandlin (TX-1-D) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 2000	6/21/99	\$500.00
Santorum 2000 Committee PO Box 10495 Pittsburgh, PA 15234	Contribution: Rick Santorum (PA-R-Senate) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 2000	6/2/99	\$2,000.00
Volunteers for Shimkus PO Box 5458 Springfield, IL 62704	Contribution: John M. Shimkus (IL-20-R) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 2000	6/9/99	\$4,000.00
Volunteers for Shimkus PO Box 5458 Springfield, IL 62704	Contribution: John M. Shimkus (IL-20-R) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 2000	6/1/99	\$1,000.00
Texas For Lamar Smith Box 6155 San Antonio, TX 78209	Contribution: Lamar S. Smith (TX-21-R) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 2000	6/9/99	\$1,000.00
Friends of John Tanner P.O. Box 1988 Union City, TN 38261	Contribution: John S. Tanner (TN-8-D) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 2000	6/21/99	\$5,000.00
Bill Thomas Campaign Comm. 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: 2000	6/21/99	\$5,000.00

SUBTOTAL of Disbursements This Page (optional)	\$23,500.00
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
	7	7
FOR LINE NUMBER		23

Contributions to Federal Candidates/Committees

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NAME OF COMMITTEE (in Full) National Association of Life Underwriters Political Action Committee			
Full Name, Mailing Address and ZIP Code Thurman for Congress PO Box 5058 Inverness, FL 34450	Purpose of Disbursement Contribution: Karen L. Thurman (FL-5-D) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other 2000	Date (month, day, year) 6/1/99	Amount of Each Disbursement this Period \$1,000.00
Full Name, Mailing Address and ZIP Code Udall for US All PO Box 208 Santa Fe, NM 87504	Purpose of Disbursement Contribution: Thomas Udall (NM-3-D) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other 2000	Date (month, day, year) 6/21/99	Amount of Each Disbursement this Period \$500.00
Full Name, Mailing Address and ZIP Code Weller for Congress PO Box 687 Morris, IL 60450	Purpose of Disbursement Contribution: Jerry Weller (IL-11-R) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other 2000	Date (month, day, year) 6/21/99	Amount of Each Disbursement this Period \$5,000.00
Full Name, Mailing Address and ZIP Code Heather Wilson for Congress 5400 San Mateo NE Suite G Albuquerque, NM 87109	Purpose of Disbursement Contribution: Heather Wilson (NM-1-R) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other 2000	Date (month, day, year) 6/8/99	Amount of Each Disbursement this Period \$2,500.00
Full Name, Mailing Address and ZIP Code Albert Wynn for Congress PO Box 5232 Capital Heights, MD 20791	Purpose of Disbursement Contribution: Albert R. Wynn (MD-4-D) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other 2000	Date (month, day, year) 6/11/99	Amount of Each Disbursement this Period \$500.00
Full Name, Mailing Address and ZIP Code Zimmer 2000 PO Box 6888 Lawrenceville, NJ 08648	Purpose of Disbursement Contribution: Richard Zimmer (NJ-12-R) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other 2000	Date (month, day, year) 6/21/99	Amount of Each Disbursement this Period \$5,000.00

SUBTOTAL of Disbursements This Page (optional)	\$14,500.00
TOTAL This Period (Just page this line number only)	\$126,500.00

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

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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
Richard Geno 21449 Toll Gate Road Saratoga, CA 95070-5771	Refund to Individual Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: Other 1999	6/22/99	\$900.00
Paul Kronish c/o Kronish Associates 110 E. 42nd Street/Suite 1614 New York, NY 10017	Refund to Individual Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: Other 1999	6/25/99	\$500.00

SUBTOTAL of Disbursements This Page (optional)	\$1,400.00
TOTAL This Period (last page this line number only)	\$1,400.00

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
National Association of Life Underwriters Political Action Committee				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor National Association of Life Underwriters 1922 F Street, NW Washington, DC 20006	31,793.98	5,047.47	11,462.22	25,379.23
Nature of Debt (Purpose): Personnel & admin expenses				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				
2) TOTALS This Period (last page in this line only)				25,379.23
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				-
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				25,379.23

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 7/20/99
<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>O.A.O.</i> PREPARER	7/22/99 DATE PREPARED