

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
REPORTS ANALYSIS  
DIVISION

APR 18 3 03 PM 1997

MAILED  
DELIVERED

1. NAME OF COMMITTEE (in full) National Association of Life Underwriters Political Action Committee

ADDRESS (number and street)  Check if different than previously reported  
1922 F Street, NW

CITY, STATE and ZIP CODE  
Washington, DC 20006

2. FEC IDENTIFICATION NUMBER  
C 0000 5249

3.  This committee has qualified as a multicandidate committee. (See FEC FORM 1M)

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report

### Monthly Report Due On:

- February 20     June 20     October 20
- March 20     July 20     November 20
- April 20     August 20     December 20
- May 20     September 20     January 31

- Twelfth day report preceding \_\_\_\_\_ (Type of Election) election on \_\_\_\_\_ in the State of \_\_\_\_\_
- Thirteenth day report following the General Election on \_\_\_\_\_ in the State of \_\_\_\_\_

(b) Is this Report an Amendment?  YES  NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	<u>1 Mar 1997 through 31 Mar 1997</u>		
6. (a) Cash on Hand January 1, 19 <u>97</u>			\$ 633,863.97
(b) Cash on Hand at Beginning of Reporting Period		\$ 640,750.50	
(c) Total Receipts (from Line 19)		\$ 106,649.45	\$ 256,666.03
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 747,399.95	\$ 890,530.00
7. Total Disbursements (from Line 30)		\$ 61,014.25	\$ 204,144.30
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 686,385.70	\$ 686,385.70
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)		\$ -0-	

For further information contact:  
Federal Election Commission  
888 E Street, NW  
Washington, DC 20463  
Tel. Free 800-424-9630  
Local 202-219-3420

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  
Domenick J. Camisi

Date  
4/18/97

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

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD	
National Association of Life Underwriters Political Action Committee	FROM 1 Mar 1997	TO 31 Mar 1997
	COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	9,243.50	26,170.50
ii. Unitemized	96,315.58	226,286.91
iii. Total (add i and ii) >	105,559.08	252,457.41
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a, b and c) >	105,559.08	252,457.41
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	1,000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	1,090.37	3,208.62
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	106,649.45	256,666.03
20. Total Federal Receipts (subtract line 16 from line 19) >	106,649.45	256,666.03
<b>II. Disbursements</b>		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures	14.25	75,144.30
c. Total Operating Expenditures (add a, b, and c) >	14.25	75,144.30
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	61,000.00	129,000.00
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		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) >	0.00	0.00
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	61,014.25	304,144.30
31. Total Federal Disbursements (subtract line 21 a & b from line 30) >	61,014.25	304,144.30
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) (from line 11d)	105,559.08	252,457.41
33. Total Contribution Refunds (from line 28d)	0.00	0.00
34. Net Contributions (other than loans) (subtract line 33 from 32)	105,559.08	252,457.41
35. Total Federal Operating Expenditures (add 21 a & b) >	14.25	75,144.30
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 35 from 36) >	14.25	75,144.30

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 4  
FDR 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 committees.

**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 W. Allen, CLU, ChFC P. O. Box 2830 Temecula, CA 92593-2830	Self-employed	03/04/97	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$	500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Guy E. Baker, CLU, MSFS 1001 Dove St., #240 Newport Beach, CA 92660-2815	Self-employed	03/07/97	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" 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
Robert M. Birgen 3010 Old Ranch Pkwy #260 Seal Beach, CA 90740-2750	Self-employed	03/31/97	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
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert L. Blair 11501 Main Street Middletown, KY 40243-1315	Self-employed	03/06/97	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
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Louis J. Cassara, CLU, ChFC 2015 Spring Rd., #100 Oak Brook, IL 60521-1837	Self-employed	03/21/97	120.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$	600.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
W. Adam Clatsoff, CLU, ChFC 3000 N.W. 101 Lane Coral Springs, FL 33065-3930	Self-employed	03/12/97	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
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Girard L. Clemons, Jr., CLU P. O. Drawer 2298 Panama City, FL 32402-2298	Self-employed	03/05/97 03/17/97	60.00 450.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$	510.00

**SUBTOTAL** of Receipts This Page (optional) ..... 3030.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 2 OF 4  
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
Michael Colosky, CPA, CLU, ChFC P. O. Box 3291 Lake Charles, LA 70602-3291	Self-employed	03/13/97	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Steven R. Craig, CLU, ChFC, MSFS 15315 Magnolia Blvd. #302 Sherman Oaks, CA 91403-1172	Self-employed	03/20/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John H. Ellerman, CLU, ChFC 520 Lake Cook Road, Suite 150 Deerfield, IL 60015-4900	Self-employed	03/31/97	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	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
George C. Finklea, Jr., LUTCF P. O. Box 3425 Wilson, NC 27895-3425	Self-employed	03/01/97	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
Frank Friedler, Jr., CLU, ChFC 415 Lafayette St., #300 New Orleans, LA 70130-3253	Self-employed	03/13/97	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	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Arnold M. Katz, CLU P.O. Box 1553 King of Prussia, PA 19406-0953	Self-employed	03/17/97	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	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Gene L. Mahn, CLU, ChFC 1635 La Granada Drive Thousand Oaks, CA 91362-2146	Self-employed	03/13/97	8.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 125.50	

SUBTOTAL of Receipts This Page (optional)

1953.50

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE **3** OF **4**  
FOR LINE NUMBER **11(a)(i)**

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**NAME OF COMMITTEE (In Full)**

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles D. Marks, CLU, ChFC 1250 Poydras Plaza, #325 New Orleans, LA 70113-1826	Self-employed	03/31/97	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$	500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James C. McGill, CLU, ChFC 7101 Mercy Road Suite 411 Omaha, NE 68106-2737	Self-employed	03/17/97	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
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Keith Miller, CLU, ChFC 5150 N. Port Washington Rd. Suite 151 Milwaukee, WI 53217-5470	Self-employed	03/12/97	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$	300.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael A. Mingoletti 1101 Worcester Rd. Framingham, MA 01701	Self-employed	03/01/97	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$	400.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Timothy J. O'Connor, CLU P.O. Box 1061 Grand Island, NE 68802-1061	Self-employed	03/05/97	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$	300.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Earl S. Prolman, CLU, ChFC 100 Elm Street-Box 602 Nashua, NH 03060-6470	Self-employed	03/20/97	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
G. 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	03/14/97	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

**SUBTOTAL** of Receipts This Page (optional) ..... 2400.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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PAGE 4 OF 4

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
Robert L. Scharff, Jr., CLU ChFC 701 Market St., #1000 St. Louis, MO 63101-1869	Self-employed	03/03/97	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 Jack B. Turner, CLU, ChFC P. O. Box 627 Clarksville, TN 37041-0627	Self-employed	03/17/97	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	
C. Full Name, Mailing Address and ZIP Code H. Robert Weisman P. O. Box 351 Nashua, NH 03061-0351	Self-employed	03/24/97	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date 300.00	
D. Full Name, Mailing Address and ZIP Code Marshall I. Wolper, CLU, ChFC 1546 N.E. Quayside Ter. Miami, FL 33138-2208	Self-employed	03/01/97 03/20/97	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	
E. Full Name, Mailing Address and ZIP Code Herbert L. Zoellner, CLU 1520 Royal Palm Sq Blvd #320 Fort Myers, FL 33919-1036	Self-employed	03/17/97 03/17/97	300.00 120.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date 420.00	
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) ..... 1860.00

**TOTAL** This Period (last page this line number only) ..... 9243.50

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE OF  
1 5  
FOR LINE NUMBER

22

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**NAME OF COMMITTEE (in Full)**

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Christensen for Congress PO Box 540621 Omaha, NE 68154	Jon Christensen NE-2 \$5,000.00 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/05/97	\$5,000.00
Becerra for Congress P.O. Box 411744 Los Angeles, CA 90041	Xavier Becerra CA-30 \$2,000.00 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/05/97	\$1,000.00
C. Full Name, Mailing Address and ZIP Code Earl Pomeroy for Congress PO Box 746 Bismark, ND 58502	Earl Pomeroy ND-A/L \$1,000.00 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/05/97	\$1,000.00
D. Full Name, Mailing Address and ZIP Code Nussle for Congress Box 643 Marion, IA 52302	Jim Nussle IA-2 \$1,000.00 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/05/97	\$1,000.00
E. Full Name, Mailing Address and ZIP Code Frank Pallone for Congress Committee Box 2884 Washington, DC 20013	Frank Pallone NJ-6 \$1,000.00 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/05/97	\$1,000.00
F. Full Name, Mailing Address and ZIP Code Bob Etheridge for Congress P.O. Drawer 1059 Lillington, NC 27546	Bob Etheridge NC-2 \$2,500.00 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1996	03/05/97	\$1,500.00
G. Full Name, Mailing Address and ZIP Code Anne Northup for Congress PO Box 7313 Louisville, KY 40257	Anne Northup KY-3 \$500.00 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/05/97	\$500.00
H. Full Name, Mailing Address and ZIP Code Friends of Kent Conrad 245 Second St. N.E. Suite 300 Washington, DC 20002	Kent Conrad ND-SEN \$1,000.00 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/05/97	\$1,000.00
I. Full Name, Mailing Address and ZIP Code Hayworth for Congress P.O. Box 9207 Mesa, AZ 85214	J.D. Hayworth AZ-6 \$1,000.00 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/05/97	\$1,000.00

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

\$13,000.00

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 5  
FOUR LINE NUMBER 23

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**NAME OF COMMITTEE (in Full)**

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Weller For Congress 1802 N. Division St., #212 Morris, IL 60450	Jerry Weller IL-11 \$1,500.00 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/11/97	\$1,500.00
Bill Thomas Campaign Comm. Box 395 Bakersfield, CA 93302	William M. Thomas CA-21 \$1,000.00 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/11/97	\$1,000.00
Blagojevich for Congress 8649 N. Kedzie Chicago, IL 60618	Rod Blagojevich IL-5 \$500.00 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/11/97	\$500.00
Barbara Kennelly for Congress Box 3719 Hartford, CT 06103	Barbara B. Kennelly CT-1 \$5,000.00 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/11/97	\$5,000.00
Friends of Roy Blunt PO Box 278 Strafford, MO 65757	Roy Blunt MO-7 \$500.00 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/11/97	\$500.00
Martin Frost Campaign Comm. Box 4219 Dallas, TX 75208	Martin Frost TX-24 \$1,000.00 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/12/97	\$1,000.00
Weygand Committee PO Box 28405 Providence, RI 02908	Robert Weygand RI-2 \$1,000.00 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/12/97	\$1,000.00
Friends of Newt Gingrich 1085 Holcomb Bridge Road #190A Roswell, GA 30076	Newt Gingrich GA-6 \$1,000.00 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/12/97	\$1,000.00
Hulshof for Congress Post Office Box 1621 Columbia, MO 65205	Kenny Hulshof MO-9 \$1,000.00 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/12/97	\$1,000.00

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

\$12,500.00

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 3 OF 5  
 FOR LINE NUMBER 23

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**NAME OF COMMITTEE (In Full)**

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Schaefer to Congress Box 1654 Englewood, CO 80150	Dan Schaefer CO-6 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 \$1,000.00	03/12/97	\$1,000.00
McCrary For Congress Committee 5903 Lemon Road McLean, VA 22101	Jim McCrary LA-4 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 \$1,000.00	03/12/97	\$1,000.00
Ron Klink for Congress Five Gateway Center, Suite 601 Pittsburgh, PA 15222	Ron Klink PA-4 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 \$1,000.00	03/12/97	\$1,000.00
A Lot of People Supporting Tom Daschle 124 C Street Northeast, 1st Flr. Washington, DC 20002	Thomas A. Daschle SD-SEN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 \$1,000.00	03/12/97	\$1,000.00
Hastings for Congress Comm. 1710 Desert Plateau Drive Pasco, WA 99301	Richard Hastings WA-4 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 \$1,000.00	03/12/97	\$1,000.00
LoBiondo For Congress 738 East Landis Avenue Vineland, NJ 08360	Frank LoBiondo NJ-2 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 \$1,000.00	03/12/97	\$1,000.00
Lots of People For Jim Saxton Box 795 Mt. Holly, NJ 08060	James Saxton NJ-3 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 \$2,000.00	03/13/97	\$2,000.00
Bonior for Congress 237 Gratiot Mt Clemens, MI 48043	David E. Bonior MI-10 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 \$2,000.00	03/13/97	\$2,000.00
Missourians for Kit Bond Box 132 Jefferson City, MO 65102	Kit Bond MO-SEN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 \$2,000.00	03/13/97	\$1,000.00

**SUBTOTAL** of Disbursements This Page (optional)

\$11,000.00

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 4 OF 5  
FOR LINE NUMBER 23

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
Re-elect Sen. Frank Murkowski PO Box 240468 Anchorage, AK 99524-0468	Frank H. Murkowski AK-SEN \$2,000.00 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/17/97	\$2,000.00
Shelby for US Senate PO Box 1091 Tuscaloosa, AL 35403	Richard C. Shelby AL-SEN \$4,000.00 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/17/97	\$4,000.00
Paxon for Congress Box 1995 Williamsville, NY 14231	L. William Paxon NY-27 \$2,000.00 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/17/97	\$2,000.00
Rogan Campaign Committee 3525 N. Verdugo Road Glendale, CA 91208	James Rogan CA-27 \$1,000.00 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/17/97	\$1,000.00
Kempthorne For US Senate Box 1366 Boise, ID 83701	Dirk Kempthorne ID-SEN \$1,000.00 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/20/97	\$1,000.00
Foley For Congress 7414 74th Way West Palm Beach, FL 33407	Mark Foley FL-16 \$1,000.00 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/20/97	\$1,000.00
Richard E. Neal For Congress PO Box 2884 Washington, DC 20013	Richard E. Neal MA-2 \$5,000.00 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/20/97	\$5,000.00
Myrick For Congress PO Box 37091 Charlotte, NC 28237	Sue Myrick NC-9 \$500.00 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/20/97	\$500.00
Boswell for Congress 1401 N. Jefferson #D Indianola, IA 50125	Leonard L. Boswell IA-3 \$500.00 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/20/97	\$500.00

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

\$17,000.00

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 5 OF 5  
FOREFORE NUMBER 23

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**NAME OF COMMITTEE (In Full)**

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Senator Nickles PO Box 1549 Ponca City, OK 74602	Don Nickles OK-SEN \$4,000.00 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/21/97	\$2,000.00
Friends of Senator Nickles PO Box 1549 Ponca City, OK 74602	Don Nickles OK-SEN \$4,000.00 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/21/97	\$2,000.00
Alaskans for Don Young Box 100298 Anchorage, AK 99510	Don Young AK-A/L \$1,000.00 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/27/97	\$1,000.00
Eric Serna for Congress 1996 Werner Street Santa Fe, NM 87505	Eric Serna NM-3 \$2,500.00 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special 1998	03/27/97	\$2,500.00
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) .....

\$7,500.00

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

\$61,000.00

**Federal Election Commission  
 ENVELOPE REPLACEMENT PAGE  
 FOR INCOMING DOCUMENTS**

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

<input checked="" type="checkbox"/>	Hand Delivered	DATE OF RECEIPT <i>4-18-97</i>
<input type="checkbox"/>	First Class Mail	POSTMARKED
<input type="checkbox"/>	Registered/Certified Mail	POSTMARKED
<input type="checkbox"/>	No Postmark	
<input type="checkbox"/>	Postmark Illegible	
<input type="checkbox"/>	Received from the House Office of Records and Registration	DATE OF RECEIPT
<input type="checkbox"/>	Received from the Senate Office of Public Records	DATE OF RECEIPT
<input type="checkbox"/>	Other (Specify):	POSTMARKED
		and/or DATE OF RECEIPT
<i>SES</i>		<i>4-21-97</i>
PREPARER		DATE PREPARED