

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

MAY 24 11 03 AM '99

USE FEC MAILING LABEL
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) NATIONAL ASSOCIATION OF LIFE UNDERWRITERS - POLITICAL ACTION COMMITTEE		2. FEC IDENTIFICATION NUMBER 00005249
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1922 F Street, N.W.		
CITY, STATE and ZIP CODE Washington, DC 20006		
3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)		

4. TYPE OF REPORT

- (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
- 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	COLUMN B
5. Covering Period <u>4/1/99</u> through <u>4/30/99</u>		This Period	Calendar Year-to-Date
6. (a)	Cash on Hand January 1, 19 <u>99</u>		\$ 485,731.48
(b)	Cash on Hand at Beginning of Reporting Period	\$ 316,372.64	
(c)	Total Receipts (from Line 19)	\$ 86,902.52	\$ 321,403.55
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 403,275.16	\$ 807,135.03
7.	Total Disbursements (from Line 30)	\$ 40,031.67	\$ 443,891.54
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 363,243.49	\$ 363,243.49
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Tel Free 800-426-6530 Local 202-462-1100
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 35,933.14	

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
Matthew Gertzog, Acting Assistant NALUPAC Treasurer

Signature *Matthew Gertzog* Date 5/20/99

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 8/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD		
National Association of Life Underwriters Political Action Committee	FROM 4/1/89	TO 4/30/89	
Receipts	COLUMN A Total Disbursements	COLUMN B Contributions	
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees:			
i. Itemized (see Schedule A)	18,717.30	46,098.70	11(a)
ii. Unitemized	73,168.74	274,849.34	11(b)
iii. Total	86,886.04	320,948.04	11(c)
b. Political Party Committees			11(d)
c. Other Political Committees (such as PACs)			11(e)
d. Total Contributions	86,886.04	320,948.04	11(f)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)	16.48	457.51	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts	86,902.52	321,405.55	19
20. Total Federal Receipts	86,902.52	321,405.55	20
Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4):			
i. Federal Share			21(a)
ii. Non-Federal Share			21(b)
b. Other Federal Operating Expenditures	1,484.87	301,869.04	21(c)
c. Total Operating Expenditures	1,484.87	301,869.04	21(d)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	37,250.00	139,500.00	23
24. Independent Expenditures (see Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (see Schedule F) ..			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	1,297.00	2,522.50	28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds	1,297.00	2,522.50	28(d)
29. Other Disbursements			29
30. Total Disbursements	40,031.67	443,891.54	30
31. Total Federal Disbursements	40,031.67	443,891.54	31
Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11c)	86,886.04	320,948.04	32
33. Total Contribution Refunds (from line 28d)	1,297.00	2,522.50	33
34. Net Contributions (other than loans) (subtract line 33 from line 32)	85,589.04	318,425.54	34
35. Total Federal Operating Expenditures	1,484.87	301,869.04	35
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-	36
37. Net Operating Expenditures	1,484.87	301,869.04	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 12
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	04/10/99	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 201.60	
Robert B. Anderson, CLU P.O. Box 127 Jonesborough, TN 37659-0127	self-employed	04/10/99	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 201.60	
Fred R. Bean, CLU 8201 Cantrell Road, #265 Little Rock, AR 72227-2400	self-employed	04/10/99	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 201.60	
Robert M. Birgen 21700 N. Copley Drive, Ste. 120 Diamondbar, CA 91765	self-employed	04/06/99	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	
John Proctor Braica, CLU, ChFC 108 Howland Avenue East Providence, RI 02914-3055	self-employed	04/10/99 04/15/99	5.10 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 320.40	
Mark M. Byron, CLU, ChFC Plaza II, 354 Eisenhower Pkwy. Suite 2850 Livingston, NJ 07039-1023	self-employed	04/19/99	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	
Thomas R. Clark, CLU, ChFC 974 73rd Street, #26 Des Moines, IA 50312-1026	self-employed	04/10/99	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 240.00	

SUBTOTAL of Receipts This Page (optional)

1136.30

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 2
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
David Lewis Corrie 462 S 4th Avenue, #1900 NML Louisville, KY 40202-3445	self-employed	04/10/99	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent Aggregate Year-to-Date \$ 201.60		
B. Full Name, Mailing Address and ZIP Code Steven R. Craig, CLU, ChFC, MSFS 15315 Magnolia Blvd., #308 Sherman Oaks, CA 91403-1172	self-employed	04/26/99	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		
C. Full Name, Mailing Address and ZIP Code Paul N. Cross, CLU, ChFC 1610 Des Peres Road, #100 St. Louis, MO 63131-1831	self-employed	04/05/99 04/22/99	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		
D. Full Name, Mailing Address and ZIP Code Orris "Vic" W. Crum 7300 W. 110th Street #950 Overland Park, KS 66210-2350	self-employed	04/10/99	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent Aggregate Year-to-Date \$ 201.60		
E. Full Name, Mailing Address and ZIP Code Joseph L. Davis, CLU, ChFC, CFP 1625 K Street N.W. #400 Washington, DC 20006-1604	self-employed	04/10/99	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent Aggregate Year-to-Date \$ 201.60		
F. Full Name, Mailing Address and ZIP Code Donald A. Eichelberger, CLU 209 East San Marzano Drive Waterloo, IA 50702-5839	self-employed	04/10/99	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent Aggregate Year-to-Date \$ 201.60		
G. Full Name, Mailing Address and ZIP Code Jaime B. Ferrer, III, CLU, ChFC P.O. Box 320160 San Francisco, CA 94132	self-employed	04/16/99	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) 941.60

TOTAL This Period (total page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 12
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 Jeffery L. Ferrier, LUTCF 1117 Ellis Street, #C & D Bellingham, WA 98225-5203	Name of Employer self-employed Occupation insurance agent Aggregate Year-to-Date \$ 200.00	Date (month, day, year) 04/10/99	Amount of Each Receipt this Period 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer self-employed Occupation insurance agent Aggregate Year-to-Date \$ 250.00	Date (month, day, year) 04/22/99	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code Alan R. Finkelstein, CLU 120 W. 45th Street, 4th FL New York, NY 10036-4041	Name of Employer self-employed Occupation insurance agent Aggregate Year-to-Date \$ 400.00	Date (month, day, year) 04/29/99	Amount of Each Receipt this Period 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer self-employed Occupation insurance agent Aggregate Year-to-Date \$ 500.00	Date (month, day, year) 04/14/99	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and ZIP Code Timothy D. Foster 6400 Flying Cloud Drive Eden Prairie, MN 55344	Name of Employer self-employed Occupation insurance agent Aggregate Year-to-Date \$ 201.60	Date (month, day, year) 04/10/99	Amount of Each Receipt this Period 50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer self-employed Occupation insurance agent Aggregate Year-to-Date \$ 240.30	Date (month, day, year) 04/10/99	Amount of Each Receipt this Period 60.00
F. Full Name, Mailing Address and ZIP Code Peter Fulchiron, CLU, LUTCF 405 Enfrente Dr. #100 Novato, CA 94949-7206	Name of Employer self-employed Occupation insurance agent Aggregate Year-to-Date \$ 370.00	Date (month, day, year) 04/10/99	Amount of Each Receipt this Period 92.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional) 1402.90

TOTAL This Period (last page this line number only)

SCHEDULE A

MEMORIZED RECEIPTS

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

PAGE 4 OF 12
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
Allyne M. Gottlieb, CLD 1489 W. Palmetto Park Road, Ste. 455 Boca Raton, FL 33486	self-employed	04/19/99	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	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Neal C. Groff, CLU 4582 S. Ulster Street Pkwy. #1300 Denver, Co 80237-2639	self-employed	04/08/99 04/26/99	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	
C. 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	04/10/99	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 201.60	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert L. Hauge, JP 1100 Circle 75 Parkway, #320 Atlanta, GA 30339-6036	self-employed	04/09/99	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
Terry K. Headley, LUTCF 8990 West Dodge Road, #226 Omaha, NE 68114-3315	self-employed	04/10/99	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 276.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Dermot T. Healey, CLU, ChFC 1120 Center Street Auburn, ME 04212-3160	self-employed	04/08/99 04/19/99	300.00 180.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 480.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Richard T. Heffern 5900 Landerbrook Dr. #150 Mayfield Heights, OH 44124	self-employed	04/16/99	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 400.00	

SUBTOTAL of Receipts This Page (optional) 1590.40

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 5 OF 12
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
Richard L. Hill, CLU, ChFC P.O. Box 30275 Lincoln, NE 68503-0275	self-employed	04/10/99	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent Aggregate Year-to-Date > \$ 201.60		
B. Full Name, Mailing Address and ZIP Code William V. Irons, CLU, LUTCF 469 Centreville Road, #203 Warwick, RI 02886-4328	self-employed	04/10/99	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent Aggregate Year-to-Date > \$ 240.20		
C. Full Name, Mailing Address and ZIP Code James Kageleiry P.O. Box 823 Dover, NH 03821-0823	self-employed	04/26/99	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 Terry Kaltenbach, CLU, ChFC 1455 Frazee Road, #400 San Diego, CA 92108-4378	self-employed	04/10/99	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent Aggregate Year-to-Date > \$ 200.00		
E. Full Name, Mailing Address and ZIP Code Arnold M. Katz, CLU P.O. Box 61553 King of Prussia, PA 19406-7553	self-employed	04/21/99	1250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent Aggregate Year-to-Date > \$1250.00		
F. Full Name, Mailing Address and ZIP Code Barton L. Kaufman, CLU P.O. Box 90405 201 W 103rd Street, Ste. 630 Indianapolis, IN 46290-1093	self-employed	04/30/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent Aggregate Year-to-Date > \$ 1000.00		
G. Full Name, Mailing Address and ZIP Code Robert Kerrigan, Jr., CLU, ChFC 888 W Sixth Street, 2nd Fl Los Angeles, CA 90017-2703	self-employed	04/06/99	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) 2410.40

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SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 6 OF 12
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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
Richard A. Koob, CLU, ChFC, ABP 626 W. Moreland Blvd. Waukesha, WI 53188-2433	self-employed	04/10/99	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 201.60	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Larry M. Lambert, CLU, CFP 3780 Kilroy Airport Way, Ste. 510 Long Beach, CA 90806-6801	self-employed	04/16/99	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	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald J. Levine, CLU, ChFC, CFP One California Street, Ste 300 San Francisco, CA 94111-4530	self-employed	04/10/99	8.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 434.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Norman G. Levine, CLU, ChFC 1 California Street, #300 San Francisco, CA 94111-5401	self-employed	04/26/99	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	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William J. Lynch, III 100 Federal Street, 30th FL Mail Stop 01-30-05 Boston, MA 02110	self-employed	04/19/99	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	
F. 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	04/10/99	8.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 284.00	
G. 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	04/12/99	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	

SUBTOTAL of Receipts This Page (optional) 1567.40

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 7 OF 12
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
Carl James Maus, LUTCF 417 Monitor Way St. Charles, MO 63303	self-employed	04/10/99	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 201.60	
Dennis R. Merideth, CLU, ChFC 5151 E. Broadway Ste. 750 Tucson, AZ 85711-3734	self-employed	04/10/99	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 219.60	
David A. Middaugh, CLU, ABP 1019 5th Avenue S Fargo, ND 58103	self-employed	04/10/99	72.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 288.00	
James W. Monteverde, CLU, ChFC 710 Fifth Avenue Pittsburgh, PA 15219-3000	self-employed	04/10/99	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 200.00	
Raymond H. Moran, CLU, ChFC 1755 N. Kirby Pkwy. #300 Memphis, TN 38120	self-employed	04/10/99	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 201.60	
Herbert F. Morgan 1836 Hermitage Blvd. #200 Tallahassee, FL 32308-7706	self-employed	04/10/99	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 201.60	
Lawton M. Nease, III, CLU, PhD 2100 Riveredge Parkway, NW #200 Atlanta, GA 30328-4656	self-employed	04/26/99	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)

573.60

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 8 OF 12
FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (In Full)

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert M. Nelson, CLU, LUTCF 10050 Regency Circle #300 Omaha, NE 68114-3722	self-employed	04/10/99	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 240.00	
B. 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	04/10/99	66.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 222.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Kim Dater, JD 855 Route 146 Clifton Park, NY	self-employed	04/12/99	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
Rick Patterson, LUTCF, CLU, ChFC P.O. Box 915468 Longwood, FL 32791-5468	self-employed	04/10/99	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 201.60	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Cody H. Phillips, J.D., CLU, ChFC P.O. Box 9303 Des Moines, IA 50306-9303	self-employed	04/10/99	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 240.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Harry Phillips, III, CLU, CPCU 425 Park Avenue, 20th FL New York, NY 10022-3506	self-employed	04/05/99	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	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mark G. Pollock, CLU, ChFC 5900 Landerbrook Drive, Ste 150 Cleveland, OH 44124	self-employed	04/16/99	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 400.00	

SUBTOTAL of Receipts This Page (optional)

1386.40

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 9 OF 12
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
Steven C. Price 313 Sixth Avenue, Ste 500 Pittsburgh, PA 15222-2509	self-employed	04/14/99	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	
B. Full Name, Mailing Address and ZIP Code Richard L. Rawlings, CLU, ChFC 650 Elm Street #350 Manchester, NH 03101-2502	self-employed	04/05/99	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 230.00	
C. Full Name, Mailing Address and ZIP Code John D. Rosenberg 101 California #2700 San Francisco, CA 94111-5830	self-employed	04/16/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 525.00	
D. Full Name, Mailing Address and ZIP Code Michael Rosenzweig, CLU, ChFC, AEP 261 Madison Avenue 4th-FL New York, NY 10016-2303	self-employed	04/28/99	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	
E. Full Name, Mailing Address and ZIP Code D...David Russell, CLU, ChFC 2423 Carlisle Place Sarasota, FL 34231-7013	self-employed	04/10/99	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 201.60	
F. Full Name, Mailing Address and ZIP Code Lawrence J. Rybka, JD, CFP 3690 Orange Place, #300 Beachwood, OH 44122-4438	self-employed	04/14/99	150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 250.00	
G. Full Name, Mailing Address and ZIP Code Albert J. Schiff, CLU 263 Treasser Boulevard Stamford, CT 06901-3236	self-employed	04/07/99	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	

GUSTOTAL of Receipts This Page (optional) 1500.40

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 10 OF 12

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
Walter J. Scott, Jr., CLU P.O. Box 1600 Oshkosh, WI 54902-1600	self-employed	04/10/99	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 201.60	
Walter J. Shields, CLU, ChFC 600 Stewart Street, #1708 Seattle, WA 98101-1217	self-employed	04/01/99	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	
Ken Simons, CLU, ChFC, LUTCF P.O. Box 126 Artesia, NM 88210	self-employed	04/10/99	50.10
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 200.40	
Ralph K. Sklar 5632 Liggatt Drive #200 Oakland, CA 94611	self-employed	04/12/99	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	
Paul M. Smith, Sr., CLU 980 Cape Marco Drive Marco Island, FL 34145	self-employed	04/10/99	51.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 204.00	
Mark V. Snider, CLU, ChFC 39 S. Court Street Athens, OH 45701	self-employed	04/10/99	21.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 334.00	
David L. Stratton, CLU, ChFC 6927 Old Seward Hwy. Anchorage, AK 99518-3331	self-employed	04/10/99	75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 300.00	

SUBTOTAL of Receipts This Page (optional)

597.50

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Exemptions Page

PAGE 11 OF 12
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
Marvin L. Sugar, CLU, ChFC 5100 Cape Cod Court Bethesda, MD 20816	self-employed	04/12/99	360.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 360.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
C. Douglas Sutton, CLU P.O. Box 20104 Raleigh, NC 27619-0104	self-employed	04/01/99	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	
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 50265-0770	self-employed	04/10/99	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 201.60	
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 4718 Syracuse, NY 13221-4718	self-employed	04/28/99	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	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
W. Tom Wamberg, CLU 102 S. Wynstone Park Dr., #200 N. Barrington, IL 60010-6967	self-employed	04/22/99	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	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
H. Robert Weisman P.O. Box 351 Nashua, NH 03061-0351	self-employed	04/14/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date > \$ 550.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ernest B. Whichard, Jr., CLU, ChFC P.O. Drawer 29286 Greensboro, NC 27429-9286	self-employed	04/14/99	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	

SUBTOTAL of Receipts This Page (optional) 2210.40

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 12 OF 22
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James E. Whistler, CLU, ChFC 600 W. Broadway #600 San Diego, CA 92101-3359	self-employed	04/02/99	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
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Norman H. Winer, CLU 33 S. Sixth Street, #3050 Minneapolis, MN 55402-3785	self-employed	04/22/99 04/26/99	700.00 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent	Aggregate Year-to-Date	\$ 900.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Barry L. Wolfe, CLU 20750 Ventura Blvd. #300 Woodland Hills, CA 91364	self-employed	04/26/99	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
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) 1400.00

TOTAL This Period (last page this line number only) 16717.30

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) 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		4/30/99	16.48
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Interest	Occupation	Aggregate Year-to-Date > \$ 457.51	
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) _____

16.48

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21b

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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 First Union National Bank of Washington DC	Purpose of Disbursement Bank Charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Date (month, day, year) 4/30/89	Amount of Each Disbursement This Period 1,484.67
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) _____

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

1,484.67

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGES	OF
	1	5
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	Purpose of Disbursement Contribution: Spencer Abraham (MI-R-Senate)	Date (month, day, year)	Amount of Each Disbursement this Period
Abraham 2000 2660 Telegraph Road Suite 410 Southfield, MI 48034	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 2000	4/7/99	\$1,000.00
Full Name, Mailing Address and ZIP Code Bob Barr for Congress PO Box 4373 Marietta, GA 30061	Purpose of Disbursement Returned Check #8149 dated 10/6/98 for Bob Barr (GA-7-R)	Date (month, day, year) 4/14/99	Amount of Each Disbursement this Period (\$2,500.00)
Full Name, Mailing Address and ZIP Code Bryant for Congress PO Box 1961 Cordova, TN 38088	Purpose of Disbursement Contribution: Edward G. Bryant (TN-7-R)	Date (month, day, year) 4/14/99	Amount of Each Disbursement this Period \$1,000.00
Full Name, Mailing Address and ZIP Code Dan Burton for Congress Box 50593 Indianapolis, IN 46250	Purpose of Disbursement Contribution: Dan Burton (IN-6-R)	Date (month, day, year) 4/28/99	Amount of Each Disbursement this Period \$1,000.00
Full Name, Mailing Address and ZIP Code Bluegrass Committee 7500 Adler Way Louisville, KY 40222	Purpose of Disbursement Contribution: Bluegrass Committee (PAC to PAC)	Date (month, day, year) 4/19/99	Amount of Each Disbursement this Period \$5,000.00
Full Name, Mailing Address and ZIP Code Friends of Bud Cramer 2232 East Side Square Huntsville, AL 35801	Purpose of Disbursement Contribution: Robert E. Cramer, Jr. (AL-5-D)	Date (month, day, year) 4/19/99	Amount of Each Disbursement this Period \$1,000.00
Full Name, Mailing Address and ZIP Code Crowley for Congress 84-56 Grand Avenue Elmhurst, NY 11373	Purpose of Disbursement Contribution: Joseph Crowley (NY-7-D)	Date (month, day, year) 4/28/99	Amount of Each Disbursement this Period \$500.00
Full Name, Mailing Address and ZIP Code Friends of Cunningham P.O. Box 40227 San Diego, CA 92614	Purpose of Disbursement Contribution: Randy Cunningham (CA-51-R)	Date (month, day, year) 4/15/99	Amount of Each Disbursement this Period \$250.00
Full Name, Mailing Address and ZIP Code Friends of Jennifer B. Dunn PO Box 40110 Bellevue, WA 98004	Purpose of Disbursement Contribution: Jennifer B. Dunn (WA-8-R)	Date (month, day, year) 4/28/99	Amount of Each Disbursement this Period \$2,000.00

SUBTOTAL of Disbursements This Page (optional)	\$9,250.00
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: Richard J. Durbin (IL-D-Senate)	Date (month, day, year)	Amount of Each Disbursement this Period
Durbin For Senate Committee PO Box 1949 Springfield, IL 62705	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 2002	4/7/99	\$1,000.00
Engel for Congress 462 California Road Bronxville, NY 10708	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 2000	4/21/99	\$1,000.00
People for English PO Box 1940 Eric, PA 16507	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 2000	4/19/99	\$500.00
Harold Ford, Jr. for Congress Committee PO Box 3391 Memphis, TN 38173	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 2000	4/14/99	\$1,000.00
Republican Majority Fund 1155 21st Street, NW Suite 300 Washington, DC 20036	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: Annual 1999	4/28/99	\$2,500.00
Gallely For Congress Box 3789 Simi Valley, CA 93093	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 2000	4/21/99	\$1,000.00
People For Ganske 521 East Locust, 2nd Floor Des Moines, IA 50309	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 2000	4/14/99	\$1,000.00
People For Ganske 521 East Locust, 2nd Floor Des Moines, IA 50309	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 2000	4/14/99	\$1,500.00
Sam Gejdenson Re-Election Comm. P.O. Box 1818 Bozrah, CT 06334	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other: 1998	4/14/99	(\$1,000.00)

SUBTOTAL of Disbursements This Page (optional)	\$8,500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Contributions to Federal Candidates/Committees

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

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Bob Goodlatte for Congress Cmte PO Box 292 Roanoke, VA 23236	Returned Check #8066 dated 9/21/98 for Bob Goodlatte (VA-6) Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other 1998	4/14/99	(\$1,000.00)
Congressman Bart Gordon Committee P.O. Box 2008 Murfreesboro, TN 37133	Contribution: Bart Gordon (TN-6-D) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other 2000	4/14/99	\$2,500.00
Wally Herger for Congress Committee PO Box 1500 Chico, CA 95927	Contribution: Wally Herger (CA-2-R) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other 2000	4/28/99	\$1,000.00
Chris John for Congress PO Box 971 Crowley, LA 70527	Contribution: Christopher John (LA-7-D) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other 2000	4/21/99	\$1,000.00
Jon Kyl for U.S. Senate PO Box 10246 Phoenix, AZ 85064	Contribution: Jon Kyl (AZ-R-Senate) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other 2000	4/8/99	\$1,000.00
LaTourette for Congress Committee 7200 Center Street Suite 102 Mentor, OH 44060	Contribution: Steve C. LaTourette (OH-19-R) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other 2000	4/1/99	\$2,500.00
Lewis for Congress Box 247 Redlands, CA 92373	Contribution: Jerry Lewis (CA-40-R) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other 2000	4/27/99	\$1,000.00
John Lewis for Congress Cmte 1520 Pinchurst Drive, SW Atlanta, GA 30311	Contribution: John Lewis (GA-5-D) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other 2000	4/28/99	\$1,000.00
Linder for Congress PO Box 942060 Atlanta, GA 31141	Returned Check #8152 dated 10/6/98 for John Linder (GA-11) Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other 1998	4/14/99	(\$2,500.00)

SUBTOTAL of Disbursements This Page (optional)	\$6,500.00
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	Purpose of Disbursement Contribution: John Liader (GA-11-R)	Date (month, day, year)	Amount of Each Disbursement this Period
Linder for Congress PO Box 942060 Atlanta, GA 31141	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 2000	4/14/99	\$1,000.00
Jim McGovern for Congress PO Box 404 Worcester, MA 01606	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other: 1998	4/14/99	\$2,000.00
Moran for Congress PO Box 2518 Alexandria, VA 22301	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 2000	4/29/99	\$1,000.00
Nussle For Congress P.O. Box 324 Manchester, IA 52057	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 2000	4/1/99	\$3,000.00
Pease for Congress Committee PO Box 511 Seelyville, IN 47878	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other: 1998	4/14/99	(\$1,000.00)
The Jim Ramstad Volunteer Committee 8100 Penn Avenue South Suite 104 Bloomington, MN 55431	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 2000	4/7/99	\$1,000.00
Rogan Campaign Committee 3525 N. Verdugo Road Glendale, CA 91208	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 2000	4/19/99	\$2,500.00
Lots of People for Jim Saxton P O Box 795 Mt. Holly, NJ 08060	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 2000	4/8/99	\$1,000.00
Friends of Clay Shaw Box 2188 Ft Lauderdale, FL 33303-2188	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 2000	4/7/99	\$3,000.00

SUBTOTAL of Disbursements This Page (optional)	\$13,500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

Contributions to Federal Candidates/Committees

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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
Souder for Congress Committee PO Box 400 Grabill, IN 46741	Returned Check #8246 dated 10/14/98 for Mark E. Souder (IN-) Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other: 1998	4/14/99	(\$1,000.00)
Friends of Cliff Stearns Committee Box 308 Silver Springs, FL 34489	Contribution: Clifford B. Stearns (FL-6-R) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 2000	4/14/99	\$1,000.00
The Billy Tauzin Committee P.O. Box 1407 Thibodaux, LA 70302	Returned Check #8160 dated 10/6/98 for W. J. Tauzin (LA-3-) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	4/14/99	(\$2,500.00)
Taylor for Congress PO Box 2355 Asheville, NC 28802	Contribution: Charles H. Taylor (NC-11-R) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 2000	4/2/99	\$1,000.00
Committee to Reelect Ed Towns 360 Clinton Avenue Suite 6R Brooklyn, NY 11238	Returned Check #8176 dated 10/8/98 for Edolphus Towns (NY-) Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other: 1998	4/14/99	(\$1,000.00)
Treen for Congress 111 Veterans Blvd. Suite 740 Metairie, LA 70005	Contribution: David Treen (LA-1-R) Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: Special Primary 1999	4/21/99	\$1,000.00
Watts for Congress P.O. Box 720445 Norman, OK 73070	Contribution: J.C. Watts, Jr. (OK-4-R) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 2000	4/19/99	\$1,000.00

SUBTOTAL of Disbursements This Page (optional)	(\$500.00)
TOTAL This Period (last page this line number only)	\$37,250.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Refunds of Contributions To Individuals

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributors 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
Edward A. Carroll, LLIF 1635 NE Loop 410 Suite 300 San Antonio, TX 78209	Returned Check #8014 dated 8/7/98 for Edward A. Carroll Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: Other 1998	4/14/99	(\$17.00)
Philip Clehanowicz, Jr. 624 Beaver Creek Macedon, NY 14502	Refund to Individual Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: Other 1999	4/26/99	\$34.00
Bryant Manning The Kachler Corporation 2416 Underwood Houston, TX 77030-3506	Refund to Individual Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: Other 1999	4/8/99	\$800.00
Michael Nolan 7710 Savannah Drive Bethesda, MD 20817-1434	Refund to Individual Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: Other 1999	4/22/99	\$200.00
Kathleen Smith 108 Weston Road Weston, FL 33326	Refund to Individual Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: Other 1999	4/14/99	\$280.00

SUBTOTAL of Disbursements This Page (optional)	\$1,297.00
TOTAL This Period (last page this line number only)	\$1,297.00

SCHEDULE D

**DEBTS AND OBLIGATIONS
Excluding Loans**

(Revised 3/80)

(Write separate entries for each numbered line)

Name of Committee (in Full) National Association of Life Underwriters Political Action Committee	Outstanding Balance Beginning This Period	Amount Included This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor National Association of Life Underwriters 1922 F Street NW Washington, DC 20006	33,231.15	2,761.99		35,933.14
Nature of Debt (Purpose):				
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)				35,933.14
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				-0-
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				35,933.14

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 5-20-99
<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>[Signature]</i>	 5-24-99
PREPARER	DATE PREPARED