

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION 1111 ROOM

Nov 24 12 32 PM '97

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

ADDRESS (number and street) Check if different than previously reported
1922n F Street, N.W.

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 _____
- Thirtieth 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>Oct. 1, 1997 through Oct. 31, 1997</u> | | \$ 633,863.97 |
| 6. (a) Cash on Hand January 1, 19__ | | |
| (b) Cash on Hand at Beginning of Reporting Period | \$ 952,230.67 | |
| (c) Total Receipts (from Line 1B) | \$ 82,827.19 | \$ 775,554.34 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | \$1,035,057.86 | \$1409,418.31 |
| 7. Total Disbursements (from Line 3C) | \$ 66,791.60 | \$ 441,152.05 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | \$ 968,266.26 | \$ 968,266.26 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | \$ 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | \$ 0.00 | |

For further information contact:
Federal Election Commission
809 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-218-3420

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 

Date
11/20/97

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 9437g.

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 11/91)

| | |
|--|--|
| NAME OF COMMITTEE Life Underwriters Political Action Committee | REPORT COVERING PERIOD FROM 10/1/97 TO 10/31/97 |
|--|--|

| | COLUMN A Total This Period | COLUMN B Calendar Year |
|--|-------------------------------|---------------------------|
|--|-------------------------------|---------------------------|

I. Receipts

| | | |
|--|-----------|------------|
| 11. Contributions (other than loans) From: | | |
| a. Individual/Persons Other Than Political Committees | | |
| i. Itemized (use Schedule A) | 17,382.63 | 106,567.00 |
| ii. Unitemized | 64,044.59 | 657,894.98 |
| iii. Total (add i and ii) > | 81,427.22 | 764,461.98 |
| b. Political Party Committees | | |
| c. Other Political Committees (such as PACs) | | |
| d. Total Contributions (add a ii, b and c) > | 81,427.22 | 764,461.98 |
| 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.) | 1,399.97 | 10,092.36 |
| 18. Transfers from Nonfederal Account for Joint Activity | | |
| 19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) > | 82,827.19 | 775,554.34 |
| 20. Total Federal Receipts (subtract line 16 from line 19) > | 82,827.19 | 775,554.34 |

II. Disbursements

| | | |
|---|-----------|------------|
| 21. Operating Expenditures: | | |
| a. Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| i. Federal Share | | |
| ii. Non-Federal Share | | |
| b. Other Federal Operating Expenditures | 1,662.60 | 77,023.05 |
| c. Total Operating Expenditures (add a i, a ii, and b) > | 1,662.60 | 77,023.05 |
| 22. Transfers to Affiliated/Other Party Committees | | |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | 65,129.00 | 364,129.00 |
| 24. Independent Expenditures (use Schedule E) | | |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(f)) (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) > | 66,791.60 | 441,152.05 |
| 31. Total Federal Disbursements (subtract line 21 a ii from line 30) > | 66,791.60 | 441,152.05 |

III. Net Contributions/Operating Expenditures

| | | |
|--|-----------|------------|
| 32. Total Contributions (other than loans)(from line 11d) | 82,827.19 | 765,861.95 |
| 33. Total Contribution Refunds (from line 28d) | 0.00 | 0.00 |
| 34. Net Contributions (other than loans)(subtract line 33 from 32) | 82,827.19 | 765,861.95 |
| 35. Total Federal Operating Expenditures (add 21 a i and 21 b) > | 1,662.60 | 77,023.05 |
| 36. Offsets to Operating Expenditures (from line 15) | 0.00 | 0.00 |
| | 1,662.60 | 77,023.05 |

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11 (2) (1)

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

NAME OF COMMITTEE (in Full)

National Association of Life Underwriters Political Action Committee

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|--|-------------------------|------------------------------------|
| Ronald H. Abraham, CLU 2699 Stirling Road, #A200 Ft. Lauderdale, FL 33312-6543 | Self-employed Occupation: Insurance agent | 10/30/97 | 120.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ | 240.00 | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Gerald R. Allen, CLU, ChFC 1230 E. Diehl Rd., S-108 Naperville, IL 60563-9369 | Self-employed Occupation: Insurance agent | 10/15/97 | 5.10 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ | 248.10 | |
| C. 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 Occupation: Insurance agent | 10/15/97 | 42.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ | 453.60 | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Robert B. Anderson, CLU P. O. Box 127 Jonesborough, TN 37659-0127 | Self-employed Occupation: Insurance agent | 10/15/97 | 42.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ | 495.60 | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Kenneth Eugene Barnes, CLU 74-140 El Paseo #4-493 Palm Desert, CA 92260-4113 | Self-employed Occupation: Insurance agent | 10/15/97 | 21.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ | 210.00 | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Jeffrey Lynn Battles, Sr. 9512 Wolf Creek Pike Trotwood, OH 45426-4146 | Self-employed Occupation: Insurance agent | 10/15/97 | 21.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ | 210.00 | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Felix R. Baz-Dresch, CLU, ChFC 11111 Nall Ave., #104 Leawood, KS 66211-1670 | Self-employed Occupation: Insurance agent | 10/15/97 | 25.20 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ | 252.00 | |

SUBTOTAL of Receipts This Page (optional) 276.30

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 2 OF 1
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 |
|---|-------------------------------|------------------------------------|------------------------------------|
| Craig Beachnaw, LIC 3217 West Saginaw Lansing, MI 48917-2310 | Self-employed | 10/15/97 | 42.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$ 420.00 | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| Kent A. Bennett, LUTCF RR514 Pine Street Williamsport, PA 17701-5047 | Self-employed | 10/15/97 | 50.40 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$ 524.40 | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| Douglas F. Bennetti, LUTCF 43 Voshell Mill Road Dover, DE 19904-6025 | Self-employed | 10/02/97 | 62.50 |
| 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 |
| David B. Bianchi, CLU P. O. Box 10358 Reno, NV 89510-0358 | Self-employed | 10/15/97 | 25.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$ 395.00 | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| Robert P. Bishopp, CLU, ChFC 705 W. 7th Ave. Spokane, WA 99204-2836 | Self-employed | 10/15/97 | 25.00 |
| 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 |
| Frank B. Bliss 1742 Solano Ave Berkeley, CA 94707-2213 | Self-employed | 10/15/97 | 42.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$ 420.00 | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| Eugene W. Blumly, Jr. 1000 Urban Ctr Dr #100 Birmingham, AL 35242-2515 | Self-employed | 10/23/97 | 50.00 |
| 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)

296.90

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF
FOR LINE NUMBER 11(a)(1)

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|---|-------------------------------|------------------------------------|------------------------------------|
| John J. Bradley, CLU 100 Congress Street Quincy, MA 02169-0906 | Self-employed | 10/15/97 | 41.66 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$ 416.60 | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Gary A. Bramon, CLU, ChFC 890 Lamont Ave Ste-201 Novato, CA 94945-4100 | Self-employed | 10/15/97 | 42.50 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$ 425.00 | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Richard Breen, CLU, ChFC 833 Pine Tree Road Lafayette Hill, PA 19444 | Self-employed | 10/27/97 | 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 |
| William D. Burke, CLU, CFP 303 Second St., #550 San Francisco, CA 94107 | Self-employed | 10/15/97 | 21.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$ 210.00 | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Robert D. Buxbaum, CLU, ChFC 2 University Office Park P.O. Box 9086 Northham, MA 02859-9086 | Self-employed | 10/15/97 | 21.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$ 210.00 | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Joe D. Byars, CLU, LUTCF 214 No. 12th St Ft Smith, AR 72901-2713 | Self-employed | 10/15/97 | 21.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$ 247.88 | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Mary A. Cannady, LUTCF P. O. Box 799 Walterboro, SC 29488-0799 | Self-employed | 10/08/97 | 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 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) | 947.16 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 3 OF 11 FOR LINE NUMBER 11 (a) (1)

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National Association of Life Underwriters Political Action Committee

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|-------------------------------|---|------------------------------------|
| William A. Carlisle, CLU 2356 Hawkhurst Box 752217 Memphis, TN 38175-2217 | Self-employed | 10/15/97 | 21.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$ 247.80 | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Lawrence A. Chargin 1350 E. Spruce, #100 Fresno, CA 93720-3341 | Self-employed | 10/15/97 | 42.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$ 420.00 | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| David L. Clapp, CLU P.O. Box 90405 Indianapolis, IN 46290-0405 | Self-employed | 10/08/97 | 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 |
| Thomas R. Clark, CLU, ChFC 974 73rd Street #26 Des Moines, IA 50312-1026 | Self-employed | 10/15/97 | 60.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$ 290.00 | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| James M. Clary 520 Lake Cook Rd., #150 Deerfield, IL 60015-4900 | Self-employed | 10/20/97 | 600.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | 10/17/97 Aggregate Year-to-Date > \$ 1320.00 | 120.00 |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Daniel J. Coletti, CFP 316 Main Street Fifth Floor Westchester, MA 02836-1553 | Self-employed | 10/30/97 | 100.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$ 200.00 | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Bradford J. Collins P. O. Box 527 Farmington, CT 06034-0527 | Self-employed | 10/30/97 | 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 | |

SUBTOTAL of Receipts This Page (optional) 1143.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 5 OF 1
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 |
|---|-------------------------------|------------------------------------|------------------------------------|
| Richard E. Cooke, CLU, ChFC, AEP 3050 N. Lakeharbor #211 Boise, ID 83703-6243 | Self-employed | 10/15/97 | 21.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$ 235.20 | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| Thomas E. Cooper, RHU, LUTCF 2176 West Street #310 Germantown, TN 38138-3846 | Self-employed | 10/15/97 | 17.50 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$ 206.50 | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| Howard B. Cowan, CLU, ChFC 530 Fifth Avenue, 14th Fl New York, NY 10036-5197 | Self-employed | 10/23/97 | 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 |
| David J. Coyle Three University Office Park 95 Sawyer Road North Andover, MA 02758-2471 | Self-employed | 10/06/97 | 100.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$ 200.00 | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| Ernest E. Cragg, CLU 310 Cornwall Rd Wilmington, DE 19803-2962 | Self-employed | 10/08/97 | 125.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$ 275.00 | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| R. Scott Culbertson, CFP, CEBS 2023 Cato Drive #102 Ball State College, Ellettsville, IN 47801-2368 | Self-employed | 10/15/97 | 50.40 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$ 453.60 | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| Sam J. Cunningham, CLU, ChFC 3121 West Coast Hwy. #2A Newport Beach, CA 92663 | Self-employed | 10/20/97 | 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 | |

SUBTOTAL of Receipts This Page (optional) 1313.90

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 6 OF 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 |
|---|-------------------------------|------------------------------------|------------------------------------|
| Vincent M. D'Addona, CLU, ChFC 140 Broadway, 22nd Floor New York, NY 10005 | Self-employed | 10/15/97 | 42.50 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$ 425.00 | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Steven M. Daniel, CLU, ChFC P. O. Box 430 Butte, MT 59703-0430 | Self-employed | 10/15/97 | 21.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$ 225.80 | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| John R. Dean, CLU, ChFC, MSFS P.O. Box 1508 Willmar, MN 56201-1508 | Self-employed | 10/15/97 | 42.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$ 252.00 | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| William James DeBruin, LUTCF 2323 E Capitol Dr #200 Appleton, WI 54911-8731 | Self-employed | 10/15/97 | 25.20 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$ 252.00 | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Robert W. Decoursey, CLU 555 E City Line Ave #900 Bala Cynwyd, PA 19004-1105 | Self-employed | 10/15/97 | 25.20 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$ 252.00 | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Louis P. DiCerbo, II, CLU, ChFC 261 Madison Ave. New York, NY 10016-2303 | Self-employed | 10/23/97 | 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 | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| David S. Dickenson, II, CLU ChFC 1901 East 13th Street Suite 506 Cleveland, OH 44114-3581 | Self-employed | 10/15/97 | 42.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$ 420.00 | |

SUBTOTAL of Receipts This Page (optional)

697.90

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE OF
FOR LINE NUMBER 11 (2) (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 |
|---|--|-------------------------|------------------------------------|
| Kenneth H. Dinklage, CLU, ChFC P. O. Box 533709 Orlando, FL 32853-3709 | Self-employed Occupation Insurance agent | 10/09/97 | 120.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ | 240.00 | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Michael D. Dixon, CLU 4505 Las Virgenes Rd. #200 Calabasas, CA 91302-1956 | Self-employed Occupation Insurance agent | 10/15/97 | 42.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ | 420.00 | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Charles E. Drimal CLU ChFC MSFS 261 Madison Ave., 4th Flr New York, NY 10016-2303 | Self-employed Occupation Insurance agent | 10/20/97 | 100.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ | 500.00 | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Joseph E. Dunn, LUTCF 527 Irving Beach Drive SW Bemidji, MN 56601 | Self-employed Occupation Insurance agent | 10/15/97 | 25.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ | 265.00 | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Daniel Eddleman, CLU 475 Sansome St #1800 San Francisco, CA 94111-3141 | Self-employed Occupation Insurance agent | 10/15/97 | 42.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | 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 |
| Donald A. Eichelberger, CLU 209 East San Marnan Drive Waterloo, IA 50702-5839 | Self-employed Occupation Insurance agent | 10/15/97 | 50.40 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ | 504.00 | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Gordon L. Elgersma, CLU, ChFC 85 Campau NW PO Box 295 Grand Rapids, MI 49501-0295 | Self-employed Occupation Insurance agent | 10/30/97 | 500.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ | 500.00 | |

SUBTOTAL of Receipts This Page (optional)

879.40

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 8 OF
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 |
|---|-------------------------------|--|------------------------------------|
| Ronald L. Engel, CLU, ChFC 1042 West Hedding #200 San Jose, CA 95126-1291 | Self-employed | 10/15/97 | 21.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$ 210.00 | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Wayne F. Farnsworth, Jr., CLU 51 N Third St., #101 Newark, OH 43055-5542 | Self-employed | 10/27/97 | 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 | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Gerald E. Ferrier, LUTCF 1117 Ellis Street #C-D Bellingham, WA 98225-5203 | Self-employed | 10/15/97 | 0.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | 10/28/97 Aggregate Year-to-Date > \$ 420.00 | 42.00 |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Jeffery L. Ferrier, LUTCF 1117 Ellis St. #C & D Bellingham, WA 98225-5203 | Self-employed | 10/15/97 | 50.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$ 444.00 | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Thomas F. Flournoy, Jr., CLU P. O. Box 1013 Macon, GA 31202-1013 | Self-employed | 10/06/97 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | 10/15/97 Aggregate Year-to-Date > \$ 670.00 | 42.00 |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Francis J. Foley, CLU 114 Market St. Ste-210 Roanoke, VA 24011-1402 | Self-employed | 10/15/97 | 21.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$ 225.00 | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Steven M. Frank, CLU 21700 Oxnard St #1160 Woodland Hills, CA 91367-7302 | Self-employed | 10/15/97 | 50.00 |
| 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)

626.00

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 9 OF
FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (in Full)

National Association of Life Underwriters Political Action Committee

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|-------------------------------|------------------------------------|------------------------------------|
| Gary G. Friedlander, LUTCF P. O. Drawer 790 Gainesville, FL 32602-0790 | Self-employed | 10/15/97 | 25.20 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$ 252.00 | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| David H. Friedrichs 200 Butler Avenue 2nd floor Lancaster, PA 17601 | Self-employed | 10/30/97 | 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 | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Gary R. Froid, CLU, ChFC P.O. Box 3642 St. Petersburg, FL 33731-3642 | Self-employed | 10/15/97 | 50.40 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$ 504.00 | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Peter Fulchiron, CLU, LUTCF 405 Enfrente Dr #100 Novato, CA 94949-7206 | Self-employed | 10/15/97 | 50.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$ 476.00 | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Del D. Gab, CLU Box 2094 Dickinson, ND 58602-2094 | Self-employed | 10/15/97 | 25.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$ 270.40 | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Charles E. Garrity, CLU, ChFC 9977 Valley View Road Suite 220 Prairie, MN 55344-3006 | Self-employed | 10/23/97 | 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 | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Harold A. Gillet, LUTCF P. O. Box 2907 Missoula, MT 59806-2907 | Self-employed | 10/15/97 | 12.50 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$ 282.50 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) | 683.10 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 10 OF
FOR LINE NUMBER 11 (2) (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 |
|---|-------------------------------|------------------------------------|------------------------------------|
| Lee M. Goeres, LUTCF Box 4003 Missoula, MT 59806-4003 | Self-employed | 10/15/97 | 12.50 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$ 312.50 | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Michael P. Grossman, CFP 95 Glastonbury Blvd Glastonbury, CT 06033-4412 | Self-employed | 10/15/97 | 42.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$ 420.00 | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Joseph H. Gwinn, CLU, CPCU, ChFC P. O. Box 308 Vinton, VA 24179-0308 | Self-employed | 10/15/97 | 42.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$ 420.00 | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Jeffrey Daniel Hamblen, CLU, ChFC 8614 Westwood Ctr Dr #500 Vienna, VA 22182-2272 | Self-employed | 10/30/97 | 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 | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Karl Erik Hansen, CLU, ChFC 419 N. Shoreline Blvd. Mountain View, CA 94043-4605 | Self-employed | 10/15/97 | 42.50 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$ 125.00 | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Sharon L. Hansen P. O. Box 2305 Mt Vernon, WA 98273-7305 | Self-employed | 10/15/97 | 25.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$ 250.00 | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Alex Hanson, CLU, ChFC P. O. Box 1138 Portsmouth, NH 03802-1138 | Self-employed | 10/15/97 | 42.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$ 430.20 | |

SUBTOTAL of Receipts This Page (optional)

326.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)

National Association of Life Underwriters Political Action Committee

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|-------------------------------|------------------------------------|------------------------------------|
| John A. Hanson 601 North Lynndale Drive Appleton, WI 54914-3022 | Self-employed | 10/30/97 | 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 | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Thomas M. Hawco, CLU, ChFC P. O. Box 30406 Lincoln, NE 68503-0406 | Self-employed | 10/15/97 | 25.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$ 270.00 | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| William E. Hazel, CLU, ChFC 3250 W. Big Beaver Rd #327 Troy, MI 48064-2902 | Self-employed | 10/15/97 | 42.50 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$ 425.00 | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Terry K. Headley, LUTCF 8990 West Dodge Road #226 Omaha, NE 68114-3315 | Self-employed | 10/15/97 | 50.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$ 510.80 | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Dennis L. Helgeson, CLU, ChFC 120 8th Avenue NW Minot, ND 58703-2362 | Self-employed | 10/15/97 | 21.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$ 222.60 | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Stephen R. Herman, CLU, ChFC 24 Maytime Drive Jericho, NY 11753 | Self-employed | 10/27/97 | 100.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$ 200.00 | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Ronald G. Hester, CLU, ChFC Addison Exec Bldg., #9 P.O. Box 31 Rochester, NC 28607-0031 | Self-employed | 10/15/97 | 27.50 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$ 233.00 | |

SUBTOTAL of Receipts This Page (optional) 386.00

TOTAL This Period (last page this line number only) 386.00

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 2 OF
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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 |
|---|--|-------------------------|------------------------------------|
| J. Frank Hickam, LUTCF 25 Harlech Drive Anglesey Wilmington, DE 19807-2507 | Self-employed Occupation Insurance agent | 10/23/97 | 125.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ | 290.00 | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Edward C. Hiers, CLU, ChFC 18 Constitution Drive Bedford, NH 03110-6000 | Self-employed Occupation Insurance agent | 10/15/97 | 21.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ | 222.60 | |
| C. 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 Occupation Insurance agent | 10/15/97 | 42.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ | 453.60 | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Michael J. Hiller, ChFC 909 N Mayfair Rd. Milwaukee, WI 53226-3429 | Self-employed Occupation Insurance agent | 10/15/97 | 25.20 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ | 252.00 | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Ruble A. Hord, III 901 E. Cary Street #1600 Richmond, VA 23219-4037 | Self-employed Occupation Insurance agent | 10/20/97 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ | 750.00 | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| William V. Irons, CLU, LUTCF 469 Centerville Rd #203 Warwick, RI 02886-4328 | Self-employed Occupation Insurance agent | 10/15/97 | 50.40 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ | 504.00 | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Stewart N. Isbell, LUTCF 12031 Regentview Ave. #200 Downey, CA 90241-5517 | Self-employed Occupation Insurance agent | 10/15/97 | 42.50 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ | 497.50 | |

SUBTOTAL of Receipts This Page (optional)

556.10

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 13 OF
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 |
|---|-------------------------------|-------------------------------------|------------------------------------|
| Donald C. Jayne, CLU, ChFC 21800 Oxnard Street, #450 Woodland Hills, CA 91367-3652 | Self-employed | 10/15/97 | 25.00 |
| 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 | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Russell D. Jenkins, LUTCF P. O. Box 808 Emporia, KS 66801-0808 | Self-employed | 10/15/97 | 25.20 |
| 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 |
| E. Dunbar Jewell, CLU, ChFC 1212 South Boulevard #102 Charlotte, NC 28203-4208 | Self-employed | 10/15/97 | 23.10 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$ 231.00 | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Gary L. Johnson 5301 Keystone Ct Rolling Meadows, IL 60008-3811 | Self-employed | 10/15/97 | 25.20 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$ 252.00 | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Mark D. Johnson, CLU, ChFC 302 W Superior St. 400 Lonsdale Bldg. Headbath, MN 55802-502 | Self-employed | 10/09/97 | 800.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$ 1200.00 | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| J. Richard Jones, LUTCF P. O. Box 4886 Macon, GA 31208-4886 | Self-employed | 10/15/97 | 21.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$ 110.00 | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| James M. Juengling, CLU, ChFC 2400 Big Timber Rd. #200 Elgin, IL 60123 | Self-employed | 10/15/97 | 25.20 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$ 252.00 | |

SUBTOTAL of Receipts This Page (optional)

944.70

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 14 OF
FOR LINE NUMBER 11 (a) (1)

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

NAME OF COMMITTEE (in Full)

National Association of Life Underwriters Political Action Committee

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|-------------------------------|--|------------------------------------|
| Gary L. Kaltenbach, CLU, ChFC 3 Imperial Promenade, #100 Santa Ana, CA 92707-5901 | Self-employed | 10/27/97 | 100.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$ 700.00 | |
| Terry M. Kaltenbach, CLU, ChFC 1455 Frazee Rd #400 San Diego, CA 92108-4378 | Self-employed | 10/15/97 | 42.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$ 294.00 | |
| Stephen M. Karp, CLU, ChFC 400 Hillside Avenue Needham, MA 02194-1226 | Self-employed | 10/15/97 | 21.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$ 210.00 | |
| Michael A. Kasse 5805 Blue Lagoon Dr #180 Miami, FL 33126-2056 | Self-employed | 10/08/97 | 120.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | 10/15/97 Aggregate Year-to-Date > \$ 222.00 | 10.20 |
| John B. Kearns, LUTCF P. O. Box 1029 Scottsbluff, NE 69363-1029 | Self-employed | 10/15/97 | 21.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$ 226.00 | |
| Michael L. Kerley 9424 Talisman Drive Vienna, VA 22182-3419 | Self-employed | 10/14/97 | 20.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | 10/14/97 Aggregate Year-to-Date > \$ 220.00 | 20.00 |
| Casey C. Knake P. O. Box 1541 Norfolk, NE 68702-1541 | Self-employed | 10/15/97 | 21.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$ 226.00 | |

SUBTOTAL of Receipts This Page (optional) 375.20

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 15 OF
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 |
|---|--|-------------------------|------------------------------------|
| Richard A. Koob, CLU, ChFC, AEP 626 W. Moreland Blvd. Waukesha, WI 53188-2433 | Self-employed Occupation: Insurance agent | 10/15/97 | 50.40 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 541.00 | | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Michael J. Kraft, CLU 70 Washington St. #200 Oakland, CA 94607-3738 | Self-employed Occupation: Insurance agent | 10/15/97 | 42.50 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 425.00 | | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Ronald F. Kramer, LUTCF P. O. Box 26 Pierce, NE 68767-0026 | Self-employed Occupation: Insurance agent | 10/15/97 | 21.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 226.80 | | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| James H Krueger, CLU ChFC PIC RHU 3301 N. Ballard Road, #A Appleton, WI 54911-8988 | Self-employed Occupation: Insurance agent | 10/15/97 | 25.20 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 252.00 | | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Bruce C. Lichtenberg, LUTCF 4725 1st Street Ste. 225 Perris, CA 92466-7356 | Self-employed Occupation: Insurance agent | 10/15/97 | 50.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 500.00 | | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Lawrence B. Lounds, CLU G-3526 Miller Rd. Ste-B Flint, MI 48507-1236 | Self-employed Occupation: Insurance agent | 10/15/97 | 42.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 420.00 | | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| J. Peter Lyons, CLU, ChFC, MSFS 800 South Street, Suite 660 Watermill Center Framingham, MA 02152-1439 | Self-employed Occupation: Insurance agent | 10/15/97 | 33.50 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 335.00 | | |

SUBTOTAL of Receipts This Page (optional)

264.60

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 16 OF FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (In Full)

National Association of Life Underwriters Political Action Committee

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|--|--|-------------------------|------------------------------------|
| William L. MacDonald 199 South Los Robles Avenue Suite 600 Redlands, CA 91151-2459 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Self-employed Occupation: Insurance agent | 10/08/97 | 250.00 |
| Aggregate Year-to-Date > \$ | | 250.00 | |
| Gene L. Mahn, CLU, ChFC 1635 La Granada Drive Thousand Oaks, CA 91362-2146 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Self-employed Occupation: Insurance agent | 10/15/97 | 8.50 |
| Aggregate Year-to-Date > \$ | | 485.00 | |
| Waylon T. Mangum, LUTCF 4928 W. Broad Street Richmond, VA 23230 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Self-employed Occupation: Insurance agent | 10/15/97 | 21.00 |
| Aggregate Year-to-Date > \$ | | 210.00 | |
| Claude A. Marlowe, Jr., LUTCF PO Box 3686 Kingsport, TN 37664-0686 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Self-employed Occupation: Insurance agent | 10/15/97 | 21.00 |
| Aggregate Year-to-Date > \$ | | 233.40 | |
| Darren Scott Mason, CLU, ChFC 30092 Ivy Glenn #230 Laguna Niguel, CA 92677-5027 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Self-employed Occupation: Insurance agent | 10/15/97 | 41.66 |
| Aggregate Year-to-Date > \$ | | 266.66 | |
| Pat B. McCoy, LUTCF 3304 Richmond Rd. Texarkana, TX 75503-2134 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Self-employed Occupation: Insurance agent | 10/15/97 | 100.00 |
| Aggregate Year-to-Date > \$ | | 317.00 | |
| Robert F. McKown, CLU, ChFC 2020 Commonwealth Avenue Newton, MA 02166-2006 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Self-employed Occupation: Insurance agent | 10/15/97 | 42.50 |
| Aggregate Year-to-Date > \$ | | 425.00 | |

SUBTOTAL of Receipts This Page (optional)

484.66

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 17 OF
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 |
|---|--|-------------------------|------------------------------------|
| Peter A. McMahon 100 Corporate Pky #118 Amherst, NY 14226-1293 | Self-employed Occupation Insurance agent | 10/15/97 | 21.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ | 210.00 | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Carl F. Mehlhop, CLU, ChFC #1 Sansome Street, Suite 1700 San Francisco, CA 94104-4448 | Self-employed Occupation Insurance agent | 10/15/97 | 21.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ | 205.00 | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Robert T. Merchen, CLU, ChFC 7002 Hodgson Memorial Drive Savannah, GA 31406-1517 | Self-employed Occupation Insurance agent | 10/15/97 | 22.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ | 220.00 | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Dennis R. Merideth, CLU, ChFC 5151 E Broadway Ste-750 Tucson, AZ 85711-3734 | Self-employed Occupation Insurance agent | 10/15/97 | 50.40 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ | 504.00 | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| David A. Middaugh, CLU, AEP P. O. Box 2543 Fargo, ND 58108-2543 | Self-employed Occupation Insurance agent | 10/15/97 | 50.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ | 545.00 | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Carl W. Middleton 1201 Third Avenue #1600 Seattle, WA 98101-3018 | Self-employed Occupation Insurance agent | 10/15/97 | 21.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ | 210.00 | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Harlan V. Miller, CLU, ChFC 1612 Prosser Ave. #200 Dayton, OH 45409-2041 | Self-employed Occupation Insurance agent | 10/15/97 | 25.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ | 235.00 | |

SUBTOTAL of Receipts This Page (optional)

210.40

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 8 OF 11
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 A. Miller 850 Third Ave., 15th Flr. New York, NY 10022-6222 | Self-employed Occupation: Insurance agent | 10/15/97 | 42.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ | 420.00 | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| James W. Monteverde, CLU, ChFC, AB 710 Fifth Avenue Pittsburgh, PA 15219-3000 | Self-employed Occupation: Insurance agent | 10/15/97 | 60.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ | 600.00 | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Raymond H. Moran, CLU, ChFC 1 Commerce Sq. Suite #2250 Memphis, TN 38103 | Self-employed Occupation: Insurance agent | 10/15/97 | 42.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ | 495.60 | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Herbert F. Morgan 1836 Hermitage Blvd. #200 Tallahassee, FL 32308-7706 | Self-employed Occupation: Insurance agent | 10/15/97 | 50.40 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ | 504.00 | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| John H. Myaard, CLU, ChFC 85 Campau NW PO Box 295 Rapid Rapids, MN 55551-0295 | Self-employed Occupation: Insurance agent | 10/31/97 | 200.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ | 300.00 | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Lynn H. Naden 320 S. Green Bay Rd. Waukegan, IL 60085-4859 | Self-employed Occupation: Insurance agent | 10/15/97 | 50.40 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ | 504.00 | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Robert M. Nelson, CLU, LUTCF 10050 Regency Circle #300 Omaha, NE 68114-3722 | Self-employed Occupation: Insurance agent | 10/15/97 | 42.50 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ | 459.00 | |

SUBTOTAL of Receipts This Page (optional) 487.30

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 19 OF 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 |
|--|--|-------------------------|------------------------------------|
| Frank R. Nolimal, CLU, ChFC, LUT 4325 S. Industrial Rd. #300 Las Vegas, NV 89143-4125 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Self-employed Occupation: Insurance agent Aggregate Year-to-Date > \$ 235.80 | 10/15/97 | 30.00 |
| James F. O'Connell, CLU 400 S. Jefferson #450 Spokane, WA 99204-3177 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Self-employed Occupation: Insurance agent Aggregate Year-to-Date > \$ 420.00 | 10/15/97 | 42.00 |
| James W. Oglesby, LUTCF P. O. Box 7156 Asheville, NC 28802 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Self-employed Occupation: Insurance agent Aggregate Year-to-Date > \$ 266.20 | 10/15/97 | 46.20 |
| Rae Lee Olson 419 North Shoreline Blvd. Mountain View, CA 94043-4605 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Self-employed Occupation: Insurance agent Aggregate Year-to-Date > \$ 425.00 | 10/15/97 | 42.50 |
| Mitchell W. Ostrove, CLU, ChFC 4 New King Street White Plains, NY 10604-1202 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Self-employed Occupation: Insurance agent Aggregate Year-to-Date > \$ 128.00 | 10/15/97 | 42.00 |
| Barton C. Pasco, CLU, ChFC 1703 N. Parham Rd #201 Richmond, VA 23229 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Self-employed Occupation: Insurance agent Aggregate Year-to-Date > \$ 218.00 | 10/15/97 | 21.00 |
| Alan S. Pearlstein 16130 Ventura Blvd., Suite 510 Encino, CA 91436-2520 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Self-employed Occupation: Insurance agent Aggregate Year-to-Date > \$ 250.00 | 10/27/97 | 125.00 |

SUBTOTAL of Receipts This Page (optional) 348.70

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 **20** OF
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 |
|---|-------------------------------|------------------------------------|------------------------------------|
| Ralph W. Pellecchia, CLU, ChFC 100 Walnut Avenue, 5th Floor Clark, NJ 07066-1247 | Self-employed | 10/27/97 | 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 | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Gary H. Pendleton, CLU, ChFC 2908 Lake Boone Place Raleigh, NC 27608 | Self-employed | 10/15/97 | 45.83 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$ 458.30 | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Cody H. Phillips, JD, CLU, ChFC 530 Oak Court, Suite 200 Memphis, TN 38117 | Self-employed | 10/15/97 | 42.50 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$ 344.25 | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| R. Jan Pinney, CLU, ChFC, CPCU 3005 Douglas Blvd #120 Roseville, CA 95661-3854 | Self-employed | 10/15/97 | 42.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$ 420.00 | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| William Poe, Jr., CLU 3207 Willowcreek Rd #B Portage, IN 46368-5013 | Self-employed | 10/15/97 | 21.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$ 210.00 | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Henry L. Prien, LUTCF P.O. Box 9315 Fargo, ND 58106-9315 | Self-employed | 10/15/97 | 21.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$ 202.60 | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| John S. Pugh, CLU, MSFS 3330 Pacific Ave. Suite 302 Virginia Beach, VA 23451 | Self-employed | 10/15/97 | 25.00 |
| 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) **797.33**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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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 |
|---|--|-------------------------|------------------------------------|
| Karl H. Rakow, LUTCF 2000 Schafer Street Box 1 Rising Star, ND 58561-1204 <input type="checkbox"/> Other (specify): | Self-employed Occupation: Insurance agent Aggregate Year-to-Date > \$ 471.22 | 10/15/97 | 42.00 |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| William C. Riechert 591 Stewart Ave #Penthouse Garden City, NY 11530-4702 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Self-employed Occupation: Insurance agent Aggregate Year-to-Date > \$ 210.00 | 10/15/97 | 21.00 |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Robert M. Roach, CLU, ChFC 580 S. High Street #100 Columbus, OH 43215-5663 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Self-employed Occupation: Insurance agent Aggregate Year-to-Date > \$ 210.00 | 10/15/97 | 21.00 |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Scott D. Robertson P.O. Box 61526 Ft Myers, FL 33906-1526 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Self-employed Occupation: Insurance agent Aggregate Year-to-Date > \$ 300.00 | 10/14/97 | 300.00 |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Ray V. Robinson 1633 S Chinowth St Visalia, CA 93277-3911 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Self-employed Occupation: Insurance agent Aggregate Year-to-Date > \$ 283.50 | 10/06/97 | -40.50 |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Richard S. Rosenthal, CLU, ChFC 101 South Hanley, #1100 St. Louis, MO 63105-3406 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Self-employed Occupation: Insurance agent Aggregate Year-to-Date > \$ 240.00 | 10/30/97 | 120.00 |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| D. David Russell, CLU, ChFC 2423 Carlisle Place Sarasota, FL 34231-7013 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Self-employed Occupation: Insurance agent Aggregate Year-to-Date > \$ 504.00 | 10/15/97 | 50.40 |

SUBTOTAL of Receipts This Page (optional) 513.90

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **2** OF
FOR LINE NUMBER
11 (a) (1)

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

NAME OF COMMITTEE (In Full)

National Association of Life Underwriters Political Action Committee

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
|---|--|-------------------------|------------------------------------|
| Daniel L. Rust, LUTCF P.O. Box 1335 Bozeman, MT 59771-1335 | Self-employed Occupation: Insurance agent | 10/15/97 | 17.50 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 632.50 | | |
| Robert C. Savage, CLU, ChFC Franklin Park Station P. O. Box 8526 Columbus, OH 43223-8526 | Self-employed Occupation: Insurance agent | 10/26/97 | 500.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 500.00 | | |
| Gregory B. Schaeffer, LUTCF, FIC 2315 30th Ave. Kenosha, WI 53144 | Self-employed Occupation: Insurance agent | 10/15/97 | 25.20 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 252.00 | | |
| G. Douglas Schellman, CLU, ChFC P. O. Box 9969 Colorado Springs, CO 80932-0969 | Self-employed Occupation: Insurance agent | 10/15/97 | 21.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 210.00 | | |
| Lee C. Scheuer, CLU P.O. Box 2540 Menlo Park, CA 94026-2540 | Self-employed Occupation: Insurance agent | 10/27/97 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 350.00 | | |
| Donald B. Schreifels, CLU 5930 Brooklyn Blvd #205 Brooklyn Center, MN 55429-2518 | Self-employed Occupation: Insurance agent | 10/23/97 | 200.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 300.00 | | |
| James D. Schulz, CLU, ChFC 7431 "O" Street Lincoln, NE 68510-2444 | Self-employed Occupation: Insurance agent | 10/15/97 | 42.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 442.20 | | |

SUBTOTAL of Receipts This Page (optional)

1055.70

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

FOR LINE NUMBER 11 (a) (1)

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

NAME OF COMMITTEE (in Full)

National Association of Life Underwriters Political Action Committee

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|--|--|-------------------------|------------------------------------|
| Jerome J. Schwartz P. O. Box 4011 Woodland Hills, CA 91365-4011 | Self-employed Occupation: Insurance agent | 10/06/97 | 100.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | 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 |
| Mark B. Schwendeman 103 Putnam Street Marietta, OH 45750-2924 | Self-employed Occupation: Insurance agent | 10/15/97 | 21.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ | 210.00 | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Walter J. Scott, Jr., CLU 240 Algoma Blvd. P.O. Box 1600 Oshkosh, WI 54902-4779 | Self-employed Occupation: Insurance agent | 10/15/97 | 50.40 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ | 504.00 | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Jaey Sedlacek 555 Walnut, Suite 100 Des Moines, IA 50309-4199 | Self-employed Occupation: Insurance agent | 10/27/97 | 574.80 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ | 574.80 | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Vince R. Settineri, RHU 420 Lake Cook Rd. #111 Deerfield, IL 60015-4914 | Self-employed Occupation: Insurance agent | 10/15/97 | 10.20 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ | 103.00 | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Dale J. Seymour, CLU, ChFC 1789 Indian Wood Circle, #200 Maumee, OH 43537 | Self-employed Occupation: Insurance agent | 10/10/97 10/15/97 | 310.00 10.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ | 410.00 | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| James P. Shaheen, LUTCF 12775 La Mirada Blvd Suite #203 La Mirada, CA 92653 | Self-employed Occupation: Insurance agent | 10/15/97 | 25.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ | 217.50 | |

SUBTOTAL of Receipts This Page (optional)

1101.40

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 4 OF -
FOR LINE NUMBER 11(a)(1)

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

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

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|-------------------------------|--|------------------------------------|
| James John Silbernagel, LUTCF PO BOX 427 KEWASKUM, WI 53040- | Self-employed | 10/15/97 | 25.20 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$ 252.00 | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Richard S. Simpson, CLU, ChFC 1736 Jefferson Street Napa, CA 94559-1703 | Self-employed | 10/15/97 | 25.00 |
| 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 |
| Stanford L. Sirak, CLU, ChFC P. O. Box 35097 Canton, OH 44735-5097 | Self-employed | 10/17/97 | 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 |
| Paul M. Smith, Sr., CLU 980 Cape Marco Drive Monterey 1208 Mariposa Island, FL 34149 | Self-employed | 10/15/97 | 51.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$ 510.00 | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Lawrence Edward Sneed 7730 Pardee Lane Oakland, CA 94621-1424 | Self-employed | 10/15/97 | 21.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$ 210.00 | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Carl H. Sonnenberg, CLU 500 West Monroe St., #2600 Chicago, IL 60661-3630 | Self-employed | 10/30/97 | 150.00 |
| 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 |
| Dennis N. Stansbury, CLU, ChFC 200 Bel River Avenue Logansport, IN 46947-3125 | Self-employed | 10/15/97 | 10.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | 10/23/97 Aggregate Year-to-Date > \$ 125.00 | 12.50 |

SUBTOTAL of Receipts This Page (optional) 519.70

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 26 OF
FOR LINE NUMBER 11(a) (1)

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

NAME OF COMMITTEE (In Full)

National Association of Life Underwriters Political Action Committee

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|-------------------------------|------------------------------------|------------------------------------|
| Robert W. Talbott, CLU, LUTCF 400 East 2nd Avenue #104 Eugene, OR 97401-2452 | Self-employed | 10/15/97 | 21.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$ 210.00 | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| John Michael Taylor, CLU, ChFC P.O. Box 7546 Columbus, GA 31908-7546 | Self-employed | 10/15/97 | 42.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$ 420.00 | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Robert L. Tedoldi, CLU ChFC CFP 95 Glastonbury Blvd 4th Fl Glastonbury, CT 06033-4412 | Self-employed | 10/15/97 | 42.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$ 470.00 | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Gregory M. Telge, CLU, ChFC 1779 Elm Street Manchester, NH 03104 | Self-employed | 10/15/97 | 21.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$ 222.60 | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Neal A. Thomas, CLU, ChFC 2127 Winthrop Road Lincoln, NE 68502-4156 | Self-employed | 10/27/97 | 100.00 |
| 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 |
| Brad Tison, CLU, ChFC, CFP P. O. Box 65770 W. Des Moines, IA 50265-0770 | Self-employed | 10/15/97 | 50.40 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$ 267.00 | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Rhoda S. Toles, CAE 1405 Lilac Drive North #121 Minneapolis, MN 55422-4520 | Self-employed | 10/15/97 | 42.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$ 232.00 | |

SUBTOTAL of Receipts This Page (optional)

318.40

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 17
 FOR LINE NUMBER 11(a)(1)

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

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|-------------------------------|------------------------------------|------------------------------------|
| Raymond F. Truncellito, CLU 66 Hanover St 301 Manchester, NH 03101-2230 | Self-employed | 10/15/97 | 21.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$ 222.60 | |
| B. 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 | 10/27/97 | 125.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$250.00 | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Adam Varrenti, Jr., CLU, ChFC 9 N Five Points Rd Flr-2 West Chester, PA 19380-4739 | Self-employed | 10/15/97 | 25.20 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$252.00 | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Robert D. Vieluf, LUTCF 1703 Golfview PO Box 98 Collinsville, IL 62234-4832 | Self-employed | 10/15/97 | 25.20 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$207.00 | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Sylvia J. Walker, LUTCF, CPIW 805 Terrace Drive Newport News, VA 23601-2240 | Self-employed | 10/15/97 | 21.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$10.00 | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| David R. Watson, CLU, ChFC, AEP One Liberty Place, Suite 680 Philadelphia, PA 19103-7301 | Self-employed | 10/15/97 | 50.40 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$64.00 | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| John C. Watson, III CLU ChFC AEP 823 N. Elm St. #100 Greensboro, NC 27401-1597 | Self-employed | 10/24/97 | 330.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$30.00 | |

SUBTOTAL of Receipts This Page (optional)

597.80

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

National Association of Life Underwriters Political Action Committee

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|-------------------------------|------------------------------------|------------------------------------|
| Ronald I. Woodmansee, CLU, ChFC 204 W Route 3B Moorestown, NJ 08057-3225 | Self-employed | 10/15/97 | 30.00 |
| 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 |
| Peter J. Worth 380 Lexington Avenue New York, NY 10168-0002 | Self-employed | 10/08/97 | 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 |
| Mark L. Yavornitzki, CAE 38 Sheridan Avenue Albany, NY 12210-2714 | Self-employed | 10/15/97 | 21.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$210.00 | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Dennis M. Zaverl 2044 Galilee Oval Hinckley, OH 44233-9509 | Self-employed | 10/24/97 | 100.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$200.00 | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Theodore J. Zouzounis, CLU 3 Altarinda Road, Suite 300 Orinda, CA 94563-2601 | Self-employed | 10/15/97 | 30.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Insurance agent | Aggregate Year-to-Date > \$00.00 | |
| 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) 431.00

TOTAL This Period (last page this line number only) 17382.63

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

PAGE OF
1 7
FOR LINE NUMBER
29

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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 |
|---|---|-------------------------|---|
| Earl Pomeroy for Congress PO Box 746 Bismark, ND 58502 | Earl Pomeroy ND-A/L \$3,000.00 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 10/01/97 | \$1,000.00 |
| Jerry Lewis for Congress Box 247 Redlands, CA 92373 | Jerry Lewis CA-40 \$2,000.00 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 10/01/97 | \$1,000.00 |
| Friends of Newt Gingrich 1085 Holcomb Bridge Road Suite 109A Roswell, GA 30076 | Newt Gingrich GA-6 \$4,000.00 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 10/01/97 | \$2,000.00 |
| Charles H. Taylor for Congress P.O. Box 2355 Asheville, NC 28802 | Charles H. Taylor NC-11 \$1,000.00 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 10/01/97 | \$500.00 |
| Ken Bentsen for Congress 3728 South Loop West Houston, TX 77025 | Ken Bentsen TX-25 \$2,000.00 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 10/06/97 | \$1,000.00 |
| Hoosiers Supporting Buyer P.O. Box 712 Monticello, IN 47960 | Stephen E. Buyer IN-5 \$500.00 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 10/05/97 | \$500.00 |
| Carolyn B. Maloney for Congress 49 East 92nd Street New York, NY 10128 | Carolyn B. Maloney NY-14 \$1,500.00 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 10/06/97 | \$1,500.00 |
| Maxine Waters for Congress 600 Wilshire Blvd #1500 Los Angeles, CA 90017 | Maxine Waters CA-35 \$1,000.00 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 10/06/97 | \$1,000.00 |
| James H. Maloney for Congress*98 1325 East Main Street Waterbury, CT 06705 | James H. Maloney CT-5 \$1,000.00 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 10/06/97 | \$1,000.00 |

SUBTOTAL of Disbursements This Page (optional)

\$9,500.00

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 2 OF 7
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 |
|--|---|-------------------------|---|
| Monday Morning PAC P.O. Box 10097 Arlington, VA 22210 | Monday Morning PAC \$5,000.00 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998 | 10/06/97 | \$5,000.00 |
| LaFourette for Congress Cmte. 7200 Center Street #102 Mentor, OH 44060 | Steve LaFourette OH-19 \$3,000.00 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998 | 10/07/97 | \$500.00 |
| Max Sandlin for Congress 1600 S. Washington Marshall, TX 75670 | Max Sandlin TX-1 \$1,000.00 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998 | 10/08/97 | \$500.00 |
| Dan BURTON for Congress Box 50593 Indianapolis, IN 46250 | Dan BURTON IN-6 \$4,000.00 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998 | 10/08/97 | \$2,000.00 |
| Honor for Congress 237 Gratiot Mt Clemens, MI 48043 | David E. Senior MI-10 \$4,000.00 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998 | 10/08/97 | \$2,000.00 |
| LoBiondo for Congress 738 East Landis Avenue Suite 101 Vineland, NJ 08360 | Frank LoBiondo NJ-2 \$2,500.00 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998 | 10/08/97 | \$1,500.00 |
| Lots of People for Jim Saxton Box 795 Mt. Holly, NJ 08060 | James Saxton NJ-3 \$5,000.00 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998 | 10/08/97 | \$1,500.00 |
| Pastor for Arizona 802 North 3rd Avenue Phoenix, AZ 85003 | Ed Pastor AZ-2 \$500.00 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998 | 10/08/97 | \$500.00 |
| Ed Royce for Congress PO Box 6765 Fullerton, CA 92634 | Ed Royce CA-39 \$1,000.00 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998 | 10/09/97 | \$1,000.00 |

\$14,500.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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 |
|--|---|-------------------------|---|
| Albert Wynn for Congress PO Box 5232 Capitol Heights, MD 20791 | Albert Wynn MD-4 \$2,000.00 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 10/09/97 | \$1,000.00 |
| Kay Granger for Congress 1701 River Run Suite 1113 Ft. Worth, TX 76107 | Kay Granger TX-12 \$500.00 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 10/16/97 | \$500.00 |
| Diana DeGette for Congress 770 Grant Street #218 Denver, CO 80203 | Diana L. DeGette CO-1 \$1,000.00 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 10/16/97 | \$1,000.00 |
| Rogan Campaign Committee 3525 N. Verdugo Road Glendale, CA 91208 | James Rogan CA-27 \$3,500.00 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 10/16/97 | \$1,000.00 |
| Volunteers for Shimkus P.O. Box 5458 Springfield, IL 62704 | John Shimkus IL-20 \$2,500.00 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 10/16/97 | \$1,000.00 |
| Rick Robinson for Congress P.O. Box 175888 Fort Mitchell, KY 41017 | Rick Robinson KY-4 \$3,000.00 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 10/16/97 | \$1,000.00 |
| Weller for Congress P.O. Box 687 Morris, IL 60450 | Jerry Weller IL-11 \$2,500.00 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 10/20/97 | \$1,000.00 |
| Pennsylvanians for Kanjorski 103 S. Hanover Street Nanticocke, PA 18634 | Paul Kanjorski PA-11 \$3,629.00 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 10/20/97 | \$1,000.00 |
| Friends of John Boehner 7908 Cincinnati-Dayton Rd. #1 West Chester, OH 45069 | John Boehner OH-8 \$2,000.00 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 10/20/97 | \$2,000.00 |

SUBTOTAL of Disbursements This Page (optional) \$9,500.00

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
 FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

National Association of Life Underwriters Political Action Committee

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|--|-------------------------|---|
| Team Emerson '98 P.O. Box 822 Cape Girardeau, MO 63702 | Jo Ann Emerson MO-8 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 10/20/97 | \$1,000.00 |
| Nathan Deal for Congress P.O. Box 902 Gainesville, GA 30503 | Nathan Deal GA-9 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 10/21/97 | \$1,000.00 |
| Bryant For Congress PO Box 1961 Cordova, TN 38088 | Ed Bryant TN-7 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 10/21/97 | \$1,500.00 |
| DeLauro for Congress 49 Huntington Street New Haven, CT 06511 | Rosa DeLauro CT-3 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 10/21/97 | \$500.00 |
| Sherrod Brown For Congress 111 Edgefield Drive Blyria, OH 44035 | Sherrod Brown OH-13 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 10/21/97 | \$1,000.00 |
| Linder for Congress P.O. Box 942060 Atlanta, GA 31141 | John Linder GA-11 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 10/21/97 | \$1,000.00 |
| Pennsylvanians for Kanjorski 103 S. Hanover Street Nanticocke, PA 18634 | Paul Kanjorski PA-11 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 10/21/97 | \$129.00 |
| Lazio For Congress '98 PO Box 5063 Bayshore, NY 11706 | Rick A. Lazio NY-2 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 10/22/97 | \$1,000.00 |
| Ensign For Congress 4012 S. Rainbow Blvd. Suite K-611 Las Vegas, NV 89103 | John Ensign NV-1 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 10/22/97 | \$500.00 |

SUBTOTAL of Disbursements This Page (optional)

\$7,629.00

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
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

National Association of Life Underwriters Political Action Committee

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|--|-------------------------|---|
| Friends of Ray LaHood 3311 N. Sterling, Suite 10 Peoria, IL 61604 | Ray LaHood IL-18 \$2,000.00 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 10/22/97 | \$500.00 |
| Engel for Congress 12 Harding Parkway Mt. Vernon, NY 10552 | Eliot L. Engel NY-17 \$500.00 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 10/22/97 | \$500.00 |
| Jim McGovern for Congress P.O. Box 404 Worcester, MA 01606 | James P. McGovern MA-3 \$500.00 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 10/23/97 | \$500.00 |
| Jim Turner For Congress 603 E. Goliad Street Crockett, TX 75835 | Jim Turner TX-2 \$500.00 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 10/23/97 | \$500.00 |
| Dooley For Congress P.O. Box 1367 Visalia, CA 93279 | Calvin Dooley CA-20 \$1,000.00 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 10/23/97 | \$500.00 |
| Friends of Senator D'Amato 425 Second Street, NE Washington, DC 20002 | Alfonse M. D'Amato NY-SEN \$4,000.00 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 10/23/97 | \$1,000.00 |
| Friends of Gerry Kleczka 3268 S. 9th Street Milwaukee, WI 53215 | Gerald D. Kleczka WI-4 \$1,000.00 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 10/27/97 | \$1,000.00 |
| Levin For Congress 145 N. Georgetown Square Royal Oak, MI 48067 | Sander Levin MI-12 \$1,000.00 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 10/27/97 | \$1,000.00 |
| People For English PO Box 1940 Erie, PA 16507 | Phil English PA-21 \$2,000.00 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 10/27/97 | \$1,000.00 |

SUBTOTAL of Disbursements This Page (optional)

\$6,500.00

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

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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 |
|--|---|-------------------------|---|
| Jefferson Committee P.O. Box 77137 Washington, DC 20013 | William J. Jefferson LA-2 \$2,000.00 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 10/27/97 | \$1,000.00 |
| Evan Bayh Committee One North Capitol Avenue Suite 200 Indianapolis, IN 46204 | Evan Bayh IN-SEN \$5,000.00 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 10/27/97 | \$5,000.00 |
| Committee for Loretta Sanchez 12553 S. Harbor Blvd Garden Grove, CA 92840 | Loretta Sanchez CA-46 \$500.00 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 10/27/97 | \$500.00 |
| Hooley for Congress 6545 Failing Street West Linn, OR 97068 | Darlene Kay Hooley OR-5 \$500.00 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 10/29/97 | \$500.00 |
| Friends of Bryan 6100 Elton Avenue Suite 1000 Las Vegas, NV 89107 | Richard H. Bryan NV-SEN \$1,000.00 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/29/97 | \$1,000.00 |
| The Congressman Joe Barton Com Box 1444 Ennis, TX 75119 | Joe Barton TX-6 \$3,500.00 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 10/29/97 | \$1,500.00 |
| Hastings for Congress Comm. P.O. Box 2926 Pasco, WA 99302 | Richard Hastings WA-4 \$2,000.00 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 10/31/97 | \$1,000.00 |
| Holden For Congress 502 Walnut Street Reading, PA 19601 | Timothy Holden PA-6 \$2,000.00 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 10/31/97 | \$1,000.00 |
| Rick Hill for Congress P.O. Box 1256 Helena, MT 59604 | Rick Hill MT-A/L \$3,000.00 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 10/31/97 | \$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 7 OF 7
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 |
|--|--|-------------------------|---|
| Bob Ney For Congress P.O. Box 490 St. Clairsville, OH 43950 | Bob Ney OH-18 \$3,500.00 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 10/31/97 | \$1,000.00 |
| Lots of People For Jim Saxton Box 795 Mt. Holly, NJ 08060 | James Saxton NJ-3 \$5,000.00 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 10/31/97 | \$1,000.00 |
| Leadership for America PAC c/o Geoff Gleason 6126 11th Road Arlington, VA 22205 | Leadership for America PAC \$5,000.00 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 10/31/97 | \$2,500.00 |
| Nethercutt For Congress PO Box 1925 Spokane, WA 99210 | George Nethercutt WA-5 \$500.00 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 10/31/97 | \$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)

\$5,000.00

TOTAL This Period (last page this line number only)

\$65,129.00

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 type="checkbox"/> Hand Delivered | Date of Receipt |
| <input type="checkbox"/> First Class Mail | POSTMARKED |
| <input checked="" type="checkbox"/> Registered/Certified Mail | POSTMARKED 11-20-97 |
| <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>SES</i> PREPARER | 11-24-97 DATE PREPARED |