

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
AUG 20 1 08 PM '98

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

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

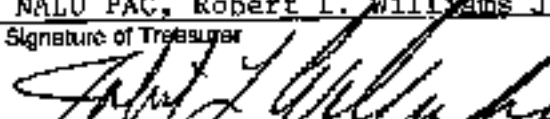
## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year End Report  
 July 31 Mid Year Report (Non-election Year Only)  
 Termination Report
- Monthly Report Due On:  
 February 20     June 20     October 20  
 March 20     July 20     November 20  
 April 20     August 20     December 20  
 May 20     September 20     January 31
- 12-Day Pre-Election Report for the \_\_\_\_\_  
(Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_
- 30-Day Post-Election Report following the General Election  
on \_\_\_\_\_ in the State of \_\_\_\_\_
- (b) Is this Report an Amendment?     YES     NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	7/1/98 through 7/31/98		
6. (a) Cash on Hand January 1, 1998			\$ 798,698.87
(b) Cash on Hand at Beginning of Reporting Period		\$ 685,796.33	
(c) Total Receipts (from Line 19)		\$ 67,167.49	\$ 544,018.49
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 752,963.76	\$ 1,342,717.36
7. Total Disbursements (from Line 30)		\$ 135,939.41	\$ 725,693.01
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 617,024.35	\$ 617,024.35
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$ 0	For further information contact Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-684-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		\$ 0	

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  
NALU PAC, Robert L. Williams Jr., CPA, Acting Assistant Treasurer

Signature of Treasurer  Date  
8/20/98

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §457g.

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD		
National Association of Life Underwriters <del>Political Action Committee</del>	FROM 7/1/98	TO: 7/31/98	
I Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	11,023.90	74,660.43	11(a)
ii. Unitemized	54,527.63	459,130.06	11(b)
iii. Total (add i and ii) >	65,551.53	533,790.49	11(c)
b. Political Party Committees	0.00	0.00	11(d)
c. Other Political Committees (such as PACs)	0.00	0.00	11(e)
d. Total Contributions (add a iii, b and c) >	65,551.53	533,790.49	11(f)
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	1615.90	10,228.00	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	67,167.43	544,018.49	19
20. Total Federal Receipts (subtract line 18 from line 19) >	67,167.43	544,018.49	20
<b>II Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21(a)
ii. Non-Federal Share	0.00	0.00	21(b)
b. Other Federal Operating Expenditures	2339.41	174,699.00	21(c)
c. Total Operating Expenditures (add a i, a ii, and b) >	2339.41	174,699.00	21(d)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	133,500.00	550,600.50	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:	100.00	393.51	
a. Individual/Persons Other Than Political Committees			28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c) >	100.00	393.51	28(d)
29. Other Disbursements	0.00	0.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	135,939.41	725,693.01	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	135,939.41	725,693.01	31
<b>III Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans) (from line 11d)	65,551.53	533,790.49	32
33. Total Contribution Refunds (from line 28d)	100.00	393.51	33
34. Net Contributions (other than loans) (subtract line 33 from line 32)	65,451.53	533,396.98	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	2,339.41	174,699.00	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from line 35) >	2,339.41	174,699.00	37

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

**NAME OF COMMITTEE (In Full)**

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephen D. Andersen 7431 "O" Street Lincoln, NE 68510-2444	Self-employed	07/10/98	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 336.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carol A. Anderson, CFP, LUTCF 260 Regency Parkway S-401 Omaha, NE 68114-3716	Self-employed	07/10/98	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 200.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert U. Anderson, CLU P. O. Box 127 Jonesborough, TN 37659-0127	Self-employed	07/10/98	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 352.60	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael A. Aun, II, FIC, LUTCF P.O. Drawer 701385 St. Cloud, FL 34770-1385	Self-employed	07/27/98	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
Daniel B. Barry 121 West Trade Street, Ste. 300 Charlotte, NC 28202	Self-employed	07/10/98	110.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 247.50	
F. 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	07/10/98	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	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Fred R. Bean, CLU 8201 Cantrell Road #265 Little Rock, AR 72227-2400	Self-employed	07/10/98	84.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 388.00	

**SUBTOTAL** of Receipts This Page (optional) ..... 473.40

**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 2 OF 16  
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
Kent A. Bennett, LUTCF 514 Pine Street Williamsport, PA 17701-5047	Self-employed	07/10/98	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 352.80	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph M. Berwanger, CLU, ChFC 2245 Northbank Drive Columbus, OH 43220-5422	Self-employed	07/20/98	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 300.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David E. Bianchi, CLU P. O. Box 10358 Reno, NV 89510-0358	Self-employed	07/10/98	30.00
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
Eugene W. Bluemly, Jr. 1000 Urban Ctr. Dr. #100 Birmingham, AL 35242-2515	Self-employed	07/27/98	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	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John J. Bradley, CLU 100 Congress Street Quincy, MA 02169-0906	Self-employed	07/10/98	41.66
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 291.62	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gary A. Branon, CLU, ChFC 890 Lamont Ave., Ste-201 Novato, CA 94945-4100	Self-employed	07/10/98	42.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 297.50	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Patricia Beal Brown, CLU, RHU 778 Riverside Dr. Box 109 Macon, GA 31201-0317	Self-employed	07/16/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 250.00	

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

764.56

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

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lawrence A. Chargin 1350 E Spruce, Suite 100 Fresno, CA 93720	Self-employed	07/10/98	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	
B. 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	07/10/98	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date \$ 420.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
W. Adam Clatsoff, CLU, ChFC 3000 N.W. 101 Lane Coral Springs, FL 33065-3930	Self-employed	07/20/98	600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date \$ 1200.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Orris "Vic" W. Crum 7300 W. 110th Street #950 Overland Park, KS 66210-2350	Self-employed	07/10/98	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date \$ 216.90	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R. Scott Culbertson, CFP, CEBS 2023 Cato Drive, #102 State College, PA 16801-2765	Self-employed	07/10/98	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date \$ 352.80	
F. 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	07/10/98	42.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date \$ 297.50	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ronald D. Dauzenroth 11120 126th Street Court East Puyallup, WA 98374	Self-employed	07/10/98	4.25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date \$ 529.75	

SUBTOTAL of Receipts This Page (optional) ..... 849.55

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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PAGE 4 OF 16  
FOR LINE NUMBER 11(a) (i)

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**NAME OF COMMITTEE (in Full)**

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John A. Davidson, LUTCF 1329 E Thousand Oaks Blvd., Ste 128 Thousand Oaks, CA 91362	Self-employed	07/10/98	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	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Joseph L. Davis, CLU, ChFC, CFP 1625 K Street N.W. #400 Washington, D.C. 20006-1604	Self-employed	07/10/98	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 352.80	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
David S. Dickenson, II, CLU ChFC 29500 Aurora Rd., #2 Solon, OH 44139	Self-employed	07/10/98	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	
D. 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	07/10/98	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	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Donald Edleman, CLU 475 Sansome St #1800 San Francisco, CA 94111-3141	Self-employed	07/10/98	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	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Donald A. Michelberger, CLU 209 East San Harnan Drive Waterloo, IA 50702-5839	Self-employed	07/10/98	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 352.80	
G. 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	07/10/98	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	

310.80

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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PAGE 5 OF 16  
FOR LINE NUMBER 11(a) (i)

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**NAME OF COMMITTEE (In Full)**

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jeffrey L. Ferrier, LUTCF 1117 Ellis St. #C & D Bellingham, WA 98225-5203	Self-employed	07/10/98	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 350.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alan R. Finkelstein, CLU 120 W. 45th Street, Flr - 14 New York, NY 10036-4041	Self-employed	07/03/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas F. Plournoy, Jr., CLU P. O. Box 1013 Macon, GA 31202-1013	Self-employed	07/10/98	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	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steven M. Frank, CLU 5666 Winside Court Weslake Village, CA 91362	Self-employed	07/10/98	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 230.00	
E. 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	07/10/98	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 330.00	
F. 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	07/10/98	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 215.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Seymour Geller, CPP, ChFC, CLU 11 West 42nd St., 29th Flr. New York, NY 10036-8002	Self-employed	07/20/98	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 650.00	

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

584.00

**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 6 OF 16

FOR LINE NUMBER 11(a) (i)

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**NAME OF COMMITTEE (In Full)**

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Harold A. Gillet, LUTCF P.O. Box 2907 Missoula, MT 59806-2907	Self-employed	07/10/98	12.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 238.75	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael P. Grossman, CPP 95 Glastonbury Blvd. Glastonbury, CT 06033-4412	Self-employed	07/10/98	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	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph H. Gwinn, CPCU, ChFC P.O. Box 308 Vinton, VA 24179-0308	Self-employed	07/10/98	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	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bruce A. Hager 1635 42nd St. SW Bargo, ND 58103	Self-employed	07/10/98	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 336.00	
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	07/10/98	42.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 297.50	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alex Hanson, CLU, ChFC One Cate Street Portsmouth, NH 03801	Self-employed	07/10/98	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 336.00	
G. 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	07/10/98	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 200.00	

248.00

SUBTOTAL of Receipts This Page (optional)

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 16  
FOR LINE NUMBER 11(a) (i)

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**NAME OF COMMITTEE (In Full)**

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Terry K. Headley, LUTCF 8990 West Dodge Road #225 Omaha, NE 68114-3315	Self-employed	07/10/98	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 400.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bruce C. Hendrickson, CLU, ChFC P. O. Box 765 415 East Avenue Holdrege, NE 68949-0765	Self-employed	07/09/98	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard L. Hill, CLU, ChFC P.O. Box 30275 Lincoln, NE 68503-0275	Self-employed	07/10/98	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 336.00	
D. 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	07/10/98	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 352.80	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stewart N. Isbell, LUTCF 15143 Bellflower Blvd. Bellflower, CA 90706	Self-employed	07/10/98	42.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 297.50	
F. 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 1213 South Boulevard #102 Charlotte, NC 28203-4208	Self-employed	07/10/98 07/09/98	23.10 55.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 216.70	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Terry M. Kaltenbach, CLU, ChFC 1455 Frazee Rd #400 San Diego, CA 92108-4378	Self-employed	07/10/98	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	

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

805.00

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 8 OF 16

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
Randy R. Kilgore, CLU, LUTCF, RHU 830 North Tegen, Ste-303 Colorado Springs, CO 80903-4719	Self-employed	07/30/98	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard A. Koob, CLU, ChFC, ABP 626 W. Moreland Blvd. Waukesha, WI 53188-2433	Self-employed	07/10/98	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 352.80	
C. 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	07/10/98	42.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 297.50	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Arthur D. Kraus, CLU, ChFC 12100 Wilshire Blvd. Suite 500 Los Angeles, CA 90025-7105	Self-employed	07/23/98	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
D. Michael Lane, CLU 411 Union St., #1910 Nashville, TN 37219-1701	Self-employed	07/10/98	5.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 367.80	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bruce C. Lichtenberg, LUTCF 3730 Mt. Diablo Blvd. #220 Lafayette, CA 94549-3613	Self-employed	07/10/98	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 350.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lawrence E. Lounds, CLU G-3526 Miller Rd. Ste-B Flint, MI 48507-1236	Self-employed	07/10/98	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 302.00	

**SUBTOTAL** of Receipts This Page (optional) ..... 790.30

**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 9 OF 16

FOR LINE NUMBER 11 (a) (i)

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**NAME OF COMMITTEE (In Full)**

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. Peter Lyons, CLU, ChFC, MSPS 800 South Street, Suite 660 Watermill Center Waltham, MA 02154-1439	Self-employed	07/10/98	33.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$	234.50
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Douglas M. MacNeil, CLU 8832 N. Fort Washington, Rd. Suite 250 Milwaukee, WI 53217	Self-employed	07/10/98	480.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$	1080.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gene L. Mahn, CLU, ChFC 1635 La Granada Drive Thousand Oaks, CA 91362-2146	Self-employed	07/10/98	8.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$	359.50
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Darren Scott Mason, CLU, ChFC 30092 Ivy Glenn #230 Laguna Niquel, CA 92677-5027	Self-employed	07/10/98	41.66
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$	291.62
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ben E. McCoy, CLU, ChFC, RHU 37 West Broad St., #1070 Columbus, OH 43215-4132	Self-employed	07/16/98	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
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pat B. McCoy, LUTCF 3304 Richmond Rd. Texarkana, TX 75503-2134	Self-employed	07/10/98	100.00
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
James C. McGill, CLU, ChFC 7101 Mercy Road Suite 411 Omaha, NE 68106-2737	Self-employed	07/17/98	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$	550.00

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

1188.66

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedules for each category of the Detailed Summary Page

PAGE 10 OF 16  
FOR LINE NUMBER 11(a) (i)

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**NAME OF COMMITTEE (In Full)**

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert F. McKown, CLU, ChFC 2020 Commonwealth Avenue Newton, MA 02166-2006	Self-employed	07/10/98	42.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 297.50	
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	07/10/98	21.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 297.00	
C. 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	07/10/98	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 352.80	
D. 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 1019 5th Ave., S. Fargo, ND 58103	Self-employed	07/10/98	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 486.00	
E. 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	07/10/98	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	
F. 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, AEP 710 Fifth Avenue Pittsburgh, PA 15219-3000	Self-employed	07/10/98	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 420.00	
G. 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 1755 N. Kirby Pkwy. #300 Memphis, TN 38120	Self-employed	07/10/98	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 352.80	

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

326.30

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (in Full)**

National Association of Life Underwriters Political Action Committee

<b>A. Full Name, Mailing Address and ZIP Code</b> Herbert F. Morgan 1836 Hermitage Blvd. #200 Tallahassee, FL 32308-7706		Name of Employer Self-employed	Date (month, day, year) 07/10/98	Amount of Each Receipt this Period 50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Insurance Agent	Aggregate Year-to-Date > \$ 352.80	
<b>B. Full Name, Mailing Address and ZIP Code</b> Lynn H. Naden 320 S. Green Bay Rd. Waukegan, IL 60085-4859		Name of Employer Self-employed	Date (month, day, year) 07/10/98	Amount of Each Receipt this Period 50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Insurance Agent	Aggregate Year-to-Date > \$ 352.80	
<b>C. Full Name, Mailing Address and ZIP Code</b> Robert M. Wilson, CLU, LUTCF 10050 Regency Circle #300 Omaha, NE 68114-3722		Name of Employer Self-employed	Date (month, day, year) 07/10/98	Amount of Each Receipt this Period 42.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Insurance Agent	Aggregate Year-to-Date > \$ 340.00	
<b>D. Full Name, Mailing Address and ZIP Code</b> Frank R. Nolimal, CLU, ChFC 4325 S. Industrial Rd. #300 Las Vegas, NV 89103-4125		Name of Employer Self-employed	Date (month, day, year) 07/10/98	Amount of Each Receipt this Period 30.00
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>E. Full Name, Mailing Address and ZIP Code</b> James F. O'Connell, CLU 400 S. Jefferson #450 Spokane, WA 99204-3177		Name of Employer Self-employed	Date (month, day, year) 07/10/98	Amount of Each Receipt this Period 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	
<b>F. Full Name, Mailing Address and ZIP Code</b> James W. Ogleaby, LUTCF P. O. Box 7156 Asheville, NC 28802		Name of Employer Self-employed	Date (month, day, year) 07/10/98 07/10/98	Amount of Each Receipt this Period 45.10 220.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Insurance Agent	Aggregate Year-to-Date > \$ 535.70	
<b>G. Full Name, Mailing Address and ZIP Code</b> Rae Lee Olson 419 North Shoreline Blvd. Mountain View, CA 94043-4605		Name of Employer Self-employed	Date (month, day, year) 07/10/98	Amount of Each Receipt this Period 42.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Insurance Agent	Aggregate Year-to-Date > \$ 297.50	

**SUBTOTAL** of Receipts This Page (optional) ..... 522.90

**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

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FOR LINE NUMBER 11(a) (i)

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**NAME OF COMMITTEE (in Full)**

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mitchell W. Ostrove, CLU, ChFC 4 New King Street White Plains, NY 10604-1202	Self-employed	07/10/98	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	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gary E. Pendleton, CLU, ChFC 2601 Oberlin Road, Suite 201 Raleigh, NC 27608	Self-employed	07/10/98	45.83
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 320.81	
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 P.O. Box 9303 Des Moines, IA 50306-9303	Self-employed	07/10/98 07/13/98	60.00 120.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 402.00	
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	07/10/98	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	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alan Press, CLU, LUTCF 888 Seventh Avenue #301 New York, NY 10106	Self-employed	07/22/98	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	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard L. Rawlings, CLU, ChFC 650 Elm St. #350 Manchester, NH 03101-2502	Self-employed	07/10/98	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 230.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Burton T. Ritchie, CLU 438 N. Easton Rd., Box 86 Glenside, PA 19038-4903	Self-employed	07/10/98	600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 600.00	

SUBTOTAL of Receipts This Page (optional)

1459.83

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11(a) (i)

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NAME OF COMMITTEE (in Full)

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
D. David Russell, CLU, ChFC 2423 Carlisle Place Sarasota, FL 34231-7013	Self-employed	07/10/98	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$	352.80
B. 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	07/10/98	17.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$	342.58
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James D. Schulz, CLU, ChFC 7431 "O" Street Lincoln, NE 68510-2444	Self-employed	07/10/98	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$	336.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Walter J. Scott, Jr., CLU P.O. Box 1600 Oshkosh, WI 54902-1600	Self-employed	07/10/98	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$	352.80
E. 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 5101 College Blvd. S-100 Leawood, KS 66211-1614	Self-employed	07/10/98	51.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$	357.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert C. Stineman, CLU 4505 Morningside Drive Omaha, NE 68134-2936	Self-employed	07/27/98	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
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David L. Stratton, CLU, ChFC 6927 Old Seward Hwy. Anchorage, AK 99518-3331	Self-employed	07/10/98	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$	350.00

SUBTOTAL of Receipts This Page (optional) ..... 386.30

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedules for each category of the Detailed Summary Page

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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

<p><b>A. Full Name, Mailing Address and ZIP Code</b>                  Peter A. Sullivan, CLU                  One Providence Washington Plaza                  Seventh Floor                  Providence, RI 02903</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b>                  Self-employed</p> <p><b>Occupation</b>                  Insurance Agent</p>	<p><b>Date (month, day, year)</b>                  07/31/98</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 250.00</p>	<p><b>Amount of Each Receipt this Period</b>                  250.00</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b>                  Donald R. Svoboda, CLU, ChFC                  5930 S 58th St #2                  Lincoln, NE 68516-3653</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b>                  Self-employed</p> <p><b>Occupation</b>                  Insurance Agent</p>	<p><b>Date (month, day, year)</b>                  07/10/98</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 200.00</p>	<p><b>Amount of Each Receipt this Period</b>                  25.00</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b>                  John Michael Taylor, CLU, ChFC                  P.O. Box 7546                  Columbus, GA 31908-7546</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b>                  Self-employed</p> <p><b>Occupation</b>                  Insurance Agent</p>	<p><b>Date (month, day, year)</b>                  07/10/98</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 294.00</p>	<p><b>Amount of Each Receipt this Period</b>                  42.00</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b>                  Robert L. Tadoldi, CLU, ChFC, CFP                  95 Glastonbury Blvd., 4th Fl.                  Glastonbury, CT 06033-4412</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b>                  Self-employed</p> <p><b>Occupation</b>                  Insurance Agent</p>	<p><b>Date (month, day, year)</b>                  07/10/98</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 294.00</p>	<p><b>Amount of Each Receipt this Period</b>                  42.00</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b>                  Brad Tison, CLU, ChFC, CFP                  P. O. Box 65770                  W. Des Moines, IA 50265-0770</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b>                  Self-employed</p> <p><b>Occupation</b>                  Insurance Agent</p>	<p><b>Date (month, day, year)</b>                  07/10/98</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 352.00</p>	<p><b>Amount of Each Receipt this Period</b>                  50.40</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b>                  E. Hardy Vaughn, Jr., CLU, ChFC                  P. O. Box 532017                  Orlando, FL 32853-2017</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b>                  Self-employed</p> <p><b>Occupation</b>                  Insurance Agent</p>	<p><b>Date (month, day, year)</b>                  07/13/98</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 300.00</p>	<p><b>Amount of Each Receipt this Period</b>                  300.00</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b>                  Jim E. Waggoner, PIC, LUTCF                  300 East 58th Street North                  Sioux Falls, SD 57104-0421</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b>                  Self-employed</p> <p><b>Occupation</b>                  Insurance Agent</p>	<p><b>Date (month, day, year)</b>                  07/03/98</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 250.00</p>	<p><b>Amount of Each Receipt this Period</b>                  250.00</p>

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

959.40

**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 15 OF 16  
FOR LINE NUMBER 11(a) (i)

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**NAME OF COMMITTEE (In Full)**

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David R. Watson, CLU, ChFC, AEP One Liberty Place, Suite 680 Philadelphia, PA 19103-7301	Self-employed	07/10/98	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 352.80	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark A. Weber, JD, CLU, ChFC 11516 Miracle Hills Drive Suite 102 Omaha, NE 68154-4473	Self-employed	07/17/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R. David Wentz, JD, CLU 4500 W 89th Street Suite 200 Shawnee Mission, KS 66207	Self-employed	07/23/98	120.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 240.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lester E. Westgard 1351 Page Drive, Ste. 204 Fargo, ND 58103-3536	Self-employed	07/10/98	25.00
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
William T. Whitmore, Jr., LUTCF P.O. Box 4748 Virginia Beach, VA 23454-0748	Self-employed	07/10/98	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	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David C. Whitney, CLU 99 Park Ave., Fl. 19 New York, NY 10016-7326	Self-employed	07/03/98	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	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Susan Wier 8023 S. Zikes Road Bloomington, IN 47401-9176	Self-employed	07/10/98 07/16/98	25.00 57.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 232.50	

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

694.90

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (In Full)**

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Harold L. Wilshinsky, CLU, ChFC 301 Penn Ave. Scranton, PA 18503	Self-employed	07/20/98	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Barry L. Wolfe, CLU 20750 Ventura Blvd., #300 Woodland Hills, CA 91364	Self-employed	07/09/98	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 200.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ronald I. Woodmansee, CLU, ChFC 204 W Route 38 Monroestown, NJ 08057-3225	Self-employed	07/10/98	30.00
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
Theodore J. Zouzounis, CLU 3 Altarinda Road, Suite 300 Orinda, CA 94563-2601	Self-employed	07/10/98	30.00
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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

660.00

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

11023.90

**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 1 OF 1  
FOR LINE NUMBER 17

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**NAME OF COMMITTEE (in Full)**

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code First Union National Bank Of Washington, DC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Interest	Name of Employer Occupation Aggregate Year-to-Date > \$10,228.00	Date (month, day, year) 7/31/98	Amount of Each Receipt this Period 1615.90
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional) ..... 1615.90

**TOTAL** This Period (last page this line number only) ..... 1615.90

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 21b

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**NAME OF COMMITTEE (In Full)**

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
First Union National Bank of Washington, DC	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Bank Charges	7/31/98	2519.35
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

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

2519.35

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

2519.35

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

**Contributions to Federal Candidates/Committees**

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NAME OF COMMITTEE (in Full) National Association of Life Underwriters Political Action Committee			
Full Name, Mailing Address and ZIP Code <b>Leadership 21 5501 Cherokee Avenue Suite 112 Alexandria, VA 22312</b>	Purpose of Disbursement <b>EAC to PAC Contribution</b> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: Annual 1998	Date (month, day, year) <b>7/10/98</b>	Amount of Each Disbursement this Period <b>\$2,500.00</b>
Full Name, Mailing Address and ZIP Code <b>Ackerman for Congress P O Box 650095 Fresh Meadows, NY 11365</b>	Purpose of Disbursement <b>Contribution: Gary L. Ackerman (NY-5-D)</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	Date (month, day, year) <b>7/31/98</b>	Amount of Each Disbursement this Period <b>\$1,000.00</b>
Full Name, Mailing Address and ZIP Code <b>Dick Arney Campaign Committee PO Box 85 Lewisville, TX 75067</b>	Purpose of Disbursement <b>Contribution: Richard K. Arney (TX-26-R)</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other: 1998	Date (month, day, year) <b>7/17/98</b>	Amount of Each Disbursement this Period <b>\$1,000.00</b>
Full Name, Mailing Address and ZIP Code <b>Barcia For Congress P.O. Box 775 Bay City, MI 48707</b>	Purpose of Disbursement <b>Contribution: James A. Barcia (MI-5-D)</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	Date (month, day, year) <b>7/29/98</b>	Amount of Each Disbursement this Period <b>\$500.00</b>
Full Name, Mailing Address and ZIP Code <b>Bob Barr for Congress PO Box 4323 Marietta, GA 30061</b>	Purpose of Disbursement <b>Contribution: Bob Barr (GA-7-R)</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	Date (month, day, year) <b>7/10/98</b>	Amount of Each Disbursement this Period <b>\$1,000.00</b>
Full Name, Mailing Address and ZIP Code <b>Friends of Max Baucus Box 6268 Buteman, MT 59715</b>	Purpose of Disbursement <b>Contribution: Max S. Baucus (MT-D)</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 2002	Date (month, day, year) <b>7/13/98</b>	Amount of Each Disbursement this Period <b>\$1,000.00</b>
Full Name, Mailing Address and ZIP Code <b>Evan Bayh Committee One North Capitol Avenue Suite 200 Indianapolis, IN 46204</b>	Purpose of Disbursement <b>Contribution: Evan Bayh (IN-D)</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other: 1998	Date (month, day, year) <b>7/10/98</b>	Amount of Each Disbursement this Period <b>\$1,000.00</b>
Full Name, Mailing Address and ZIP Code <b>Don Benton for Congress 16313 Northeast Leaper Road Vancouver, WA 98686</b>	Purpose of Disbursement <b>Contribution: Don Benton (WA-3-R)</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	Date (month, day, year) <b>7/20/98</b>	Amount of Each Disbursement this Period <b>\$1,500.00</b>
Full Name, Mailing Address and ZIP Code <b>Judy Biggart for Congress PO Box 637 Hinsdale, IL 60522-9756</b>	Purpose of Disbursement <b>Contribution: Judy Biggart (IL-13-R)</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other: 1998	Date (month, day, year) <b>7/20/98</b>	Amount of Each Disbursement this Period <b>\$2,500.00</b>
<b>SUBTOTAL of Disbursements This Page (optional)</b> .....			<b>\$12,000.00</b>
<b>TOTAL This Period (last page this line number only)</b> .....			

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE **2** OF **11**  
FOR LINE NUMBER **23**

**Contributions to Federal Candidates/Committees**

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution: <b>Brian P. Bilbray (CA-49-R)</b>	Date (month, day, year)	Amount of Each Disbursement this Period
<b>Bilbray for Congress</b> 970 Seacoast Drive Imperial Beach, CA 91932	DISBURSEMENT FOR: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other: 1998	7/9/98	\$500.00
<b>Mike Bilirakis for Congress</b> P O Box 1077 Tarpon Springs, FL 34688	Purpose of Disbursement Contribution: <b>Michael Bilirakis (FL-9-R)</b>	Date (month, day, year) 7/31/98	Amount of Each Disbursement this Period \$2,000.00
	DISBURSEMENT FOR: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998		
<b>Bishop for Congress</b> P.O. Box 6020 Albany, GA 31706	Purpose of Disbursement Contribution: <b>Sanford D. Bishop, Jr. (GA-2-D)</b>	Date (month, day, year) 7/13/98	Amount of Each Disbursement this Period \$500.00
	DISBURSEMENT FOR: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998		
<b>Bishop for Congress</b> P.O. Box 6020 Albany, GA 31706	Purpose of Disbursement Contribution: <b>Sanford D. Bishop, Jr. (GA-2-D)</b>	Date (month, day, year) 7/17/98	Amount of Each Disbursement this Period \$1,000.00
	DISBURSEMENT FOR: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998		
<b>Thomas J Billey for Congress Committee</b> P.O.Box 17095 Richmond, VA 23216	Purpose of Disbursement Contribution: <b>Thomas J. Billey, Jr. (VA-7-R)</b>	Date (month, day, year) 7/22/98	Amount of Each Disbursement this Period \$1,000.00
	DISBURSEMENT FOR: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other: 1998		
<b>Friends of Sherwood Hochlert Committee</b> PO Box C Utica, NY 13503	Purpose of Disbursement Contribution: <b>Sherwood L. Hochlert (NY-23-R)</b>	Date (month, day, year) 7/31/98	Amount of Each Disbursement this Period \$1,000.00
	DISBURSEMENT FOR: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998		
<b>Missourians for Kit Bond</b> Box 132 Jefferson City, MO 65102	Purpose of Disbursement Contribution: <b>Kit Bond (MO-R)</b>	Date (month, day, year) 7/28/98	Amount of Each Disbursement this Period \$5,000.00
	DISBURSEMENT FOR: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other: 1998		
<b>Texas for Henry Bonilla</b> 3905 Tattmail Schertz, TX 78154	Purpose of Disbursement Contribution: <b>Henry Bonilla (TX-23-R)</b>	Date (month, day, year) 7/17/98	Amount of Each Disbursement this Period \$500.00
	DISBURSEMENT FOR: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other: 1998		
<b>Brownback For Congress</b> 515 S. Kansas Ave. Topeka, KS 66603	Purpose of Disbursement Contribution: <b>Sam Brownback (KS-R)</b>	Date (month, day, year) 7/28/98	Amount of Each Disbursement this Period \$4,000.00
	DISBURSEMENT FOR: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998		

SUBTOTAL of Disbursements This Page (optional)	\$15,500.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE **3** OF **11**  
FOR LINE NUMBER **23**

**Contributions to Federal Candidates/Committees**

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NAME OF COMMITTEE (in Full) National Association of Life Underwriters Political Action Committee			
Full Name, Mailing Address and ZIP Code <b>Bryant for Congress</b> PO Box 1961 Cordova, TN 38088	Purpose of Disbursement <b>Contribution: Edward G. Bryant (TN-7-R)</b>  Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: _____ 1998	Date (month, day, year) <b>7/29/98</b>	Amount of Each Disbursement this Period <b>\$1,000.00</b>
Full Name, Mailing Address and ZIP Code <b>Committee for the Preservation of Capitalism</b> PO Box 22614 Alexandria, VA 22304	Purpose of Disbursement <b>PAC to PAC contribution</b>  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: Annual _____ 1998	Date (month, day, year) <b>7/10/98</b>	Amount of Each Disbursement this Period <b>\$2,500.00</b>
Full Name, Mailing Address and ZIP Code <b>Cook for Congress</b> 8 East Broadway/Suite 614 Salt Lake City, UT 84111	Purpose of Disbursement <b>Contribution: Merrill Cook (UT-2-R)</b>  Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other: _____ 1998	Date (month, day, year) <b>7/28/98</b>	Amount of Each Disbursement this Period <b>\$2,500.00</b>
Full Name, Mailing Address and ZIP Code <b>Cooksey for Congress Committee</b> 1310 North 19th Street Monroe, LA 71201	Purpose of Disbursement <b>Contribution: John C. Cooksey (LA-5-R)</b>  Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: _____ 1998	Date (month, day, year) <b>7/31/98</b>	Amount of Each Disbursement this Period <b>\$500.00</b>
Full Name, Mailing Address and ZIP Code <b>Crane For Congress</b> 1450 S. New Wilke Road, #101 Arlington Hgts, IL 60015	Purpose of Disbursement <b>Contribution: Philip M. Crane (IL-8-R)</b>  Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other: _____ 1998	Date (month, day, year) <b>7/21/98</b>	Amount of Each Disbursement this Period <b>\$1,000.00</b>
Full Name, Mailing Address and ZIP Code <b>Delahunt for Congress Committee</b> 500 Victory Road Quincy, MA 02171	Purpose of Disbursement <b>Contribution: William D. Delahunt (MA-10-D)</b>  Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: _____ 1998	Date (month, day, year) <b>7/31/98</b>	Amount of Each Disbursement this Period <b>\$1,500.00</b>
Full Name, Mailing Address and ZIP Code <b>Peter Deutsch for Congress</b> PO Box 26778 Tamarac, FL 33320	Purpose of Disbursement <b>Contribution: Peter Deutsch (FL-20-D)</b>  Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: _____ 1998	Date (month, day, year) <b>7/31/98</b>	Amount of Each Disbursement this Period <b>\$2,000.00</b>
Full Name, Mailing Address and ZIP Code <b>Lincoln Diaz-Balart for Congress Committee</b> 9747 NW 41 St, #131 Miami, FL 33178	Purpose of Disbursement <b>Contribution: Lincoln Diaz-Balart (FL-21-R)</b>  Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: _____ 1998	Date (month, day, year) <b>7/31/98</b>	Amount of Each Disbursement this Period <b>\$2,500.00</b>
Full Name, Mailing Address and ZIP Code <b>Norm Dicks For Congress</b> PO Box 1663 Tacoma, WA 98401	Purpose of Disbursement <b>Contribution: Norman D. Dicks (WA-6-D)</b>  Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: _____ 1998	Date (month, day, year) <b>7/31/98</b>	Amount of Each Disbursement this Period <b>\$1,000.00</b>
<b>SUBTOTAL of Disbursements This Page (optional)</b> .....			<b>\$14,500.00</b>
<b>TOTAL This Period (last page this line number only)</b> .....			

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

**Contributions to Federal Candidates/Committees**

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution: Jennifer R. Dunn (WA-8-R)	Date (month, day, year)	Amount of Each Disbursement this Period
Friends of Jennifer B. Dunn PO Box 40110 Bellevue, WA 98004	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	7/31/98	\$1,000.00
Full Name, Mailing Address and ZIP Code Vern Ehlers for Congress P.O. Box 3340 Grand Rapids, MI 49501	Purpose of Disbursement Contribution: Vernon J. Ehlers (MI-3-R)	Date (month, day, year) 7/29/98	Amount of Each Disbursement this Period \$500.00
	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998		
Full Name, Mailing Address and ZIP Code Ehrlich for Congress Committee 1527 York Road Lutherville, MD 21093	Purpose of Disbursement Contribution: Robert L. Ehrlich, Jr. (MD-2-R)	Date (month, day, year) 7/31/98	Amount of Each Disbursement this Period \$2,000.00
	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998		
Full Name, Mailing Address and ZIP Code Friends of Mike Forbes For Congress PO Box 505 Farmingville, NY 11738	Purpose of Disbursement Contribution: Michael P. Forbes (NY-1-R)	Date (month, day, year) 7/31/98	Amount of Each Disbursement this Period \$500.00
	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998		
Full Name, Mailing Address and ZIP Code Republican Majority Fund 1155 21st Street, NW Suite 300 Washington, DC 20036	Purpose of Disbursement PAC to PAC contribution	Date (month, day, year) 7/10/98	Amount of Each Disbursement this Period \$2,500.00
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: Annual 1998		
Full Name, Mailing Address and ZIP Code Gallegly For Congress Box 3789 Simi Valley, CA 93093	Purpose of Disbursement Contribution: Elton Gallegly (CA-23-R)	Date (month, day, year) 7/6/98	Amount of Each Disbursement this Period \$500.00
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other: 1998		
Full Name, Mailing Address and ZIP Code Sam Gejdenson Re-Election Comm. P.O. Box 1818 Bozrah, CT 06334	Purpose of Disbursement Contribution: Sam Gejdenson (CT-2-D)	Date (month, day, year) 7/31/98	Amount of Each Disbursement this Period \$1,000.00
	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998		
Full Name, Mailing Address and ZIP Code Citizens For Gilman Box 3001 Middletown, NY 10940	Purpose of Disbursement Contribution: Benjamin A. Gilman (NY-20-R)	Date (month, day, year) 7/31/98	Amount of Each Disbursement this Period \$1,000.00
	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998		
Full Name, Mailing Address and ZIP Code Porter Goss Re-Election Team P.O. Box 517 Fort Myers, FL 33902	Purpose of Disbursement Contribution: Porter J. Goss (FL-14-R)	Date (month, day, year) 7/31/98	Amount of Each Disbursement this Period \$2,000.00
	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998		

SUBTOTAL of Disbursements This Page (optional)	\$11,000.00
TOTAL This Period (last page this line number only)	



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

**Contributions to Federal Candidates/Committees**

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NAME OF COMMITTEE (in Full) National Association of Life Underwriters Political Action Committee			
Full Name, Mailing Address and ZIP Code <b>Hatch Election Committee</b> Box 3464 Salt Lake City, UT 84111	Purpose of Disbursement <b>Contribution: Orrin G. Hatch (UT-R)</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 2000	Date (month, day, year) 7/28/98	Amount of Each Disbursement this Period <b>\$1,000.00</b>
Full Name, Mailing Address and ZIP Code <b>Comm. to Re-Elect J.D. Hayworth</b> P.O. Box 14273 Scottsdale, AZ 85267	Purpose of Disbursement <b>Contribution: J.D. Hayworth (AZ-6-R)</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other: 1998	Date (month, day, year) 7/6/98	Amount of Each Disbursement this Period <b>\$1,000.00</b>
Full Name, Mailing Address and ZIP Code <b>Hosemann for Congress</b> PO Box 13632 Jackson, MS 36236-3632	Purpose of Disbursement <b>Contribution: Delbert Hosemann (MS-4-R)</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other: 1998	Date (month, day, year) 7/20/98	Amount of Each Disbursement this Period <b>\$2,500.00</b>
Full Name, Mailing Address and ZIP Code <b>Friends of Houghton</b> Box 1107 Corning, NY 14830	Purpose of Disbursement <b>Contribution: Amory Houghton (NY-31-R)</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	Date (month, day, year) 7/31/98	Amount of Each Disbursement this Period <b>\$2,000.00</b>
Full Name, Mailing Address and ZIP Code <b>Daniel K. Inouye in '98</b> 700 13th Street, NW Suite 400 Washington, DC 20005	Purpose of Disbursement <b>Contribution: Daniel K. Inouye (HI-D)</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	Date (month, day, year) 7/28/98	Amount of Each Disbursement this Period <b>\$2,500.00</b>
Full Name, Mailing Address and ZIP Code <b>Chris John for Congress</b> PO Box 971 Crowley, LA 70527	Purpose of Disbursement <b>Contribution: Christopher John (LA-7-D)</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	Date (month, day, year) 7/31/98	Amount of Each Disbursement this Period <b>\$500.00</b>
Full Name, Mailing Address and ZIP Code <b>Nancy Johnson For Congress</b> P.O. Box 1986 New Britain, CT 06050	Purpose of Disbursement <b>Contribution: Nancy L. Johnson (CT-6-R)</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other: 1998	Date (month, day, year) 7/29/98	Amount of Each Disbursement this Period <b>\$1,000.00</b>
Full Name, Mailing Address and ZIP Code <b>Citizens for Kasich</b> 2021 E. Dublin-Granville Rd #215 Columbus, OH 43229	Purpose of Disbursement <b>Contribution: John R. Kasich (OH-12-R)</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other: 1998	Date (month, day, year) 7/27/98	Amount of Each Disbursement this Period <b>\$2,500.00</b>
Full Name, Mailing Address and ZIP Code <b>Larson for Congress</b> 1087 Old Main Street East Hartford, CT 06108	Purpose of Disbursement <b>Contribution: John Larson (CT-1-D)</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	Date (month, day, year) 7/20/98	Amount of Each Disbursement this Period <b>\$2,500.00</b>
<b>SUBTOTAL of Disbursements This Page (optional)</b>			<b>\$15,500.00</b>
<b>TOTAL This Period (last page this line number only)</b>			

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

**Contributions to Federal Candidates/Committees**

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution: <b>Tom Latham (IA-5-R)</b>	Date (month, day, year)	Amount of Each Disbursement this Period
<b>Latham For Congress</b> P.O. Box 174 Sioux City, IA 51102	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other: 1998	7/27/98	\$500.00
<b>Lazio for Congress '98</b> P.O. Box 5063 Bayshore, NY 11706	Purpose of Disbursement Contribution: <b>Rick A. Lazio (NY-2-R)</b>	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	7/31/98	\$1,000.00
<b>Lincoln for Senate</b> PO Box 3197 Little Rock, AR 72203	Purpose of Disbursement Contribution: <b>Blanche Lambert Lincoln (AR-D)</b>	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other: 1998	7/28/98	\$2,000.00
<b>Friends of Bob Livingston</b> 5163 Gen. DeGaulle, #210 New Orleans, LA 70131	Purpose of Disbursement Contribution: <b>Robert L. Livingston (LA-1-R)</b>	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	7/31/98	\$1,000.00
<b>Nita Lowey for Congress Comm.</b> P.O. Box 271 White Plains, NY 10605	Purpose of Disbursement Contribution: <b>Nita M. Lowey (NY-18-D)</b>	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	7/31/98	\$500.00
<b>Ken Lucas for Congress</b> 8100 Burlington Pike Suite 334 Florence, KY 41042	Purpose of Disbursement Contribution: <b>Ken Lucas (KY-4-D)</b>	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other: 1998	7/20/98	\$1,000.00
<b>Maloney for Congress</b> 49 East 92nd Street New York, NY 10128	Purpose of Disbursement Contribution: <b>Carolyn B. Maloney (NY-14-D)</b>	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	7/31/98	\$1,500.00
<b>McCain Re-election Committee</b> 1211 Connecticut Avenue, NW Suite 506 Washington, DC 20036	Purpose of Disbursement Contribution: <b>John McCain (AZ-R)</b>	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	7/28/98	\$4,000.00
<b>Friends of Carolyn McCarthy</b> PO Box 190 Mineola, NY 11501	Purpose of Disbursement Contribution: <b>Carolyn McCarthy (NY-4-D)</b>	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	7/31/98	\$1,000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	\$12,500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

**Contributions to Federal Candidates/Committees**

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NAME OF COMMITTEE (in Full) National Association of Life Underwriters Political Action Committee			
Full Name, Mailing Address and ZIP Code Jim McGovern for Congress PO Box 404 Worcester, MA 01606	Purpose of Disbursement Contribution: James P. McGovern (MA-3-D) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other 1998	Date (month, day, year) 7/31/98	Amount of Each Disbursement this Period \$500.00
Full Name, Mailing Address and ZIP Code Citizens for Jack Metcalf 12811 8th Avenue West Suite B-101 Everett, WA 98204	Purpose of Disbursement Contribution: Jack Metcalf (WA-2-R) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other 1998	Date (month, day, year) 7/20/98	Amount of Each Disbursement this Period \$1,000.00
Full Name, Mailing Address and ZIP Code Mica for Congress PO Box 181546 Casselberry, FL 32718-1546	Purpose of Disbursement Contribution: John L. Mica (FL-7-R) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other 1998	Date (month, day, year) 7/31/98	Amount of Each Disbursement this Period \$1,000.00
Full Name, Mailing Address and ZIP Code Friends of Dan Miller 1111 Third Avenue W., Suite 200 Bradenton, FL 34205	Purpose of Disbursement Contribution: Dan Miller (FL-13-R) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other 1998	Date (month, day, year) 7/31/98	Amount of Each Disbursement this Period \$500.00
Full Name, Mailing Address and ZIP Code Gary Miller for Congress PO Box 4682 Diamond Bar, CA 91765	Purpose of Disbursement Contribution: Gary Miller (CA-41-R) Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other 1998	Date (month, day, year) 7/27/98	Amount of Each Disbursement this Period \$2,500.00
Full Name, Mailing Address and ZIP Code Minge for Congress P.O. Box 364 Montevideo, MN 56265	Purpose of Disbursement Contribution: David Minge (MN-2-D) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other 1998	Date (month, day, year) 7/31/98	Amount of Each Disbursement this Period \$500.00
Full Name, Mailing Address and ZIP Code Friends for Connie Morella 7101 Wisconsin Ave. NW #102 Bethesda, MD 20817	Purpose of Disbursement Contribution: Constance A. Morella (MD-8-R) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other 1998	Date (month, day, year) 7/31/98	Amount of Each Disbursement this Period \$500.00
Full Name, Mailing Address and ZIP Code Braun for U S Senate 201 N. Wells/9th Floor Chicago, IL 60601	Purpose of Disbursement Contribution: Carol Moseley-Braun (IL-D) Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other 1998	Date (month, day, year) 7/28/98	Amount of Each Disbursement this Period \$2,500.00
Full Name, Mailing Address and ZIP Code People for Patty Murray U S Senate Campaign 2666 East Lake Avenue Room 2988 Seattle, WA 98124	Purpose of Disbursement Contribution: Patty Murray (WA-D) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other 1998	Date (month, day, year) 7/31/98	Amount of Each Disbursement this Period \$1,000.00
SUBTOTAL of Disbursements This Page (optional)			\$10,000.00
TOTAL This Period (last page this line number only)			

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

**Contributions to Federal Candidates/Committees**

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution: [Candidate Name] ([State]-[District])	Date (month, day, year)	Amount of Each Disbursement this Period
Nadler for Congress Inc 175 West 90th Street New York, NY 10024	Contribution: Jerrold Nadler (NY-8-D) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	7/31/98	\$500.00
Richard E. Neal For Congress 76 Magnolia Terrace #718 Springfield, MA 01108	Contribution: Richard E. Neal (MA-2-D) Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other: 1998	7/22/98	\$5,000.00
Eleanor Holmes Norton for Cgs 2201 Wisconsin Ave, NW #320 Washington, DC 20007	Contribution: Eleanor H. Norton (DC-DELIHOU-D) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	7/31/98	\$500.00
Oxley for Congress Committee Box 1996 Findlay, OH 45839	Contribution: Michael G. Oxley (OH-4-R) Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other: 1998	7/13/98	\$1,000.00
Pryce for Congress 340 E Gay Street Columbus, OH 43215	Contribution: Deborah Pryce (OH-15-R) Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other: 1998	7/27/98	\$1,000.00
Quinn For Congress PO Box 2012 Blasdell, NY 14219	Contribution: Jack Quinn (NY-30-R) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	7/31/98	\$1,000.00
Reynolds for Congress PO Box 141 Williamsville, NY 14231	Contribution: Tom Reynolds (NY-27-R) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	7/20/98	\$2,500.00
Ros-Lehtinen for Congress P O Box 52-2784 Miami, FL 33152	Contribution: Heana Ros-Lehtinen (FL-18-R) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	7/31/98	\$1,000.00
Roth Senate Committee P.O. Box 105 Wilmington, DE 19899	Contribution: William V. Roth, Jr. (DE-R) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 2000	7/21/98	\$1,000.00

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

**Contributions to Federal Candidates/Committees**

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Ryan for Congress Box 1919 Janesville, WI 53547-9941	Contribution: Paul Ryan (WI-1-R) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	7/20/98	\$2,500.00
Matt Salmon For Congress P.O. Box 24890h Street Tempe, AZ 85285	Contribution: Matthew Salmon (AZ-1-R) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	7/31/98	\$1,000.00
Shadegg For Congress P.O. Box 45444 Phoenix, AZ 85064	Contribution: John Shadegg (AZ-4-R) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	7/31/98	\$1,000.00
Friends of Clay Shaw Box 2188 Ft Lauderdale, FL 33303-2188	Contribution: E. C. Shaw, Jr. (FL-22-R) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	7/9/98	\$1,000.00
Texans For Lamar Smith Box 6155 San Antonio, TX 78209	Contribution: Lamar Smith (TX-21-R) Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other: 1998	7/17/98	\$1,000.00
Citizens for Arlen Specter The Curtis Center 6th & Walnut Sts, Suite 126 Philadelphia, PA 19106	Contribution: Arlen Specter (PA-R) Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other: 1998	7/28/98	\$5,000.00
Friends of Cliff Stearns Cmte Box 308 Silver Springs, FL 34489	Contribution: Clifford B. Stearns (FL-6-R) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	7/31/98	\$2,500.00
Ted Strickland for Congress PO Box 580 Lucasville, OH 45648	Contribution: Ted Strickland (OH-6-D) Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other: 1998	7/20/98	\$1,000.00
Bob Stump Election Committee P.O. Box 130 Tolleson, AZ 85353	Contribution: Bob Stump (AZ-3-R) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	7/31/98	\$1,000.00

SUBTOTAL of Disbursements This Page (optional)	\$16,000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

**Contributions to Federal Candidates/Committees**

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution: [Name] ([State]-[Year]-[Letter])	Date (month, day, year)	Amount of Each Disbursement this Period
Sweeney for Congress PO Box 4137 Clifton Parks, NY 12065	Contribution: John Sweeney (NY-22-R) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other 1998	7/28/98	\$2,500.00
Ellen Tauscher for Congress PO Box 2889 Danville, CA 94526	Contribution: Ellen O. Tauscher (CA-10-D) Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other 1998	7/28/98	\$2,000.00
The Billy Tauzin Committee P.O. Box 1407 Thibodaux, LA 70302	Contribution: W. J. Tauzin (LA-3-R) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other 1998	7/31/98	\$2,500.00
Walsh For Congress Committee Box 1974 Syracuse, NY 13201	Contribution: James T. Walsh (NY-25-R) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other 1998	7/31/98	\$1,000.00
Watkins for Congress PO Box WW Stillwater, OK 74076	Contribution: Wes Watkins (OK-3-R) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other 1998	7/29/98	\$1,000.00
Friends of Dave Weldon Committee P.O. Box 968 Melbourne, FL 32902	Contribution: Dave Weldon (FL-15-R) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other 1998	7/31/98	\$500.00
Weller for Congress PO Box 687 Morris, IL 60450	Contribution: Gerald C. Weller (IL-11-R) Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other 1998	7/6/98	\$1,000.00
Robert Wexler for Congress Committee 2500 North Military Trail Ste 288 Boca Raton, FL 33431	Contribution: Robert Wexler (FL-19-D) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other 1998	7/31/98	\$1,000.00
Friends for Rick White P O Box 8156 Kirkland, WA 98034	Contribution: Rick White (WA-1-R) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other 1998	7/31/98	\$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	OF
11	11
FOR LINE NUMBER	
23	

**Contributions to Federal Candidates/Committees**

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

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Bill Young for Congress Committee P.O. Box 47025 St. Petersburg, FL 33742	Contribution: C. W. Young (FL-10-R)	7/31/98	\$500.00
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other: 1998			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	\$500.00
<b>TOTAL</b> This Period (last page this line number only) .....	\$133,500.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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1	1
FOR LINE NUMBER 28(a)	

**Refunds of Contributions To Individuals**

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
<b>James Hart</b> 9035 Wadsworth Parkway Suite 4020 Westminster, CO 80021	<b>Refund to Individual</b>  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: Other 1998	<b>7/16/98</b>	<b>\$100.00</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>\$100.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>\$100.00</b>



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
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<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>JLW</i> PREPARER	 8-26-98 DATE PREPARED