

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
JUN 23 12 25 PM '98

1. NAME OF COMMITTEE (in full) National Association of Life Underwriters Political Action Committee		2. FEC IDENTIFICATION NUMBER C00005249
ADDRESS (number and street) 1922 F Street, NW	<input type="checkbox"/> Check if different than previously reported	
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
- March 20
- April 20
- May 20
- June 30
- July 20
- August 20
- September 20
- October 20
- November 20
- December 20
- January 31

- Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____.
- Thirtieth day report following the General Election on _____ in the State of _____.

b) Is this Report an Amendment? YES NO

SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6/1/98 through 6/30/98		
6. (a) Cash on Hand January 1, 1998		\$ 798,698.87
(b) Cash on Hand at Beginning of Reporting Period	\$ 908,914.09	
(c) Total Receipts (from Line 19)	\$ 69,246.59	\$ 476,851.06
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 978,160.68	\$ 1,275,549.93
7. Total Disbursements (from Line 30)	\$ 292,364.35	\$ 589,753.60
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 685,796.33	\$ 685,796.33
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	

For Further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer NALU PAC, Robert L. Williams, Jr., CPA, Acting Assistant Treasurer	Date 7/20/98
Signature of Treasurer 	

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

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE National Association of Life Underwriters Political Action Committee		REPORT COVERING PERIOD	
		FROM: 6/1/98	TO: 6/30/98
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		10,326.98	63,636.53
ii. Unitemized		57,259.25	404,602.43
iii. Total	(add i and ii) *	67,586.23	468,238.96
b. Political Party Committees		\$0.00	\$0.00
c. Other Political Committees (such as PACs)		\$0.00	\$0.00
d. Total Contributions	(add a iii, b and c) *	67,586.23	468,238.96
12. Transfers From Affiliated/Other Party Committees		\$0.00	\$0.00
13. All Loans Received		\$0.00	\$0.00
14. Loan Repayments Received		\$0.00	\$0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		\$0.00	\$0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		\$0.00	\$0.00
17. Other Federal Receipts (Dividends, Interest, etc.)		1,660.36	8,612.10
18. Transfers from Nonfederal Account for Joint Activity		\$0.00	\$0.00
19. Total Receipts	(add line 11 d, 12, 13, 14, 15, 16, 17, and 18) *	69,246.59	476,851.06
20. Total Federal Receipts	(subtract line 18 from line 19) *	69,246.59	476,851.06
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share		\$0.00	\$0.00
ii. Non-Federal Share		\$0.00	\$0.00
b. Other Federal Operating Expenditures		163,364.35	172,359.59
c. Total Operating Expenditures	(add a i, a ii, and b) *	163,364.35	172,359.59
22. Transfers to Affiliated/Other Party Committees		\$0.00	\$0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees		\$129,000.00	417,100.50
24. Independent Expenditures (use Schedule E)		\$0.00	\$0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		\$0.00	\$0.00
26. Loan Repayments Made		\$0.00	\$0.00
27. Loans Made		\$0.00	\$0.00
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees		\$0.00	293.51
b. Political Party Committees		\$0.00	\$0.00
c. Other Political Committees (such as PACs)		\$0.00	\$0.00
d. Total Contribution Refunds	(add a, b and c) *	\$0.00	293.51
29. Other Disbursements		\$0.00	\$0.00
30. Total Disbursements	(add 21 c, 22, 23, 24, 25, 26, 27, 28d, and 29) *	292,364.35	589,753.60
31. Total Federal Disbursements	(subtract line 21 a ii from line 30) *	292,364.35	589,753.60
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		67,586.23	468,238.96
33. Total Contribution Refunds (from line 28d)		0.00	293.51
34. Net Contributions (other than loans)(subtract line 33 from 32)		67,586.23	467,945.45
35. Total Federal Operating Expenditures	(add 21 a i and 21 b) *	163,364.35	172,359.59
36. Offsets to Operating Expenditures (from line 15)		0.00	0.00
37. Net Operating Expenditures	(subtract line 36 from 35) *	163,364.35	172,359.59

SCHEDULE A

ITEMIZED RECEIPTS

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

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

NAME OF COMMITTEE (in Full)

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephen D. Andersen 7431 "O" Street Lincoln, NE 68510-2444	Self-employed	06/10/98	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
Robert B. Anderson, CLU P.O. Box 127 Jonesborough, TN 37659-0127	Self-employed	06/10/98	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 302.40	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Craig Beachnaw, LIC 3217 West Saginaw Lansing, MI 48917-2310	Self-employed	06/10/98	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 252.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Fred R. Bean, CLU 8201 Cantrell Road #265 Little Rock, AR 72227-2400	Self-employed	06/10/98	52.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 304.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kent A. Bennett, LUTCP 514 Pine St Williamsport, PA 17701-5047	Self-employed	06/10/98	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 302.40	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas W. Bishop, CLU 91 Main Street Andover, MA 01810	Self-employed	06/17/98	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	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John J. Bradley, CLU 100 Congress Street Quincy, MA 02169-0906	Self-employed	06/10/98	41.66
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 249.96	

SUBTOTAL of Receipts This Page (optional)

578.46

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 15

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
Gary A. Bramon, CLU, ChFC 890 Lamont Ave Ste-201 Novato, CA 94945-4100	Self-employed	06/10/98	42.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 255.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Lawrence A. Chargin 1350 E Spruce Suite 100 Fresno, CA 93720	Self-employed	06/10/98	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 252.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Queenie M. Chee, CLU, LUTCF 833 Waika Place Honolulu, HI 96825-1061	Self-employed	06/29/98	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	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Thomas R. Clark, CLU, ChFC 974 73rd Street #26 Des Moines, IA 50312-1026	Self-employed	06/10/98	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 360.00	
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, CBBS 2023 Cato Drive, #102 State College, PA 16801-2765	Self-employed	06/10/98	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 302.40	
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	06/10/98	42.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 255.00	
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	06/10/98	4.25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 525.50	

SUBTOTAL of Receipts This Page (optional) 341.65

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 15
FOR LINE NUMBER 11 (a) (1)

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NAME OF COMMITTEE (In Full)

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John A. Davidson, LUTCF 1329 E Thousand Oaks Blvd. Suite 128 Thousand Oaks, CA 91362	Self-employed	06/10/98	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 252.00	
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, DC 20006-1604	Self-employed	06/10/98	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 302.40	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert J. DeValle, CLU, ChFC 1500 Main Street, 25th Floor Suite 2522 Springfield, MA 01115-0001	Self-employed	06/25/98	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul S. Davore, CLU, CFP 6345 Balboa Blvd., Suite 290 Encino, CA 91316-1517	Self-employed	06/18/98	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	
E. 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	06/10/98	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 252.00	
F. 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	06/10/98	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 252.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Anthony J. Domino, Jr. CLU, ChFC 1025 Westchester Ave. White Plains, NY 10604-3508	Self-employed	06/15/98	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	

SUBTOTAL of Receipts This Page (optional)

1176.40

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE	OF
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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
Daniel Eddleman, CLU 475 Sansome St #1800 San Francisco, CA 94111 -3141	Self-employed Occupation: Insurance agent	06/10/98	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 252.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Donald A. Bichelberger, CLU 209 East San Marnan Drive Waterloo, IA 50702-5839	Self-employed Occupation: Insurance agent	06/10/98	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 302.40		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Connie K. Elmore 205 SE Spokane Portland, OR 97202-6413	Self-employed Occupation: Insurance agent	06/08/98	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Max L. Erickson, CLU P.O. Box 2500 Havre, MT 59501-2500	Self-employed Occupation: Insurance agent	06/30/98	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
Gerald E. Ferrier, LUTCF 1117 Ellis Street #C-D Bellingham, WA 98225-5203	Self-employed Occupation: Insurance agent	06/10/98	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 252.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jeffery L. Ferrier, LUTCF 1117 Ellis Str. #C & D Bellingham, WA 98225-5203	Self-employed Occupation: Insurance agent	06/10/98	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Thomas F. Flournoy, Jr. CLU P.O. Box 1013 Macon, GA 31202-1013	Self-employed Occupation: Insurance agent	06/10/98	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 252.00		

SUBTOTAL of Receipts This Page (optional) 826.40

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 5 OF 15
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
Peter Fulchiron, CLU, LUTCF 405 Enfrente Dr #100 Novato, CA 94949-7206	Self-employed	06/10/98	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 300.00	
B. 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	06/10/98 06/30/98	12.50 93.75
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 226.25	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael P. Grossman, CFP 95 Glastonbury Blvd. Glastonbury, CT 06033-4412	Self-employed	06/10/98	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 252.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph H. Gwinn, CLU, CPCU, ChFC P.O. Box 308 Vinton, VA 24179-0308	Self-employed	06/10/98	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 252.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Raymond C. Hackett, CLU 5050 N 40th St #100 Phoenix, AZ 85018-2146	Self-employed	06/18/98	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	
F. 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 Fargo, ND 58103	Self-employed	06/10/98	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
Karl Erik Hansen, CLU, ChFC 419 N. Shoreline Blvd. Mountain View, CA 94043-4605	Self-employed	06/10/98	42.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 255.00	

SUBTOTAL of Receipts This Page (optional) 444.75

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 15
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 Alex Hanson, CLU, ChFC One Cate Street Portsmouth, NH 03801		Name of Employer Self-employed	Date (month, day, year) 06/10/98	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. Full Name, Mailing Address and ZIP Code Terry K. Headley, LUTCF 8990 West Dodge Road #226 Omaha, NE 68114-3315		Name of Employer Self-employed	Date (month, day, year) 06/10/98	Amount of Each Receipt this Period 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	
C. Full Name, Mailing Address and ZIP Code Richard L. Hill, CLU, ChFC P.O. Box 30275 Lincoln, NE 68503-0275		Name of Employer Self-employed	Date (month, day, year) 06/10/98	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	
D. Full Name, Mailing Address and ZIP Code Hayes Ragland Holderness 620 Green Valley Rd., #300 Greensboro, NC 27408		Name of Employer Self-employed	Date (month, day, year) 06/25/98	Amount of Each Receipt this Period 110.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Insurance agent	Aggregate Year-to-Date > \$ 220.00	
E. Full Name, Mailing Address and ZIP Code Ruble A. Hord, III 3957 Westerre Pkwy Suite 401 Richmond, VA 23233		Name of Employer Self-employed	Date (month, day, year) 06/05/98	Amount of Each Receipt this Period 400.00
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 William V. Irons, CLU, LUTCF 469 Centerville Rd #203 Warwick, RI 02886-4328		Name of Employer Self-employed	Date (month, day, year) 06/10/98	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 > \$ 302.40	
G. Full Name, Mailing Address and ZIP Code Stewart N. Isbell, LUTCF 15143 Bellflower Blvd. Bellflower, CA 90706		Name of Employer Self-employed	Date (month, day, year) 06/10/98	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 > \$ 255.00	

SUBTOTAL of Receipts This Page (optional)

736.90

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 7 OF 15
FOR LINE NUMBER

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>A. Full Name, Mailing Address and ZIP Code Terry M. Kaltenbach, CLU, ChFC 1455 Frazee Rd #400 San Diego, CA 92108-4378</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self-employed</p> <p>Occupation Insurance agent</p> <p>Aggregate Year-to-Date > \$ 252.00</p>	<p>Date (month, day, year) 06/10/98</p>	<p>Amount of Each Receipt this Period 42.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Richard A. Koob, CLU ChFC, AEP 626 W. Moreland Blvd. Waukesha, WI 53188-2433</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self-employed</p> <p>Occupation Insurance agent</p> <p>Aggregate Year-to-Date > \$ 302.40</p>	<p>Date (month, day, year) 06/10/98</p>	<p>Amount of Each Receipt this Period 50.40</p>
<p>C. Full Name, Mailing Address and ZIP Code Michael J. Kraft, CLU 70 Washington St. #200 Oakland, CA 94607-3738</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self-employed</p> <p>Occupation Insurance agent</p> <p>Aggregate Year-to-Date > \$ 255.00</p>	<p>Date (month, day, year) 06/10/98</p>	<p>Amount of Each Receipt this Period 42.50</p>
<p>D. Full Name, Mailing Address and ZIP Code Stephen A. Kramer, CLU 370 Lexington Avenue New York, NY 10017-6503</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self-employed</p> <p>Occupation Insurance agent</p> <p>Aggregate Year-to-Date > \$ 300.00</p>	<p>Date (month, day, year) 06/05/98</p>	<p>Amount of Each Receipt this Period 125.00</p>
<p>E. Full Name, Mailing Address and ZIP Code D. Michael Lane, CLU 411 Union St., #1910 Nashville, TN 37219-1701</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self-employed</p> <p>Occupation Insurance agent</p> <p>Aggregate Year-to-Date > \$ 362.40</p>	<p>Date (month, day, year) 06/10/98</p>	<p>Amount of Each Receipt this Period 5.40</p>
<p>F. Full Name, Mailing Address and ZIP Code Bruce C. Lichtenberg, LUTCF 3730 Mt. Diablo Blvd. #220 Lafayette, CA 94549-3613</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self-employed</p> <p>Occupation Insurance agent</p> <p>Aggregate Year-to-Date > \$ 300.00</p>	<p>Date (month, day, year) 06/10/98</p>	<p>Amount of Each Receipt this Period 50.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Jerome A. Lindberg, CLU, AEP 100 E. Washington Street, 15th Fl The White Memorial Building Syracuse, NY 13202-1612</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self-employed</p> <p>Occupation Insurance agent</p> <p>Aggregate Year-to-Date > \$ 450.00</p>	<p>Date (month, day, year) 06/29/98</p>	<p>Amount of Each Receipt this Period 25.00</p>

SUBTOTAL of Receipts This Page (optional)

340.30

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

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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 Lawrence E. Lounds, CLU G-3526 Miller Rd. Ste -B Flint, MI 48507-1236	Name of Employer Self-employed Occupation Insurance agent	Date (month, day, year) 06/10/98	Amount of Each Receipt this Period 42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 260.00	
B. Full Name, Mailing Address and ZIP Code J. Peter Lyons, CLU, ChFC, MSFS 800 South Street, Suite 660 Watermill Center Waltham, MA 02154-1439	Name of Employer Self-employed Occupation Insurance agent	Date (month, day, year) 06/10/98	Amount of Each Receipt this Period 33.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 201.00	
C. Full Name, Mailing Address and ZIP Code Paul L. MacCaskill, CLU 644 South Figueroa Street Los Angeles, CA 90017-3411	Name of Employer Self-employed Occupation Insurance agent	Date (month, day, year) 06/25/98	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 200.00	
D. Full Name, Mailing Address and ZIP Code Gene L. Mahn, CLU, ChFC 1635 La Granada Drive Thousand Oaks, CA 91362-2146	Name of Employer Self-employed Occupation Insurance agent	Date (month, day, year) 06/10/98	Amount of Each Receipt this Period 8.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 351.00	
E. Full Name, Mailing Address and ZIP Code Darren Scott Mason, CLU, ChFC 30092 Ivy Glenn #230 Laguna Niguel, CA 92677-5027	Name of Employer Self-employed Occupation Insurance agent	Date (month, day, year) 06/10/98	Amount of Each Receipt this Period 41.66
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 249.96	
F. Full Name, Mailing Address and ZIP Code Dorothee D. Maynard-Rogers 15 Messenger Dr Warwick, RI 02888-1020	Name of Employer Self-employed Occupation Insurance agent	Date (month, day, year) 06/11/98	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 300.00	
G. Full Name, Mailing Address and ZIP Code Pat B. McCoy, LUTCF 3304 Richmond Rd Texarkana, TX 74403-2134	Name of Employer Self-employed Occupation Insurance agent	Date (month, day, year) 06/10/98	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 400.00	

SUBTOTAL of Receipts This Page (optional) 625.66

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

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

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NAME OF COMMITTEE (in Full)

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James C. McGill, CLU, ChFC 7101 Mercy Road Suite 411 Omaha, NE 68106-2737	Self-employed	06/01/98	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 425.00	
B. 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	06/10/98	42.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 255.00	
C. 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	06/10/98	21.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 276.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alan L. Meltzer 6707 Democracy Blvd., #500 Bethesda, MD 20817	Self-employed	06/05/98	120.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 300.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dennis R. Merideth, CLU, ChFC 5151 E Broadway Ste-750 Tucson, AZ 85711-3734	Self-employed	06/10/98	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 302.40	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ronald B. Merry, CLU, ChFC P.O. Box 3467 Great Falls, MT 59403-3467	Self-employed	06/30/98	330.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 330.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David A. Middaugh, CLU, ABP 3273 Evergreen Rd. NE Fargo, ND 58102	Self-employed	06/10/98	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 426.00	

SUBTOTAL of Receipts This Page (optional)

748.90

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 10 OF 15
FOR LINE NUMBER 11 (a) (1)

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NAME OF COMMITTEE (in Full)

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert A. Miller 850 Third Ave., 15th Flr. New York, NY 10022-6222	Self-employed	06/10/98	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 252.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James W. Monteverde, CLU, ChFC, AEP 710 Fifth Avenue Pittsburgh, PA 15219-3000	Self-employed	06/10/98	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 360.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Raymond H. Moran, CLU, ChFC 1755 N. Kirby Pkwy. #300 Memphis, TN 38120	Self-employed	06/10/98	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 302.40	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Herbert F. Morgan 1836 Hermitage Blvd. #200 Tallahassee, FL 32308-7706	Self-employed	06/10/98	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 302.40	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Harold T. Morris, SR., LUTCF R. #1 Box 520 Troy, VA 22974-9742	Self-employed	06/10/98 06/15/98 6/19/98	4.25 161.50 41.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 228.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steven G. Mulder 3275 W. 4th Street - P.O. Box 1230 Waterloo, IA 50704-1230	Self-employer	06/15/98	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	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lynn H. Naden 320 S. Green Bay Rd. Waukegan, IL 60085-4859	Self-employed	06/10/98	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 302.40	

SUBTOTAL of Receipts This Page (optional) 1059.95

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **11** OF **15**
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 M. Nelson, CLU, LUTCF 10050 Regency Circle #300 Omaha, NE 68114-3722	Self-employed	06/10/98	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
James F. O'Connell, CLU 400 S. Jefferson #450 Spokane, WA 99204-3177	Self-employed	06/10/98	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 252.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James W. Gylesby, LUTCF P.O. Box 7156 Asheville, NC 28802	Self-employed	06/10/98	45.10
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 270.60	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rae Lee Olson 419 North Shoreline Blvd. Mountain View, CA 94043-4605	Self-employed	06/10/98	42.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 255.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mitchell W. Ostrove, CLU, ChFC 4 New King Street White Plains, NY 10604-1202	Self-employed	06/10/98	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 252.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alan S. Pearlstein 16130 Ventura Blvd., Suite 510 Encino, CA 91436-2520	Self-employed	06/08/98	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	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gary H. Pendleton, CLU, ChFC 2601 Oberlin Road Suite 201 Raleigh, NC 27608	Self-employed	06/10/98	45.83
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 274.98	

SUBTOTAL of Receipts This Page (optional)

509.93

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 12 OF 15
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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
Cody H. Phillips, JD, CLU, ChFC P.O. Box 9303 Des Moines, IA 50306-9303	Self-employed	06/10/98	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 222.00	
B. Full Name, Mailing Address and ZIP Code R. Jan Pinney, CLU, ChFC, CPCU 3005 Douglas Blvd #120 Roseville, CA 95661-3854	Self-employed	06/10/98	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 252.00	
C. Full Name, Mailing Address and ZIP Code Roy E. Price, Jr., CLU, ChFC P.O. Box 356 Belle, WV 25015-0356	Self-employed	06/12/98	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	
D. Full Name, Mailing Address and ZIP Code William V. Regan III, CLU 1922 F Street NW Washington, DC 20006-43-2	National Association of Life Underwriters	06/25/98	600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive Vice President	Aggregate Year-to-Date > \$ 600.00	
E. Full Name, Mailing Address and ZIP Code Scott D. Robertson P.O. Box 61526 Ft. Myers, FL 33906-1526	Self-employed	06/05/98	150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 300.00	
F. Full Name, Mailing Address and ZIP Code D. David Russell, CLU, ChFC 2423 Carlisle Place Sarasota, FL 34231-7013	Self-employed	06/10/98	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 302.40	
G. Full Name, Mailing Address and ZIP Code Daniel L. Rust, LUTCF P.O. Box 1335 Bozeman, MT 59771-1335	Self-employed	06/10/98 06/30/98	20.00 170.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 325.00	

SUBTOTAL of Receipts This Page (optional)

1,217.48

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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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
Albert J. Schiff, CLU 263 Tresser Boulevard Stamford, CT 06901-3236	Self-employed	06/12/98	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
James D. Schulz, CLU, ChFC 7431 "O" Street Lincoln, NE 68510-2444	Self-employed	06/10/98	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
Walter J. Scott, Jr. CLU P.O. Box 1600 Oshkosh, WI 54902-1600	Self-employed	06/10/98	50.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 302.40	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul M. Smith, Sr., CLU 980 Cape Marco Drive Monterey 1208 Marco Island, FL 34145	Self-employed	06/10/98	51.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 306.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David L. Stratton, CLU, ChFC 8300 Briarwood Ste-B Anchorage, AK 99518-3331	Self-employed	06/10/98	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 300.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Michael Taylor, CLU, ChFC P.O. Box 7546 Columbus, GA 31908-7546	Self-employed	06/10/98	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 252.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert L. Tedaldi, CLU ChFC CFP 95 Glastonbury Blvd 4th Fl Glastonbury, CT 06033-4412	Self-employed	06/10/98	42.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 252.00	

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

777.40

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

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

National Association of Life Underwriters Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Brad Tison, CLU, ChFC, CFP P.O. Box 65770 W. Des Moines, IA 50265-0770 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > \$ 302.40	06/10/98	50.40
John S. Tuttle, CLU, ChFC P.O. Box 4718 Syracuse, NY 13221-4718 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > \$ 375.00	06/03/98	125.00
David J. Walter, CLU, ChFC 3380 Tremont Road Columbus, OH 43221-2112 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date > \$ 300.00	06/30/98	100.00
Ben F. Ward, CLU, CFA 871 Ridgeway Loop Road Suite 104 Memphis, TN 38120-4008 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > \$ 300.00	06/26/98	300.00
David R. Watson, CLU, ChFC, ABP One Liberty Place, Suite 680 Philadelphia, PA 19103-7301 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > \$ 302.40	06/10/98	50.40
William T. Whitmore, Jr., LUTCF P.O. Box 4748 Virginia Beach, VA 23454-0748 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > \$ 252.00	06/10/98	42.00
Bernard H. Zais, CLU, ChFC 55 Crescent Beach Dr. Burlington, VT 05401 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-employed Occupation: Insurance agent Aggregate Year-to-Date > \$ 300.00	06/08/98	150.00

SUBTOTAL of Receipts This Page (optional) 817.80

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 15
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
David G. Zick, CLU, ChFC 30600 Telegraph Rd #1375 Bingham Farms, MI 48025-4531	Self-employed	06/02/98	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	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

\$125.00

TOTAL This Period (last page this line number only)

10,326.98

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
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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: Charles F. Bass (NH-2-R)	Date (month, day, year)	Amount of Each Disbursement this Period
Bass Victory '98 Committee P.O. Box 3451 Concord, NH 03302	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	6/19/98	\$1,000.00
Full Name, Mailing Address and ZIP Code Bilbray for Congress 970 Seacoast Drive Imperial Beach, CA 91932	Purpose of Disbursement Contribution: Brian P. Bilbray (CA-49-R)	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	6/10/98	\$1,500.00
Full Name, Mailing Address and ZIP Code Mary Bono Committee 1555 South Palm Canyon Suite D-105 Palm Springs, CA 92264	Purpose of Disbursement Contribution: Mary Bono (CA-44-R)	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	6/25/98	\$2,000.00
Full Name, Mailing Address and ZIP Code Molly Bordonaro for Congress 8835 SW Canyon Lane Suite 235 Portland, OR 97225	Purpose of Disbursement Contribution: Molly Bordonaro (OR-1-R)	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	6/25/98	\$1,000.00
Full Name, Mailing Address and ZIP Code Boyd For Congress PO Box 15703 Tallahassee, FL 32317	Purpose of Disbursement Contribution: Allen Boyd (FL-2-D)	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	6/4/98	\$1,500.00
Full Name, Mailing Address and ZIP Code Dan Burton for Congress Box 50593 Indianapolis, IN 46250	Purpose of Disbursement Contribution: Dan Burton (IN-6-R)	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other: 1998	6/25/98	\$2,500.00
Full Name, Mailing Address and ZIP Code Dave Camp For Congress P.O. Box 423 Midland, MI 48640	Purpose of Disbursement Contribution: David L. Camp (MI-4-R)	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	6/25/98	\$2,000.00
Full Name, Mailing Address and ZIP Code Collins for Congress P.O. Box 35 Jonesboro, GA 30237	Purpose of Disbursement Contribution: Michael A. Collins (GA-3-R)	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	6/25/98	\$1,500.00
Full Name, Mailing Address and ZIP Code Condit For Congress Box 1710 Modesto, CA 95353	Purpose of Disbursement Contribution: Gary A. Condit (CA-18-D)	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	6/25/98	\$1,000.00

SUBTOTAL of Disbursements This Page (optional)	\$14,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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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
Christopher Cox Congressional Committee PO Box 8088-C Newport Beach, CA 92658	Contribution: Christopher Cox (CA-47-R) Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other: 1998	6/25/98	\$2,500.00
Friends of Bud Cramer 2232 East Side Square Huntsville, AL 35801	Contribution: Robert E. Cramer, Jr. (AL-5-D) Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other: 1998	6/22/98	\$1,000.00
Cubin for Congress P.O. Box 4657 Casper, WY 82604	Contribution: Barbara Cubin (WY-1-R) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	6/25/98	\$1,000.00
Cummings for Congress Campaign Committee 2014 Madison Avenue Baltimore, MD 21217	Contribution: Elijah E. Cummings (MD-7-D) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	6/9/98	\$500.00
A Lot of People Supporting Tom Daschle 424 C Street Northeast, 1st Flr. Washington, DC 20002	Contribution: Thomas A. Daschle (SD-D) Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other: 1998	6/4/98	\$3,000.00
Diana DeGette for Congress 770 Grant Street Suite 218 Denver, CO 80203	Contribution: Diana DeGette (CO-1-D) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	6/19/98	\$1,000.00
DeLauro for Congress 49 Huntington Street New Haven, CT 06511	Contribution: Rosa L. DeLauro (CT-3-D) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	6/25/98	\$1,000.00
John D. Dingell for Congr. Comm. 5467 Scharfer Road Dearborn, MI 48126	Contribution: John D. Dingell (MI-16-D) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	6/25/98	\$4,000.00
Friends of Chris Dodd 203 C Street, NE Washington, DC 20002	Contribution: Christopher J. Dodd (CT-D) Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other: 1998	6/2/98	\$5,000.00
SUBTOTAL of Disbursements This Page (optional)			\$19,000.00
TOTAL This Period (last page this line number only)			

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
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Contributions to Federal Candidates/Committees

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution: John T. Doolittle (CA-4-R)	Date (month, day, year)	Amount of Each Disbursement this Period
Doolittle for Congress 4220 Rocklin Road Suite 5A Rocklin, CA 95677	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other: 1998	6/22/98	\$1,000.00
Friends of Byron Dorgan 420 C Street, NE Lower Level Washington, DC 20002	Purpose of Disbursement Contribution: Byron L. Dorgan (ND-D) Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other: 1998	6/22/98	\$5,000.00
Friends of Jennifer B. Dunn PO Box 40110 Bellevue, WA 98004	Purpose of Disbursement Contribution: Jennifer B. Dunn (WA-8-R) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	6/11/98	\$1,000.00
Team Emerson '98 P.O. Box 822 Cape Girardeau, MO 63702	Purpose of Disbursement Contribution: Jo Ann Emerson (MO-8-R) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	6/25/98	\$1,500.00
Engel for Congress 462 California Road Bronxville, NY 10708	Purpose of Disbursement Contribution: Eliot L. Engel (NY-17-D) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	6/25/98	\$1,000.00
Fletcher for Congress 4005 Palomar Blvd. Lexington, KY 40513	Purpose of Disbursement Contribution: Ernest Fletcher (KY-6-R) Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other: 1998	6/25/98	\$1,000.00
Harold Ford, Jr. for Congress Committee PO Box 3391 Memphis, TN 38173	Purpose of Disbursement Contribution: Harold Ford, Jr. (TN-9-D) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	6/15/98	\$500.00
Harold Ford, Jr. for Congress Committee PO Box 3391 Memphis, TN 38173	Purpose of Disbursement Contribution: Harold E. Ford, Jr. (TN-9-D) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	6/25/98	\$500.00
Fox for Congress Committee 625 Swade Street Norristown, PA 19401	Purpose of Disbursement Contribution: Jon D. Fox (PA-13-R) Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other: 1998	6/19/98	\$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
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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: (TX-24-D)	Date (month, day, year)	Amount of Each Disbursement this Period
Martin Frost Campaign Comm. 800 E. Abram Street Dallas, TX 75210	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other: 1998	6/25/98	\$2,500.00
People For Ganske 521 East Locust, 2nd Floor Des Moines, IA 50309	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other: 1998	6/25/98	\$2,500.00
Gibbons for Congress Committee P.O. Box 12938 Reno, NV 89510	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	6/25/98	\$1,000.00
Citizens for Gillmor 2316 South Rolfe Street Arlington, VA 22202	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other: 1998	6/15/98	\$2,500.00
Friends of Newt Gingrich 1085 Holcomb Bridge Road Suite 109A Roswell, GA 30076	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other: 1998	6/4/98	\$500.00
Friends of Newt Gingrich 1085 Holcomb Bridge Road Suite 109A Roswell, GA 30076	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	6/4/98	\$1,000.00
Charlie Gonzalez Congressional Committee 134 Schreiner Place San Antonio, TX 78212	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other: 1998	6/25/98	\$2,500.00
Bob Goodlatte for Congress Cmte PO Box 292 Roanoke, VA 23236	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other: 1998	6/30/98	\$1,000.00
Congressman Bart Gordon Committe P.O. Box 2008 Murfreesboro, TN 37133	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other: 1998	6/18/98	\$2,500.00

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 Judd Gregg Committee PO Box 1812 Concord, NH 03302	Purpose of Disbursement Contribution: Judd Gregg (NH-1-R) Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other: 1998	Date (month, day, year) 6/15/98	Amount of Each Disbursement this Period \$5,000.00
Full Name, Mailing Address and ZIP Code Hastert For Congress Committee P.O. Box 625 Batavia, IL 60510	Purpose of Disbursement Contribution: J. D. Hastert (IL-14-R) Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other: 1998	Date (month, day, year) 6/25/98	Amount of Each Disbursement this Period \$2,500.00
Full Name, Mailing Address and ZIP Code Hastings for Congress Comm. P.O. Box 2926 Pasco, WA 99302	Purpose of Disbursement Contribution: Richard Hastings (WA-4-R) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	Date (month, day, year) 6/25/98	Amount of Each Disbursement this Period \$2,000.00
Full Name, Mailing Address and ZIP Code Wally Herger for Congress Committee PO Box 1500 Chico, CA 95927	Purpose of Disbursement Contribution: Wally Herger (CA-2-R) Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other: 1998	Date (month, day, year) 6/22/98	Amount of Each Disbursement this Period \$2,500.00
Full Name, Mailing Address and ZIP Code Rick Hill for Congress Committee PO Box 1256 Helena, MT 59604	Purpose of Disbursement Contribution: Rick Hill (MT-1-R) Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other: 1998	Date (month, day, year) 6/25/98	Amount of Each Disbursement this Period \$2,500.00
Full Name, Mailing Address and ZIP Code Citizens Committee For Ernest F. Hollings PO Box 65271 Washington, DC 20035	Purpose of Disbursement Contribution: Ernest Fritz Hollings (SC-D) Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other: 1998	Date (month, day, year) 6/22/98	Amount of Each Disbursement this Period \$2,500.00
Full Name, Mailing Address and ZIP Code Chris John for Congress PO Box 971 Crowley, LA 70527	Purpose of Disbursement Contribution: Christopher John (LA-7-D) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	Date (month, day, year) 6/16/98	Amount of Each Disbursement this Period \$500.00
Full Name, Mailing Address and ZIP Code Sue Kelly For Congress Box 491 Old West Point Road Cornwall/Hudson, NY 12520	Purpose of Disbursement Contribution: Sue W. Kelly (NY-19-R) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	Date (month, day, year) 6/19/98	Amount of Each Disbursement this Period \$1,000.00
Full Name, Mailing Address and ZIP Code Friends of Jack Kingston 7360 Skidaway Road Suite E-4 Savannah, GA 31406	Purpose of Disbursement Contribution: Jack Kingston (GA-1-R) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	Date (month, day, year) 6/25/98	Amount of Each Disbursement this Period \$2,000.00
SUBTOTAL of Disbursements This Page (optional)			\$20,500.00
TOTAL This Period (last page this line number only)			

SCHEDULE B

ITEMIZED DISBURSEMENTS

Contributions to Federal Candidates/Committees

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution: Steve Kuykendall (CA-36-R)	Date (month, day, year)	Amount of Each Disbursement this Period
Kuykendall Congressional Committee 1379 Park Western Drive San Pedro, CA 90732	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other: 1998	6/25/98	\$1,000.00
LaTourette for Congress Committee 7200 Center Street Suite 102 Mentor, OH 44060	Purpose of Disbursement Contribution: Steve C. LaTourette (OH-19-R)	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	6/18/98	\$2,500.00
Levin for Congress Committee 145 N. Georgetown Square Royal Oak, MI 48067	Purpose of Disbursement Contribution: Sander M. Levin (MI-12-D)	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	6/25/98	\$1,000.00
Lewis for Congress Box 247 Redlands, CA 92373	Purpose of Disbursement Contribution: Jerry Lewis (CA-40-R)	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	6/25/98	\$2,000.00
John Lewis for Congress 1520 Pinehurst Drive SW Atlanta, GA 30311	Purpose of Disbursement Contribution: John Lewis (GA-5-D)	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	6/11/98	\$1,500.00
Linder for Congress PO Box 942060 Atlanta, GA 31141	Purpose of Disbursement Contribution: John Linder (GA-11-R)	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	6/25/98	\$1,000.00
Citizens for Jack Metcalf 12811 8th Avenue West Suite B-101 Everett, WA 98204	Purpose of Disbursement Contribution: Jack Metcalf (WA-2-R)	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	6/25/98	\$1,500.00
Friends for Connie Morella 7101 Wisconsin Ave. NW #102 Bethesda, MD 20817	Purpose of Disbursement Contribution: Constance A. Morella (MD-8-R)	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	6/1/98	\$500.00
Sue Myrick for Congress PO Box 37091 Charlotte, NC 28237	Purpose of Disbursement Contribution: Sue Myrick (NC-9-R)	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	6/19/98	\$1,000.00

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

Contributions to Federal Candidates/Committees

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NAME OF COMMITTEE (in Full) National Association of Life Underwriters Political Action Committee			
Full Name, Mailing Address and ZIP Code Nethercutt For Congress PO Box 1925 Spokane, WA 99210	Purpose of Disbursement Contribution: George R. Nethercutt, Jr. (WA-5-R) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	Date (month, day, year) 6/19/98	Amount of Each Disbursement this Period \$1,500.00
Full Name, Mailing Address and ZIP Code Anne Northup for Congress PO Box 7313 Louisville, KY 40257	Purpose of Disbursement Contribution: Anne M. Northup (KY-3-R) Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other: 1998	Date (month, day, year) 6/25/98	Amount of Each Disbursement this Period \$2,500.00
Full Name, Mailing Address and ZIP Code Norwood for Congress P O Box 499 Evans, GA 30809	Purpose of Disbursement Contribution: Charles W. Norwood, Jr. (GA-10-R) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	Date (month, day, year) 6/25/98	Amount of Each Disbursement this Period \$1,000.00
Full Name, Mailing Address and ZIP Code Pallone for Congress Committee PO Box 3176 Long Branch, NJ 07740	Purpose of Disbursement Contribution: Frank Pallone, Jr. (NJ-6-D) Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other: 1998	Date (month, day, year) 6/25/98	Amount of Each Disbursement this Period \$1,000.00
Full Name, Mailing Address and ZIP Code Citizens for Tom Petri P.O. Box 270 Fond du Lac, WI 54936	Purpose of Disbursement Contribution: Thomas E. Petri (WI-6-R) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	Date (month, day, year) 6/25/98	Amount of Each Disbursement this Period \$500.00
Full Name, Mailing Address and ZIP Code Earl Pomeroy for Congress PO Box 746 Bismarck, ND 58502	Purpose of Disbursement Contribution: Earl Pomeroy (ND-1-D) Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other: 1998	Date (month, day, year) 6/19/98	Amount of Each Disbursement this Period \$2,500.00
Full Name, Mailing Address and ZIP Code Earl Pomeroy for Congress PO Box 746 Bismarck, ND 58502	Purpose of Disbursement Contribution: Earl Pomeroy (ND-1-D) Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other: 1998	Date (month, day, year) 6/19/98	Amount of Each Disbursement this Period \$2,500.00
Full Name, Mailing Address and ZIP Code The Sensenbrenner Committee PO Box 575 Brookfield, WI 53008	Purpose of Disbursement Contribution: F. J. Sensenbrenner, Jr. (WI-9-R) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	Date (month, day, year) 6/25/98	Amount of Each Disbursement this Period \$1,500.00
Full Name, Mailing Address and ZIP Code Volunteers for Shimkus PO Box 5458 Springfield, IL 62704	Purpose of Disbursement Contribution: John M. Shimkus (IL-20-R) Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other: 1998	Date (month, day, year) 6/25/98	Amount of Each Disbursement this Period \$1,000.00
SUBTOTAL of Disbursements This Page (optional)			\$14,000.00
TOTAL This Period (last page this line number only)			

SCHEDULE B

ITEMIZED DISBURSEMENTS

Contributions to Federal Candidates/Committees

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 unrelated 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 Contribution: (WA-9-D)	Date (month, day, year)	Amount of Each Disbursement this Period
Adam Smith for Congress 27030 47th Avenue South Suite 104 Kent, WA 98032	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	6/25/98	\$1,000.00
Stabenow for Congress PO Box 4945 E Lansing, MI 48826	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	6/25/98	\$500.00
Bart Stupak For Congress 817 9th Avenue Menominee, MI 49858	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	6/25/98	\$1,000.00
Sununu for Congress 1365 Elm Street Manchester, NH 03110	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	6/25/98	\$1,000.00
Talent for US Congress 1031 Executive Parkway #100 St. Louis, MO 63141	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	6/25/98	\$1,000.00
Taylor for Congress P.O. Box 2355 Asheville, NC 28802	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other: 1998	6/25/98	\$1,000.00
Bill Thomas Campaign Comm. Box 395 Bakersfield, CA 93302	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other: 1998	6/25/98	\$2,500.00
Mike Thompson for Congress PO Box 157 Santa Rosa, CA 95402-0157	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other: 1998	6/25/98	\$1,000.00
Committee to Reelect Ed Towns 360 Clinton Avenue Suite 6R Brooklyn, NY 11238	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	6/25/98	\$2,500.00

SUBTOTAL of Disbursements This Page (optional)	\$11,500.00
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

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 Upton for All of Us P.O. Box 490 Stevensville, MI 49127	Purpose of Disbursement Contribution: Frederick S. Upton (MI-6-R) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	Date (month, day, year) 6/25/98	Amount of Each Disbursement this Period \$2,500.00
Full Name, Mailing Address and ZIP Code Walden for Congress PO Box 360 Hood River, OR 97031	Purpose of Disbursement Contribution: Greg Walden (OR-2-R) Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other: 1998	Date (month, day, year) 6/25/98	Amount of Each Disbursement this Period \$1,000.00
Full Name, Mailing Address and ZIP Code Robert Wexler for Congress Committee 2500 North Military Trail Ste 288 Boca Raton, FL 33431	Purpose of Disbursement Contribution: Robert Wexler (FL-19-D) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other: 1998	Date (month, day, year) 6/2/98	Amount of Each Disbursement this Period \$1,000.00
Full Name, Mailing Address and ZIP Code Heather Wilson for Congress 5400 San Mateo NE Suite C Albuquerque, NM 87109	Purpose of Disbursement Contribution: Heather Wilson (NV-1-R) Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: Special General 1998	Date (month, day, year) 6/10/98	Amount of Each Disbursement this Period \$2,500.00
Full Name, Mailing Address and ZIP Code Wyden for Senate 216 Maryland Avenue, NE Suite 205 Washington, DC 20002	Purpose of Disbursement Contribution: Ron Wyden (OR-D) Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other: 1998	Date (month, day, year) 6/22/98	Amount of Each Disbursement this Period \$2,500.00

SUBTOTAL of Disbursements This Page (optional)	\$9,500.00
TOTAL This Period (last page this line number only)	\$129,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21 b

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

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
National Association Of Life Underwriters 1922 F Street, NW Washington, DC 20006	Administrative Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	3/19/98	144,427.00
B. Full Name, Mailing Address and ZIP Code National Association Of Life Underwriters 1922 F street, NW Washington, DC 20006	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	4/13/98	16,418.00
C. Full Name, Mailing Address and ZIP Code First Union National Bank Of Washington, DC	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	June 98	2,519.35
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) 163,364.35

TOTAL This Period (last page this line number only) 163,364.35

N·A·L·U

The National Association of Life Underwriters

1922 F Street, NW • Washington, DC 20006-4387 • 202/331-6101 • Fax 202/835-9601

William V. Regan III, CLU
Executive Vice President
and Chief Executive Officer

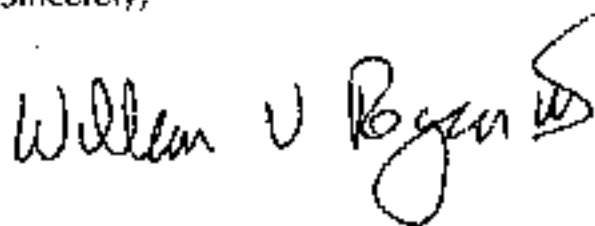
July 17, 1998

Federal Election Commission
999 E Street, NW
Washington, DC 20463

To Whom It May Concern:

I wish to inform you that Robert L. Williams, Jr., CPA, Senior Financial Analyst for The National Association of Life Underwriters, has been appointed as Acting Assistant Treasurer of The National Association of Life Underwriters' Political Action Committee. He replaces the previous signatory, Domenick Camisi. Mr. Williams is empowered to sign NALU's PAC reports to the Federal Election Commission on behalf of Paul M. Smith, Sr., the Treasurer of The National Association of Life Underwriters' Political Action Committee.

Sincerely,



WVR:les

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 7/20/98
<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>SKB</i> PREPARER	<i>7/20/98</i> DATE PREPARED