

# National Association of Insurance and Financial Advisors Political Action Committee (NAIFAPAC)

February 16, 2016

Samantha Hay  
Reports Analysis Division  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

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2016 FEB 17 PM 3:36

NAIFAPAC ID Number C00005249

In response to your January 31, 2016, request for additional information we submit the following.

NAIFAPAC filed an amended April 20, 2015, report on February 16, 2016. This revised report displays the complete mailing address of NAIFAPAC contributor Steven A. Kalin. You can find his information on Schedule A, page 3, position A. Further the "Occupation Field" is repopulated for all contributors whose title was not correctly populated on the original filing.

On April 14, 2015, NAIFAPAC generated the Monthly April 2015 report. In that version of the monthly report, every contributor had an address and an occupation listed. (NAIFAPAC has mailed a copy of this report to you for review via UPS. The tracking number of the package is )

However, NAIFAPAC did not submit the report until April 20, 2015. Between April 14 and April 20, 2015, there was a data integration that took place between our PAC compliant database and our membership database. Unfortunately, this integration was flawed and inadvertently removed the occupations of certain members and a few addresses.

This flawed integration file was fixed shortly after filing the report, evidenced by the fact that this did not happen in subsequent FEC report filings. Unfortunately, NAIFAPAC was unaware, at the time, that this flawed integration affected the final filed version of the Monthly April 2015, FEC report.

NAIFAPAC has taken corrective and preventive measures to ensure this type of error does not occur again.

2016-02-17 09:00:10-18



**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

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Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

National Association of Insurance and Financial Advisors Political Action Comm

ADDRESS (number and street)

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2)
  - Mar 20 (M3)
  - Apr 20 (M4)
  - May 20 (M5)
  - Jun 20 (M6)
  - Jul 20 (M7)
  - Aug 20 (M8)
  - Sep 20 (M9)
  - Oct 20 (M10)
  - Nov 20 (M11) (Non-Election Year Only)
  - Dec 20 (M12) (Non-Election Year Only)
  - Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P)
  - Convention (12C)
  - General (12G)
  - Special (12S)
  - Runoff (12R)

Election on  in the State of

- (d) 30-Day POST-Election Report for the:
- General (30G)
  - Runoff (30R)
  - Special (30S)

Election on  in the State of

5. Covering Period  through

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

Type or Print Name of Treasurer Matthew S. Tassej

Signature of Treasurer \_\_\_\_\_ Date

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

Office Use Only							
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**FEC FORM 3X**  
Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
National Association of Insurance and Financial Advisors Political Action Comm

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		\$835,979.05
(b) Cash on Hand at Beginning of Reporting Period.....	\$855,286.44	
(c) Total Receipts (from Line 19).....	\$107,807.90	\$265,823.20
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	\$963,094.34	\$1,101,802.25
7. Total Disbursements (from Line 31).....	\$96,902.70	\$235,610.61
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	\$866,191.64	\$866,191.64
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	

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

**For further information contact:**  
  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

INFORMATION

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name  
National Association of Insurance and Financial Advisors Political Action Comm

Report Covering the Period: From:  /  /  To:  /  /

**I. Receipts**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	\$27,549.94	\$56,447.35
(ii) Unitemized .....	\$70,257.96	\$199,375.85
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	\$97,807.90	\$255,823.20
(b) Political Party Committees .....	\$0.00	\$0.00
(c) Other Political Committees (such as PACs).....	\$10,000.00	\$10,000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	\$107,807.90	\$265,823.20
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.) (Carry Totals to Line 37, page 5).....	\$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.).....	\$0.00	\$0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	\$0.00	\$0.00
(b) Levin Funds (from Schedule H5).....	\$0.00	\$0.00
(c) Total Transfers (add 18(a) and 18(b))..	\$0.00	\$0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	\$107,807.90	\$265,823.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	\$107,807.90	\$265,823.20

2016-02-17 10:00:00 AM

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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 .....	\$152.70	\$482.11
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	\$152.70	\$482.11
22. Transfers to Affiliated/Other Party Committees .....	\$0.00	\$0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	\$96,750.00	\$233,250.00
24. Independent Expenditures (use Schedule E) .....	\$0.00	\$0.00
25. Coordinated Party Expenditures (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	\$1,878.50
(b) Political Party Committees .....	\$0.00	\$0.00
(c) Other Political Committees (such as PACs) .....	\$0.00	\$0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	\$0.00	\$1,878.50
29. Other Disbursements .....	\$0.00	\$0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	\$0.00	\$0.00
(ii) "Levin" Share .....	\$0.00	\$0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	\$0.00	\$0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	\$0.00	\$0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	\$96,902.70	\$235,610.61
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	\$96,902.70	\$235,610.61

NON-FEDERAL SHARE

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	\$107,807.90	\$265,823.20
34. Total Contribution Refunds (from Line 28(d)) .....	\$0.00	\$1,878.50
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	\$107,807.90	\$263,944.70
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	\$152.70	\$482.11
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	\$0.00	\$0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	\$152.70	\$482.11

2010-02-17 09:00:00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 1 OF 49  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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 Insurance and Financial Advisors Political Action Comm

**A.** Full Name (Last, First, Middle Initial)  
**Mr. James M. Pollock**

Mailing Address  
3 Blue Oaks Ct

City State Zip Code  
Portola Valley CA 94028-8018

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Pollock Financial Group President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**\$250.00**

Date of Receipt  
**03 / 03 / 2015**

Amount of Each Receipt this Period  
**\$250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Joseph P. Fox**

Mailing Address  
1751 Upper 55th St, E.

City State Zip Code  
Inver Grove Heights MN 55077-1694

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
North Star Resource Group Senior Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**\$250.00**

Date of Receipt  
**03 / 03 / 2015**

Amount of Each Receipt this Period  
**\$250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Ms. Julie A. Teplis**

Mailing Address  
3970 Sentry Crossing NE

City State Zip Code  
Marietta GA 30068-2562

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Teplis Financial Services Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**\$250.00**

Date of Receipt  
**03 / 04 / 2015**

Amount of Each Receipt this Period  
**\$250.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **\$750.00**

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

20150304 17:00:00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 2 OF 49	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
		<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**National Association of Insurance and Financial Advisors Political Action Comm**

Full Name (Last, First, Middle Initial) <b>A. Mr. Reginald N. Rabjohns</b>		Date of Receipt <b>03 / 04 / 2015</b>
Mailing Address <b>417 Pebblebrook Road</b>		Amount of Each Receipt this Period <b>\$500.00</b>
City <b>Northbrook</b>	State Zip Code <b>IL 60062-5512</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>\$500.00</b>
Name of Employer <b>Secure Futures - Risk Management Speci</b>	Occupation <b>Chairman and CEO</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>\$500.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Mr. Richard J. Rosenthal</b>		Date of Receipt <b>03 / 04 / 2015</b>
Mailing Address <b>8912 SW 81 Terr</b>		Amount of Each Receipt this Period <b>\$500.00</b>
City <b>Miami</b>	State Zip Code <b>FL 33173-4189</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>\$500.00</b>
Name of Employer <b>The Rosenthal Agency, Inc</b>	Occupation <b>President</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>\$500.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Mr. William D. Beck</b>		Date of Receipt <b>03 / 04 / 2015</b>
Mailing Address <b>113 Bakers Acres Dr</b>		Amount of Each Receipt this Period <b>\$250.00</b>
City <b>Hawthorne</b>	State Zip Code <b>FL 32640-4159</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>\$250.00</b>
Name of Employer <b>State Farm Ins. Co.</b>	Occupation <b>AGENT</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>\$250.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>\$1,250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

20150304 17:00:00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 3 OF 49  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**National Association of Insurance and Financial Advisors Political Action Comm**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Steven A. Kalin**

Mailing Address  
3551 Fairway Court

City State Zip Code  
Minnetonka MN 55305-4446

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Steven A. Kalin Associates President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
**\$250.00**

Date of Receipt  
**03 / 05 / 2015**

Amount of Each Receipt this Period  
**\$250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. David L. Frohlichstein**

Mailing Address  
1910 Jeanette Ave

City State Zip Code  
Saint Charles IL 60174-4667

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Frolicstein Financial, Inc Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
**\$300.00**

Date of Receipt  
**03 / 05 / 2015**

Amount of Each Receipt this Period  
**\$300.00**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. James D. Kaplan**

Mailing Address  
4565 Province Line Rd.

City State Zip Code  
Princeton NJ 08540-2211

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
M Financial PRINCIPAL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
**\$250.00**

Date of Receipt  
**03 / 06 / 2015**

Amount of Each Receipt this Period  
**\$250.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **\$800.00**

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

20150307 17:00:00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: (check only one)	PAGE 4 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**National Association of Insurance and Financial Advisors Political Action Comm**

Full Name (Last, First, Middle Initial) <b>A. Mr. Todd S. Healy</b>		Date of Receipt <b>03 / 09 / 2015</b>
Mailing Address <b>3624 University</b>		Amount of Each Receipt this Period <b>\$500.00</b>
City <b>Dallas</b>	State Zip Code <b>TX 75205-1838</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>\$500.00</b>
Name of Employer <b>HealyPartners</b>	Occupation <b>Insurance Agent</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>\$500.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Mr. Joseph C. Chalom</b>		Date of Receipt <b>03 / 09 / 2015</b>
Mailing Address <b>8573 NW 24th Ct</b>		Amount of Each Receipt this Period <b>\$250.00</b>
City <b>Coral Springs</b>	State Zip Code <b>FL 33065-5302</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>\$250.00</b>
Name of Employer <b>Retirement Council, Inc.</b>	Occupation <b>Financial Advisor</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>\$250.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Mr. Terrence P. Frett</b>		Date of Receipt <b>03 / 09 / 2015</b>
Mailing Address <b>W227 N2650 Meadowood Ln</b>		Amount of Each Receipt this Period <b>\$600.00</b>
City <b>Waukesha</b>	State Zip Code <b>WI 53186-8845</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>\$600.00</b>
Name of Employer <b>Frett/Barrington</b>	Occupation <b>President</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>\$600.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>\$1,350.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

20150917 17:00:00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 49
	<input checked="" type="checkbox"/> 11a 13 <input type="checkbox"/> 11b 14 <input type="checkbox"/> 11c 15 <input type="checkbox"/> 12 16 <input type="checkbox"/> 17	

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 Insurance and Financial Advisors Political Action Comm**

Full Name (Last, First, Middle Initial) <b>A. Mrs. Kristin M. Alheim</b>		Date of Receipt <b>03 / 09 / 2015</b>
Mailing Address <b>1534 Navajo Ct</b>		Amount of Each Receipt this Period <b>\$250.00</b>
City <b>Green Bay</b>	State Zip Code <b>WI 54313-6777</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>\$250.00</b>
Name of Employer <b>Futurity First Insurance Group</b>	Occupation <b>Branch Manager</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>\$250.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Mr. Matthew S. Tassey</b>		Date of Receipt <b>03 / 10 / 2015</b>
Mailing Address <b>5 Reggio Ave</b>		Amount of Each Receipt this Period <b>\$105.00</b>
City <b>Old Orchard Beach</b>	State Zip Code <b>ME 04064-2709</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>\$315.00</b>
Name of Employer <b>E A Scribner Insurance Agency</b>	Occupation <b>AGENT</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>\$315.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Mr. Randy L. Scritchfield</b>		Date of Receipt <b>03 / 10 / 2015</b>
Mailing Address <b>10105 Nightingale St.</b>		Amount of Each Receipt this Period <b>\$105.00</b>
City <b>Gaithersburg</b>	State Zip Code <b>MD 20882-4019</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>\$315.00</b>
Name of Employer <b>Montgomery Financial Group, Inc.</b>	Occupation <b>Insurance Agent</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>\$315.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>\$460.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

20150310 17:00:00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 OF 49	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
**National Association of Insurance and Financial Advisors Political Action Comm**

Full Name (Last, First, Middle Initial) <b>A. Mr. Kent A. Bennett</b>		Date of Receipt <b>03 / 10 / 2015</b>
Mailing Address <b>280 Hollow Road</b>		Amount of Each Receipt this Period <b>\$87.50</b>
City <b>Muncy</b>	State Zip Code <b>PA 17756-5789</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>\$262.50</b>
Name of Employer <b>Kent A. Bennett &amp; Associates, Inc.</b>	Occupation <b>General Agent</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>\$262.50</b>	

Full Name (Last, First, Middle Initial) <b>B. Mr. Edward A. Zabielski Jr.</b>		Date of Receipt <b>03 / 10 / 2015</b>
Mailing Address <b>104 Clay Ct</b>		Amount of Each Receipt this Period <b>\$210.00</b>
City <b>Landenberg</b>	State Zip Code <b>PA 19350-1380</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>\$630.00</b>
Name of Employer <b>AIG Financial Network</b>	Occupation <b>Financial Advisor</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>\$630.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Mr. Lawrence E. Lounds</b>		Date of Receipt <b>03 / 10 / 2015</b>
Mailing Address <b>2477 Valley Oaks Circle</b>		Amount of Each Receipt this Period <b>\$210.00</b>
City <b>Flint</b>	State Zip Code <b>MI 48532-5405</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>\$630.00</b>
Name of Employer <b>Security 1st Benefits Corporation</b>	Occupation <b>CEO</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>\$630.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>\$507.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

20151003 14:00:00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 7 OF 49  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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 Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial) <b>A. Mr. Charles A. Brown</b>		Date of Receipt 03 / 10 / 2015	
Mailing Address 3632 Petersburg Rd.			
City Burlington	State KY	Zip Code 41005-8776	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$75.00	
Name of Employer Charles Brown CLU & Company		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ \$225.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Robert M. Nelson</b>		Date of Receipt 03 / 10 / 2015	
Mailing Address 14712 Shirley Street			
City Omaha	State NE	Zip Code 68144-2144	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$210.00	
Name of Employer Nelson Murphy Insurance & Investments,		Occupation Managing Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ \$630.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Karl E. Hansen</b>		Date of Receipt 03 / 10 / 2015	
Mailing Address 2068 Cynthia Way			
City Los Altos	State CA	Zip Code 94024-7274	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$125.00	
Name of Employer The Vita Companies		Occupation Brokerage Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ \$375.00	

SUBTOTAL of Receipts This Page (optional) ..... ▶	\$410.00
TOTAL This Period (last page this line number only) ..... ▶	

20150310 17:00:00



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 9 OF 49  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

**A. Mr. David L. Farabee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 1512 Buchanan  
 City State Zip Code  
 Wichita Falls TX 76309-2208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Boley-Featherston Ins. Financial Advisor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
**\$525.50**

Date of Receipt  
**03 / 10 / 2015**  
 Amount of Each Receipt this Period  
**\$8.50**

**B. Mr. Vincent M. D'Addona**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 341 Harbor Dr  
 City State Zip Code  
 Lido Beach NY 11561-4906  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Strategies for Wealth General Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
**\$624.99**

Date of Receipt  
**03 / 10 / 2015**  
 Amount of Each Receipt this Period  
**\$208.33**

**C. Mr. John A. Davidson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 1497 Rancho Ln  
 City State Zip Code  
 Thousand Oaks CA 91362-2651  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Davidson Insurance & Financial Service President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
**\$315.00**

Date of Receipt  
**03 / 10 / 2015**  
 Amount of Each Receipt this Period  
**\$105.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **\$321.83**  
**TOTAL** This Period (last page this line number only) ..... ▶

2015-10-17 10:00:00 AM

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 49	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
				<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**National Association of Insurance and Financial Advisors Political Action Comm**

Full Name (Last, First, Middle Initial) <b>A. Mr. Douglas B. Massey</b>		Date of Receipt <b>03 / 10 / 2015</b>
Mailing Address P.O. Box 60707		Amount of Each Receipt this Period <b>\$70.00</b>
City <b>San Angelo</b>	State Zip Code <b>TX 76906-0707</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>\$210.00</b>
Name of Employer <b>Doug Massey Financial Services</b>	Occupation <b>Insurance Agent</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>\$210.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Mr. David L. Stratton</b>		Date of Receipt <b>03 / 10 / 2015</b>
Mailing Address 13115 Beach Cir		Amount of Each Receipt this Period <b>\$105.00</b>
City <b>Anchorage</b>	State Zip Code <b>AK 99515-3748</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>\$315.00</b>
Name of Employer <b>StrattonTurner LLC</b>	Occupation <b>Managing Agent</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>\$315.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Mr. Stephen D. Estler</b>		Date of Receipt <b>03 / 10 / 2015</b>
Mailing Address 2177 NE 63 St.		Amount of Each Receipt this Period <b>\$208.50</b>
City <b>Fort Lauderdale</b>	State Zip Code <b>FL 33308-1330</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>\$625.50</b>
Name of Employer <b>Estler Financial</b>	Occupation <b>Insurance Agent</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>\$625.50</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>\$383.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

2016-02-17 03:00:00



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 12 OF 49  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**National Association of Insurance and Financial Advisors Political Action Comm**

**A. Mr. H. Larry Fortenberry**

Full Name (Last, First, Middle Initial)  
Mailing Address  
123 Northshore Pt  
City State Zip Code  
Madison MS 39110-7272

Date of Receipt  
03 / 10 / 2015

FEC ID number of contributing federal political committee. C

Amount of Each Receipt this Period  
\$105.00

Name of Employer Occupation  
Executive Planning Group President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
\$315.00

**B. Mr. Robert A. Miller**

Full Name (Last, First, Middle Initial)  
Mailing Address  
727 Smith Ridge Rd  
City State Zip Code  
New Canaan CT 06840-3228

Date of Receipt  
03 / 10 / 2015

FEC ID number of contributing federal political committee. C

Amount of Each Receipt this Period  
\$500.00

Name of Employer Occupation  
Miller-Pomerantz AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
\$1,500.00

**C. Mr. Aldous Kawaiiani Paalani**

Full Name (Last, First, Middle Initial)  
Mailing Address  
2219 Kaululaau Street  
City State Zip Code  
Honolulu HI 96813-1230

Date of Receipt  
03 / 10 / 2015

FEC ID number of contributing federal political committee. C

Amount of Each Receipt this Period  
\$100.00

Name of Employer Occupation  
Equity Insurance Services, Inc Representative

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
\$300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ \$705.00

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

2015-10-03 17:00:00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 13 OF 49  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

<p>A. Full Name (Last, First, Middle Initial) <b>Mr. Anthony D. Miller</b></p> <p>Mailing Address 4502 Hi-Line Dr</p> <p>City State Zip Code Billings MT 59106-4703</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Retirement Solutions Financial Advisor</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <b>\$252.00</b></p>		<p>Date of Receipt <b>03 / 10 / 2015</b></p> <p>Amount of Each Receipt this Period <b>\$84.00</b></p>
<p>B. Full Name (Last, First, Middle Initial) <b>Mr. Robert M. Roach</b></p> <p>Mailing Address 1287 Harrison Pond Drive</p> <p>City State Zip Code Columbus OH 43215</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation NMFN - Kemelgor Financial Group Wealth Management Advisor</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <b>\$675.00</b></p>		<p>Date of Receipt <b>03 / 10 / 2015</b></p> <p>Amount of Each Receipt this Period <b>\$225.00</b></p>
<p>C. Full Name (Last, First, Middle Initial) <b>Ms. Laura P. DeGolier</b></p> <p>Mailing Address 114 S. Main Street PMB 301</p> <p>City State Zip Code Fond Du Lac WI 54935-4229</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation DeGolier Insurance Services, LLC OWNER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <b>\$375.00</b></p>		<p>Date of Receipt <b>03 / 10 / 2015</b></p> <p>Amount of Each Receipt this Period <b>\$125.00</b></p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional).....▶</p> <p><b>TOTAL</b> This Period (last page this line number only).....▶</p>		<p><b>\$434.00</b></p>

NON-PROFIT ORGANIZATION

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 14 OF 49  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**National Association of Insurance and Financial Advisors Political Action Comm**

Full Name (Last, First, Middle Initial) <b>A. Mr. Garry S. Burry</b>		Date of Receipt <b>03 / 10 / 2015</b>
Mailing Address <b>622 Woodlake Dr</b>		Amount of Each Receipt this Period <b>\$85.00</b>
City <b>Louisville</b>	State Zip Code <b>KY 40245-5121</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>\$255.00</b>
Name of Employer <b>Northwestern Mutual</b>	Occupation <b>Estate and Business Planning Advisor</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>\$255.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Mr. Brian G. Blanchard</b>		Date of Receipt <b>03 / 10 / 2015</b>
Mailing Address <b>19888 214th Avenue, NW</b>		Amount of Each Receipt this Period <b>\$12.50</b>
City <b>Big Lake</b>	State Zip Code <b>MN 55309-8968</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>\$202.50</b>
Name of Employer <b>Northwestern Mutual</b>	Occupation <b>AGENT</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>\$202.50</b>	

Full Name (Last, First, Middle Initial) <b>C. Mr. Lawrence J. Stack</b>		Date of Receipt <b>03 / 10 / 2015</b>
Mailing Address <b>28630 GLENBROOK DR. Suite 1300</b>		Amount of Each Receipt this Period <b>\$125.00</b>
City <b>Farmington Hills</b>	State Zip Code <b>MI 48331-2318</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>\$375.00</b>
Name of Employer <b>Michigan Financial</b>	Occupation <b>VP - Financial Planning</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>\$375.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>\$222.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

2016-02-17 09:00:10

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 15 OF 49  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

**A. Mr. Robert Eddy Jr.**

Full Name (Last, First, Middle Initial)  
Mailing Address  
203 Autumn Oak Bend  
City State Zip Code  
Lafayette LA 70508-8004

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Prudential Financial DBA - Pinnacle Gr Financial Planner

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ \$255.00

Date of Receipt  
03 / 10 / 2015

Amount of Each Receipt this Period  
\$85.00

**B. Mr. Randall D. Kaufmann**

Full Name (Last, First, Middle Initial)  
Mailing Address  
356 Equus Drive  
City State Zip Code  
Camp Hill PA 17011-8357

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Kaufmann & Associates, LLC Special Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ \$360.00

Date of Receipt  
03 / 10 / 2015

Amount of Each Receipt this Period  
\$120.00

**C. Mr. John C. Johns**

Full Name (Last, First, Middle Initial)  
Mailing Address  
5141 Lilly Rd.  
City State Zip Code  
Hazlehurst MS 39083-9490

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Southern Farm Bureau Life Insurance Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ \$630.00

Date of Receipt  
03 / 10 / 2015

Amount of Each Receipt this Period  
\$210.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ \$415.00

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

20150310 17:00:00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 16 OF 49  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**National Association of Insurance and Financial Advisors Political Action Comm**

Full Name (Last, First, Middle Initial)  
**A. Mr. Daniel L. Rust**

Mailing Address  
114 W. Arnold

City State Zip Code  
Bozeman MT 59715-6129

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
State Farm Insurance Companies Agent

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**\$225.00**

Date of Receipt  
**03 / 10 / 2015**

Amount of Each Receipt this Period  
**\$75.00**

Full Name (Last, First, Middle Initial)  
**B. Mr. Mitchell W. Ostrove**

Mailing Address  
232 Norman Road

City State Zip Code  
New Rochelle NY 10804-3114

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Ameritas General Agent

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**\$252.00**

Date of Receipt  
**03 / 10 / 2015**

Amount of Each Receipt this Period  
**\$84.00**

Full Name (Last, First, Middle Initial)  
**C. Mr. David M. Koll**

Mailing Address  
1612 S. 152nd Street

City State Zip Code  
Omaha NE 68144-5121

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Mutual of Omaha Insurance Agent

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**\$499.20**

Date of Receipt  
**03 / 10 / 2015**

Amount of Each Receipt this Period  
**\$166.40**

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **\$325.40**

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

2016-02-17 09:00:10

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 17 OF 49  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

**A. Mr. Leonard Martin**

Mailing Address

1045 Warwick Ave Suite 104

City

Warwick

State

RI

Zip Code

02888-3657

FEC ID number of contributing federal political committee.

C

Name of Employer

Leonard Martin & Associates Inc

Occupation

OWNER

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

\$252.00

Date of Receipt

03 / 10 / 2015

Amount of Each Receipt this Period

\$84.00

Full Name (Last, First, Middle Initial)

**B. Mr. C. David Isaac**

Mailing Address

1705 Timber Valley Ct

City

Kokomo

State

IN

Zip Code

46902-5097

FEC ID number of contributing federal political committee.

C

Name of Employer

David Isaac & Associates

Occupation

OWNER

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

\$300.00

Date of Receipt

03 / 10 / 2015

Amount of Each Receipt this Period

\$100.00

Full Name (Last, First, Middle Initial)

**C. Ms. Juli Y. McNeely**

Mailing Address

S764 Hanson Rd

City

Spencer

State

WI

Zip Code

54479-9579

FEC ID number of contributing federal political committee.

C

Name of Employer

McNeely Financial Services, Inc.

Occupation

AGENT

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

\$624.00

Date of Receipt

03 / 10 / 2015

Amount of Each Receipt this Period

\$208.00

SUBTOTAL of Receipts This Page (optional) ▶

\$392.00

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

20150317 0001041

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 18 OF 49  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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 Insurance and Financial Advisors Political Action Comm**

**A. Mr. Richard L. Miller**

Full Name (Last, First, Middle Initial)  
Mailing Address  
1214 Karr Ave.  
City: Yakima State: WA Zip Code: 98902-5026

FEC ID number of contributing federal political committee: **C**

Name of Employer: Northwestern Mutual Financial Network Occupation: Financial Advisor

Receipt For:  
 Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **\$262.50**

Date of Receipt: **03 / 10 / 2015**

Amount of Each Receipt this Period: **\$87.50**

**B. Mr. John Everett**

Full Name (Last, First, Middle Initial)  
Mailing Address  
531 Daniel  
City: Santa Maria State: CA Zip Code: 93454-7898

FEC ID number of contributing federal political committee: **C**

Name of Employer: Allstate Life Insurance Company Occupation: AGENT

Receipt For:  
 Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **\$252.00**

Date of Receipt: **03 / 10 / 2015**

Amount of Each Receipt this Period: **\$84.00**

**C. Mr. James R. Denny III**

Full Name (Last, First, Middle Initial)  
Mailing Address  
8707 Standish Ln.  
City: Richmond State: VA Zip Code: 23229-7922

FEC ID number of contributing federal political committee: **C**

Name of Employer: AXA Advisors, LLC Occupation: Insurance Agent

Receipt For:  
 Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **\$375.00**

Date of Receipt: **03 / 10 / 2015**

Amount of Each Receipt this Period: **\$125.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **\$296.50**

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

2014-02-17 10:00AM

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 19 OF 49  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (In Full)  
**National Association of Insurance and Financial Advisors Political Action Comm**

**A. Mr. Charles H. Craddock Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address  
161 Cordelia Dr

City State Zip Code  
Ruckersville VA 22968-3600

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Craddock Insurance Services Inc President/CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
**\$255.00**

Date of Receipt  
**03 / 10 / 2015**

Amount of Each Receipt this Period  
**\$85.00**

**B. Mr. Kevin L. Bell**  
Full Name (Last, First, Middle Initial)

Mailing Address  
318 W Greyhound Pass

City State Zip Code  
Carmel IN 46032-7007

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Guardian General Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
**\$315.00**

Date of Receipt  
**03 / 10 / 2015**

Amount of Each Receipt this Period  
**\$105.00**

**C. Mr. William Clay Birdwell**  
Full Name (Last, First, Middle Initial)

Mailing Address  
9239 Brushboro Drive

City State Zip Code  
Brentwood TN 37027-6112

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Birdwell Insurance Group, LLC Broker Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
**\$210.00**

Date of Receipt  
**03 / 10 / 2015**

Amount of Each Receipt this Period  
**\$70.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **\$260.00**

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

20150317 0001104M

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 49	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
				<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**National Association of Insurance and Financial Advisors Political Action Comm**

Full Name (Last, First, Middle Initial) <b>A. Mr. Casey C. Knake</b>		Date of Receipt <b>03 / 10 / 2015</b>
Mailing Address <b>2902 Mach I Dr.</b>		Amount of Each Receipt this Period <b>\$84.00</b>
City <b>Norfolk</b>	State Zip Code <b>NE 68701-3238</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>\$252.00</b>
Name of Employer <b>Heritage Financial Services, LLC</b>	Occupation <b>Investment Specialist</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>\$252.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Mr. Daniel L. Lawrence</b>		Date of Receipt <b>03 / 10 / 2015</b>
Mailing Address <b>5553 Peters Drive</b>		Amount of Each Receipt this Period <b>\$70.00</b>
City <b>West Bend</b>	State Zip Code <b>WI 53095-8301</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>\$210.00</b>
Name of Employer <b>Modern Woodmen of America</b>	Occupation <b>Agency Manager</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>\$210.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Mr. Rolando G. Barrera</b>		Date of Receipt <b>03 / 10 / 2015</b>
Mailing Address <b>2621 Camargo</b>		Amount of Each Receipt this Period <b>\$104.25</b>
City <b>Corpus Christi</b>	State Zip Code <b>TX 78415-5649</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>\$362.75</b>
Name of Employer <b>Roland Barrera Insurance</b>	Occupation <b>Insurance Agent</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>\$362.75</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>\$258.25</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

2016-02-17 09:00:10



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 OF 49	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 16	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**National Association of Insurance and Financial Advisors Political Action Comm**

Full Name (Last, First, Middle Initial) <b>A. Mr. Rodger K. Johnson</b>		Date of Receipt <b>03 / 10 / 2015</b>
Mailing Address <b>910 N. Houston</b>		Amount of Each Receipt this Period <b>\$84.00</b>
City <b>Bullard</b>	State Zip Code <b>TX 75757-5128</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>\$252.00</b>
Name of Employer <b>New York Life</b>	Occupation <b>Insurance Agent</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>\$252.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Mr. Todd G. Grantham</b>		Date of Receipt <b>03 / 10 / 2015</b>
Mailing Address <b>4 Montcrest Drive Drive</b>		Amount of Each Receipt this Period <b>\$228.80</b>
City <b>Durham</b>	State Zip Code <b>NC 27713-8136</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>\$686.40</b>
Name of Employer <b>Northwestern Mutual Financial Network</b>	Occupation <b>Financial Advisor</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>\$686.40</b>	

Full Name (Last, First, Middle Initial) <b>C. Mr. James R. Goodrich</b>		Date of Receipt <b>03 / 10 / 2015</b>
Mailing Address <b>1860 Beech</b>		Amount of Each Receipt this Period <b>\$105.00</b>
City <b>Mt. Pleasant</b>	State Zip Code <b>MI 48858-1280</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>\$315.00</b>
Name of Employer <b>Northwestern Mutual</b>	Occupation <b>Insurance Agent</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>\$315.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>\$417.80</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

2015-03-17 09:00:10

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 23 OF 49  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

**A. Mr. Lance P. Franczyk**

Full Name (Last, First, Middle Initial)  
Mailing Address  
2224 E 24th St  
City State Zip Code  
Tulsa OK 74114-2912

Date of Receipt  
03 / 10 / 2015

FEC ID number of contributing federal political committee. C

Amount of Each Receipt this Period  
\$84.00

Name of Employer Occupation  
Northwestern Mutual Managing Partner

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
\$252.00

**B. Mrs. Eleanor B. Blaylock**

Full Name (Last, First, Middle Initial)  
Mailing Address  
9439 Gay Lane  
City State Zip Code  
Oil City LA 71061-9705

Date of Receipt  
03 / 10 / 2015

FEC ID number of contributing federal political committee. C

Amount of Each Receipt this Period  
\$112.50

Name of Employer Occupation  
Burke & Burke Insurance Marketing, Inc Agency Owner

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
\$337.50

**C. Mr. Terry K. Headley**

Full Name (Last, First, Middle Initial)  
Mailing Address  
20704 Meadow Ridge Drive  
City State Zip Code  
Springfield NE 68059-7086

Date of Receipt  
03 / 10 / 2015

FEC ID number of contributing federal political committee. C

Amount of Each Receipt this Period  
\$320.00

Name of Employer Occupation  
Headley Financial Group President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
\$960.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ \$516.50

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

2014-02-17 09:00:10 AM

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**National Association of Insurance and Financial Advisors Political Action Comm**

**A. Mr. Mark A. Kolterman**

Full Name (Last, First, Middle Initial)  
Mailing Address  
2577 Waverly Road

City State Zip Code  
Seward NE 68434-8030

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Kolterman Agency, Inc. President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
**\$255.00**

Date of Receipt  
**03 / 10 / 2015**

Amount of Each Receipt this Period  
**\$85.00**

**B. Mr. Richard D. Kimmel**

Full Name (Last, First, Middle Initial)  
Mailing Address  
6525 Bellaire Drive S

City State Zip Code  
Ft Worth TX 76132-1138

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Principal Financial Group Regional Managing Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
**\$300.00**

Date of Receipt  
**03 / 10 / 2015**

Amount of Each Receipt this Period  
**\$100.00**

**C. Mr. Gregory P. Daigle**

Full Name (Last, First, Middle Initial)  
Mailing Address  
117 Barton Terrace

City State Zip Code  
Youngsville LA 70592-5741

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Pinnacle Group Financial Advisor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
**\$300.00**

Date of Receipt  
**03 / 10 / 2015**

Amount of Each Receipt this Period  
**\$100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>\$285.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

2016-02-17 10:00:10

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 25 OF 49  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**National Association of Insurance and Financial Advisors Political Action Comm**

**A. Mr. John B. Kearns**

Full Name (Last, First, Middle Initial)  
Mailing Address  
1605 Broadway  
City State Zip Code  
Scottsbluff NE 69361-3153

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
MONUMENT FINANCIAL SERVICES LLC Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **\$255.00**

Date of Receipt **03 / 10 / 2015**

Amount of Each Receipt this Period **\$85.00**

**B. Mrs. Melissa H. Snively**

Full Name (Last, First, Middle Initial)  
Mailing Address  
16104 Ternglade Drive  
City State Zip Code  
Lithia FL 33547-5858

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Melissa Snively State Farm Insurance State Farm Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **\$315.00**

Date of Receipt **03 / 10 / 2015**

Amount of Each Receipt this Period **\$105.00**

**C. Mr. C. Robert Brown Sr.**

Full Name (Last, First, Middle Initial)  
Mailing Address  
8675 WestCott  
City State Zip Code  
Germantown TN 38138-7738

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Ameritas President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **\$465.00**

Date of Receipt **03 / 10 / 2015**

Amount of Each Receipt this Period **\$155.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **\$345.00**

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

2015-10-17 11:00:00 AM

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 OF 49	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
		<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**National Association of Insurance and Financial Advisors Political Action Comm**

Full Name (Last, First, Middle Initial) <b>A. Mr. Robert J. Bohne</b>		Date of Receipt <b>03 / 10 / 2015</b>
Mailing Address <b>281 Moonraker Drive</b>		Amount of Each Receipt this Period <b>\$84.00</b>
City <b>Slidell</b>	State Zip Code <b>LA 70458-5524</b>	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>New York Life</b>	Occupation <b>AGENT</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>\$252.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Mr. James John Silbernagel</b>		Date of Receipt <b>03 / 10 / 2015</b>
Mailing Address <b>N2248 State Road 67</b>		Amount of Each Receipt this Period <b>\$100.00</b>
City <b>Campbelsport</b>	State Zip Code <b>WI 53010-2933</b>	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>The Silbernagel Group Inc.</b>	Occupation <b>CEO</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>\$300.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Mr. Michael G. Murphy</b>		Date of Receipt <b>03 / 10 / 2015</b>
Mailing Address <b>2041 S 88 St</b>		Amount of Each Receipt this Period <b>\$84.00</b>
City <b>Omaha</b>	State Zip Code <b>NE 68124-2111</b>	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>Nelson Murphy Insurance &amp; Investments,</b>	Occupation <b>PARTNER</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>\$252.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>\$268.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

20150310 1700000000



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 28 OF 49  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**National Association of Insurance and Financial Advisors Political Action Comm**

Full Name (Last, First, Middle Initial) <b>A. Mr. Daniel J. Wells</b>		Date of Receipt <b>03 / 10 / 2015</b>
Mailing Address <b>18830 Los Hermanos Ranch Rd</b>		Amount of Each Receipt this Period <b>\$75.00</b>
City <b>Valley Center</b>	State Zip Code <b>CA 92082-6808</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>\$225.00</b>
Name of Employer <b>Daniel Wells Insurance &amp; Financial Ser</b>	Occupation <b>Owner/Agent</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>\$225.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Mr. John P. Mosley</b>		Date of Receipt <b>03 / 10 / 2015</b>
Mailing Address <b>112 Mechanic St</b>		Amount of Each Receipt this Period <b>\$84.00</b>
City <b>Westbrook</b>	State Zip Code <b>ME 04092-2843</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>\$252.00</b>
Name of Employer <b>Mosley Financial Group</b>	Occupation <b>Financial Advisor</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>\$252.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Mr. Harold T. Morris Sr.</b>		Date of Receipt <b>03 / 10 / 2015</b>
Mailing Address <b>438 Mechunk Creek Dr</b>		Amount of Each Receipt this Period <b>\$35.00</b>
City <b>Troy</b>	State Zip Code <b>VA 22974-9742</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>\$205.00</b>
Name of Employer <b>Morris Ins Agency</b>	Occupation <b>Insurance Agent</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>\$205.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>\$194.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

20151010 10:40:00 AM

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**National Association of Insurance and Financial Advisors Political Action Comm**

Full Name (Last, First, Middle Initial) <b>A. Mr. James A. Shalek</b>		Date of Receipt
Mailing Address 1706 Candleberry Lane		<b>03 / 10 / 2015</b>
City Yorkville	State IL	Zip Code 60560-5810
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period <b>\$75.00</b>
Name of Employer Principal Financial Group	Occupation Senior Financial Representative	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>\$225.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Mr. David Russell</b>		Date of Receipt
Mailing Address 8461 Eagle Preserve Way		<b>03 / 10 / 2015</b>
City Sarasota	State FL	Zip Code 34241-9449
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period <b>\$105.00</b>
Name of Employer Rogers Benefit Group	Occupation Regional Mgr.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>\$315.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Mr. Cliff F. Wilson</b>		Date of Receipt
Mailing Address 1458 W Bahia Ct		<b>03 / 10 / 2015</b>
City Gilbert	State AZ	Zip Code 85233-5600
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period <b>\$126.00</b>
Name of Employer Southeast Arizona Insurance Services,	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>\$378.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>\$306.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

2015-10-17 10:00:00 AM

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 OF 49	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
				<input type="checkbox"/> 17

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 Insurance and Financial Advisors Political Action Comm**

Full Name (Last, First, Middle Initial) <b>A. Mr. Tom Cothron</b>		Date of Receipt <b>03 / 10 / 2015</b>
Mailing Address 4280 SW 20th Ave		Amount of Each Receipt this Period <b>\$104.50</b>
City Ocala	State Zip Code FL 34474-5950	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date <b>\$313.50</b>
Name of Employer Southern Farm Bureau Life	Occupation Agency Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mr. Paul R. Dougherty</b>		Date of Receipt <b>03 / 10 / 2015</b>
Mailing Address 10709 Croom Road		Amount of Each Receipt this Period <b>\$112.50</b>
City Upper Marlboro	State Zip Code MD 20772-8406	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date <b>\$337.50</b>
Name of Employer State Farm Insurance Companies	Occupation AGENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mr. Rod Whited</b>		Date of Receipt <b>03 / 10 / 2015</b>
Mailing Address 2344 S W 95th Ter		Amount of Each Receipt this Period <b>\$104.50</b>
City Gainesville	State Zip Code FL 32607-3241	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date <b>\$313.50</b>
Name of Employer Northwestern Mutual	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>\$321.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

2015-10-10 11:00 AM

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 31 OF 49  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**National Association of Insurance and Financial Advisors Political Action Comm**

<b>A. Mr. Kevin Lammers</b> Full Name (Last, First, Middle Initial) Mailing Address 18 Carriage Lane City Newark State DE Zip Code 19711-2045		Date of Receipt 03 / 10 / 2015
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period \$85.00
Name of Employer Kevin Lammers Insurance Agency	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$255.00	

<b>B. Mr. Brad A. Tapscott</b> Full Name (Last, First, Middle Initial) Mailing Address 523 Castle Hall Rd City Mount Pleasant State SC Zip Code 29464-6231		Date of Receipt 03 / 10 / 2015
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period \$75.00
Name of Employer Ameriprise Financial Services, Inc.	Occupation Certified Financial Planner Practition	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$225.00	

<b>C. Mr. William K. Bridgers</b> Full Name (Last, First, Middle Initial) Mailing Address 1005 E 450 S City Pleasant Grove State UT Zip Code 84062-3186		Date of Receipt 03 / 10 / 2015
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period \$100.00
Name of Employer William K Bridgers, Insurance Consulta	Occupation Independent Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	\$260.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	\$260.00

UNION-STATE-INSURANCE

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 49	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
				<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**National Association of Insurance and Financial Advisors Political Action Comm**

Full Name (Last, First, Middle Initial) <b>A. Mr. Paul Adams</b>		Date of Receipt <b>03 / 10 / 2015</b>
Mailing Address <b>15328 32nd Avenue</b>		Amount of Each Receipt this Period <b>\$100.00</b>
City <b>Mill Creek</b>	State Zip Code <b>WA 98012-8311</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>\$300.00</b>
Name of Employer <b>Sound Financial Group</b>	Occupation <b>Field Representative</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>\$300.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Mr. Joseph L. Morton III</b>		Date of Receipt <b>03 / 10 / 2015</b>
Mailing Address <b>5487 N Bach</b>		Amount of Each Receipt this Period <b>\$126.00</b>
City <b>Meridian</b>	State Zip Code <b>ID 83646-4711</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>\$378.00</b>
Name of Employer <b>Intermountain Legal Group</b>	Occupation <b>Attorney At Law</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>\$378.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Mr. Paul S. Brawner</b>		Date of Receipt <b>03 / 10 / 2015</b>
Mailing Address <b>3672 Velda Oaks Circle</b>		Amount of Each Receipt this Period <b>\$52.50</b>
City <b>Tallahassee</b>	State Zip Code <b>FL 32309-6341</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>\$262.50</b>
Name of Employer <b>NAIFA- Florida</b>	Occupation <b>Chief Executive Officer</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>\$262.50</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>\$278.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

DUPLICATE 17000000

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 33 OF 49  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

<p><b>A. Mr. Neal A. Kloke</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1241 St. Paul Street</p> <p>City State Zip Code Bellingham WA 98229-2124</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation Kloke Financial Services, Inc. Investment Advisor Representative</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <input type="text" value="\$210.00"/></p>		<p>Date of Receipt <input type="text" value="03"/> / <input type="text" value="10"/> / <input type="text" value="2015"/></p> <p>Amount of Each Receipt this Period <input type="text" value="\$70.00"/></p>
<p><b>B. Mr. Trent D. Bryson</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 3777 Long Beach Boulevard Ste 500</p> <p>City State Zip Code Long Beach CA 90807-3325</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation Ameritas CEO</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <input type="text" value="\$315.00"/></p>		<p>Date of Receipt <input type="text" value="03"/> / <input type="text" value="10"/> / <input type="text" value="2015"/></p> <p>Amount of Each Receipt this Period <input type="text" value="\$105.00"/></p>
<p><b>C. Mr. Patrick Alex Kessel</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 908 S Main</p> <p>City State Zip Code Fairfield IA 52556-3839</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation Farm Bureau Fin. Services Insurance Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <input type="text" value="\$252.00"/></p>		<p>Date of Receipt <input type="text" value="03"/> / <input type="text" value="10"/> / <input type="text" value="2015"/></p> <p>Amount of Each Receipt this Period <input type="text" value="\$84.00"/></p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		<p><input type="text" value="\$259.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		<p><input type="text" value=""/></p>

20150310 17:00:00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 34 OF 49  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**National Association of Insurance and Financial Advisors Political Action Comm**

**A. Mr. R. Stephen Surbaugh**

Full Name (Last, First, Middle Initial)  
Mailing Address  
508 Norman Lane  
City Virginia Beach State VA Zip Code 23452-5741

FEC ID number of contributing federal political committee. **C**

Name of Employer Commonwealth Planning Occupation Insurance Agent

Receipt For:  
 Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **\$225.50**

Date of Receipt **03 / 10 / 2015**

Amount of Each Receipt this Period **\$8.50**

**B. Mr. Carl W. Zeidler**

Full Name (Last, First, Middle Initial)  
Mailing Address  
P O Box 706 14918 Lippold RD  
City Carlinville State IL Zip Code 62626-0706

FEC ID number of contributing federal political committee. **C**

Name of Employer Wall Street Fin. Group Occupation President

Receipt For:  
 Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **\$315.00**

Date of Receipt **03 / 10 / 2015**

Amount of Each Receipt this Period **\$105.00**

**C. Mr. Bryan K. Johnson**

Full Name (Last, First, Middle Initial)  
Mailing Address  
8530 Eagle Pt Rd Ste 200  
City Lake Elmo State MN Zip Code 55042-8649

FEC ID number of contributing federal political committee. **C**

Name of Employer Northwestern Mutual Occupation Insurance Agent

Receipt For:  
 Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **\$202.50**

Date of Receipt **03 / 10 / 2015**

Amount of Each Receipt this Period **\$12.50**

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **\$126.00**

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

2015-02-17 09:00:00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 35 OF 49  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**National Association of Insurance and Financial Advisors Political Action Comm**

**A. Ms. Michele Grassley Clarke**

Full Name (Last, First, Middle Initial)  
Mailing Address  
409 Washington Street Suite A  
City Cedar Falls State IA Zip Code 50613-2812

Date of Receipt  
03 / 10 / 2015

FEC ID number of contributing federal political committee. C

Amount of Each Receipt this Period  
\$94.00

Name of Employer NAIFA - Iowa Occupation Executive Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
\$282.00

**B. Mr. James D. Curtis**

Full Name (Last, First, Middle Initial)  
Mailing Address  
130 S Highland St  
City Du Bois State PA Zip Code 15801-2039

Date of Receipt  
03 / 10 / 2015

FEC ID number of contributing federal political committee. C

Amount of Each Receipt this Period  
\$84.00

Name of Employer Ameritas Occupation General Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
\$252.00

**C. Mr. David J. Evenson**

Full Name (Last, First, Middle Initial)  
Mailing Address  
3171 Longbow Ct.  
City Grand Forks State ND Zip Code 58203-2193

Date of Receipt  
03 / 13 / 2015

FEC ID number of contributing federal political committee. C

Amount of Each Receipt this Period  
\$1,000.00

Name of Employer Capital Resource Management, LLC Occupation OWNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
\$1,000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ \$1,178.00

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

2014-02-17 09:00:00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**National Association of Insurance and Financial Advisors Political Action Comm**

Full Name (Last, First, Middle Initial) <b>A. Mr. Bruce W. Laughlin</b>		Date of Receipt <b>03 / 13 / 2015</b>
Mailing Address 11335 Merlin Ct.		Amount of Each Receipt this Period <b>\$250.00</b>
City Indianapolis	State Zip Code IN 46239-8400	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>\$250.00</b>
Name of Employer Bruce Laughlin	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>\$250.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Mr. Craig M. Kilmer</b>		Date of Receipt <b>03 / 13 / 2015</b>
Mailing Address 512 W 15th Street		Amount of Each Receipt this Period <b>\$300.00</b>
City Tyrone	State Zip Code PA 16686-2006	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>\$300.00</b>
Name of Employer The Principal Financial Group	Occupation AGENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>\$300.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Mr. Cliff F. Wilson</b>		Date of Receipt <b>03 / 13 / 2015</b>
Mailing Address 1458 W Bahia Ct		Amount of Each Receipt this Period <b>\$39.00</b>
City Gilbert	State Zip Code AZ 85233-5600	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>\$417.00</b>
Name of Employer Southeast Arizona Insurance Services,	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>\$417.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>\$589.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

20150313 11:20:00 AM

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 37 OF 49  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**National Association of Insurance and Financial Advisors Political Action Comm**

**A. Mr. William R. Anderson**

Full Name (Last, First, Middle Initial)  
Mailing Address  
1842 Vermont Ave NW  
City Washington State VA Zip Code 20001-5006

FEC ID number of contributing federal political committee. **C**

Name of Employer NAIFA- Headquarters Occupation Sr VP Law & Govt Rel

Receipt For:  
 Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **\$312.50**

Date of Receipt **03 / 13 / 2015**

Amount of Each Receipt this Period **\$62.50**

**B. Mr. Hal K. Yeager Jr.**

Full Name (Last, First, Middle Initial)  
Mailing Address  
1532 Hempel Ave  
City Windermere State FL Zip Code 34786-8116

FEC ID number of contributing federal political committee. **C**

Name of Employer Yeager Insurance Agency, Inc Occupation President

Receipt For:  
 Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **\$250.00**

Date of Receipt **03 / 13 / 2015**

Amount of Each Receipt this Period **\$250.00**

**C. Jill E. Hoffman**

Full Name (Last, First, Middle Initial)  
Mailing Address  
2901 Telestar Court  
City Falls Church State VA Zip Code 22042-1260

FEC ID number of contributing federal political committee. **C**

Name of Employer NAIFA Occupation Director, Federal Relations

Receipt For:  
 Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **\$208.35**

Date of Receipt **03 / 13 / 2015**

Amount of Each Receipt this Period **\$41.67**

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **\$354.17**

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

20160217 00011001

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 OF 49	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**National Association of Insurance and Financial Advisors Political Action Comm**

Full Name (Last, First, Middle Initial) <b>A. Mrs. Diane Boyle</b>		Date of Receipt <b>03 / 13 / 2015</b>
Mailing Address <b>3419 N Emerson</b>		Amount of Each Receipt this Period <b>\$150.00</b>
City <b>Arlington</b>	State Zip Code <b>VA 22207-1834</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>\$750.00</b>
Name of Employer <b>NAIFA- Headquarters</b>	Occupation <b>VP of Federal Government Relations</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>\$750.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Ms. Sheila Owens</b>		Date of Receipt <b>03 / 13 / 2015</b>
Mailing Address <b>2901 Telestar Ct</b>		Amount of Each Receipt this Period <b>\$41.66</b>
City <b>Falls Church</b>	State Zip Code <b>VA 22042-1260</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>\$208.30</b>
Name of Employer <b>NAIFA- Headquarters</b>	Occupation <b>Insurance Agent</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>\$208.30</b>	

Full Name (Last, First, Middle Initial) <b>C. Mr. Gene H. Storms</b>		Date of Receipt <b>03 / 16 / 2015</b>
Mailing Address <b>18663 St. Mellion Place</b>		Amount of Each Receipt this Period <b>\$500.00</b>
City <b>Eden Prairie</b>	State Zip Code <b>MN 55347-3484</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>\$500.00</b>
Name of Employer <b>Northwestern Mutual</b>	Occupation <b>Insurance Agent</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>\$500.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>\$691.66</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

20150317 17:00:51-1002

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 39 OF 49  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

**A. Mr. Brock Baker**

Full Name (Last, First, Middle Initial)  
Mailing Address  
1139 Brookwood Lane  
City Nashville State TN Zip Code 37220-1001

FEC ID number of contributing federal political committee. **C**

Name of Employer Baker Benefits Corporation Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**\$250.00**

Date of Receipt  
**03 / 16 / 2015**

Amount of Each Receipt this Period  
**\$250.00**

**B. Ms. Suzette F. Livingston**

Full Name (Last, First, Middle Initial)  
Mailing Address  
P.O. Box 488  
City Sundance State WY Zip Code 82729-0488

FEC ID number of contributing federal political committee. **C**

Name of Employer Mountain West Farm Bureau Occupation AGENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**\$250.00**

Date of Receipt  
**03 / 16 / 2015**

Amount of Each Receipt this Period  
**\$250.00**

**C. Mr. Scott D. Colby**

Full Name (Last, First, Middle Initial)  
Mailing Address  
7077 East Central Avenue #8  
City Wichita State KS Zip Code 67206-1929

FEC ID number of contributing federal political committee. **C**

Name of Employer New England Financial/MetLife Occupation Financial Representative

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**\$500.00**

Date of Receipt  
**03 / 16 / 2015**

Amount of Each Receipt this Period  
**\$500.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **\$1,000.00**

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

20150317 17:00:00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 OF 49	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
		<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**National Association of Insurance and Financial Advisors Political Action Comm**

Full Name (Last, First, Middle Initial) <b>A. Mr. Frederic R. Marschner</b>		Date of Receipt <b>03 / 16 / 2015</b>
Mailing Address <b>51 Fieldbrook Place</b>		Amount of Each Receipt this Period <b>\$500.00</b>
City <b>Moraga</b>	State Zip Code <b>CA 94556-1101</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>\$500.00</b>
Name of Employer <b>Northwestern Mutual</b>	Occupation <b>Financial Representative</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>\$500.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Mr. Mark A. Blake</b>		Date of Receipt <b>03 / 16 / 2015</b>
Mailing Address <b>17573 Bearpath Trail</b>		Amount of Each Receipt this Period <b>\$85.00</b>
City <b>Eden Prairie</b>	State Zip Code <b>MN 55347-3488</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>\$250.00</b>
Name of Employer <b>Northwestern Mutual</b>	Occupation <b>Insurance Agent</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>\$250.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Mr. David C. Allen Sr.</b>		Date of Receipt <b>03 / 16 / 2015</b>
Mailing Address <b>12505 Monaghan Trail</b>		Amount of Each Receipt this Period <b>\$300.00</b>
City <b>Austin</b>	State Zip Code <b>TX 78727-5230</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>\$300.00</b>
Name of Employer <b>Allen Financial Services</b>	Occupation <b>AGENT</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>\$300.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>\$885.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

2015-03-17 10:00:00 AM

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 41 OF 49  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

**A. Mrs. Kathy McGarry**

Full Name (Last, First, Middle Initial)  
Mailing Address  
Po Box 519  
City State Zip Code  
Tioga TX 76271-0519

Date of Receipt  
03 / 16 / 2015

FEC ID number of contributing federal political committee. C

Amount of Each Receipt this Period  
\$250.00

Name of Employer Occupation  
Mayo Agency Owner - Agency

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
\$250.00

**B. Mrs. Heather L. Lindsley**

Full Name (Last, First, Middle Initial)  
Mailing Address  
2251 Warm Springs Ct  
City State Zip Code  
Green Bay WI 54311-5032

Date of Receipt  
03 / 16 / 2015

FEC ID number of contributing federal political committee. C

Amount of Each Receipt this Period  
\$225.00

Name of Employer Occupation  
Woodmen Financial Resources Registered Representative

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
\$315.00

**C. Mr. Dee K. Carter**

Full Name (Last, First, Middle Initial)  
Mailing Address  
3207 Baumann Ave  
City State Zip Code  
Midland TX 79701-5515

Date of Receipt  
03 / 18 / 2015

FEC ID number of contributing federal political committee. C

Amount of Each Receipt this Period  
\$315.00

Name of Employer Occupation  
Carter Financial Group President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
\$315.00

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

\$790.00

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

20150318 10:27:00 AM

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 42 OF 49	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
				<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**National Association of Insurance and Financial Advisors Political Action Comm**

Full Name (Last, First, Middle Initial) <b>A. Ms. Doris L. Stipech</b>		Date of Receipt <b>03 / 18 / 2015</b>
Mailing Address <b>3545 W 110 Pl</b>		Amount of Each Receipt this Period <b>\$300.00</b>
City <b>Westminster</b>	State Zip Code <b>CO 80031-6839</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date <b>\$300.00</b>
Name of Employer <b>State Farm Insurance Companies</b>	Occupation <b>OWNER</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mr. Timothy H. Holladay</b>		Date of Receipt <b>03 / 19 / 2015</b>
Mailing Address <b>7127 US HWY 19</b>		Amount of Each Receipt this Period <b>\$125.00</b>
City <b>New Port Richey</b>	State Zip Code <b>FL 34652-1638</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date <b>\$375.00</b>
Name of Employer <b>State Farm Ins.</b>	Occupation <b>AGENT</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mr. John G. Griep</b>		Date of Receipt <b>03 / 20 / 2015</b>
Mailing Address <b>1456 Edgcumbe Rd</b>		Amount of Each Receipt this Period <b>\$250.00</b>
City <b>Saint Paul</b>	State Zip Code <b>MN 55116-1701</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date <b>\$250.00</b>
Name of Employer <b>State Farm Insurance Companies</b>	Occupation <b>Insurance Agent</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>\$675.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

20150319 11:00:00 AM

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 43 OF 49  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

<b>A. Mr. Gary T. Havir</b> Full Name (Last, First, Middle Initial) Mailing Address 620 N Main St #215 City State Zip Code Stillwater MN 55082-4092 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Educators Insurance Resource Svcs Inc Occupation President/Agency Owner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <b>\$250.00</b>		Date of Receipt <b>03 / 23 / 2015</b> Amount of Each Receipt this Period <b>\$250.00</b>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	---------------------------------------------------------------------------------------------------

<b>B. Mrs. Kristin M. Alfheim</b> Full Name (Last, First, Middle Initial) Mailing Address 1534 Navajo Ct City State Zip Code Green Bay WI 54313-6777 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Futurity First Insurance Group Occupation Branch Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <b>\$475.00</b>		Date of Receipt <b>03 / 23 / 2015</b> Amount of Each Receipt this Period <b>\$225.00</b>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	---------------------------------------------------------------------------------------------------

<b>C. David J. House</b> Full Name (Last, First, Middle Initial) Mailing Address 206 University Drive City State Zip Code Newark DE 19713-1180 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Financial Advisors of Delaware Valley Occupation Associate Managing Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <b>\$500.00</b>		Date of Receipt <b>03 / 23 / 2015</b> Amount of Each Receipt this Period <b>\$500.00</b>
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<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>\$975.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

20150323 17:00:00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 44 OF 49  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**National Association of Insurance and Financial Advisors Political Action Comm**

Full Name (Last, First, Middle Initial) <b>A. Mr. Bryon A. Holz</b>		Date of Receipt <b>03 / 24 / 2015</b>
Mailing Address <b>207 Cindy Lane</b>		Amount of Each Receipt this Period <b>\$50.00</b>
City <b>Brandon</b>	State Zip Code <b>FL 33510-3905</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>\$363.50</b>
Name of Employer <b>Bryon Holz &amp; Associates</b>	Occupation <b>Independent Agent</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>\$363.50</b>	

Full Name (Last, First, Middle Initial) <b>B. Mr. Martin Montefel</b>		Date of Receipt <b>03 / 24 / 2015</b>
Mailing Address <b>16932 SW 5th Way</b>		Amount of Each Receipt this Period <b>\$250.00</b>
City <b>Weston</b>	State Zip Code <b>FL 33326-1564</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>\$250.00</b>
Name of Employer <b>Marty Montefel</b>	Occupation <b>General Agent</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>\$250.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Mr. Terry K. Headley</b>		Date of Receipt <b>03 / 24 / 2015</b>
Mailing Address <b>20704 Meadow Ridge Drive</b>		Amount of Each Receipt this Period <b>\$230.00</b>
City <b>Springfield</b>	State Zip Code <b>NE 68059-7086</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>\$1,190.00</b>
Name of Employer <b>Headley Financial Group</b>	Occupation <b>President</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>\$1,190.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>\$530.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

20150324 17:00:51:000510008

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: (check only one)	PAGE 45 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial) <b>A. Mr. Richard A. Balch</b>		Date of Receipt 03 / 24 / 2015
Mailing Address 321 Heidelberg Ct		Amount of Each Receipt this Period \$550.00
City Green Bay	State Zip Code WI 54302-4950	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$585.00
Name of Employer Woodmen Financial Resources	Occupation Financial Planner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$585.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Kenneth H. Pendley</b>		Date of Receipt 03 / 26 / 2015
Mailing Address 722 Kenwood Rd		Amount of Each Receipt this Period \$500.00
City Fayetteville	State Zip Code GA 30214-3391	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$500.00
Name of Employer Habersham Funding LLC	Occupation Marketing Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$500.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Joseph W. Guess</b>		Date of Receipt 03 / 26 / 2015
Mailing Address PO Box 249		Amount of Each Receipt this Period \$250.00
City Pickens	State Zip Code MS 39146-0249	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$250.00
Name of Employer The Leaders Group, Inc.	Occupation Branch Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	\$1,300.00
<b>TOTAL</b> This Period (last page this line number only) .....	

20150327 00001000

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**National Association of Insurance and Financial Advisors Political Action Comm**

Full Name (Last, First, Middle Initial) <b>A. Mr. David A. Beaty</b>		Date of Receipt <b>03 / 26 / 2015</b>
Mailing Address <b>3804 Pheasant Dr</b>		Amount of Each Receipt this Period <b>\$1,000.00</b>
City <b>Cedar Falls</b>	State Zip Code <b>IA 50613-1611</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date <b>\$1,000.00</b>
Name of Employer <b>Heartland Financial Services</b>	Occupation <b>President</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mr. Russell F. Bent</b>		Date of Receipt <b>03 / 30 / 2015</b>
Mailing Address <b>PO Box 559</b>		Amount of Each Receipt this Period <b>\$250.00</b>
City <b>Rancocas</b>	State Zip Code <b>NJ 08073-0559</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date <b>\$250.00</b>
Name of Employer <b>Pathways</b>	Occupation <b>Insurance Agent</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mr. William R. Anderson</b>		Date of Receipt <b>03 / 30 / 2015</b>
Mailing Address <b>1842 Vermont Ave NW</b>		Amount of Each Receipt this Period <b>\$62.50</b>
City <b>Washington</b>	State Zip Code <b>VA 20001-5006</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date <b>\$375.00</b>
Name of Employer <b>NAIFA- Headquarters</b>	Occupation <b>Sr VP Law &amp; Govt Rel</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>\$1,312.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

2016-02-17 09:00:10

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 47 OF 49  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

<p><b>A. Jill E. Hoffman</b> Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 2901 Telestar Court</p> <p>City State Zip Code Falls Church VA 22042-1260</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation NAIFA Director, Federal Relations</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <input type="text" value="\$250.02"/></p>		<p>Date of Receipt <input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2015"/></p> <p>Amount of Each Receipt this Period <input type="text" value="\$41.67"/></p>
<p><b>B. Mrs. Diane Boyle</b> Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 3419 N Emerson</p> <p>City State Zip Code Arlington VA 22207-1834</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation NAIFA- Headquarters VP of Federal Government Relations</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <input type="text" value="\$900.00"/></p>		<p>Date of Receipt <input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2015"/></p> <p>Amount of Each Receipt this Period <input type="text" value="\$150.00"/></p>
<p><b>C. Ms. Sheila Owens</b> Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 2901 Telestar Ct</p> <p>City State Zip Code Falls Church VA 22042-1260</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Occupation NAIFA- Headquarters Insurance Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <input type="text" value="\$249.96"/></p>		<p>Date of Receipt <input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2015"/></p> <p>Amount of Each Receipt this Period <input type="text" value="\$41.66"/></p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional) .....</p>		<p><input type="text" value="\$233.33"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>		<p><input type="text" value="\$233.33"/></p>

20150330 17:00:00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 48 OF 49  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)  
**National Association of Insurance and Financial Advisors Political Action Comm**

Full Name (Last, First, Middle Initial) <b>A. Mr. Elwood B. Syverson</b>		Date of Receipt <b>03 / 31 / 2015</b>
Mailing Address <b>509 Loomis Drive</b>		Amount of Each Receipt this Period <b>\$175.00</b>
City <b>Mauston</b>	State Zip Code <b>WI 53948-1522</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>\$265.00</b>
Name of Employer <b>The Syverson Agency, LLC</b>	Occupation <b>Insurance Agent</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>\$265.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Mr. David B. Malkin</b>		Date of Receipt <b>03 / 31 / 2015</b>
Mailing Address <b>15 Canoe Brook Drive</b>		Amount of Each Receipt this Period <b>\$1,250.00</b>
City <b>Livingston</b>	State Zip Code <b>NJ 07039-6121</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>\$1,250.00</b>
Name of Employer <b>NJ Life &amp; Casualty Associates, LLC</b>	Occupation <b>Insurance Agent</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>\$1,250.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Mr. Daniel L. Lawrence</b>		Date of Receipt <b>03 / 31 / 2015</b>
Mailing Address <b>5553 Peters Drive</b>		Amount of Each Receipt this Period <b>\$225.00</b>
City <b>West Bend</b>	State Zip Code <b>WI 53095-8301</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>\$435.00</b>
Name of Employer <b>Modern Woodmen of America</b>	Occupation <b>Agency Manager</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>\$435.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>\$1,650.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

2016-02-17 10:00:00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 49 OF 49  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**National Association of Insurance and Financial Advisors Political Action Comm**

**A. Mr. Jason E. Brooks**

Full Name (Last, First, Middle Initial)  
Mailing Address  
4680 Woodbine Circle  
City: West Bloomfield State: MI Zip Code: 48323-2289

Date of Receipt: 03 / 31 / 2015

FEC ID number of contributing federal political committee: C

Amount of Each Receipt this Period: \$250.00

Name of Employer: Brooks Financial Occupation: President

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date: \$250.00

**B. Ms. Mary Holevinski**

Full Name (Last, First, Middle Initial)  
Mailing Address  
17 Lambert Johnson Dr  
City: Ocean State: NJ Zip Code: 07712-3753

Date of Receipt: 03 / 31 / 2015

FEC ID number of contributing federal political committee: C

Amount of Each Receipt this Period: \$512.50

Name of Employer: Holevinski Financial Services Occupation: Insurance Agent

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date: \$512.50

**C.**

Full Name (Last, First, Middle Initial)  
Mailing Address  
City: State: Zip Code:

Date of Receipt: / /

FEC ID number of contributing federal political committee: C

Amount of Each Receipt this Period:

Name of Employer: Occupation:

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date:

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	\$762.50
<b>TOTAL</b> This Period (last page this line number only) .....	\$27,549.94

2015-03-17 09:00:00 AM

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 1 OF 1  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

**A. New York Life Insurance Political Action Committee**

Mailing Address

51 Madison Ave. Room 1109

City

New York

State

NY

Zip Code

10010

FEC ID number of contributing federal political committee.

C 00158881

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

\$5,000.00

Date of Receipt

03 / 06 / 2015

Amount of Each Receipt this Period

\$5,000.00

Full Name (Last, First, Middle Initial)

**B. National Assoc. of Independent Life Brokerage Agencies (NAILBA) PAC**

Mailing Address

228 S WASHINGTON ST STE 115,

City

ALEXANDRIA

State

VA

Zip Code

22314

FEC ID number of contributing federal political committee.

C 00422204

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

\$5,000.00

Date of Receipt

03 / 06 / 2015

Amount of Each Receipt this Period

\$5,000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

/ /

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ▶

\$10,000.00

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

\$10,000.00

201602170000104

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

PAGE 1 OF 1

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

**A.** Wells Fargo

Mailing Address  
P.O. box 40031

City State Zip Code  
Roanoke VA 24022-0031

Purpose of Disbursement  
**Bank Fees**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 30 / 2015

Amount of Each Disbursement this Period

\$152.70

Bank Fees

001  
Category/Type

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶

\$152.70

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

\$152.70

20150330 17:00:00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1 OF 14
	<input type="checkbox"/> 21b <input type="checkbox"/> 22 <input checked="" type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28a <input type="checkbox"/> 28b <input type="checkbox"/> 28c <input type="checkbox"/> 29 <input type="checkbox"/> 30b	

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NAME OF COMMITTEE (In Full)  
**National Association of Insurance and Financial Advisors Political Action Comm**

Full Name (Last, First, Middle Initial) <b>A. Frelinghuysen For Congress</b>		Date of Disbursement 03 / 04 / 2015
Mailing Address 19 Cattano Avenue		Amount of Each Disbursement this Period \$1,000.00
City Morristown	State NJ	
Zip Code 07960		Category/ Type 011
Purpose of Disbursement		
Candidate Name Rep. Rodney P. Frelinghuysen		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NJ    District: 11	

Full Name (Last, First, Middle Initial) <b>B. Steve Israel For Congress Committee</b>		Date of Disbursement 03 / 04 / 2015
Mailing Address PO Box 1400		Amount of Each Disbursement this Period \$2,500.00
City Melville	State NY	
Zip Code 11747		Category/ Type 011
Purpose of Disbursement		
Candidate Name Rep. Steve J. Israel		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NY    District: 03	

Full Name (Last, First, Middle Initial) <b>C. National Republican Congressional Committee</b>		Date of Disbursement 03 / 04 / 2015
Mailing Address 320 First Street SE		Amount of Each Disbursement this Period \$15,000.00
City Washington	State DC	
Zip Code 20003		Category/ Type 011
Purpose of Disbursement		
Candidate Name National Republican Congressional Committee		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State:    District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	\$18,500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

2013-02-17 09:00:10

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**National Association of Insurance and Financial Advisors Political Action Comm**

**A. Friends Of Frank Guinta**

Full Name (Last, First, Middle Initial)  
Mailing Address  
**PO Box 877**

City **Manchester** State **NH** Zip Code **03105**

Purpose of Disbursement

Candidate Name  
**Frank Guinta**

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

State: **NH** District: **01**

Date of Disbursement  
**03 / 04 / 2015**

Amount of Each Disbursement this Period  
**\$2,500.00**

Category/Type  
**011**

**B. Meeks for Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address  
**219-10 South Conduit Avenue**

City **Springfield Garden** State **NY** Zip Code **11413**

Purpose of Disbursement

Candidate Name  
**Gregory Meeks**

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

State: **NY** District: **06**

Date of Disbursement  
**03 / 16 / 2015**

Amount of Each Disbursement this Period  
**\$2,000.00**

Category/Type  
**011**

**C. Tiberi For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address  
**2931 E Dublin Granville Road Suite 190**

City **Columbus** State **OH** Zip Code **43231**

Purpose of Disbursement

Candidate Name  
**Rep. Pat J. Tiberi**

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

State: **OH** District: **12**

Date of Disbursement  
**03 / 16 / 2015**

Amount of Each Disbursement this Period  
**\$1,000.00**

Category/Type  
**011**

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ **\$5,500.00**

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

NON-PROFIT ORGANIZATION

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 3 OF 14

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

<b>A.</b>		Date of Disbursement
Stivers For Congress		MM / DD / YYYY 03 / 16 / 2015
Mailing Address 4679 Winterset Drive		Amount of Each Disbursement this Period \$2,500.00
City	State Zip Code	
Columbus	OH 43220	
Purpose of Disbursement		Category/ Type 011
Candidate Name Rep. Steve Stivers		
Office Sought:	Disbursement For: 2016	
<input checked="" type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	
<input type="checkbox"/> President		
State: OH	District: 15	

<b>B.</b>		Date of Disbursement
Stivers For Congress		MM / DD / YYYY 03 / 16 / 2015
Mailing Address 4679 Winterset Drive		Amount of Each Disbursement this Period \$2,500.00
City	State Zip Code	
Columbus	OH 43220	
Purpose of Disbursement		Category/ Type 011
Candidate Name Rep. Steve Stivers		
Office Sought:	Disbursement For: 2016	
<input checked="" type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	
<input type="checkbox"/> President		
State: OH	District: 15	

<b>C.</b>		Date of Disbursement
Pearce For Congress		MM / DD / YYYY 03 / 16 / 2015
Mailing Address P.O. Box 2696		Amount of Each Disbursement this Period \$2,500.00
City	State Zip Code	
Hobbs	NM 88241	
Purpose of Disbursement		Category/ Type 011
Candidate Name Rep. Stevan E. Pearce		
Office Sought:	Disbursement For: 2016	
<input checked="" type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	
<input type="checkbox"/> President		
State: NM	District: 02	

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

\$7,500.00

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

2016-02-17 09:00:10

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 4 OF 14

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

<b>A. Connolly For Congress</b>		Date of Disbursement
Mailing Address 3706 Prado Place		03 / 16 / 2015
City Fairfax	State VA	Zip Code 22031
Purpose of Disbursement	011	Amount of Each Disbursement this Period
Candidate Name Rep. Gerald E. Connolly	Category/ Type	\$2,000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA	District: 11	

<b>B. Lynn Jenkins For Congress</b>		Date of Disbursement
Mailing Address PO Box 1441		03 / 16 / 2015
City Topeka	State KS	Zip Code 66601
Purpose of Disbursement	011	Amount of Each Disbursement this Period
Candidate Name Rep. Lynn Jenkins	Category/ Type	\$1,000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: KS	District: 02	

<b>C. Scott Rigell For Congress</b>		Date of Disbursement
Mailing Address 915 First Colonial Road Suite 100		03 / 16 / 2015
City Virginia Beach	State VA	Zip Code 23454
Purpose of Disbursement	011	Amount of Each Disbursement this Period
Candidate Name Rep. Scott E. Rigell	Category/ Type	\$1,000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA	District: 02	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	\$4,000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

2016-02-17 03:00:10



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 OF 14		
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a	<input checked="" type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input type="checkbox"/> 25 <input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**National Association of Insurance and Financial Advisors Political Action Comm**

Full Name (Last, First, Middle Initial) <b>A. Sean Patrick Maloney For Congress</b>		Date of Disbursement <b>03 / 16 / 2015</b>
Mailing Address <b>PO Box 270</b>		Amount of Each Disbursement this Period <b>\$2,500.00</b>
City <b>Newburgh</b>	State <b>NY</b>	
Zip Code <b>12550</b>	Purpose of Disbursement	Category/ Type <b>011</b>
Candidate Name <b>Rep. Sean Patrick Maloney</b>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NY District: 18	

Full Name (Last, First, Middle Initial) <b>B. Poliquin For Congress</b>		Date of Disbursement <b>03 / 16 / 2015</b>
Mailing Address <b>PO Box 50</b>		Amount of Each Disbursement this Period <b>\$2,000.00</b>
City <b>Oakland</b>	State <b>ME</b>	
Zip Code <b>04963</b>	Purpose of Disbursement	Category/ Type <b>011</b>
Candidate Name <b>Rep. Bruce Poliquin</b>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: ME District: 02	

Full Name (Last, First, Middle Initial) <b>C. Peters For Michigan</b>		Date of Disbursement <b>03 / 16 / 2015</b>
Mailing Address <b>PO Box 226</b>		Amount of Each Disbursement this Period <b>\$2,000.00</b>
City <b>Bloomfield Hills</b>	State <b>MI</b>	
Zip Code <b>48303</b>	Purpose of Disbursement	Category/ Type <b>011</b>
Candidate Name <b>Sen. Gary Peters</b>	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MI District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>\$6,500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

1-800-438-8030

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 OF 14			
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**National Association of Insurance and Financial Advisors Political Action Comm**

Full Name (Last, First, Middle Initial) <b>A. Forbes For Congress</b>		Date of Disbursement <b>03 / 24 / 2015</b>
Mailing Address <b>PO Box 15100</b>		Amount of Each Disbursement this Period <b>\$1,500.00</b>
City <b>Chesapeake</b>	State <b>VA</b>	
Zip Code <b>23328</b>		Category/ Type <b>011</b>
Purpose of Disbursement		
Candidate Name <b>Rep. J. Randy Forbes</b>		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>VA</b> District: <b>04</b>	

Full Name (Last, First, Middle Initial) <b>B. Friends Of Dave Reichert</b>		Date of Disbursement <b>03 / 24 / 2015</b>
Mailing Address <b>PO Box 2032</b>		Amount of Each Disbursement this Period <b>\$1,000.00</b>
City <b>Issaquah</b>	State <b>WA</b>	
Zip Code <b>98027</b>		Category/ Type <b>011</b>
Purpose of Disbursement		
Candidate Name <b>Rep. David George Reichert</b>		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>WA</b> District: <b>08</b>	

Full Name (Last, First, Middle Initial) <b>C. Wyden For Senate</b>		Date of Disbursement <b>03 / 24 / 2015</b>
Mailing Address <b>232 Ne 9th Avenue</b>		Amount of Each Disbursement this Period <b>\$1,000.00</b>
City <b>Portland</b>	State <b>OR</b>	
Zip Code <b>97232</b>		Category/ Type <b>011</b>
Purpose of Disbursement		
Candidate Name <b>Sen. Ron Wyden</b>		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>OR</b> District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>\$3,500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

20150324 17:00:11







**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 14		
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a	<input checked="" type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input type="checkbox"/> 25 <input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**National Association of Insurance and Financial Advisors Political Action Comm**

Full Name (Last, First, Middle Initial) <b>A. Mike Bost For Congress Committee</b>		Date of Disbursement <b>03 / 24 / 2015</b>
Mailing Address <b>PO Box 1212</b>		Amount of Each Disbursement this Period <b>\$250.00</b>
City <b>Murphysboro</b>	State <b>IL</b>	
Zip Code <b>62966</b>	Purpose of Disbursement <b>011</b> Category/Type	Amount of Each Disbursement this Period <b>\$1,000.00</b>
Candidate Name <b>Michael Bost</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: <b>IL</b> District: <b>12</b>	

Full Name (Last, First, Middle Initial) <b>B. Friends Of Mia Love</b>		Date of Disbursement <b>03 / 24 / 2015</b>
Mailing Address <b>PO Box 255</b>		Amount of Each Disbursement this Period <b>\$15,000.00</b>
City <b>Riverton</b>	State <b>UT</b>	
Zip Code <b>84065</b>	Purpose of Disbursement <b>011</b> Category/Type	Amount of Each Disbursement this Period <b>\$16,250.00</b>
Candidate Name <b>Rep. Mia Love</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: <b>UT</b> District: <b>04</b>	

Full Name (Last, First, Middle Initial) <b>C. Democratic Congressional Campaign Committee</b>		Date of Disbursement <b>03 / 25 / 2015</b>
Mailing Address <b>430 South Capitol Street, SE</b>		Amount of Each Disbursement this Period <b>\$16,250.00</b>
City <b>Washington</b>	State <b>DC</b>	
Zip Code <b>20003</b>	Purpose of Disbursement <b>011</b> Category/Type	Amount of Each Disbursement this Period <b>\$16,250.00</b>
Candidate Name <b>Democratic Congressional Campaign Committee</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>\$16,250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

20150324 17:00:00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 14	
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a	<input checked="" type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c

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NAME OF COMMITTEE (In Full)  
**National Association of Insurance and Financial Advisors Political Action Comm**

Full Name (Last, First, Middle Initial) <b>A. Tiberi For Congress</b>		Date of Disbursement <b>03 / 25 / 2015</b>
Mailing Address <b>2931 E Dublin Granville Road Suite 190</b>		Amount of Each Disbursement this Period <b>\$2,500.00</b>
City <b>Columbus</b>	State <b>OH</b>	
Zip Code <b>43231</b>	Purpose of Disbursement <b>011</b> Category/Type	Amount of Each Disbursement this Period <b>\$1,000.00</b>
Candidate Name <b>Rep. Pat J. Tiberi</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: OH District: 12	

Full Name (Last, First, Middle Initial) <b>B. Friends Of Sam Johnson</b>		Date of Disbursement <b>03 / 25 / 2015</b>
Mailing Address <b>P.O. Box 860096</b>		Amount of Each Disbursement this Period <b>\$1,000.00</b>
City <b>Plano</b>	State <b>TX</b>	
Zip Code <b>75086</b>	Purpose of Disbursement <b>011</b> Category/Type	Amount of Each Disbursement this Period <b>\$1,000.00</b>
Candidate Name <b>Rep. Sam Robert Johnson</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: TX District: 03	

Full Name (Last, First, Middle Initial) <b>C. Westmoreland For Congress</b>		Date of Disbursement <b>03 / 25 / 2015</b>
Mailing Address <b>P.O. Box 458</b>		Amount of Each Disbursement this Period <b>\$1,000.00</b>
City <b>Sharpsburg</b>	State <b>GA</b>	
Zip Code <b>30277</b>	Purpose of Disbursement <b>011</b> Category/Type	Amount of Each Disbursement this Period <b>\$1,000.00</b>
Candidate Name <b>Rep. Lynn A. Westmoreland</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: GA District: 03	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>\$4,500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

20150325 10:00:00 AM

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 13 OF 14

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

<b>A. Friends Of Erik Paulsen</b>		Date of Disbursement
Mailing Address P.O. Box 44369 250 Prairie Center Drive		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City Eden Prairie	State MN	Zip Code 55344
Purpose of Disbursement	<input type="text" value="011"/>	Amount of Each Disbursement this Period
Candidate Name Rep. Erik P. Paulsen	Category/ Type	<input type="text" value="\$1,000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MN	District: 03	

<b>B. Diane Black For Congress</b>		Date of Disbursement
Mailing Address PO Box 1437		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City Gallatin	State TN	Zip Code 37066
Purpose of Disbursement	<input type="text" value="011"/>	Amount of Each Disbursement this Period
Candidate Name Rep. Diane Black	Category/ Type	<input type="text" value="\$1,000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TN	District: 06	

<b>C. Stutzman For Congress</b>		Date of Disbursement
Mailing Address PO Box 129		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City Howe	State IN	Zip Code 46746
Purpose of Disbursement	<input type="text" value="011"/>	Amount of Each Disbursement this Period
Candidate Name Rep. Marlin Stutzman	Category/ Type	<input type="text" value="\$2,500.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IN	District: 03	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="\$4,500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value=""/>

20150325 17:00:00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 14		
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29

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NAME OF COMMITTEE (In Full)  
**National Association of Insurance and Financial Advisors Political Action Comm**

Full Name (Last, First, Middle Initial) <b>A. Young For Iowa, Inc.</b>		Date of Disbursement MM / DD / YYYY <b>03 / 25 / 2015</b>
Mailing Address <b>PO Box 162</b>		Amount of Each Disbursement this Period <b>\$5,000.00</b>
City <b>Van Meter</b>	State <b>IA</b>	
Zip Code <b>50261</b>		Debt Retirement
Purpose of Disbursement <b>Debt Retirement</b>		
Candidate Name <b>David Young</b>		Category/ Type <b>011</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>Primary Debt 2014</b>	
State: <b>IA</b>	District: <b>03</b>	

Full Name (Last, First, Middle Initial) <b>B. Pat Meehan For Congress</b>		Date of Disbursement MM / DD / YYYY <b>03 / 26 / 2015</b>
Mailing Address <b>50 S. Providence Road</b>		Amount of Each Disbursement this Period <b>(\$2,000.00)</b>
City <b>Media</b>	State <b>PA</b>	
Zip Code <b>19063</b>		Void - Pat Meehan For Congress
Purpose of Disbursement <b>Void - Pat Meehan For Congress</b>		
Candidate Name <b>Rep. Patrick L. Meehan</b>		Category/ Type <b>011</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <b>PA</b>	District: <b>07</b>	

Full Name (Last, First, Middle Initial) <b>C. Pat Meehan For Congress</b>		Date of Disbursement MM / DD / YYYY <b>03 / 26 / 2015</b>
Mailing Address <b>50 S. Providence Road</b>		Amount of Each Disbursement this Period <b>\$2,000.00</b>
City <b>Media</b>	State <b>PA</b>	
Zip Code <b>19063</b>		
Purpose of Disbursement		
Candidate Name <b>Rep. Patrick L. Meehan</b>		Category/ Type <b>011</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <b>PA</b>	District: <b>07</b>	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>\$5,000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>\$96,750.00</b>

20150326 10:00 AM



30B	0.00	0.00
30C	0.00	0.00
31	96,902.70	235,610.61
32	96,902.70	235,610.61
33	107,807.90	265,823.20
34	0.00	1,878.50
35	107,807.90	263,944.70
36	152.70	482.11
37	0.00	0.00
38	152.70	482.11

=== Errors & Warnings Section =====

Validation Errors & Warnings

ERROR Messages...

No Errors

WARNING Messages...

Form(Item): SB23 (National Republican Congressional Committee)

Field Name: #018 Election Type Code

Warning Election Code missing: ?

Form(Item): SB23 (Democratic Congressional Campaign Committee)

Field Name: #018 Election Type Code

Warning Election Code missing: ?

2019-02-17 09:00:00

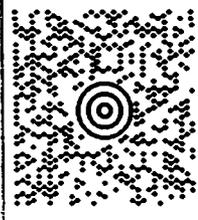
NOV 10 10 00 AM '00

NAIFA (703) 770-8100  
NAIFA 2901 TELESTAR CT  
FALLS CHURCH VA 22042

1 LBS

1 OF 1

SHIP TO:  
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FEDERAL ELECTION COMMISSION  
999 E STREET, NW  
WASHINGTON DC 20463



MD 201 9-83



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BILLING: P/P

REF 1:6000

US 19.0.22 LP2844 72.00 01/2016

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

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked Date of Receipt

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked

USPS Priority Mail Express Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): *UPS Ground* Shipping Date  
*2/16/16*  
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

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Other (Specify): Date of Receipt or Postmarked

  
 PREPARER

*2/17/16*  
 DATE PREPARED

11031-108-0001-1000