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REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
National Association of Insurance and Financial Advisors Pol Action Comm

ADDRESS (number and street) [ ] Check if different than previously reported
2901 Telestar Court

CITY, STATE and ZIP CODE
Falls Church, VA 22042

2. FEC IDENTIFICATION NUMBER
C00005249

3. [X] This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

(a) [ ] April 15 Quarterly Report
[ ] July 15 Quarterly Report
[ ] October 15 Quarterly Report
[ ] January 31 Year End Report
[ ] July 31 Mid Year Report (Non-election Year Only)
[ ] Termination Report

Monthly Report Due On:
[ ] February 20 [ ] June 20 [ ] October 20
[ ] March 20 [ ] July 20 [ ] November 20
[ ] April 20 [ ] August 20 [ ] December 20
[ ] May 20 [ ] September 20 [ ] January 31

[X] 12-Day Pre-Election Report for the _____ (Type of Election)
election on _____ in the State of _____

[ ] 30-Day Post-Election Report following the General Election
on _____ in the State of _____

(b) Is this Report an Amendment? [X] YES [ ] NO

SUMMARY 5. Covering Period 10/1/00 through 10/18/00	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 19__	[redacted]	$ 421,315.92
(b) Cash on Hand at Beginning of Reporting Period	$ 200,717.57	[redacted]
(c) Total Receipts (from Line 19)	$ 122,167.69	$ 712,461.17
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 222,885.26	$ 1,133,777.09
7. Total Disbursements (from Line 30)	$ 149,851.63	$ 960,743.46
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 173,033.63	$ 173,033.63
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	$ 0	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	$ 46,842.50	

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

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
Kevin M. Madden, CPA

Signature of Treasurer
Kevin M. Madden, CPA

Date
6/22/01

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

FEC FORM 3X
(revised 9/00)

FEM8(12/00)

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

(revised 10/97)

NAME OF COMMITTEE
National Association of Life Underwriters Political Action Committee

REPORT COVERING PERIOD FROM: 10/01/00 TO: 10/18/00

	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individuals/Persons Other Than Political Committees	15,425.77	131,761.43
i. Itemized (use Schedule A)	106,741.92	580,699.77
ii. Unitemized	122,167.69	712,461.20
iii. Total (add i and ii) >		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) >	122,167.69	712,461.20
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11 d, 12, 13, 14, 15, 16, 17, and 18) >	122,167.69	712,461.20
20. Total Federal Receipts (subtract line 18 from line 19) >	122,167.69	712,461.20
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal Non-Federal Activity (from Schedule H 4)		
i. Federal Share		
ii. Non-Federal Share	3,317.63	237,245.46
b. Other Federal Operating Expenditures	3,317.63	237,245.46
c. Total Operating Expenditures (add a i, a ii, and b) >		
22. Transfers to Affiliated/Other Party Committees	136,500.00	722,575.00
23. Contributions to Federal Candidates/Committees and Other Political Committees		
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:	34.00	923.00
a. Individuals/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)	34.00	923.00
d. Total Contribution Refunds (add a, b and c) >		
29. Other Disbursements	149,851.63	960,743.46
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	149,851.63	960,743.46
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d)	122,167.69	712,461.20
33. Total Contribution Refunds (from line 28d)	34.00	923.00
34. Net Contributions (other than loans) (subtract line 33 from 32)	122,133.69	711,538.20
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	3,317.63	237,245.46
36. Offsets to Operating Expenditures (from line 15)	0	
37. Net Operating Expenditures (subtract line 36 from 35) >	3,317.63	237,245.46

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 21a ii

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 Committee

A. Full Name, Mailing Address and ZIP Code First Union National Bank of Washington DC P.O. Box 13327 Roanoke, VA 24040-7314	Purpose of Disbursement Bank Charges Disbursement for: [ ] Primary [ ] General [X] Other (specify)	Date (month, day, year) 10/12/00	Amount of Each Disbursement This Period 766.80
B. Full Name, Mailing Address and ZIP Code National Association of Insurance and Financial Advisors 2901 Telestar Court Falls Church, VA 22042	Purpose of Disbursement Benefits,Supplies,Utilities,Postage,Copier, etc. Disbursement for: [ ] Primary [ ] General [X] Other (specify)	Date (month, day, year) 10/15/00	Amount of Each Disbursement This Period 2,550.83
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	
TOTAL this Period (last page this line number only)	3,317.63

FEMA1[illegible]

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page ___ of ___for
LINE NUMBER _____
(Use separate schedule for each numbered line)

Name of Committee (in Full) NATIONAL ASSOCIATION OF Insurance & Financial Advisors - PAC	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor NATIONAL ASSOCIATION OF Insurance and Financial Advisors 2901 Telestar Court Falls Church, VA 22042-1205	44,057.91	5,335.42	2550.83	46,842.50
Nature of Debt (Purpose)				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose)				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				

1) SUBTOTALS This Period This Page (optional)	
2) TOTALS This Period (last page in this line only)	46,842.50
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

FEBANTEIPDF

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED (R/C) 6-22-01
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

Amy
PREPARER

6-27-01
DATE PREPARED

(6/2000)