

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
National Association of Insurance and Financial Advisors Political Action Committee

ADDRESS (number and street) 2901 Telear Court  
Check if different than previously reported. (ACC) Falls Church VA 22042

2. **FEC IDENTIFICATION NUMBER** C00005249  
**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 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
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 11 28 2006 through 12 31 2006

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 Peter C. Browne

Signature of Treasurer Electronically Filed by Peter C. Browne Date 01 22 2007

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

National Association of Insurance and Financial Advisors Political Action Committee

Report Covering the Period: From: 

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		537428.48
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	37699.19									
(c) Total Receipts (from Line 19) .....	150262.40	1152305.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	187961.59	1689733.48								
7. Total Disbursements (from Line 31) .....	49483.37	1551255.26								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	138478.22	138478.22								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	34612.10									

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

National Association of Insurance and Financial Advisors Political Action Committee

Report Covering the Period: From: 

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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	48819.60	357493.38
(i) Itemized (use Schedule A) .....	101442.80	788411.62
(ii) Unitemized .....	150262.40	1145905.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	2500.00
(c) Other Political Committees (such as PACs) .....	0.00	150262.40
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	150262.40	1148405.00
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	3900.00
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 Transfer (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)) .....	150262.40	1152305.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	150262.40	1152305.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	25933.37	281181.26
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	25933.37	281181.26
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	23500.00	1268750.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	50.00	1324.00
(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)) .....	50.00	1324.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	49483.37	1551255.26
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	49483.37	1551255.26

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	150262.40	1148405.00
34. Total Contribution Refunds (from Line 28(d)) .....	50.00	1324.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	150212.40	1147081.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	25933.37	281181.26
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	25933.37	281181.26

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 / 187
	(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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Michael J. Ables, LUTCF

Mailing Address PO Box 2205

City State Zip Code  
Avila Beach CA 93424-2205

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt  
MM / DD / YYYY  
12 / 10 / 2006

**Transaction ID:** R1653079

Amount of Each Receipt this Period  
105.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Paul Adams

Mailing Address 5101 Missy Maric Lane

City State Zip Code  
Las Vegas NV 89130

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 864.00

Date of Receipt  
MM / DD / YYYY  
12 / 10 / 2006

**Transaction ID:** R1650780

Amount of Each Receipt this Period  
72.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. James M. Allen

Mailing Address 414 McCall Street

City State Zip Code  
Waukesha WI 53186-6009

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
MM / DD / YYYY  
12 / 10 / 2006

**Transaction ID:** R1652266

Amount of Each Receipt this Period  
30.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>207.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Ms. Susan Jane Allen, LUTCF

Mailing Address 331 S. Brookfield Road

City State Zip Code  
Brookfield WI 53045

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 238.80

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 10 / 2006

Transaction ID: R1653866

Amount of Each Receipt this Period  
6.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert C. Altenburg, FIC,LUTCF

Mailing Address 558 W. 9th Street

City State Zip Code  
Winner SD 57580

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 10 / 2006

Transaction ID: R1652888

Amount of Each Receipt this Period  
17.50

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Ms. Carol A. Anderson, LUTCF, CFP

Mailing Address 717 N. 87th St.

City State Zip Code  
Omaha NE 68114

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 10 / 2006

Transaction ID: R1653709

Amount of Each Receipt this Period  
50.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	73.50
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 / 187
<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Robert B. Anderson, CLU

Mailing Address 1456 Old Boones Creek Road

City State Zip Code  
Jonesborough TN 37659

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653703

Amount of Each Receipt this Period  
50.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert B. Anderson, CLU

Mailing Address 1456 Old Boones Creek Road

City State Zip Code  
Jonesborough TN 37659

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 6

Transaction ID: R1655532

Amount of Each Receipt this Period  
250.00

Check

**C.** Full Name (Last, First, Middle Initial)  
Mr. William C. Anderson, LUTCF

Mailing Address 205 Whippoorwill Lane

City State Zip Code  
Altamonte Spgs FL 32701-7827

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1654038

Amount of Each Receipt this Period  
25.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>325.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 187
	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. William R. Anderson

Mailing Address 1842 Vermont Ave NW

City State Zip Code  
Washington DC 20001-5006

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 422.66

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 6

Transaction ID: R1655313

Amount of Each Receipt this Period  
-35.60

Check

**B.** Full Name (Last, First, Middle Initial)  
Mr. William R. Anderson

Mailing Address 1842 Vermont Ave NW

City State Zip Code  
Washington DC 20001-5006

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 422.66

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 6

Transaction ID: R1655316

Amount of Each Receipt this Period  
20.83

Check

**C.** Full Name (Last, First, Middle Initial)  
Mr. Russell S. Andrews, CLU, ChFC

Mailing Address 106 W Jefferson St #601

City State Zip Code  
Syracuse NY 13202

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653339

Amount of Each Receipt this Period  
50.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	35.23
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 187
	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Ms. Joan A. Antonello

Mailing Address 530 5th Ave  
14th Fl.

City State Zip Code  
New York NY 10036

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1652519

Amount of Each Receipt this Period  
21.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Sil L. Arata, Jr.,LUTCF

Mailing Address P. O. Box 820365

City State Zip Code  
Vancouver WA 98682-0007

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1652093

Amount of Each Receipt this Period  
5.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Russell W. Arman, CFP

Mailing Address 2111 Sherman Dr

City State Zip Code  
Bismarck ND 58504-3103

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 6

**Transaction ID:** R1654097

Amount of Each Receipt this Period  
300.00

Credit Card

**SUBTOTAL** of Receipts This Page (optional) ..... ► **326.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 187
	(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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Douglas Austin, CLU

Mailing Address Suite 9 Kite Hill Rd

City State Zip Code  
Santa Cruz CA 95060-1418

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1652956

Amount of Each Receipt this Period  
22.50

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. James T. Bardin, CLU, ChFC

Mailing Address 4226 Fairway Circle

City State Zip Code  
Tampa FL 33624-4640

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1652181

Amount of Each Receipt this Period  
22.50

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Fred H. Barnhart, Jr.

Mailing Address 395 County Route 10

City State Zip Code  
Pennellville NY 13132

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1652267

Amount of Each Receipt this Period  
25.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	70.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 187
	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Thom E. Beasley

Mailing Address 1103 Dove Rd.

City State Zip Code  
Jonesboro AR 72401-5270

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 945.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2006

**Transaction ID:** R1653179

Amount of Each Receipt this Period  
81.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. John C. Beckwith

Mailing Address 1908 Greenbriar Drive

City State Zip Code  
Portage MI 49024-5787

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2006

**Transaction ID:** R1653481

Amount of Each Receipt this Period  
42.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Michael E. Behar

Mailing Address 2319 Cheshire Woods Rd

City State Zip Code  
Toledo OH 43617-1202

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2006

**Transaction ID:** R1652994

Amount of Each Receipt this Period  
22.50

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	145.50
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 / 187
<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Daniel C. Bell

Mailing Address P. O. Box 1747

City Cleveland State MS Zip Code 38732-1747

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
12 / 10 / 2006

Transaction ID: R1652028

Amount of Each Receipt this Period  
25.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. V. Stanley Benfell, CLU, ChFC

Mailing Address 77 E Street

City Salt Lake City State UT Zip Code 84103-2644

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
12 / 31 / 2006

Transaction ID: R1656472

Amount of Each Receipt this Period  
500.00

Credit Card

**C.** Full Name (Last, First, Middle Initial)  
Mr. Kent A. Bennett

Mailing Address 280 Hollow Road

City Muncy State PA Zip Code 17756-5789

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3550.00

Date of Receipt  
MM / DD / YYYY  
12 / 10 / 2006

Transaction ID: R1654061

Amount of Each Receipt this Period  
87.50

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>612.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Charles R. Benway, CLU

Mailing Address 1224 Trinity Pl

City State Zip Code  
Granite Falls NC 28630-8961

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 242.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1652893

Amount of Each Receipt this Period  
24.75

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert A. Berg, CLU, LUTCF

Mailing Address 1405 Blackberry Lane

City State Zip Code  
Stevens Point WI 54481-9140

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1652814

Amount of Each Receipt this Period  
30.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Martin Berger, CLU

Mailing Address 111 - 5th Ave SW PO Box 69

City State Zip Code  
Epworth IA 52045

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

**Transaction ID:** R1656397

Amount of Each Receipt this Period  
150.00

Check

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	204.75
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 187
	(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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Alec P. Berkman, CLU

Mailing Address 1056 S Easthills Drive

City State Zip Code  
West Covina CA 91791-3478

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

Transaction ID: R1656413

Amount of Each Receipt this Period  
250.00

Credit Card

**B.** Full Name (Last, First, Middle Initial)  
Mr. James R. Bertine, FIC, LUTCF

Mailing Address 2935 S. Columbus St.

City State Zip Code  
Arlington VA 22206-1412

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1650885

Amount of Each Receipt this Period  
22.50

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Thomas C. Besselman

Mailing Address 6421 Perkins Rd # 2b

City State Zip Code  
Baton Rouge LA 70808-4125

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1652639

Amount of Each Receipt this Period  
50.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>322.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 / 187
	(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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. David B. Bianchi, CLU

Mailing Address 1125 Beldon Way

City State Zip Code  
Reno NV 89503-3164

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1653297

Amount of Each Receipt this Period  
60.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. F. Thomas Biglione, CLU, ChFC

Mailing Address PO Box 78058

City State Zip Code  
Stockton CA 95267-1358

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 6

**Transaction ID:** R1655747

Amount of Each Receipt this Period  
250.00

Check

**C.** Full Name (Last, First, Middle Initial)  
Mr. J. Blayne Bird

Mailing Address 315 Willow Drive

City State Zip Code  
Blackfoot ID 83221

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1651992

Amount of Each Receipt this Period  
30.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>340.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Ms. Sally A. Bisgard, LUTCF

Mailing Address 529 N. Main

City State Zip Code  
Waubay SD 57273

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 224.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653921

Amount of Each Receipt this Period  
21.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Harlynn N. Bjerke, LUTCF

Mailing Address P. O. Box 144

City State Zip Code  
Adams ND 58210-0144

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 317.40

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1652404

Amount of Each Receipt this Period  
25.20

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert L. Blair

Mailing Address 11501 Main Street

City State Zip Code  
Middletown KY 40243-1315

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 0 6

Transaction ID: R1654516

Amount of Each Receipt this Period  
300.00

Check

**SUBTOTAL** of Receipts This Page (optional) ..... ► 346.20

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 / 187
	(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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Ms. Eleanor B. Blaylock

Mailing Address 9439 Gay Lane

City State Zip Code  
Oil City LA 71061

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 584.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1652213

Amount of Each Receipt this Period  
50.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Brian D. Boesiger, CSA, LUTC

Mailing Address 7021 S. 33rd Street

City State Zip Code  
Lincoln NE 68516-4886

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1651001

Amount of Each Receipt this Period  
30.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Jonas L. Borntrager, LUTCF

Mailing Address 205 A S Liberty St

City State Zip Code  
Harrisonburg VA 22801-3621

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 6

**Transaction ID:** R1656218

Amount of Each Receipt this Period  
175.00

Credit Card

**SUBTOTAL** of Receipts This Page (optional) ..... ► **255.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 187
	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Terry A. Boulter, CLU, ChFC,  
Mailing Address 9037 N Silver Lake Drive  
City Cedar Hills State UT Zip Code 84062  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-employed Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 6  
Transaction ID: R1652275  
Amount of Each Receipt this Period 22.50  
Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Guy S. Bowering  
Mailing Address 129 Woodland Hills Blvd.  
City Madison State MS Zip Code 39110  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-employed Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 259.50

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 6  
Transaction ID: R1654011  
Amount of Each Receipt this Period 22.50  
Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. John J. Bradley, CLU  
Mailing Address 148 Grove Street  
City Westwood State MA Zip Code 02090  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-employed Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 499.92

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 6  
Transaction ID: R1653130  
Amount of Each Receipt this Period 41.66  
Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	86.66
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 / 187
<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Verne D. Brakke, CLU, ChFC,  
Mailing Address 624 N Jackson  
City State Zip Code  
Pierre SD 57501-2314  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-employed Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 205.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6  
Transaction ID: R1653362  
Amount of Each Receipt this Period 17.50  
Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Gary A. Bramon, CLU, ChFC,  
Mailing Address 269 San Felipe Way  
City State Zip Code  
Novato CA 94945-1687  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-employed Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6  
Transaction ID: R1653663  
Amount of Each Receipt this Period 50.00  
Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. John G. Brandt, LUTCF, FIC  
Mailing Address 2103 Sunset Lane  
City State Zip Code  
La Crosse WI 54601  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-employed Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 321.60

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6  
Transaction ID: R1652894  
Amount of Each Receipt this Period 30.00  
Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ► 97.50  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 / 187
	(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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. William J. Brannon, CLU, GPCU

Mailing Address 5215 Mockingbird Road

City Greensboro State NC Zip Code 27406

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 277.20

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1653727

Amount of Each Receipt this Period  
23.10

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Ronald D. Brant, CLU, LUTCF

Mailing Address 10234 Hoffman

City Maybee State MI Zip Code 48159-9777

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1822.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1653815

Amount of Each Receipt this Period  
208.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Frank H. Briggs, Jr., CLU, C

Mailing Address 2610 Bohler Rd NW

City Atlanta State GA Zip Code 30327-1418

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1653800

Amount of Each Receipt this Period  
50.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>281.10</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 187
	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Delford G. Britton

Mailing Address 1736 Jefferson Street

City State Zip Code  
Napa CA 94559-1703

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1652508

Amount of Each Receipt this Period  
21.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Albert B. Brodbeck, CLU

Mailing Address 56 Dundee Road

City State Zip Code  
Stamford CT 06903-3623

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1653226

Amount of Each Receipt this Period  
12.50

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. C. Robert Brown, Sr., CLU, L

Mailing Address 8675 WestCott

City State Zip Code  
Germantown TN 38138-7738

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1651988

Amount of Each Receipt this Period  
62.50

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>96.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 / 187
	(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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. James Walter Brown, LUTCF

Mailing Address 6334 Deveron Drive

City State Zip Code  
Charlotte NC 28211-4612

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
277.20

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2006

Transaction ID: R1652058

Amount of Each Receipt this Period  
23.10

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Michael O. Brown, LUTCF

Mailing Address 6512 Nell 3

City State Zip Code  
Edmond OK 73013

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
720.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2006

Transaction ID: R1653584

Amount of Each Receipt this Period  
60.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Rice E. Brown, CLU, ChFC,

Mailing Address 785 N Sky Mountian Blvd

City State Zip Code  
Hurricane UT 84737

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 12 / 2006

Transaction ID: R1654489

Amount of Each Receipt this Period  
500.00

Check

**SUBTOTAL** of Receipts This Page (optional) ..... ► **583.10**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 / 187
<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Dennis A. Brumbaugh, LUTCF

Mailing Address 17 Conley Lane

City Elma State WA Zip Code 98541

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653390

Amount of Each Receipt this Period  
42.50

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Timothy J. Brungardt, LUTCF

Mailing Address 314 N. 5th.

City Norfolk State NE Zip Code 68701-4093

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1652442

Amount of Each Receipt this Period  
25.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. George B. Bryce, CLU, ChFC

Mailing Address 2730 Ardon Ln

City Casper State WY Zip Code 82609-3902

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653633

Amount of Each Receipt this Period  
42.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	109.50
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. James A. Buchan, CLU, ChFC

Mailing Address 5716 W. Orlando Circle

City State Zip Code  
Broken Arrow OK 74011

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 741.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2006

**Transaction ID:** R1653310

Amount of Each Receipt this Period  
60.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert M. Burd

Mailing Address 22 Cedarwood Dr

City State Zip Code  
Watseka IL 60970-9740

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 201.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2006

**Transaction ID:** R1652741

Amount of Each Receipt this Period  
21.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Jaford D. Burgad, LUTCF

Mailing Address 3842 N. 10th St.

City State Zip Code  
Fargo ND 58102-1044

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2006

**Transaction ID:** R1652403

Amount of Each Receipt this Period  
30.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	111.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 187
	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. William D. Burke, CLU, CFP(r)

Mailing Address 2216 Nelda Way

City Alamo State CA Zip Code 94507

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 352.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653086

Amount of Each Receipt this Period  
21.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Eugene H. Burkett, LUTCF

Mailing Address PO Box 921

City Felton State CA Zip Code 95018-0921

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1654003

Amount of Each Receipt this Period  
21.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Ms. Donna J. Burrill, CLU, ChFC,

Mailing Address P.O.BOX 143

City FORT COLLINS State CO Zip Code 80522-0143

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 580.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653833

Amount of Each Receipt this Period  
30.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ► **72.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Evelyn Butler, CLTC, LUTC

Mailing Address 10 Lincoln Ave.

City State Zip Code  
Vernon NJ 07462

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 302.40

Date of Receipt  
MM / DD / YYYY  
12 / 10 / 2006

**Transaction ID:** R1652139

Amount of Each Receipt this Period  
25.20

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert D. Buxbaum, CLU, ChFC

Mailing Address 4 Linwood Rd.

City State Zip Code  
Wellesley MA 02181-2519

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
MM / DD / YYYY  
12 / 10 / 2006

**Transaction ID:** R1653269

Amount of Each Receipt this Period  
21.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert C. Buxman, LUTCF

Mailing Address 12690 NW Lorraine Dr.

City State Zip Code  
Portland OR 97229

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 234.50

Date of Receipt  
MM / DD / YYYY  
12 / 10 / 2006

**Transaction ID:** R1653898

Amount of Each Receipt this Period  
21.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	67.20
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 187
	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Joe D. Byars, GLU, LUTCF

Mailing Address 5916 Park Ave

City State Zip Code  
Fort Smith AR 72903-1509

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 302.40

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1652968

Amount of Each Receipt this Period  
25.20

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Ms. Amy K. Byrne

Mailing Address 900 N Shoreline Blvd

City State Zip Code  
Mountain View CA 94043-1933

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653006

Amount of Each Receipt this Period  
25.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. David D. Cameron, LUTCF

Mailing Address 1142 FAIRVIEW AVE.

City State Zip Code  
Rupert ID 83350

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653776

Amount of Each Receipt this Period  
30.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	80.20
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 29 / 187
<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Christopher D. Campbell, CLU, ChFC

Mailing Address 2511 Brandon Road

City State Zip Code  
Upper Arlington OH 43221

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2006

Transaction ID: R1652652

Amount of Each Receipt this Period  
42.50

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. William A. Carlisle, CLU

Mailing Address 8245 Tournament Drive, #350

City State Zip Code  
Memphis TN 38125

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2006

Transaction ID: R1653826

Amount of Each Receipt this Period  
17.50

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Ms. Cecilia H. Carlton, LUTCF

Mailing Address P. O. Box 636

City State Zip Code  
Hazlehurst MS 39083-0636

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 322.50

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2006

Transaction ID: R1653175

Amount of Each Receipt this Period  
27.50

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	87.50
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 / 187
<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Ms. Kelli J. Carmichael, CLU, LUTCF

Mailing Address 2914 S Coffman

City Casper State WY Zip Code 82604-4733

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2006

**Transaction ID:** R1653984

Amount of Each Receipt this Period  
22.50

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Jeffrey P. Case, LUTCF

Mailing Address 1311 33rd Avenue S.W.

City Minot State ND Zip Code 58701-7266

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 542.40

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2006

**Transaction ID:** R1653065

Amount of Each Receipt this Period  
27.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Brian M. Cassell, CLU

Mailing Address 6017 Pine Ridge Rd #254

City Naples State FL Zip Code 34119-3956

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 11 / 2006

**Transaction ID:** R1654445

Amount of Each Receipt this Period  
250.00

Check

**SUBTOTAL** of Receipts This Page (optional) ..... ► **299.50**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Ms. Mary C. Castiglione, RHU

Mailing Address 33 Muirfield Ct.

City State Zip Code  
Dover DE 19904

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1653839

Amount of Each Receipt this Period  
21.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Richard J. Chaffee, Jr.

Mailing Address 1775 County Road 24

City State Zip Code  
Long Lake MN 55356-8906

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 6

**Transaction ID:** R1655630

Amount of Each Receipt this Period  
250.00

Credit Card

**C.** Full Name (Last, First, Middle Initial)  
Mr. Richard J. Chandik, MBA

Mailing Address 1332 Shorebird Ln

City State Zip Code  
Carlsbad CA 92009

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 338.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1652623

Amount of Each Receipt this Period  
42.50

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>313.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 187		
	<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

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Anthony D. Chapman

Mailing Address 1360 Redmond Circ

City State Zip Code  
Rome GA 30165

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1651021

Amount of Each Receipt this Period  
21.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Ms. Queenie M. Chee, CLU, LUTCF

Mailing Address 833 Waika Place

City State Zip Code  
Honolulu HI 96825-1061

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1652506

Amount of Each Receipt this Period  
42.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. James R. Christensen, Jr.

Mailing Address 440 Regency Pkwy Dr #139

City State Zip Code  
Omaha NE 68114

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 6

Transaction ID: R1655215

Amount of Each Receipt this Period  
200.00

Check

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	263.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 187
	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Kim L. Christenson

Mailing Address 180 SW Gibson Lane

City State Zip Code  
Issaquah WA 98027-4123

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 247.50

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2006

Transaction ID: R1652122

Amount of Each Receipt this Period  
22.50

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Jill H. Clark, LUTCF, CFC

Mailing Address 201 39th Street

City State Zip Code  
West Des Moines IA 50265

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2006

Transaction ID: R1652523

Amount of Each Receipt this Period  
18.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Ms. Katharine F. Clark

Mailing Address 110 Cross Creek Circle

City State Zip Code  
Macon GA 31210

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2006

Transaction ID: R1652976

Amount of Each Receipt this Period  
25.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	65.50
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 187
	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Thomas R. Clark, CLU, ChFC

Mailing Address 1603 22nd St Ste 202

City State Zip Code  
West Des Moines IA 50266-1410

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2006

**Transaction ID:** R1653576

Amount of Each Receipt this Period  
60.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Ms. Anne Cleveland-Ames

Mailing Address 857 Great Oaks Trail

City State Zip Code  
Eagan 55123

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 208.30

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2006

**Transaction ID:** R1652914

Amount of Each Receipt this Period  
20.83

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. J Michael Clinton

Mailing Address 3525 Tilford Cir

City State Zip Code  
Monroe LA 71201

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 359.50

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2006

**Transaction ID:** R1650680

Amount of Each Receipt this Period  
42.50

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>123.33</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 187
	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Bud Clisby, LUTCF

Mailing Address 4353  
browning lane

City viera State FL Zip Code 32955

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1652843

Amount of Each Receipt this Period  
21.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Ms. Ernestine S. Cohn, CSA

Mailing Address 1773 139th Avenue

City San Leandro State CA Zip Code 94578

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1651991

Amount of Each Receipt this Period  
21.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Gordon T. Colburn

Mailing Address 126 Crystal Springs Road

City San Dimas State CA Zip Code 91773

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653376

Amount of Each Receipt this Period  
42.50

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	84.50
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 187
	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Norman A. Coltrane, LUTCF

Mailing Address 1607 Hatherleigh Drive

City State Zip Code  
Fayetteville NC 28304-3643

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 363.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653683

Amount of Each Receipt this Period  
30.25

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Melissa T. Copeland, LUTCF

Mailing Address 236 Hobbs Landing Road

City State Zip Code  
Elizabeth City NC 27909

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 605.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1650700

Amount of Each Receipt this Period  
55.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Richard R. Courtemanche, FIC

Mailing Address 26 Rejane Ave

City State Zip Code  
Lewiston ME 04240-2512

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: R1654644

Amount of Each Receipt this Period  
240.00

Check

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	325.25
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Ms. Nancy P. Cubberley

Mailing Address P O Box 5109

City State Zip Code  
Sevierville TN 37864

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
12 / 10 / 2006

**Transaction ID:** R1651111

Amount of Each Receipt this Period  
25.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Neil M. Cubberley, CLU,ChFC,

Mailing Address P.O.BOX 5109

City State Zip Code  
SEVIERVILLE TN 37864-5109

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 222.50

Date of Receipt  
MM / DD / YYYY  
12 / 10 / 2006

**Transaction ID:** R1654067

Amount of Each Receipt this Period  
25.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. David A. Culley, CLU, ChFC

Mailing Address 4187 Club Drive N.E.

City State Zip Code  
Atlanta GA 30319-1115

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt  
MM / DD / YYYY  
12 / 10 / 2006

**Transaction ID:** R1654029

Amount of Each Receipt this Period  
42.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	92.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Jack H. Curtis

Mailing Address 1508 Morning Glory Cr.

City State Zip Code  
Tupelo MS 38801

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 597.50

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2006

**Transaction ID:** R1653955

Amount of Each Receipt this Period  
50.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Vincent M. D'Addona, CLU, ChFC

Mailing Address 141 Greenway Road

City State Zip Code  
Lido Beach NY 11561-4828

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1020.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2006

**Transaction ID:** R1653705

Amount of Each Receipt this Period  
85.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. William H. Damora, CLU, ChFC

Mailing Address 1102 Shore Dr

City State Zip Code  
Brielle NJ 08730

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 29 / 2006

**Transaction ID:** R1656279

Amount of Each Receipt this Period  
600.00

Check

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **735.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 39 / 187
<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Steven M. Daniel, CLU, ChFC,  
Mailing Address 2600 Meadowbrook Dr  
City State Zip Code  
Butte MT 59701-4028  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-employed Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 302.40

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6  
Transaction ID: R1653737  
Amount of Each Receipt this Period  
25.20  
Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. John A. Davidson, LUTCF  
Mailing Address 1497 Rancho Lane  
City State Zip Code  
Thousand Oaks CA 91362  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-employed Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6  
Transaction ID: R1653690  
Amount of Each Receipt this Period  
105.00  
Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Frederick J. Dawson, CLU, ChFC  
Mailing Address P.O. Box 53 37 Trimble Turn  
City State Zip Code  
Yorklyn DE 19736  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-employed Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 6  
Transaction ID: R1654626  
Amount of Each Receipt this Period  
175.00  
Check

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>305.20</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Frederick J. Dawson, CLU, ChFC

Mailing Address P.O. Box 53 37 Trimble Turn

City Yorklyn State DE Zip Code 19736

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 6

Transaction ID: R1656270

Amount of Each Receipt this Period  
175.00

Credit Card

**B.** Full Name (Last, First, Middle Initial)  
Mr. William James DeBruin, LUTCF

Mailing Address 106 Edgewood Ln

City Combined Locks State WI Zip Code 54113

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 459.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653251

Amount of Each Receipt this Period  
72.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Jorge R. DeCubas, J.D., CLU

Mailing Address 115 Sunrise Dr #4-D

City Key Biscayne State FL Zip Code 33149

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653364

Amount of Each Receipt this Period  
21.00

Payroll Deduction

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Troy D. DeLair, LUTCF

Mailing Address 841 E 3550 N

City State Zip Code  
North Ogden UT 84414-7596

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653768

Amount of Each Receipt this Period  
25.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Joseph M. DeRosa, CLU

Mailing Address 2300 N. Halifax

City State Zip Code  
Daytona Beach FL 32118

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 6

Transaction ID: R1655596

Amount of Each Receipt this Period  
500.00

Check

**C.** Full Name (Last, First, Middle Initial)  
Mr. Glenn P. Deal, Jr.

Mailing Address 58 Golf Course Ln.

City State Zip Code  
Taylorsville NC 28681

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1652891

Amount of Each Receipt this Period  
27.50

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>552.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 42 / 187						
	(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

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. John R. Dean, LUTCF, CLU,  
Mailing Address 1700 S.W. 15th Ave.  
City Willmar State MN Zip Code 56201  
FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 536.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6  
Transaction ID: R1654000  
Amount of Each Receipt this Period 50.00  
Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Lawrence P. Decker, ChFC  
Mailing Address 11944 Treat Hwy  
City Jasper State MI Zip Code 49248-9724  
FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6  
Transaction ID: R1652710  
Amount of Each Receipt this Period 25.00  
Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Paul R. Decker, CLU, ChFC  
Mailing Address Box 1832  
City Idaho Falls State ID Zip Code 83403-1832  
FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 604.80

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6  
Transaction ID: R1653836  
Amount of Each Receipt this Period 50.40  
Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ► 125.40  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 187		
	<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

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Robert F. Decker, CLU, FLMI

Mailing Address 9290 West Dodge Road #102

City State Zip Code  
Omaha NE 68114-3320

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 6

Transaction ID: R1656115

Amount of Each Receipt this Period  
100.00

Check

**B.** Full Name (Last, First, Middle Initial)  
Mr. David V. Dellinger

Mailing Address 3052 Stanton Circle

City State Zip Code  
Carmichael CA 95608

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 378.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653976

Amount of Each Receipt this Period  
42.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Marty A. Diaz-Morris

Mailing Address 2101 N Westwod Avenue

City State Zip Code  
Santa Ana CA 92706

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 227.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1651441

Amount of Each Receipt this Period  
8.50

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	150.50
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 44 / 187
	(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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Marty A. Diaz-Morris

Mailing Address 2101 N Westwod Avenue

City State Zip Code  
Santa Ana CA 92706

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 227.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 6

**Transaction ID:** R1655649

Amount of Each Receipt this Period  
125.00

Credit Card

**B.** Full Name (Last, First, Middle Initial)  
Mr. David S. Dickenson, II, CLU, Ch

Mailing Address 7535 Brigham Road

City State Zip Code  
Gates Mills OH 44040

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1653467

Amount of Each Receipt this Period  
42.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Patrick J. Dickey

Mailing Address 124 Middleground PI

City State Zip Code  
Cranberry Twp PA 16066

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 6

**Transaction ID:** R1654958

Amount of Each Receipt this Period  
375.00

Credit Card

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>542.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. James J. Dinsmore, CLU, LUTCF

Mailing Address 104 Lehman Drive

City State Zip Code  
Cogan Station PA 17728-9228

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2006

Transaction ID: R1652586

Amount of Each Receipt this Period  
21.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Lyle Domenitz, LUTCF, RFP

Mailing Address 12367 N Antelope Trl

City State Zip Code  
Parker CO 80138

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 604.80

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2006

Transaction ID: R1650987

Amount of Each Receipt this Period  
50.40

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Ms. Rosa K. Dominy

Mailing Address 4015-J Washington Rd

City State Zip Code  
Martinez GA 30907-5183

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 306.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2006

Transaction ID: R1652854

Amount of Each Receipt this Period  
25.50

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>96.90</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Henry Donaghy, CLU, ChFC

Mailing Address 400 North Church Street  
# 208

City State Zip Code  
Charlotte NC 28202

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 277.20

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1652531

Amount of Each Receipt this Period  
23.10

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Gregory A. Dorsch

Mailing Address 18608 E 25th Terr Crt

City State Zip Code  
Independence MO 64057-2448

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1652495

Amount of Each Receipt this Period  
18.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Ms. Jill M. Douglass, LUTCF

Mailing Address 2932 Sunstone St.

City State Zip Code  
Las Vegas NV 89128-7742

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 324.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1652686

Amount of Each Receipt this Period  
27.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	68.10
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. George M. Dudikoff, LUTCF

Mailing Address 12897 Quail Hollow Dr

City State Zip Code  
Fairfield CA 94534

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1652691

Amount of Each Receipt this Period  
21.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Daniel D. Duren, CLU,ChFC,L

Mailing Address 6537 S. 34th Street

City State Zip Code  
Lincoln NE 68516-5428

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1652503

Amount of Each Receipt this Period  
42.50

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Paul A. Dyer, LUTCF

Mailing Address 15 Phillips Rd. Suite B

City State Zip Code  
Bangor ME 04401-1000

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

**Transaction ID:** R1654646

Amount of Each Receipt this Period  
600.00

Check

**SUBTOTAL** of Receipts This Page (optional) ..... ► **663.50**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Thomas W. Dzik, CLU, ChFC

Mailing Address 530 Dodge Lane

City State Zip Code  
St. Paul MN 55118-4802

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1652440

Amount of Each Receipt this Period  
25.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Steven D. Earhart

Mailing Address 40 Monument Rd.

City State Zip Code  
Bala Cynwyd PA 19004-1735

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 6 / 2 0 0 6

Transaction ID: R1654250

Amount of Each Receipt this Period  
500.00

Check

**C.** Full Name (Last, First, Middle Initial)  
Mr. Wayne Miles Eckman, LUTCF

Mailing Address 701 W 2350 N

City State Zip Code  
Woods Cross UT 84087

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 209.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653145

Amount of Each Receipt this Period  
21.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>546.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Robert Eddy, Jr., CLU, C

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 Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 442.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653209

Amount of Each Receipt this Period  
8.50

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Matthew Edelstein, CLU, ChFC

Mailing Address 1550 Penstemon Ct

City State Zip Code  
Grayslake IL 60030

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 377.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1650864

Amount of Each Receipt this Period  
8.50

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Donald A. Eichelberger

Mailing Address 3217 Highway D65

City State Zip Code  
Dysart IA 52224-9750

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 604.80

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653997

Amount of Each Receipt this Period  
50.40

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	67.40
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. M. Jay Einstein, CLU

Mailing Address 59 Margarete Dr.

City State Zip Code  
Pittsgrove NJ 08318-3015

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 864.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 10 / 2006

Transaction ID: R1653439

Amount of Each Receipt this Period  
72.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Randall E. Ellington

Mailing Address 1345 West Lake Colony Dr.

City State Zip Code  
Maitland FL 32751

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 05 / 2006

Transaction ID: R1654192

Amount of Each Receipt this Period  
500.00

Check

**C.** Full Name (Last, First, Middle Initial)  
Mr. Shannon J. Enders

Mailing Address 2018 Oak Ave

City State Zip Code  
N. Muskegon MI 49445-3140

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 10 / 2006

Transaction ID: R1653294

Amount of Each Receipt this Period  
21.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	593.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Ronald L. Engel, CLU, ChFC

Mailing Address 3397 St Helena Hwy N

City State Zip Code  
St. Helena CA 94574-9660

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1652186

Amount of Each Receipt this Period  
21.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Scott Engell, LUTCF

Mailing Address 757 Armadillo Drive

City State Zip Code  
Deltona FL 32725-2651

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 6

Transaction ID: R1656178

Amount of Each Receipt this Period  
25.00

Credit Card

**C.** Full Name (Last, First, Middle Initial)  
Mr. A. Christopher Engle, LUTCF

Mailing Address 4485 Orchard Creek Ct S E

City State Zip Code  
Kentwood MI 49546

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1652212

Amount of Each Receipt this Period  
25.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	71.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Ronald W. Erickson, CLU, AEP,  
Mailing Address 3002 St. Regis Rd  
City Greensboro State NC Zip Code 27408-4407  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-employed Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 6  
Transaction ID: R1653581  
Amount of Each Receipt this Period 41.25  
Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Ronald W. Erickson, CLU, AEP,  
Mailing Address 3002 St. Regis Rd  
City Greensboro State NC Zip Code 27408-4407  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-employed Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 6  
Transaction ID: R1654679  
Amount of Each Receipt this Period 123.75  
Check

**C.** Full Name (Last, First, Middle Initial)  
Mr. Byron Hyatt Erstad, Jr.  
Mailing Address 2510 S Nantucket Way  
City Boise State ID Zip Code 83706-5095  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-employed Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 604.80

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 6  
Transaction ID: R1653573  
Amount of Each Receipt this Period 50.40  
Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ► 215.40  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Stephen D. Estler, CLU, ChFC

Mailing Address 2177 NE 63 St.

City State Zip Code  
Fort Lauderdale FL 33308

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2006

**Transaction ID:** R1653595

Amount of Each Receipt this Period  
42.50

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. David C. Evans, CLU, ChFC

Mailing Address 8762 Casa Grande Drive

City State Zip Code  
Pittsburgh PA 15237

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 21 / 2006

**Transaction ID:** R1655655

Amount of Each Receipt this Period  
250.00

Credit Card

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert E. Evans, CLU, ChFC,

Mailing Address 42 Willowbrook Road

City State Zip Code  
Holden MA 01520

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2006

**Transaction ID:** R1654078

Amount of Each Receipt this Period  
21.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ► **313.50**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. John Everett, LUTCF

Mailing Address 531 Daniel

City State Zip Code  
Santa Maria CA 93454

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1652853

Amount of Each Receipt this Period  
42.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Andre L. Faucher, CLU, ChFC

Mailing Address 46 Osprey Circle

City State Zip Code  
Palm Coast FL 32137

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1653466

Amount of Each Receipt this Period  
21.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Vincent Fazio

Mailing Address 24634 Kingston

City State Zip Code  
Plainfield IL 60544

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 6

**Transaction ID:** R1656257

Amount of Each Receipt this Period  
475.00

Credit Card

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>538.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Lines Robert Ferguson, Jr.

Mailing Address 500 Virginia St E Ste 1100

City Charleston State WV Zip Code 25301-2151

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1652317

Amount of Each Receipt this Period  
25.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Gerald E. Ferrier, LUTCF, CTP

Mailing Address 4949 Samish Way #5

City Bellingham State WA Zip Code 98226-4812

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 337.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653867

Amount of Each Receipt this Period  
12.50

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Samuel B. Fields, LUTCF

Mailing Address P. O. Box 1742

City Tuscaloosa State AL Zip Code 35403-1742

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653733

Amount of Each Receipt this Period  
21.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	58.50
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Michael Lee Fitzgerald, CLU, ChFC

Mailing Address 130 Welington Lane

City Alamo State CA Zip Code 94507

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 6

Transaction ID: R1654227

Amount of Each Receipt this Period  
250.00

Check

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Wendy Fleming - Bailey

Mailing Address 255 Amanda Ct

City Moore State SC Zip Code 29369

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 2 / 2 0 0 6

Transaction ID: R1654706

Amount of Each Receipt this Period  
125.00

Credit Card

**C.** Full Name (Last, First, Middle Initial)  
Mr. John Jay Fletcher

Mailing Address 4003 Willow St

City Pascagoula State MS Zip Code 39567

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 6

Transaction ID: R1654109

Amount of Each Receipt this Period  
250.00

Check

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>625.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 187
	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Thomas F. Flournoy, Jr., CLU

Mailing Address 5300 Zebulon Rd

City State Zip Code  
Macon GA 31210-2199

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653427

Amount of Each Receipt this Period  
42.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. John A. Forbing

Mailing Address 23209 Charwood PI

City State Zip Code  
Diamond Bar CA 91765-3016

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653163

Amount of Each Receipt this Period  
21.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. H. Larry Fortenberry, CPA, CLU, Ch

Mailing Address 603 Gordon PI

City State Zip Code  
Madison MS 39110-9799

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653459

Amount of Each Receipt this Period  
52.50

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ► **115.50**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Larry G. Foster, Jr., CLU, CF

Mailing Address 10 Windrock Way

City Greensboro State NC Zip Code 27455-2258

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 6

**Transaction ID:** R1655664

Amount of Each Receipt this Period  
110.00

Check

**B.** Full Name (Last, First, Middle Initial)  
Mr. Timothy D. Foster

Mailing Address 6370 Pleasant View Cove

City Chanhassen State MN Zip Code 55317

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 3 / 2 0 0 6

**Transaction ID:** R1654720

Amount of Each Receipt this Period  
500.00

Credit Card

**C.** Full Name (Last, First, Middle Initial)  
Mr. Lawrence J. Fowler, Jr.

Mailing Address 481 Route 82

City Oakdale State CT Zip Code 06370-1149

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1280.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1653477

Amount of Each Receipt this Period  
110.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>720.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Thomas E. Fowler, CLU, LUTCF

Mailing Address 13243 S.E. 51st Place

City State Zip Code  
Bellevue WA 98006

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1290.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653249

Amount of Each Receipt this Period  
107.50

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Ms. Debra L. Franklin-Schatzki

Mailing Address 380 W 12th St

City State Zip Code  
New York NY 10014

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653699

Amount of Each Receipt this Period  
42.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert P. Freed

Mailing Address 976 Landings Ct

City State Zip Code  
Westerville OH 43082-7429

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 352.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653463

Amount of Each Receipt this Period  
21.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	170.50
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 60 / 187
	(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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Robert L. French, LUTCF

Mailing Address 4105 Sheridan Lake Road

City State Zip Code  
Rapid City SD 57702

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1653114

Amount of Each Receipt this Period  
30.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Donald A. Frost, PGA

Mailing Address 612 A N. Pageant Drive

City State Zip Code  
Orange CA 92869-2572

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1652225

Amount of Each Receipt this Period  
21.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Alan L. Fry, CLU, CFP,

Mailing Address 15112 Lima Road

City State Zip Code  
Huntertown IN 46748-9711

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1653631

Amount of Each Receipt this Period  
21.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **72.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Kelli Park Fuhrmann

Mailing Address 415 S Henry St #11

City State Zip Code  
Pierre SD 57501

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 265.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 10 / 2006

Transaction ID: R1650806

Amount of Each Receipt this Period  
25.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Peter Fulchiron, CLU, LUTCF

Mailing Address 411 San Andreas Drive

City State Zip Code  
Novato CA 94945-1237

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 10 / 2006

Transaction ID: R1654068

Amount of Each Receipt this Period  
208.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. James M. Fuller, LUTCF

Mailing Address 467 Richland Ave

City State Zip Code  
Athens OH 45701

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 08 / 2006

Transaction ID: R1654362

Amount of Each Receipt this Period  
75.00

Check

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **308.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 62 / 187
	(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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Donald T. Fulton, CLU, ChFC

Mailing Address 43 Bridleshire Road

City State Zip Code  
Newark DE 19711-6217

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 6

Transaction ID: R1655499

Amount of Each Receipt this Period  
212.50

Credit Card

**B.** Full Name (Last, First, Middle Initial)  
Mr. Adger Lamar Gaines, LUTCF

Mailing Address 106 Smith Circle

City State Zip Code  
Belton SC 29627

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 295.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1652572

Amount of Each Receipt this Period  
10.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Jason M. Garman

Mailing Address 1103 Bear Cub Ct.

City State Zip Code  
Henderson NV 89012

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 554.40

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1650844

Amount of Each Receipt this Period  
50.40

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	272.90
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Jason M. Garman

Mailing Address 1103 Bear Cub Ct.

City Henderson State NV Zip Code 89012

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 554.40

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 6

Transaction ID: R1655298

Amount of Each Receipt this Period  
-50.40

RT

**B.** Full Name (Last, First, Middle Initial)  
Mr. Roger W. Garrett

Mailing Address 2201 Woodlawn Road  
P O Box 370

City Lincoln State IL Zip Code 62656

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1652984

Amount of Each Receipt this Period  
25.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Michael J. Gates, LUTCF

Mailing Address 94 Pine Glen Rd.

City Langhorne State PA Zip Code 19047

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1652131

Amount of Each Receipt this Period  
25.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	-0.40
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 187
	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Daniel R. Gehl, CLU,ChFC,  
Mailing Address 28927 42nd Avenue  
City Paw Paw State MI Zip Code 49079  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-employed Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 217.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6  
Transaction ID: R1653042  
Amount of Each Receipt this Period 15.00  
Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. James O. Geitgey, LUTCF, FIC  
Mailing Address 279 Glenmore Dr.  
City Springfield State OH Zip Code 45503  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-employed Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 437.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6  
Transaction ID: R1653513  
Amount of Each Receipt this Period 32.50  
Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Gregory Gianakis  
Mailing Address 5315 S Conquistador St  
City Las Vegas State NV Zip Code 89148  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-employed Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 362.40

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6  
Transaction ID: R1650583  
Amount of Each Receipt this Period 25.20  
Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	72.70
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Joseph R. Giangola, CEBS

Mailing Address 1925 Pleasantview

City State Zip Code  
Ashtabula OH 44004-9719

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1653290

Amount of Each Receipt this Period  
25.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Steven Dwayne Gifford

Mailing Address P.O. Box 5027

City State Zip Code  
Ashland KY 41105

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.60

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1652413

Amount of Each Receipt this Period  
25.20

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Harold A. Gillet, LUTCF

Mailing Address 8711 Mashie Lane

City State Zip Code  
Missoula MT 59808-5412

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 636.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1653189

Amount of Each Receipt this Period  
18.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	68.20
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Keith M. Gillies, CLU, ChFC,  
Mailing Address 109 W. Lakeview Dr.  
City State Zip Code  
La Place LA 70068  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-employed Occupation  
Self-employed Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
753.75

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2006  
**Transaction ID:** R1652963  
Amount of Each Receipt this Period  
50.00  
Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Edward F. Glennon  
Mailing Address 7343 Cascade Drive  
City State Zip Code  
Boise ID 83704-8637  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-employed Occupation  
Self-employed Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
530.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 15 / 2006  
**Transaction ID:** R1654657  
Amount of Each Receipt this Period  
500.00  
Check

**C.** Full Name (Last, First, Middle Initial)  
Mr. Lee M. Goeres, LUTCF  
Mailing Address 320 Express Way #A  
City State Zip Code  
Missoula MT 59808  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-employed Occupation  
Self-employed Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 08 / 2006  
**Transaction ID:** R1654324  
Amount of Each Receipt this Period  
300.00  
Check

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>850.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 187
	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Constance Y. Golleher

Mailing Address PO Box 255

City State Zip Code  
Mc Lean VA 22101

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2006

**Transaction ID:** R1650893

Amount of Each Receipt this Period  
30.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. James W. Goodacre, II, RHU, RE

Mailing Address 10407 Fairway Lane

City State Zip Code  
Carmel CA 93923-9311

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2006

**Transaction ID:** R1652770

Amount of Each Receipt this Period  
21.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. James R. Goodrich, CLU, ChFC

Mailing Address 1860 Beech

City State Zip Code  
Mt. Pleasant MI 48858-1280

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 412.50

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2006

**Transaction ID:** R1652255

Amount of Each Receipt this Period  
42.50

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	93.50
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 187
	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. C. Andrew Graham, JD,CLU

Mailing Address 616 Monroe

City State Zip Code  
Denver CO 80206

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 6

Transaction ID: R1655830

Amount of Each Receipt this Period  
250.00

Check

**B.** Full Name (Last, First, Middle Initial)  
Mr. Frederick L. Granados, LUTCF, FSS

Mailing Address 1145 Davis Avenue

City State Zip Code  
Concord CA 94518

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1652948

Amount of Each Receipt this Period  
21.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Todd G. Grantham

Mailing Address 203 Brandermill Drive

City State Zip Code  
Durham NC 27713

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 572.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1652261

Amount of Each Receipt this Period  
46.75

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	317.75
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. George F. Griffin, LUTCF, CLF

Mailing Address P.O. Box 31939 St. Andrews Br.

City Charleston State SC Zip Code 29417

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 268.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1651982

Amount of Each Receipt this Period  
25.00

Payroll Deduction

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

Mailing Address 99 Woodview Lane

City Centereach State NY Zip Code 11720-4073

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 6

Transaction ID: R1655021

Amount of Each Receipt this Period  
25.00

Check

**C.** Full Name (Last, First, Middle Initial)  
Mr. Joseph P. Guarino

Mailing Address 99 Woodview Lane

City Centereach State NY Zip Code 11720-4073

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 6

Transaction ID: R1655503

Amount of Each Receipt this Period  
250.00

Credit Card

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 70 / 187
	(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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Angelo Assad Haddad

Mailing Address 354 Garnsey Ave

City Bakersfield State CA Zip Code 93309

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653374

Amount of Each Receipt this Period  
 25.00

Payroll Deduction

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

Mailing Address P O Box 181

City Fargo State ND Zip Code 58107-0181

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 2 8 / 2 0 0 6

Transaction ID: R1656065

Amount of Each Receipt this Period  
 300.00

Check

**C.** Full Name (Last, First, Middle Initial)  
Mr. Edwin R. Hamilton, CLU, LUTCF

Mailing Address 4318 Council Circle

City Jackson State MS Zip Code 39206-5819

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653871

Amount of Each Receipt this Period  
 21.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>346.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 71 / 187
	(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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Steve L. Hampton, LUTCF

Mailing Address P.O. Box 319

City State Zip Code  
Upton WY 82730

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 209.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1652551

Amount of Each Receipt this Period  
21.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Karl Erik Hansen, CLU, ChFC,

Mailing Address 900 North Shoreline Boulevard

City State Zip Code  
Mountain View CA 94043-1933

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653962

Amount of Each Receipt this Period  
42.50

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Ms. Sharon L. Hansen

Mailing Address P. O. Box 2305  
1224 Cleveland Street

City State Zip Code  
Mt Vernon WA 98273-7305

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653259

Amount of Each Receipt this Period  
27.50

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	91.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 72 / 187
<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Alex Hanson, CLU, ChFC,  
Mailing Address 7888 Glen Finnan Cir  
City State Zip Code  
Ft Myers FL 33912  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-employed Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 504.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 6  
**Transaction ID:** R1653930  
Amount of Each Receipt this Period 42.00  
Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. William N. Haraway  
Mailing Address 113 Fairview Ave  
City State Zip Code  
Frederick MD 21701  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-employed Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 504.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 6  
**Transaction ID:** R1653980  
Amount of Each Receipt this Period 42.00  
Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Ms. Linda S. Harris  
Mailing Address PO Box 261669  
City State Zip Code  
San Diego CA 92196-1669  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-employed Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 6  
**Transaction ID:** R1652201  
Amount of Each Receipt this Period 22.50  
Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>106.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 73 / 187
	(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

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 (Last, First, Middle Initial)  
Mr. Gerald G. Hartman, CLU,RHU

Mailing Address 3822 Gemini Circles

City State Zip Code  
Boise ID 83709

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 6

**Transaction ID:** R1654179

Amount of Each Receipt this Period  
300.00

Check

**B.** Full Name (Last, First, Middle Initial)  
Mr. Roger W. Hassler, LUTCF

Mailing Address 22593 Counrty View De

City State Zip Code  
San Jose CA 95120-4510

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1652855

Amount of Each Receipt this Period  
21.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Thomas M. Hawco, CLU, ChFC

Mailing Address 900 Rockhurst Drive

City State Zip Code  
Lincoln NE 68510-4114

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1653711

Amount of Each Receipt this Period  
62.50

Payroll Deduction

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 / 187
	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Jonathan David Haymes, LUTCF

Mailing Address 708 n. Fairway

City Nixa State MO Zip Code 65714

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 302.40

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1652803

Amount of Each Receipt this Period  
 25.20

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Samuel H. Hazleton, IV

Mailing Address 4220 Lakeshore Drive

City Diamond Point State NY Zip Code 12824

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1652269

Amount of Each Receipt this Period  
 42.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Terry K. Headley, LUTCF, LIC

Mailing Address 20704 Meadow Ridge Dr.

City Springfield State NE Zip Code 68059

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1652184

Amount of Each Receipt this Period  
 208.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	275.20
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 / 187
	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Sharon G. Heierman, CAE

Mailing Address 2990 Kemp Rd

City State Zip Code  
Havana FL 32333

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1650815

Amount of Each Receipt this Period  
42.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Dennis L. Helgeson, CLU,ChFC,L

Mailing Address 2601 Bel Air Drive

City State Zip Code  
Minot ND 58703-1749

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 302.40

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1652430

Amount of Each Receipt this Period  
25.20

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Marcus T. Henderson, Sr.,LUTCF

Mailing Address 109 Barrington Court East

City State Zip Code  
Franklin TN 37067

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 462.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1653661

Amount of Each Receipt this Period  
42.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	109.20
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 / 187
	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Michael C. Herring

Mailing Address 9550 N 150th Ct

City State Zip Code  
Waverly NE 68462-1569

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 10 / 2006

Transaction ID: R1652044

Amount of Each Receipt this Period  
22.50

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Ronald G. Hester, CLU, ChFC

Mailing Address 261 New River Heights Rd.

City State Zip Code  
Boone NC 28607

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 561.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 10 / 2006

Transaction ID: R1653677

Amount of Each Receipt this Period  
46.75

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Richard L. Hill, CLU, ChFC,

Mailing Address 2611 Alvo Road

City State Zip Code  
Seward NE 68434

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 10 / 2006

Transaction ID: R1653988

Amount of Each Receipt this Period  
42.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	111.25
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Michael J. Hiller, ChFC

Mailing Address W267 S7930 Stony Pt. Ct.

City State Zip Code  
Mukwonago WI 53149-9687

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 302.40

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1652815

Amount of Each Receipt this Period  
25.20

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Steven P. Hogg, CLU, ChFC

Mailing Address 1658 NE Sawdust Hill Rd.

City State Zip Code  
Poulsbo WA 98370

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653972

Amount of Each Receipt this Period  
25.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Jeff L. Holland, CLU, ChFC

Mailing Address 200 Matthew Drive

City State Zip Code  
Paducah KY 42001-6162

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653827

Amount of Each Receipt this Period  
30.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	80.20
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 78 / 187
	(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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Ms. Peggy M. Hollander, CPA

Mailing Address 2525 Ponce De Leon Blvd., Ste. 200

City State Zip Code  
Miami FL 33134

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 6

Transaction ID: R1656276

Amount of Each Receipt this Period  
500.00

Credit Card

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert J. Hollander, LUTCF

Mailing Address 904 Rockhurst Dr.

City State Zip Code  
Lincoln NE 68510-4114

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1652707

Amount of Each Receipt this Period  
105.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. H. Thomas Hollinger, CLU, ChFC

Mailing Address 17 Quail Crossing Road

City State Zip Code  
Wilmington DE 19807

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 6

Transaction ID: R1655113

Amount of Each Receipt this Period  
250.00

Check

**SUBTOTAL** of Receipts This Page (optional) ..... ► **855.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 79 / 187
	(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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Richard L. Hoover, LUTCF, RIA

Mailing Address 2920 S. Jones Blvd., #110

City State Zip Code  
Las Vegas NV 89146

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 662.40

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1652668

Amount of Each Receipt this Period  
60.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Lynda Lea Hopkins, CIC

Mailing Address 8320 Hidden Drive

City State Zip Code  
Middleville MI 49333-9186

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1652002

Amount of Each Receipt this Period  
15.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Darrel V. Hovde

Mailing Address PO Box 1806

City State Zip Code  
Minot ND 58702-1806

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 321.60

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1652036

Amount of Each Receipt this Period  
30.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	105.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Ms. April L. Howard

Mailing Address 3386 Williamsburg

City State Zip Code  
Boise ID 83706-5320

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 684.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653194

Amount of Each Receipt this Period  
57.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Peter K. Howard, LUTCF,ChFC

Mailing Address 326 Rosemary Lane

City State Zip Code  
Danville VA 24541-4526

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653083

Amount of Each Receipt this Period  
15.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Dennis D. Hrubby, LUTCF

Mailing Address 3530 Hillside Cir

City State Zip Code  
Lincoln NE 68506

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

Transaction ID: R1656373

Amount of Each Receipt this Period  
250.00

Check

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **322.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Robert B. Hughes, CLU, ChFC,  
Mailing Address 865 Longfellow Drive  
City East Lansing State MI Zip Code 48823  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-employed Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 6  
Transaction ID: R1656447  
Amount of Each Receipt this Period  
500.00  
Credit Card

**B.** Full Name (Last, First, Middle Initial)  
Mr. William A. Hume, LUTCF  
Mailing Address 1075 Woodfield Lane  
City Libertyville State IL Zip Code 60048  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-employed Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 6  
Transaction ID: R1652063  
Amount of Each Receipt this Period  
42.50  
Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Albert T. Hurst, Jr., FICF, C  
Mailing Address 1422 Spring Street  
City Little Rock State AR Zip Code 72202  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-employed Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 302.40

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 6  
Transaction ID: R1652433  
Amount of Each Receipt this Period  
25.20  
Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	567.70
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 / 187
	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Paul K. Improta, AAI, LUTCF

Mailing Address 11 Highview Terrace

City State Zip Code  
Bethel CT 06801-2034

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 3 / 2 0 0 6

Transaction ID: R1654743

Amount of Each Receipt this Period  
250.00

Credit Card

**B.** Full Name (Last, First, Middle Initial)  
Mr. Hollis O. Inglett, Jr., LUTCF

Mailing Address 31 Cone Rd

City State Zip Code  
Ormond Beach FL 32174-7903

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653939

Amount of Each Receipt this Period  
42.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. William V. Irons, CLU, LUTCF

Mailing Address 150 Prospect Rd

City State Zip Code  
Wakefield RI 02879-7044

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 302.40

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653674

Amount of Each Receipt this Period  
25.20

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	317.20
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Marwan Jabbour

Mailing Address 7601 Lewinsville Road, Suite 420

City State Zip Code  
Mc Lean VA 22102

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 19 / 2006

Transaction ID: R1655620

Amount of Each Receipt this Period  
25.00

Credit Card

**B.** Full Name (Last, First, Middle Initial)  
Mr. Greg W. Jacobs

Mailing Address 1350 Grand Summitt Drive #116

City State Zip Code  
Reno NV 89523

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 302.40

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2006

Transaction ID: R1650855

Amount of Each Receipt this Period  
25.20

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Ms. Linda M. Jacobs, CSA

Mailing Address 6771 Velvet Meadow Court

City State Zip Code  
San Jose CA 95120-5405

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 28 / 2006

Transaction ID: R1656118

Amount of Each Receipt this Period  
185.00

Check

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	235.20
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Richard B. Jacobs, LUTCF

Mailing Address 5396 Painted Sunrise Dr.

City State Zip Code  
Las Vegas NV 89149-6443

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 241.20

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1652188

Amount of Each Receipt this Period  
25.20

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Michael R. James

Mailing Address 107 Ingleside East Dr.

City State Zip Code  
Madison MS 39110

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1652217

Amount of Each Receipt this Period  
22.50

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Samuel B. James, LUTCF, SM

Mailing Address 6410 Shady Lane

City State Zip Code  
Fayetteville NC 28304-3931

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1652621

Amount of Each Receipt this Period  
13.75

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	61.45
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 / 187
	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Donald C. Jayne, CLU, ChFC

Mailing Address 20402 Tulsa Street

City State Zip Code  
Chatsworth CA 91311-1723

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653611

Amount of Each Receipt this Period  
25.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Jerry E. Jensen, LUTCF

Mailing Address 190 So. 800 W.

City State Zip Code  
Blackfoot ID 83221-6132

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 607.80

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1652441

Amount of Each Receipt this Period  
50.40

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Randall H. Jensen

Mailing Address 124 W 46th St., #201

City State Zip Code  
Kearney NE 68847

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653246

Amount of Each Receipt this Period  
21.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	96.40
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 86 / 187
	(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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. John C. Johns, LUTCF

Mailing Address 5141 Lilly Rd.

City State Zip Code  
Hazlehurst MS 39083

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653177

Amount of Each Receipt this Period  
30.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Johnny Jon Johnson, LUTCF

Mailing Address 3791 S Gekeler S #224

City State Zip Code  
Boise ID 83706

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653953

Amount of Each Receipt this Period  
27.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Larry G. Johnson, LUTCF, CSA

Mailing Address 44466 Albert

City State Zip Code  
Plymouth MI 48170

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1650867

Amount of Each Receipt this Period  
22.50

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ► **79.50**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 / 187
	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Jeffery J. Johnston, CLU

Mailing Address 1425 Lakeside Ct

City State Zip Code  
Yakima WA 98902-7354

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1653384

Amount of Each Receipt this Period  
15.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Melville D.K. Jones

Mailing Address P.O. Box 1391

City State Zip Code  
Puunene HI 96784

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1652006

Amount of Each Receipt this Period  
25.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Frederick W. Joyner

Mailing Address 8045 Glengarriff Road

City State Zip Code  
Clemmons NC 27012

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 825.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 2 / 2 0 0 6

**Transaction ID:** R1654690

Amount of Each Receipt this Period  
275.00

Credit Card

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **315.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Ms. Jill M. Judd

Mailing Address 7551 Arden Way

City State Zip Code  
Aptos CA 95003

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 268.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 7 / 2 0 0 6

Transaction ID: R1656192

Amount of Each Receipt this Period  
17.50

Credit Card

**B.** Full Name (Last, First, Middle Initial)  
Mr. Michael Joseph Jungen

Mailing Address N81 W23285 Five Iron Way

City State Zip Code  
Sussex WI 53089

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1652342

Amount of Each Receipt this Period  
18.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Ms. Robin Lynn Kagan

Mailing Address 1025 12th

City State Zip Code  
Bellingham WA 98225

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1650822

Amount of Each Receipt this Period  
20.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ► 55.50

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 / 187		
	<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

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Stephen L. Kagawa, LUTCF

Mailing Address 825 S Primrose Ave Suite C

City State Zip Code  
Monrovia CA 91016-3015

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 3 / 2 0 0 6

Transaction ID: R1654726

Amount of Each Receipt this Period  
1250.00

Credit Card

**B.** Full Name (Last, First, Middle Initial)  
Mr. Terry M. Kaltenbach, CLU, ChFC

Mailing Address 1358 Ahlrich Ave

City State Zip Code  
Encintas CA 92024-4029

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653279

Amount of Each Receipt this Period  
125.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Bruce H. Kantor, CLU, LUTCF

Mailing Address 2901 Cross Country Rd

City State Zip Code  
Charlotte NC 28270-0600

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 277.20

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653979

Amount of Each Receipt this Period  
23.10

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1398.10
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 / 187
	<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 Committee

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

Mailing Address 4565 Province Line Rd.

City State Zip Code  
Princeton NJ 08540

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 7 / 2 0 0 6

**Transaction ID:** R1655868

Amount of Each Receipt this Period  
120.00

Check

**B.** Full Name (Last, First, Middle Initial)  
Mr. Randall D. Kaufmann

Mailing Address 356 Equus Drive

City State Zip Code  
Camp Hill PA 17011-8415

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 207.50

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1653200

Amount of Each Receipt this Period  
22.50

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Fred Kazmierski, CLU, LUTCF

Mailing Address 1116 Grand Ave Ste 204

City State Zip Code  
Billings MT 59102-4282

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 249.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1652447

Amount of Each Receipt this Period  
27.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	169.50
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. John B. Kearns, LUTCF

Mailing Address 1802 First Ave

City State Zip Code  
Scottsbluff NE 69361

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1652120

Amount of Each Receipt this Period  
42.50

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. F. Nicholas Kelley, CLU

Mailing Address 5905 S. 151 Ave Circle

City State Zip Code  
Omaha NE 68137

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1652505

Amount of Each Receipt this Period  
22.50

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Michael L. Kerley, JD

Mailing Address 2901 Telestar Court

City State Zip Code  
Falls Church VA 22042

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1201.75

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 6

Transaction ID: R1655314

Amount of Each Receipt this Period  
52.25

Check

**SUBTOTAL** of Receipts This Page (optional) ..... ► **117.25**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 92 / 187
	(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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Michael L. Kerley, JD

Mailing Address 2901 Telestar Court

City Falls Church State VA Zip Code 22042

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1201.75

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 2 / 2 2 / 2 0 0 6

**Transaction ID:** R1655317

Amount of Each Receipt this Period  
 52.25

Check

**B.** Full Name (Last, First, Middle Initial)  
Mr. Roy W. Kern, LUTCF,CLTC

Mailing Address 3775 West Randall Road

City Springfield State MO Zip Code 65810

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1653817

Amount of Each Receipt this Period  
 60.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Marvin R. Keys, LUTCF

Mailing Address 8785 Inverness Place

City Tuscaloosa State AL Zip Code 35405

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1653917

Amount of Each Receipt this Period  
 22.50

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>134.75</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 93 / 187
<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Kurtis L. Kidder, CLU, ChFC,  
Mailing Address 1 N. Wacker Drive, Suite 4600

City	State	Zip Code
Chicago	IL	60606-3384

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

Name of Employer Self-employed	Occupation Insurance Agent
-----------------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	6

**Transaction ID:** R1654850

Amount of Each Receipt this Period  
500.00

Check

**B.** Full Name (Last, First, Middle Initial)  
Mr. Thomas K. Kilton  
Mailing Address 1933 E River Pkwy

City	State	Zip Code
Minneapolis		55408

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

Name of Employer Self-employed	Occupation Insurance Agent
-----------------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	0	/	2	0	0	6

**Transaction ID:** R1652083

Amount of Each Receipt this Period  
21.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Ronald L. King  
Mailing Address 4100 Balsam Dr

City	State	Zip Code
Raleigh	NC	27612-3608

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

Name of Employer Self-employed	Occupation Insurance Agent
-----------------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 297.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	0	/	2	0	0	6

**Transaction ID:** R1650843

Amount of Each Receipt this Period  
24.75

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	545.75
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Lawrence L. Kitts, CLU,ChFC,R

Mailing Address 10842 Mount CurveRd

City State Zip Code  
Eden Prairie MN 55347-2908

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 502.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653614

Amount of Each Receipt this Period  
21.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Lawrence L. Kitts, CLU,ChFC,R

Mailing Address 10842 Mount CurveRd

City State Zip Code  
Eden Prairie MN 55347-2908

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 502.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 6

Transaction ID: R1656469

Amount of Each Receipt this Period  
250.00

Credit Card

**C.** Full Name (Last, First, Middle Initial)  
Mr. Joseph L. Kizer, RIC

Mailing Address 8110 Hickory

City State Zip Code  
Omaha NE 68124-1433

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 6

Transaction ID: R1654378

Amount of Each Receipt this Period  
250.00

Check

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>521.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. David G. Klemisch, LUTCF

Mailing Address 2801 26th Ave SW

City State Zip Code  
Fargo ND 58103

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 507.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1652662

Amount of Each Receipt this Period  
51.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Casey C. Knake, CLU, ChFC

Mailing Address 2902 Mach I Dr.

City State Zip Code  
Norfolk NE 68701-3238

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1652439

Amount of Each Receipt this Period  
42.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Kenneth E. Knox, CLU, ChFC

Mailing Address Unit 9, 10 East St

City State Zip Code  
Providence RI 02906-3069

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 604.80

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1653525

Amount of Each Receipt this Period  
50.40

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	143.40
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Fredric Kofke, LUTCF

Mailing Address 3009 State Hill Rd

City State Zip Code  
Wyomissing PA 19610

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 209.50

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2006

**Transaction ID:** R1653723

Amount of Each Receipt this Period  
21.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Lance B. Kolbet, RHU, LUTCF

Mailing Address 4632 Mountain Park Rd.

City State Zip Code  
Pocatello ID 83202

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1257.60

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2006

**Transaction ID:** R1653643

Amount of Each Receipt this Period  
126.00

Payroll Deduction

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

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 Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1170.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2006

**Transaction ID:** R1653100

Amount of Each Receipt this Period  
105.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>252.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 / 187
	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Richard A. Koob, CLU, ChFC,  
Mailing Address 301 Frederick Street  
City State Zip Code  
Waukesha WI 53186-8116  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-employed Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 604.80

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6  
Transaction ID: R1653320  
Amount of Each Receipt this Period 50.40  
Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. David T. Koppa, CLU, LUTCF  
Mailing Address 1105 Via Bolzano  
City State Zip Code  
Santa Barbara CA 93111  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-employed Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 510.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6  
Transaction ID: R1653077  
Amount of Each Receipt this Period 42.50  
Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Ms. Luba Kos  
Mailing Address 150 Burns Street  
City State Zip Code  
Forest Hills NY 11375  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-employed Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 6  
Transaction ID: R1656216  
Amount of Each Receipt this Period 150.00  
Credit Card

**SUBTOTAL** of Receipts This Page (optional) ..... ► 242.90  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 / 187
	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Ronald F. Kramer, LUTCF

Mailing Address P. O. Box 26

City State Zip Code  
Pierce NE 68767-0026

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653520

Amount of Each Receipt this Period  
21.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. William P. Krause, CLU,ChFC

Mailing Address 1765 Elbow Lane

City State Zip Code  
Allentown PA 18103-9654

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 6

Transaction ID: R1655579

Amount of Each Receipt this Period  
100.00

Check

**C.** Full Name (Last, First, Middle Initial)  
Mr. Ben Kronish, CLU, ChFC,

Mailing Address 205 W 89th St #2H

City State Zip Code  
New York NY 10024

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653470

Amount of Each Receipt this Period  
25.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	146.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 / 187
	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Jon P. Kubler, LUTCF

Mailing Address 1620 N. 127th St

City State Zip Code  
Omaha NE 68154-3637

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1652407

Amount of Each Receipt this Period  
22.50

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Paul A. LaPiana, CFP

Mailing Address 18 Mikro

City State Zip Code  
Laguna Niguel CA 92677

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 6

Transaction ID: R1655875

Amount of Each Receipt this Period  
100.00

Check

**C.** Full Name (Last, First, Middle Initial)  
Mr. Gary M. Lane, CLU

Mailing Address 925 Highland Terrance NE

City State Zip Code  
Atlanta GA 30306

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1654052

Amount of Each Receipt this Period  
22.50

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	145.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 100 / 187
	(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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Tod D. Lashway, LUTCF, CFP

Mailing Address 6176 E. Greenway Ln

City State Zip Code  
Scottsdale AZ 85254

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
12 / 10 / 2006

Transaction ID: R1653096

Amount of Each Receipt this Period  
15.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Tod D. Lashway, LUTCF, CFP

Mailing Address 6176 E. Greenway Ln

City State Zip Code  
Scottsdale AZ 85254

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
12 / 19 / 2006

Transaction ID: R1655212

Amount of Each Receipt this Period  
30.00

Check

**C.** Full Name (Last, First, Middle Initial)  
Mr. Thomas R. Laster, RHU

Mailing Address 1713 Elmhurst Ave

City State Zip Code  
Nichols Hills OK 73120

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 604.80

Date of Receipt  
MM / DD / YYYY  
12 / 10 / 2006

Transaction ID: R1653936

Amount of Each Receipt this Period  
50.40

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	95.40
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Ms. Monica J. Lawfield, CMFC

Mailing Address 6851 Caballero Dr.

City State Zip Code  
Jacksonville FL 32217

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1650858

Amount of Each Receipt this Period  
21.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Daniel L. Lawrence

Mailing Address 5553 Peters Drive

City State Zip Code  
West Bend WI 53095

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 612.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1652438

Amount of Each Receipt this Period  
51.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Ms. Elizabeth J. Lee

Mailing Address 19431 Rue de Valore 22G

City State Zip Code  
Foothill Ranch CA 92610

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 226.50

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1650679

Amount of Each Receipt this Period  
21.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	93.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 / 187
	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Leslie W. Lee, CLU, ChFC

Mailing Address 7522 E Hampstead Ct.

City Middleton State WI Zip Code 53562

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 302.40

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1654001

Amount of Each Receipt this Period  
25.20

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Lanny D. Levin, CLU, ChFC

Mailing Address 313 Laurel

City Highland Park State IL Zip Code 60035-2619

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653696

Amount of Each Receipt this Period  
42.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Bruce C. Lichtenberg, LUTCF

Mailing Address 2265 Cypress Point

City Discovery Bay State CA Zip Code 94514-9121

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 536.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653963

Amount of Each Receipt this Period  
50.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ► **117.20**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 103 / 187
	(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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Peter D. Lizotte

Mailing Address 109 S Rossmore Ave

City State Zip Code  
Los Angeles CA 90004

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 6

Transaction ID: R1650289

Amount of Each Receipt this Period  
250.00

Check

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert E. Long, Jr.

Mailing Address 208 Irving Place

City State Zip Code  
Greensboro NC 27408-6510

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 1 / 2 0 0 6

Transaction ID: R1654459

Amount of Each Receipt this Period  
550.00

Check

**C.** Full Name (Last, First, Middle Initial)  
Mr. Michael J. Longhurst, CLU

Mailing Address 6420 Waters Edge Drive

City State Zip Code  
Midland NC 28107

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.55

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 8 / 2 0 0 6

Transaction ID: R1655000

Amount of Each Receipt this Period  
55.00

Check

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>855.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Lawrence E. Lounds

Mailing Address 2477 Valley Oaks Circle

City State Zip Code  
Flint MI 48532

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1654027

Amount of Each Receipt this Period  
105.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Archie F. Lowe, CLU

Mailing Address 38 Old Ivy Road, Suite 200

City State Zip Code  
Atlanta GA 30342

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1652514

Amount of Each Receipt this Period  
21.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. R. Art Lubomski, CLU

Mailing Address 4137 Beech Ave

City State Zip Code  
Erie PA 16508-3118

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1653636

Amount of Each Receipt this Period  
21.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ► 147.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 105 / 187
	(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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Patricia S. Lucas, CLU,CLTC,L

Mailing Address 8375 Starlight Lane

City Boones Mill State VA Zip Code 24065-1909

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1652858

Amount of Each Receipt this Period  
42.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Michael A. Lugo, LUTCF, RHU

Mailing Address 1807 Irvine Ave

City Newport Beach State CA Zip Code 92660

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 6

Transaction ID: R1655576

Amount of Each Receipt this Period  
750.00

Check

**C.** Full Name (Last, First, Middle Initial)  
Mr. William J. Lynch, LUTCF

Mailing Address 5075 SW Griffith Dr. #200

City Beaverton State OR Zip Code 97005

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 437.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653760

Amount of Each Receipt this Period  
37.50

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>829.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 106 / 187
	(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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Robert T. MacDonald

Mailing Address 1931 N 73rd St.

City State Zip Code  
Wauwatosa WI 53213

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 324.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653034

Amount of Each Receipt this Period  
27.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Glenford B. Malcolm, Sr.

Mailing Address P. O. Box 822315

City State Zip Code  
South Florida FL 33082

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1654039

Amount of Each Receipt this Period  
42.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Joseph J. Maltese, CFP

Mailing Address 4176 Arikakee Court

City State Zip Code  
Jacksonville FL 32223

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1652601

Amount of Each Receipt this Period  
42.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>111.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 / 187
	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Dale F. Mamele, CLU

Mailing Address 111 Old Home Pl.

City State Zip Code  
Columbia SC 29212-2051

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653120

Amount of Each Receipt this Period  
25.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. John A. Mangin, Jr., CLU, C

Mailing Address 7009 Pelican Island Dr

City State Zip Code  
Tampa FL 33634-7422

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 6

Transaction ID: R1656260

Amount of Each Receipt this Period  
250.00

Credit Card

**C.** Full Name (Last, First, Middle Initial)  
Mr. Steven R. Markham, LUTCF

Mailing Address 4 Alae St.

City State Zip Code  
Hilo HI 96720

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653126

Amount of Each Receipt this Period  
12.50

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>287.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Claude A. Marlowe, Jr., LUTCF

Mailing Address 1101 Radcliffe Avenue

City Kingsport State TN Zip Code 37664-2025

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653877

Amount of Each Receipt this Period  
21.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Leonard Martin, CSA

Mailing Address 98 Tennyson Rd

City Warwick State RI Zip Code 02888

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 604.80

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653026

Amount of Each Receipt this Period  
50.40

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Roosevelt Maske, LUTCF

Mailing Address 5515 Fairvista Drive

City Charlotte State NC Zip Code 28269-0633

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653117

Amount of Each Receipt this Period  
46.20

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ► **117.60**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Roosevelt Maske, LUTCF

Mailing Address 5515 Fairvista Drive

City State Zip Code  
Charlotte NC 28269-0633

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 6

Transaction ID: R1654999

Amount of Each Receipt this Period  
40.70

Check

**B.** Full Name (Last, First, Middle Initial)  
Mr. Darren Scott Mason, CLU, ChFC

Mailing Address 178 Shorecliff Rd

City State Zip Code  
Corona Del Mar CA 92625-2648

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 499.92

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653515

Amount of Each Receipt this Period  
41.66

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Curtis L. Matlin, CLU

Mailing Address 707 Skokie Blvd. #700

City State Zip Code  
Northbrook IL 60062

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1652379

Amount of Each Receipt this Period  
21.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	103.36
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 / 187
	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Carl James Maus, LUTCF

Mailing Address 432 Fort Saratoga

City State Zip Code  
Saint Charles MO 63303-1766

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 604.80

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1653995

Amount of Each Receipt this Period  
50.40

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Michael V. May, CLU, ChFC,

Mailing Address P O Box 910

City State Zip Code  
Port Richey FL 34673-0910

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 283.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1652391

Amount of Each Receipt this Period  
25.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Shaun M. McChesney

Mailing Address 6869 Linda Vista Blvd.

City State Zip Code  
Missoula MT 59803

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 6

**Transaction ID:** R1654323

Amount of Each Receipt this Period  
300.00

Check

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	375.40
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Adam Cole McConathy

Mailing Address 400 Hilton St.

City State Zip Code  
Monroe LA 71201

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1650625

Amount of Each Receipt this Period  
22.50

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. James L. McConathy, Jr.

Mailing Address 706 Trenton St., Apt. 6

City State Zip Code  
West Monroe LA 71291

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 544.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1652311

Amount of Each Receipt this Period  
50.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Michael T. McCuiston, LUTCF

Mailing Address 5328 Godas Circle

City State Zip Code  
Columbia MO 65202

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1652869

Amount of Each Receipt this Period  
18.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	90.50
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 112 / 187
	(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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Joyce G. McDonald, CLU

Mailing Address 1330 Hagood Ave

City State Zip Code  
Columbia SC 29205

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1652972

Amount of Each Receipt this Period  
21.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Vernon McFalls, LUTCF

Mailing Address 100 Valley Meadow Lane

City State Zip Code  
Searcy AR 72143

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.40

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1652101

Amount of Each Receipt this Period  
19.20

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Ms. Juli Y. McNeely, LUTCF, CFP

Mailing Address S764 Hanson Road

City State Zip Code  
Spencer WI 54479

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1652921

Amount of Each Receipt this Period  
30.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	70.20
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Stephen R. McNeely, CLU,ChFC,L

Mailing Address 6190 Winford Dr

City Indianapolis State IN Zip Code 46236-8378

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 224.00

Date of Receipt  
MM / DD / YYYY  
12 / 10 / 2006

Transaction ID: R1652987

Amount of Each Receipt this Period  
21.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Ms. Yvonne M. McNeely

Mailing Address 3421 3rd Street South

City Wisconsin Rapids State WI Zip Code 54494-5744

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
12 / 11 / 2006

Transaction ID: R1654430

Amount of Each Receipt this Period  
600.00

Check

**C.** Full Name (Last, First, Middle Initial)  
Mr. Thomas D. McNeil

Mailing Address 49 Hagen Oaks Ct

City Alamo State CA Zip Code 94507

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
12 / 10 / 2006

Transaction ID: R1652970

Amount of Each Receipt this Period  
25.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	646.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 / 187		
	<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

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Carl F. Mehlhop, CLU, ChFC

Mailing Address 89 Van Ripper Ln

City State Zip Code  
Orinda CA 94563-1129

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2006

Transaction ID: R1653305

Amount of Each Receipt this Period  
21.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Mark A. Mendenhall, CLU, ChFC

Mailing Address 1121 Custer Court

City State Zip Code  
North Platte NE 69101-6305

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 28 / 2006

Transaction ID: R1656037

Amount of Each Receipt this Period  
250.00

Check

**C.** Full Name (Last, First, Middle Initial)  
Mr. Dennis R. Merideth, CLU, ChFC

Mailing Address 6210 N. Camino Pimeria Alta

City State Zip Code  
Tucson AZ 85718

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 792.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2006

Transaction ID: R1653244

Amount of Each Receipt this Period  
66.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>337.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Thomas Owen Michel

Mailing Address 16880 Avenida De Santa Ynez

City State Zip Code  
Pacific Palisades CA 90272-2127

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 3 / 2 0 0 6

**Transaction ID:** R1654736

Amount of Each Receipt this Period  
250.00

Credit Card

**B.** Full Name (Last, First, Middle Initial)  
Mr. David A. Middaugh, CLU, AEP

Mailing Address 3273 Evergreen Road

City State Zip Code  
Fargo ND 58102-1214

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1653993

Amount of Each Receipt this Period  
126.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Jason Middaugh

Mailing Address 3307 Maple Street

City State Zip Code  
Fargo ND 58102

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 276.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 6

**Transaction ID:** R1656061

Amount of Each Receipt this Period  
276.00

Check

**SUBTOTAL** of Receipts This Page (optional) ..... ► **652.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 116 / 187
<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Carl W. Middleton, III, CLU Ch

Mailing Address 8500 Gordon Dr NE

City State Zip Code  
Bain Bridge Is. WA 98110-3003

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1652264

Amount of Each Receipt this Period  
21.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Mark E. Miehle, CLU, ChFC

Mailing Address 625 N Segoe Rd Unit 807

City State Zip Code  
Madison WI 53705

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 0 6

Transaction ID: R1654744

Amount of Each Receipt this Period  
300.00

Credit Card

**C.** Full Name (Last, First, Middle Initial)  
Mr. Michael J. Milburn, LUTCF

Mailing Address 2332 Flagstaff Dr.

City State Zip Code  
Longmont CO 80501

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1652414

Amount of Each Receipt this Period  
22.50

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>343.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Ms. Carolyn S. Miller, LUTCF

Mailing Address 2469 W. Rosebush Rd

City State Zip Code  
Weidman MI 48893-9791

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 304.50

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1652847

Amount of Each Receipt this Period  
21.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Dennis L. Miller, LUTCF, CLU

Mailing Address 649 State Road  
P.O. Box 186

City State Zip Code  
Vassar MI 48768

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1652696

Amount of Each Receipt this Period  
42.50

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. James E. Miller, CLU, LUTCF

Mailing Address 1550 Faraday Circle

City State Zip Code  
Fort Collins CO 80525

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1650868

Amount of Each Receipt this Period  
21.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	84.50
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 / 187
	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Richard L. Miller

Mailing Address 1214 Karr Ave.

City State Zip Code  
Yakima WA 98902

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 234.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1652911

Amount of Each Receipt this Period  
21.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert A. Miller, M.S., M.A.

Mailing Address 88 Lukes Wood Rd

City State Zip Code  
New Canaan CT 06840

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 6

Transaction ID: R1655658

Amount of Each Receipt this Period  
2000.00

Credit Card

**C.** Full Name (Last, First, Middle Initial)  
Mr. Herbert F. Mischke, CLU, ChFC

Mailing Address 322 East County Road D

City State Zip Code  
Little Canada MN 55117

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653778

Amount of Each Receipt this Period  
21.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2042.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Ms. Dianne C. Mitchell

Mailing Address 2209 Ontario Street

City State Zip Code  
Bellingham WA 98226

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2006

Transaction ID: R1651023

Amount of Each Receipt this Period  
25.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. James E. Mitchell, LUTCF, CTP

Mailing Address 2209 Ontario

City State Zip Code  
Bellingham WA 98229-4027

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2006

Transaction ID: R1651782

Amount of Each Receipt this Period  
60.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Martin Montefel, CLU

Mailing Address 16932 SW 5th Way

City State Zip Code  
Weston FL 33326-1564

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2006

Transaction ID: R1653638

Amount of Each Receipt this Period  
50.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	135.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 / 187
	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. James W. Monteverde

Mailing Address WaterWorks Road

City State Zip Code  
Sewickley PA 15143

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
12 / 10 / 2006

Transaction ID: R1654057

Amount of Each Receipt this Period  
50.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. George E. Moore

Mailing Address 516 Woodland Hills

City State Zip Code  
Carthage MS 39051-3608

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
12 / 13 / 2006

Transaction ID: R1654351

Amount of Each Receipt this Period  
-25.00

Check

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert J. Morales, LUTCF, CLT

Mailing Address 1125 Wyoming Avenue

City State Zip Code  
Reno NV 89503-3342

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt  
MM / DD / YYYY  
12 / 10 / 2006

Transaction ID: R1651675

Amount of Each Receipt this Period  
60.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 85.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 121 / 187
	(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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Raymond H. Moran, CLU, ChFC

Mailing Address 5463 Irvin Park Cove

City State Zip Code  
Memphis TN 38119

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1653821

Amount of Each Receipt this Period  
42.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr Joseph L Morton, III,JD

Mailing Address 5487 N. Bach

City State Zip Code  
Meridian ID 83642

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 882.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1650753

Amount of Each Receipt this Period  
126.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. John P. Mosley, CLU, ChFC,

Mailing Address 307 Deering Avenue

City State Zip Code  
Portland ME 04103-4856

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 265.44

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1651433

Amount of Each Receipt this Period  
23.04

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>191.04</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 / 187
	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Michael G. Murphy

Mailing Address 1014 S. 54th St.

City State Zip Code  
Omaha NE 68106

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2006

**Transaction ID:** R1651766

Amount of Each Receipt this Period  
28.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert M. Nelson, CLU, LUTCF

Mailing Address 14712 Shirley Street

City State Zip Code  
Omaha NE 68144-2144

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2006

**Transaction ID:** R1653998

Amount of Each Receipt this Period  
50.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Dan E. Nicholas, CLU, CLTC

Mailing Address 206 Pacheco Ave

City State Zip Code  
Santa Cruz CA 95062

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 201.50

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2006

**Transaction ID:** R1653202

Amount of Each Receipt this Period  
21.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	99.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Dan E. Nicholas, CLU, CLTC

Mailing Address 206 Pacheco Ave

City State Zip Code  
Santa Cruz CA 95062

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 201.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 6

Transaction ID: R1655553

Amount of Each Receipt this Period  
17.50

Check

**B.** Full Name (Last, First, Middle Initial)  
Mr. John F. Nichols, CLU, DIA

Mailing Address 1331 W Norwood Avenue

City State Zip Code  
Chicago IL 60660

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1651540

Amount of Each Receipt this Period  
42.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Ms. Shirley A. Nielsen, LUTCF, CLU

Mailing Address 2817 Circle Drive

City State Zip Code  
Grand Island NE 68801

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653990

Amount of Each Receipt this Period  
50.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>109.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Ms. Mary Nishioka

Mailing Address 1650 Borel Place #100

City State Zip Code  
San Mateo CA 94402-3529

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 290.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 6

**Transaction ID:** R1655138

Amount of Each Receipt this Period  
250.00

Check

**B.** Full Name (Last, First, Middle Initial)  
Mr. Stephen D. Noblin, CLU,ChFC,L

Mailing Address 128 dogwood Lane

City State Zip Code  
Cowpens SC 29330

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1651360

Amount of Each Receipt this Period  
21.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Frank R. Nolimal, CLU, ChFC,

Mailing Address 2017 Grafton Ave

City State Zip Code  
Henderson NV 89014

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1653910

Amount of Each Receipt this Period  
60.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>331.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 / 187
	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Brian E. O'Brien, CLU,ChFC,L

Mailing Address 1651 Wolf Run Dr.

City	State	Zip Code
Richfield	WI	53076

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

Name of Employer Self-employed	Occupation Insurance Agent
-----------------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 612.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	0	/	2	0	0	6

**Transaction ID:** R1651327

Amount of Each Receipt this Period  

51.00
-------

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. James W. Oglesby, LUTCF

Mailing Address P. O. Box 7156

City	State	Zip Code
Asheville	NC	28802-7156

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

Name of Employer Self-employed	Occupation Insurance Agent
-----------------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	0	/	2	0	0	6

**Transaction ID:** R1653831

Amount of Each Receipt this Period  

143.00
--------

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. James W. Oglesby, LUTCF

Mailing Address P. O. Box 7156

City	State	Zip Code
Asheville	NC	28802-7156

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

Name of Employer Self-employed	Occupation Insurance Agent
-----------------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	0	6

**Transaction ID:** R1655992

Amount of Each Receipt this Period  

759.00
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Check

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>953.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Ms. Martha N. Olmstead, CLU, ChFC

Mailing Address 56 Divisadero St

City State Zip Code  
San Francisco CA 94117-3211

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1651407

Amount of Each Receipt this Period  
25.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Ms. Rae Lee Olson

Mailing Address 218 N El Monte Ave

City State Zip Code  
Los Altos CA 94022-2354

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653971

Amount of Each Receipt this Period  
42.50

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Alfred J. Opas, Jr., CLU, L

Mailing Address 1471 Cardinal Dr

City State Zip Code  
Saint Joseph MI 49085-9762

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 6

Transaction ID: R1654303

Amount of Each Receipt this Period  
250.00

Check

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **317.50**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Mitchell W. Ostrove, CLU, ChFC

Mailing Address 4 New King Street

City State Zip Code  
White Plains NY 10604-1202

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1653104

Amount of Each Receipt this Period  
42.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Todd A. Otto

Mailing Address 945 Senior Ave

City State Zip Code  
Dickinson ND 58601-3757

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1651263

Amount of Each Receipt this Period  
25.20

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Gary M. Owens, LUTCF

Mailing Address PO Box 835

City State Zip Code  
Sultan WA 98294

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 422.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1651733

Amount of Each Receipt this Period  
42.50

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	109.70
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 / 187
	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Roger L. Owens, LUTCF, RHU

Mailing Address 51 Lance Ct

City State Zip Code  
Elkton MD 21921-7219

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 456.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1651676

Amount of Each Receipt this Period  
42.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Aldous Kawaiiani Paalani

Mailing Address 2219 Kaululaau Street

City State Zip Code  
Honolulu HI 96813-1230

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1653368

Amount of Each Receipt this Period  
50.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. John Palladino, Jr.

Mailing Address 15060 Becky Lane

City State Zip Code  
Monte Sereno CA 95030-2106

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1651874

Amount of Each Receipt this Period  
42.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	134.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 / 187
	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Joseph S. Pantozzi, CLU, ChFC

Mailing Address PO Box 95063

City State Zip Code  
Las Vegas NV 89193

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653604

Amount of Each Receipt this Period  
60.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Ms. Cheryl R. Parker, CLU, ChFC,

Mailing Address 4120 Rainbow Drive

City State Zip Code  
Virginia Beach VA 23456

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 287.50

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1651301

Amount of Each Receipt this Period  
25.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. John C. Parker, RHU, LTCP

Mailing Address 47 Laurel Hill Drive

City State Zip Code  
Niantic CT 06357-1536

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 268.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1654059

Amount of Each Receipt this Period  
25.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	110.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Clinton J. Parks

Mailing Address 4848 Rivervale St Rt

City State Zip Code  
Soquel CA 95073-9727

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1651875

Amount of Each Receipt this Period  
22.50

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Joseph M. Partise, CLU

Mailing Address 3540 Fern Circle

City State Zip Code  
Seal Beach CA 90740-2846

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 224.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653188

Amount of Each Receipt this Period  
21.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Barton C. Pasco, CLU, ChFC,

Mailing Address 309 Running Cedar Lane

City State Zip Code  
Richmond VA 23229

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 655.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653667

Amount of Each Receipt this Period  
50.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	93.50
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 131 / 187
	(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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Ms. Debbie K. Paul, CLU, ChFC

Mailing Address 4001 MacArthur Blvd Suite 300

City State Zip Code  
Newport Beach CA 92660-2510

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653518

Amount of Each Receipt this Period  
42.50

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. John N. Peacock, Jr., CFP

Mailing Address 32 Arthur St

City State Zip Code  
Seekonk MA 02771

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1651481

Amount of Each Receipt this Period  
18.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Gary H. Pendleton, CLU, ChFC

Mailing Address 2601 Oberlin Rd

City State Zip Code  
Raleigh NC 27608-1319

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 549.96

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653239

Amount of Each Receipt this Period  
45.83

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>106.33</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 132 / 187
	(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

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

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. James L. Penn, LUTCF		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 6	
Mailing Address P.O. Box 361		Transaction ID: R1655140	
City Dania	State FL	Zip Code 33004-0361	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Check	
Name of Employer Self-employed	Occupation Insurance Agent		
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>B.</b> Mr. Nathan M. Perlmutter, CLU, ChFC		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 12 Beekman Place #2E		Transaction ID: R1656417	
City New York	State NY	Zip Code 10022	Amount of Each Receipt this Period 1150.00
FEC ID number of contributing federal political committee. C		Credit Card	
Name of Employer Self-employed	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Henry J. Pfleger, Jr., CLU		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6	
Mailing Address 520 Hardee Rd.		Transaction ID: R1656034	
City Coral Gables	State FL	Zip Code 33146	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Check	
Name of Employer Self-employed	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1900.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 133 / 187
<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Brian R. Phares, LIC, RFC

Mailing Address 1420 Hackberry Road

City State Zip Code  
North Platte NE 69101-6841

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 570.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2006

Transaction ID: R1653987

Amount of Each Receipt this Period  
47.50

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. A. Duer Pierce, Jr.

Mailing Address 5818 Kennett Pike

City State Zip Code  
Wilmington DE 19807-1116

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2006

Transaction ID: R1651741

Amount of Each Receipt this Period  
25.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Cyndy M. Pierson

Mailing Address 13800 Vista Dorada

City State Zip Code  
Salinas CA 93908-9443

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2006

Transaction ID: R1651503

Amount of Each Receipt this Period  
21.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	93.50
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 / 187
	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. R. Jan Pinney, CLU, ChFC,  
Mailing Address 5152 Ellington Court  
City State Zip Code  
Granite Bay CA 95746-7188  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-employed Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2496.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6  
Transaction ID: R1653111  
Amount of Each Receipt this Period 208.00  
Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. James D.C. Pirkle  
Mailing Address 395 Del Monte Ctr Suite 202  
City State Zip Code  
Monterey CA 93940  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-employed Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6  
Transaction ID: R1651431  
Amount of Each Receipt this Period 25.00  
Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Joseph E. Pittman  
Mailing Address 7430 Vinton Street  
City State Zip Code  
Omaha NE 68124  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-employed Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6  
Transaction ID: R1651927  
Amount of Each Receipt this Period 21.00  
Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	254.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 / 187
	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. William Poe, Jr., CLU

Mailing Address 2397 Samuelson Rd

City State Zip Code  
Portage IN 46368-2531

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2006

**Transaction ID:** R1651651

Amount of Each Receipt this Period  
25.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Charles W. Potts, CLU, RHU,

Mailing Address 12725 St. Andrews Ter

City State Zip Code  
Oklahoma City OK 73120-8807

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2006

**Transaction ID:** R1653578

Amount of Each Receipt this Period  
30.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Tony G. Powers, Sr., LUTCF

Mailing Address 109 Lake Haven Dr

City State Zip Code  
Gray TN 37615

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 27 / 2006

**Transaction ID:** R1655807

Amount of Each Receipt this Period  
300.00

Check

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>355.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 136 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Terry L. Poynor, LUTCF

Mailing Address 1220 N Prince St

City Clovis State NM Zip Code 88101

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1651697

Amount of Each Receipt this Period  
18.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Bradley W. Pratt, CLU, LUTCF

Mailing Address 2118 Peregrine Lane

City Mankato State MN Zip Code 56003

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1651864

Amount of Each Receipt this Period  
25.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Ms. Laurene B. Prevette, LUTCF, RHU

Mailing Address 741 Romany Road

City Charlotte State NC Zip Code 28203-4849

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 308.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1654047

Amount of Each Receipt this Period  
27.50

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ► 70.50

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 / 187
	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Henry L Prien, CLU,LUTCF

Mailing Address 1121 Westrac Dr. Ste. 206

City State Zip Code  
Fargo ND 58103-2385

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 483.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 10 / 2006

**Transaction ID:** R1653883

Amount of Each Receipt this Period  
51.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Randall S. Prout

Mailing Address 651 W 9th St

City State Zip Code  
Claremont CA 91711-3742

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 10 / 2006

**Transaction ID:** R1651242

Amount of Each Receipt this Period  
21.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Stephen J. Quiner, CLU, ChFC

Mailing Address 6832 Morningside Circle

City State Zip Code  
Johnston IA 50131-1237

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 10 / 2006

**Transaction ID:** R1651775

Amount of Each Receipt this Period  
18.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	90.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Ms. Johanna Margaret-Mary Raisch

Mailing Address 7864 Highlander Dr

City Anchorage State AK Zip Code 99518

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653938

Amount of Each Receipt this Period  
25.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Barry K. Rake, LUTCF

Mailing Address 1004 Dawne Drive

City Williamsport State PA Zip Code 17701

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653840

Amount of Each Receipt this Period  
25.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Edward F. Randolph

Mailing Address 1515 Mill Bay Road

City Kodiak State AK Zip Code 99615-6233

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1651246

Amount of Each Receipt this Period  
42.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ► **92.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Ms. Jeri L. Regan, CLU, ChFC,  
Mailing Address 2616 No. 100th Avenue

City	State	Zip Code
Omaha	NE	68134-5510

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

Name of Employer Self-employed	Occupation Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1652504

Amount of Each Receipt this Period  
25.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert W. Rensing, LUTCF  
Mailing Address 2515 S. 105th Ave

City	State	Zip Code
Omaha	NE	68124-1825

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

Name of Employer Self-employed	Occupation Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 504.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1651803

Amount of Each Receipt this Period  
42.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Scott H. Richards  
Mailing Address 603 Lake St. #304

City	State	Zip Code
Excelsior	MN	55331-1949

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

Name of Employer Self-employed	Occupation Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 426.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1651511

Amount of Each Receipt this Period  
4.25

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	71.25
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 / 187
	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. August P. Richter, IV, LUTCF

Mailing Address 401 Wild Oak Drive

City State Zip Code  
Manitowoc WI 54220-9054

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 604.80

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1651395

Amount of Each Receipt this Period  
50.40

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. John F. Ridoux

Mailing Address 911 Thorpe Drive

City State Zip Code  
Louisville KY 40243-1959

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 212.40

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1651808

Amount of Each Receipt this Period  
25.20

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. William E. Riley

Mailing Address 715 N. Washington Blvd., Suite D

City State Zip Code  
Sarasota FL 34236

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1651711

Amount of Each Receipt this Period  
25.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	100.60
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 / 187
	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Adi Ringer, LUTCF, CFP

Mailing Address 888 Vista Brisa

City State Zip Code  
San Luis Obispo CA 93405

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1650910

Amount of Each Receipt this Period  
22.50

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Richard R. Rios, CLU, ChFC

Mailing Address 8720 El Chapul Way

City State Zip Code  
Fair Oaks CA 95628-5454

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1651213

Amount of Each Receipt this Period  
50.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert M. Roach, CLU, ChFC

Mailing Address 1287 Harrison Pond Drive

City State Zip Code  
New Albany OH 43054

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1310.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1653325

Amount of Each Receipt this Period  
117.50

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	190.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Ms. Robin J. Robertson, CLU

Mailing Address 100 Bayview Circle Suite 560

City State Zip Code  
Newport Beach CA 92660

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 8 / 2 0 0 6

Transaction ID: R1655133

Amount of Each Receipt this Period  
250.00

Check

**B.** Full Name (Last, First, Middle Initial)  
Mr. Eric D. Rolshoven, CFP

Mailing Address 419 Tie Chute Lane

City State Zip Code  
Florence MT 59833

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 6

Transaction ID: R1655573

Amount of Each Receipt this Period  
300.00

Check

**C.** Full Name (Last, First, Middle Initial)  
Mr. Harry S. Rosnick, LUTCF

Mailing Address 3435 Jefferson Davis Hwy  
P.O. Box 360

City State Zip Code  
Fredericksburg VA 22404

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1651180

Amount of Each Receipt this Period  
25.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	575.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 / 187
	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Eric S. Roth, LUTCF

Mailing Address 2 Mckinley Ct.

City State Zip Code  
Monroe Twp. NJ 08831

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653780

Amount of Each Receipt this Period  
21.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Thomas M. Rountree, CLU, ChFC,

Mailing Address 1984 S. Newark Way

City State Zip Code  
Aurora CO 80014-1122

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 6

Transaction ID: R1654197

Amount of Each Receipt this Period  
250.00

Check

**C.** Full Name (Last, First, Middle Initial)  
Ms. Shelley M. Rowe, LUTCF

Mailing Address 5908 E. Conservation Dr.

City State Zip Code  
Longmont CO 80504

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1651619

Amount of Each Receipt this Period  
37.50

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	308.50
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 / 187
	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Ms. Sherri A. Rush, LUTCF

Mailing Address 2140 Jefferson St Suite C

City State Zip Code  
Napa CA 94559

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1651840

Amount of Each Receipt this Period  
25.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. D. David Russell

Mailing Address 8461 Eagle Preserve Way

City State Zip Code  
Sarasota FL 34241-9449

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1651317

Amount of Each Receipt this Period  
50.00

Payroll Deduction

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

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 Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1160.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1653147

Amount of Each Receipt this Period  
60.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	135.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 / 187		
	<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

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Michael P. Saunders, CLU

Mailing Address 4560 Ortega Blvd

City State Zip Code  
Jacksonville FL 32210-8505

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1651650

Amount of Each Receipt this Period  
21.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Gregory B. Schaeffer

Mailing Address 3627 - 22nd St.

City State Zip Code  
Kenosha WI 53144

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 324.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1651474

Amount of Each Receipt this Period  
27.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Walter M. Schieffer, Jr., LUTCF

Mailing Address 17501 John Wayne

City State Zip Code  
Perry OK 73077-9513

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 302.40

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1651701

Amount of Each Receipt this Period  
25.20

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	73.20
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 146 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Daniel J. Scholz, CLU, ChFC

Mailing Address 1510 So. 183 Circle

City State Zip Code  
Omaha NE 68130

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1111.50

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2006

Transaction ID: R1653843

Amount of Each Receipt this Period  
62.50

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. James D. Schulz, CLU, ChFC

Mailing Address 6601 South 66th. St.

City State Zip Code  
Lincoln NE 68516-3657

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 28 / 2006

Transaction ID: R1656217

Amount of Each Receipt this Period  
1250.00

Credit Card

**C.** Full Name (Last, First, Middle Initial)  
Mr. Mark B. Schwendeman

Mailing Address 427 4th St

City State Zip Code  
Marietta OH 45750-2004

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2006

Transaction ID: R1654036

Amount of Each Receipt this Period  
30.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1342.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 147 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Walter J. Scott, CLU

Mailing Address 1022 WASHINGTON AVE.

City OSHKOSH State WI Zip Code 54901-5354

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 604.80

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653271

Amount of Each Receipt this Period  
50.40

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Randy L. Scritchfield, CFP, LUTCF

Mailing Address 10105 Nightingale St.

City Gaithersburg State MD Zip Code 20882-4019

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1654062

Amount of Each Receipt this Period  
21.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Harry E. Sechman

Mailing Address 13 Beechwood Dr

City Rutland State MA Zip Code 01543-1751

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 370.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1651712

Amount of Each Receipt this Period  
30.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ► 101.40

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 148 / 187
	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Ms. Teresa L. Seefeldt, RHU

Mailing Address 643 Gaelic Court

City State Zip Code  
Apopka FL 32712

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653254

Amount of Each Receipt this Period  
21.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. John Bryan Setzler

Mailing Address 1996 6th St. NW

City State Zip Code  
Hickory NC 28601-1857

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 6

Transaction ID: R1660651

Amount of Each Receipt this Period  
550.00

Credit Card

**C.** Full Name (Last, First, Middle Initial)  
Mr. Dale J. Seymour

Mailing Address 2401 Wealdstone Rd.

City State Zip Code  
Toledo OH 43617

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 470.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653592

Amount of Each Receipt this Period  
10.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>581.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. James P. Shaheen, LUTCF

Mailing Address 3939 Linden Ave

City State Zip Code  
Long Beach FL 90807-2714

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1651269

Amount of Each Receipt this Period  
21.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. James A. Shalek, Jr., CLU, Ch

Mailing Address 1706 Candleberry Lane

City State Zip Code  
Yorkville IL 60560-5810

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 565.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1651323

Amount of Each Receipt this Period  
25.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Brian M. Sharkey, CLU, ChFC

Mailing Address 20 Sleepy Hollow Dr

City State Zip Code  
Newtown Square PA 19073-3934

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 6

Transaction ID: R1654368

Amount of Each Receipt this Period  
100.00

Check

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	146.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Troy J. Shreve, CLU

Mailing Address 7100 S 45th Street

City Lincoln State NE Zip Code 68516-3016

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653456

Amount of Each Receipt this Period  
42.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. James John Silbernagel, LUTCF

Mailing Address W 2329 Capital Drive

City Campbellsport State WI Zip Code 53010-3010

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1651888

Amount of Each Receipt this Period  
60.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Alan J. Silver, CLU

Mailing Address 12150 Blythen Way

City Oakland State CA Zip Code 94619

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 6

Transaction ID: R1656174

Amount of Each Receipt this Period  
500.00

Credit Card

**SUBTOTAL** of Receipts This Page (optional) ..... ► **602.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 151 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Joseph J. Simon, LUTCF

Mailing Address 2509 HILLSIDE DR.

City GREENBAY State WI Zip Code 54302-4828

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 324.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1651860

Amount of Each Receipt this Period  
 27.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Alan F. Simonis, Jr., LUTCF

Mailing Address P. O. Box 1858

City Huntsville State AL Zip Code 35807-0858

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1651313

Amount of Each Receipt this Period  
 21.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Ken Simons, CLU, ChFC,

Mailing Address 808 Thoroughbred Lane

City Artesia State NM Zip Code 88210-2232

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 601.20

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1653365

Amount of Each Receipt this Period  
 50.10

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	98.10
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Frank E. Skaw

Mailing Address 18821 E. Crestwood Lane

City State Zip Code  
Otis Orchards WA 99027

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653742

Amount of Each Receipt this Period  
21.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Brad R. Small

Mailing Address 19 Illinois Avenue

City State Zip Code  
Sinking Spring PA 19608-9364

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

Transaction ID: R1656421

Amount of Each Receipt this Period  
100.00

Credit Card

**C.** Full Name (Last, First, Middle Initial)  
Mr. C. Phillip Smelley, CIC, LUTCF

Mailing Address 380 Broadmoor Drive

City State Zip Code  
Fayetteville GA 30215

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1654043

Amount of Each Receipt this Period  
21.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	142.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Ms. Debra N. Smith

Mailing Address 1345 Cedar Park Pl

City State Zip Code  
Stone Mountain GA 30083

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1651886

Amount of Each Receipt this Period  
25.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Russell A. Smith

Mailing Address 22928 San Joaquin Drive East

City State Zip Code  
Canyon Lake CA 92587-7831

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2546.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653173

Amount of Each Receipt this Period  
208.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. David E. Smithkey, CLU, RFC

Mailing Address 9451 Heddy Drive

City State Zip Code  
Flushing MI 48433

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1672.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653191

Amount of Each Receipt this Period  
208.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	441.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 154 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Lawrence Edward Sneed, CLU

Mailing Address 5005 Woodminster

City State Zip Code  
Oakland CA 94601

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653141

Amount of Each Receipt this Period  
21.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Mark V. Snider, ChFC

Mailing Address 44 Elmwood Place

City State Zip Code  
Athens OH 45701-1904

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 554.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653697

Amount of Each Receipt this Period  
42.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. David L. Sparks, CLU, ChFC

Mailing Address 1155 Southgate Corporate Park  
P O Box

City State Zip Code  
Hickory NC 28603

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 554.40

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 6

Transaction ID: R1655696

Amount of Each Receipt this Period  
369.60

Check

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>432.60</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 155 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Ms. Sharon L. Sparling, CIC

Mailing Address P.O. Box 1914

City State Zip Code  
Mount Vernon WA 98273-1914

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 490.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2006

**Transaction ID:** R1651939

Amount of Each Receipt this Period  
45.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Preston R. Speece, LUTCF

Mailing Address 14620 Fowler Ave

City State Zip Code  
Omaha NE 68116

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 337.50

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2006

**Transaction ID:** R1651291

Amount of Each Receipt this Period  
30.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Alan M. Spiegelman, CLU, ChFC,

Mailing Address 127 Underhill

City State Zip Code  
Mill Valley CA 94941-1461

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 07 / 2006

**Transaction ID:** R1654256

Amount of Each Receipt this Period  
250.00

Check

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>325.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 156 / 187
	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Walter C. Sprye, Jr., CLU, C

Mailing Address 101 Stoney Brook Rd.

City State Zip Code  
Rocky Mount NC 27804

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 554.40

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2006

**Transaction ID:** R1653795

Amount of Each Receipt this Period  
46.20

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Lawrence Stack, CLU, ChFC

Mailing Address 28411 Northwestern Hwy Ste 1300

City State Zip Code  
Southfield MI 48034-5543

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2006

**Transaction ID:** R1653215

Amount of Each Receipt this Period  
50.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Ronald T. Staebell

Mailing Address 4309 Town Park Pl.

City State Zip Code  
Sioux Falls SD 57105

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2006

**Transaction ID:** R1653777

Amount of Each Receipt this Period  
21.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	117.20
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 157 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Angelo T. Stath

Mailing Address 7821 Massachusetts

City State Zip Code  
Merrville IN 46410-5531

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2006

Transaction ID: R1654032

Amount of Each Receipt this Period  
50.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. John P. Steele, LUTCF

Mailing Address 122 West Main

City State Zip Code  
Manhattan MT 59741

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2006

Transaction ID: R1651435

Amount of Each Receipt this Period  
30.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Jerry Lynn Stephens, LUTCF

Mailing Address 130 Tarheel Rd

City State Zip Code  
Lumberton NC 28358

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 277.20

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2006

Transaction ID: R1651358

Amount of Each Receipt this Period  
23.10

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	103.10
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 158 / 187
	<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 Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Ames D. Stetzler		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 6	
Mailing Address 10804 W. 123rd Terrace		<b>Transaction ID:</b> R1651747	
City State Zip Code Overland Park KS 66213-2106	Amount of Each Receipt this Period 18.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Self-employed Self-employed	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Pierce Allen Stevens, Jr.		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 6	
Mailing Address P O Box 119		<b>Transaction ID:</b> R1651599	
City State Zip Code Anguilla MS 38721	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Self-employed Self-employed	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Matthew B. Stone, , LUTCF		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 6	
Mailing Address 212 Stoney Dr.		<b>Transaction ID:</b> R1650874	
City State Zip Code Durham NC 27703-2901	Amount of Each Receipt this Period 24.75		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Self-employed Self-employed	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 207.60		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	67.75
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 159 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Nicholas John Stosic

Mailing Address 9820 Dixon Lane

City State Zip Code  
Reno NV 89511-9455

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1512.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1653753

Amount of Each Receipt this Period  
126.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. David L. Stratton, CLU, ChFC,

Mailing Address 13115 Beach Cir.

City State Zip Code  
Anchorage AK 99515-3748

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1653626

Amount of Each Receipt this Period  
105.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Steven M. Stratton, LUTCF,CSA

Mailing Address 17131 Parkview Dr

City State Zip Code  
Morgan Hill CA 95037-6606

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1310.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1651657

Amount of Each Receipt this Period  
105.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>336.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 160 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Richard A. Strevey, CFP, RFC

Mailing Address 15311 Bemis Street

City State Zip Code  
Omaha NE 68154-1882

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

**Transaction ID:** R1656435

Amount of Each Receipt this Period  
87.50

Credit Card

**B.** Full Name (Last, First, Middle Initial)  
Mr. Michael W. Struebing, LUTCF, CLU

Mailing Address 16112 Parker Street

City State Zip Code  
Omaha NE 68118-2429

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 432.50

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1651285

Amount of Each Receipt this Period  
42.50

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert A. Styrkovicz, CLU, LUTCF

Mailing Address 25 Monterey Drive

City State Zip Code  
Vernon Hills IL 60061-2332

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 618.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1651809

Amount of Each Receipt this Period  
56.50

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>186.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 161 / 187
	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Robert R. Styrkowicz

Mailing Address 2001 W. Warner Unit 1

City State Zip Code  
Chicago IL 60618

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 257.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1650758

Amount of Each Receipt this Period  
10.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Mark Phelan Sudderberg

Mailing Address 1751 Clinton St.

City State Zip Code  
Rockford IL 61103

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1651454

Amount of Each Receipt this Period  
21.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Stephen G. Summerlin, CFP

Mailing Address 4014 N. W. 15th Street

City State Zip Code  
Gainesville FL 32605-1912

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653686

Amount of Each Receipt this Period  
42.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **73.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 162 / 187
<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Dennis P. Sunderman, CSA

Mailing Address 2325 Jeans Ct

City State Zip Code  
Signal Hill CA 90755

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 945.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1651545

Amount of Each Receipt this Period  
105.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Arthur Ivan Swanson, LUTCF

Mailing Address 2270 E. 24TH PL

City State Zip Code  
YUMA AZ 85365-3245

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 302.40

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1653440

Amount of Each Receipt this Period  
25.20

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Mark Swartz, JD,CLU,ChF

Mailing Address 9833 Avenel Farm Drive

City State Zip Code  
Potomac MD 20854

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

**Transaction ID:** R1656306

Amount of Each Receipt this Period  
420.00

Check

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	550.20
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 163 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Elwood B. Syverson, LUTCF

Mailing Address 509 Loomis Drive

City State Zip Code  
Mauston WI 53948-1522

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1653766

Amount of Each Receipt this Period  
30.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Joseph A. Sztapka

Mailing Address 3705 S. Judy Ave

City State Zip Code  
Sioux Falls SD 57103-7248

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 462.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1651509

Amount of Each Receipt this Period  
50.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Jeffrey J. Taggart

Mailing Address 1107 Cedar Ln.  
P.O. Box 2433

City State Zip Code  
Cody WY 82414-2433

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1475.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1653717

Amount of Each Receipt this Period  
50.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ► **130.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 164 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. John J. Tarditi, Jr.

Mailing Address 412 Washington Ave

City State Zip Code  
Haddonfield NJ 08033-3327

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 9 / 2 0 0 6

Transaction ID: R1650348

Amount of Each Receipt this Period  
300.00

Credit Card

**B.** Full Name (Last, First, Middle Initial)  
Mr. Matthew S. Tassej

Mailing Address 5 Reggio Ave.

City State Zip Code  
Old Orchard Beach ME 04064-2709

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 864.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1654079

Amount of Each Receipt this Period  
72.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Gregory M. Telge, CLU, ChFC

Mailing Address 1655 North River Road

City State Zip Code  
Manchester NH 03104

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653344

Amount of Each Receipt this Period  
21.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	393.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 165 / 187
	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Benson B. Terrell, Jr., CFP

Mailing Address 9261 Lanier Rd

City State Zip Code  
Lake Charles LA 70605

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2006

**Transaction ID:** R1651513

Amount of Each Receipt this Period  
42.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Terry R. Thayer

Mailing Address 353 Prospector Trail

City State Zip Code  
Bozeman MT 59718

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 244.80

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2006

**Transaction ID:** R1651175

Amount of Each Receipt this Period  
25.20

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Wayne E. Thomas, CLU, ChFC

Mailing Address 12 Chateau Haut Brion

City State Zip Code  
Kenner LA 70065-2019

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2006

**Transaction ID:** R1653409

Amount of Each Receipt this Period  
21.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	88.20
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 166 / 187
	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Ms. Wilma Fulks Thomason, FIC

Mailing Address 5906 N Vermont

City State Zip Code  
Oklahoma City OK 73112

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2006

**Transaction ID:** R1651508

Amount of Each Receipt this Period  
18.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert D. Thunselle, FIC, CLU

Mailing Address 4020 Gannett #3

City State Zip Code  
Casper WY 82609

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 209.50

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2006

**Transaction ID:** R1653620

Amount of Each Receipt this Period  
21.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Brad Tison, CLU, ChFC,

Mailing Address 3216 Southern Woods Drive

City State Zip Code  
Des Moines IA 50321

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 604.80

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2006

**Transaction ID:** R1651216

Amount of Each Receipt this Period  
50.40

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	89.40
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 167 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. John D. Traynham, LUTCF

Mailing Address 210 Timber Lane

City Anderson State SC Zip Code 29621-1126

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1651512

Amount of Each Receipt this Period  
22.50

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Kenneth James Truman, LUTCF

Mailing Address 6413 O'Bannon

City Las Vegas State NV Zip Code 89146

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 234.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1653391

Amount of Each Receipt this Period  
12.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert W. Tull, CLU, ChFC

Mailing Address 7815 Eagle Rock, N.E.

City Albuquerque State NM Zip Code 87122

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 411.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1651373

Amount of Each Receipt this Period  
25.50

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ► **60.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 168 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Lynda D. Turner, LUTCF

Mailing Address 1070 South Bosque Loop

City State Zip Code  
Bosque Farms NM 87068-9063

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 468.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1653781

Amount of Each Receipt this Period  
45.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Ms. Charmaine Uhrig, LUTCF

Mailing Address RR 1 Box 273A

City State Zip Code  
Minatare NE 69356

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 542.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1652071

Amount of Each Receipt this Period  
42.50

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Howard Raymond Utz, LUTCF

Mailing Address PO Box 480

City State Zip Code  
Mars PA 16046

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1653659

Amount of Each Receipt this Period  
42.50

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	130.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 169 / 187
	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Michael P. Victorino

Mailing Address 840 Alua St., #103

City State Zip Code  
Wailuku HI 96793

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2006

**Transaction ID:** R1653960

Amount of Each Receipt this Period  
12.50

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert D. Vieluf, LUTCF

Mailing Address 403 Crestwood Estates

City State Zip Code  
Collinsville IL 62234-2324

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2006

**Transaction ID:** R1653588

Amount of Each Receipt this Period  
21.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Richard D. Vonderlage, CSA, LUTCF

Mailing Address 15202 Sprague St

City State Zip Code  
Omaha NE 68116

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 462.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2006

**Transaction ID:** R1653492

Amount of Each Receipt this Period  
42.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	75.50
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 170 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Thomas D. Voshall

Mailing Address 426 Towne Valley Dr

City State Zip Code  
Woodstock GA 30188-2636

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2006

Transaction ID: R1651823

Amount of Each Receipt this Period  
25.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Ms. Sharon S. Walls, CLU,ChFC,L

Mailing Address 1831 Frontier Rd

City State Zip Code  
Bennington KS 67422

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2006

Transaction ID: R1651622

Amount of Each Receipt this Period  
18.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Charles A. Webb

Mailing Address 2516 Longview Ave.

City State Zip Code  
Roanoke VA 24014

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2006

Transaction ID: R1651099

Amount of Each Receipt this Period  
42.50

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ► 85.50

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 171 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. S. Mark Weeks, LUTCF, CLU

Mailing Address 1389 South 500 East

City State Zip Code  
Salt Lake City UT 84105-2043

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 637.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1653838

Amount of Each Receipt this Period  
50.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Matthew C. Weider, CLU,ChFC

Mailing Address 6855 Compton Heights Circle

City State Zip Code  
Clifton VA 20124

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 604.80

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1650981

Amount of Each Receipt this Period  
50.40

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert L. Weigner, CLU, LUTCF

Mailing Address 422 Upland St Apt G-5

City State Zip Code  
Pottstown PA 19464

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 2 / 2 0 0 6

**Transaction ID:** R1654694

Amount of Each Receipt this Period  
500.00

Credit Card

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	600.40
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 172 / 187
	<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 Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Daniel J. Wells, LUTCF		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 0 / 2 0 0 6	
Mailing Address 18830 Los Hermanos Ranch Rd		<b>Transaction ID:</b> R1651698	
City State Zip Code Valley Center CA 92082-6808	Amount of Each Receipt this Period 45.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Self-employed Occupation Insurance Agent	Aggregate Year-to-Date ▼ 727.50		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Daniel J. Wells, LUTCF		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 18830 Los Hermanos Ranch Rd		<b>Transaction ID:</b> R1654771	
City State Zip Code Valley Center CA 92082-6808	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-employed Occupation Insurance Agent	Aggregate Year-to-Date ▼ 727.50		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Marlin D. Wells, CLU, ChFC,		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 0 / 2 0 0 6	
Mailing Address 2201 N. Washington		<b>Transaction ID:</b> R1651498	
City State Zip Code Roswell NM 88201-3377	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Self-employed Occupation Insurance Agent	Aggregate Year-to-Date ▼ 360.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	125.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 173 / 187						
	(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

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Timothy D. Westerman, LUTCF

Mailing Address 613 Mill Creek Lane

City State Zip Code  
Chesapeake VA 23323

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 730.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 6 / 2 0 0 6

Transaction ID: R1655691

Amount of Each Receipt this Period  
550.00

Check

**B.** Full Name (Last, First, Middle Initial)  
Mr. Lester E. Westgard, CLU

Mailing Address 2714 26th Ave SW

City State Zip Code  
Fargo ND 58103-5006

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 660.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1651316

Amount of Each Receipt this Period  
60.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Irwin R. Wetnight, Jr., CLU

Mailing Address 95 W. Prescott Ave.

City State Zip Code  
Clovis CA 93619-8743

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653255

Amount of Each Receipt this Period  
21.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>631.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 174 / 187
	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. William T. Whitmore, Jr., LUTCF

Mailing Address P. O. Box 4748

City State Zip Code  
Virginia Beach VA 23454-0748

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 585.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1653231

Amount of Each Receipt this Period  
50.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Irv Wiese, CLU, ChFC,

Mailing Address 318 Stamford Bridge Rd

City State Zip Code  
Columbia SC 29212

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1651866

Amount of Each Receipt this Period  
42.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Leroy L. Wilbers, Jr.

Mailing Address 309 Deerfield Pl

City State Zip Code  
Jefferson City MO 65109-4981

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1512.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1651846

Amount of Each Receipt this Period  
126.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>218.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 175 / 187
	(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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Michael J. Wilcox, LUTCF, CLTC

Mailing Address 117 Great Brook Rd.

City State Zip Code  
New Milford CT 06776-3039

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 246.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1653557

Amount of Each Receipt this Period  
21.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Ian C. Wilkinson, LUTCF

Mailing Address PO Box 7096

City State Zip Code  
Macon GA 31209-7896

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1651768

Amount of Each Receipt this Period  
25.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Boyd Lee Williams

Mailing Address 7023 W. Willamette Ave

City State Zip Code  
Kennewick WA 99336-1280

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

**Transaction ID:** R1651621

Amount of Each Receipt this Period  
105.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>151.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 176 / 187						
	(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

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Lucius Williamson, Jr., LUTCF

Mailing Address 1111 Howe Ave., Suite 530

City State Zip Code  
Sacramento CA 95825

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1651196

Amount of Each Receipt this Period  
21.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Harold L. Wilshinsky, CLU, ChFC

Mailing Address 179 E. 70th St Apt #15B

City State Zip Code  
New York NY 10021

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: R1654670

Amount of Each Receipt this Period  
500.00

Check

**C.** Full Name (Last, First, Middle Initial)  
Mr. Cliff F. Wilson, CLU, ChFC,

Mailing Address 1458 W. Bahia Court

City State Zip Code  
Gilbert AZ 85233

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1512.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1651190

Amount of Each Receipt this Period  
126.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>647.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 177 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Randall C. Wimsatt, LUTCF

Mailing Address 2501 E 20th, #10

City Farmington State NM Zip Code 87401

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 302.40

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653729

Amount of Each Receipt this Period  
25.20

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. L. Nelson Wingert, CLU

Mailing Address 418 Gettysburg Pike

City Mechanicsburg State PA Zip Code 17055-5170

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1651742

Amount of Each Receipt this Period  
25.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Larry J. Winkelhake, CLU, ChFC

Mailing Address 18600 Longview Ct

City Brookfield State WI Zip Code 53045

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1080.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653253

Amount of Each Receipt this Period  
90.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ► 140.20

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 178 / 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Gary T. Wolff, CLU, ChFC,  
Mailing Address 131 Barstow Lane  
City Tolland State CT Zip Code 06084-2547  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-employed Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6  
Transaction ID: R1653524  
Amount of Each Receipt this Period 20.00  
Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Benjamin Bunn Woodard, Jr.  
Mailing Address 109 Bristol Court  
City Rocky Mount State NC Zip Code 27803-1203  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-employed Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 442.75

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6  
Transaction ID: R1651718  
Amount of Each Receipt this Period 46.75  
Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Mark L. Yavornitzki, CAE  
Mailing Address 14 Bridle Pl.  
City E. Greenbush State NY Zip Code 12061-1111  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-employed Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6  
Transaction ID: R1654071  
Amount of Each Receipt this Period 25.00  
Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	91.75
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 179 / 187
	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Edward A. Zabielski, Jr.

Mailing Address 104 Clay Ct.

City Landenberg State PA Zip Code 19350

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1310.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1654055

Amount of Each Receipt this Period  
105.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Charles D. Zaleski, CLU, ChFC

Mailing Address 28400 Ridgethorne Ct

City Rancho Palos Verde State CA Zip Code 90275-3258

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653329

Amount of Each Receipt this Period  
42.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Alan R. Zalewski, CLU, ChFC,

Mailing Address 6908 North 27th Street

City Tacoma State WA Zip Code 98407-1002

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1651934

Amount of Each Receipt this Period  
50.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	197.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 180 / 187
	(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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Theodore J. Zouzounis, CLU

Mailing Address 820 Mariposa Rd

City State Zip Code  
Lafayette CA 94549

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653230

Amount of Each Receipt this Period  
42.50

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. H. Keith de Noble, LUTCF, CLU

Mailing Address 13200 W Markham Street, Suite 105

City State Zip Code  
Little Rock AR 72211-3285

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 6

Transaction ID: R1653747

Amount of Each Receipt this Period  
30.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	72.50
<b>TOTAL</b> This Period (last page this line number only) .....	48777.10

# 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 181 / 187

<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 Committee

Full Name (Last, First, Middle Initial)

**A.** First Union Bank

Mailing Address One First Union Center

City Charlotte State NC Zip Code 28288-1164

Purpose of Disbursement

Bank Charges

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: D9155

Date of Disbursement

12 / 27 / 2006

Amount of Each Disbursement this Period

1670.59

Full Name (Last, First, Middle Initial)

**B.** NAIFA

Mailing Address 2901 Telestar Court

City Falls Church State VA Zip Code 22042-1205

Purpose of Disbursement  
Payroll, Benefits, Supplies, Copies,

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: D9154

Date of Disbursement

12 / 27 / 2006

Amount of Each Disbursement this Period

24262.78

etc.

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

25933.37

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

25933.37

**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)

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<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 Committee

Full Name (Last, First, Middle Initial)

**A.** Democrats for the Future

Mailing Address 20 Park Road, Suite E

City Burlingame State CA Zip Code 94010

Purpose of Disbursement  
Contr. Democrats for the Future (PAC to  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District: Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
Annual

Transaction ID: D9152

Date of Disbursement

1 2 / 1 2 / 2 0 0 6

Amount of Each Disbursement this Period

2500.00

PAC)

Full Name (Last, First, Middle Initial)

**B.** Friends of Charlie Wilson

Mailing Address 7 Cadiz Pike

City Bridgeport State OH Zip Code 43912

Purpose of Disbursement  
Contr. Charles Wilson, Jr. (OH-6-D-debt  
Candidate Name  
Charles A. Wilson, Jr.

Category/  
Type

Office Sought:  House  Senate  President  
State: OH District: 06 Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: D9146

Date of Disbursement

1 2 / 0 5 / 2 0 0 6

Amount of Each Disbursement this Period

2500.00

retirement-US House)

Full Name (Last, First, Middle Initial)

**C.** Gordon Smith for US Senate

Mailing Address 5285 SW Meadows Road  
Suite 181

City Lake Oswego State OR Zip Code 97035

Purpose of Disbursement  
Contr. Gordon H. Smith (OR-R-US Senate)

Candidate Name  
Gordon H. Smith

Category/  
Type

Office Sought:  House  Senate  President  
State: OR District: Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: D9141

Date of Disbursement

1 2 / 0 4 / 2 0 0 6

Amount of Each Disbursement this Period

1000.00

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

6000.00

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

**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 Committee

Full Name (Last, First, Middle Initial) <b>A. Hall For Congress Committee</b>		<b>Transaction ID:</b> D9140 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 6
Mailing Address PO Box 711		Amount of Each Disbursement this Period 2500.00
City Rockwall State TX Zip Code 75087	Category/ Type	
Purpose of Disbursement Contr. Ralph M. Hall (TX-4-R-US House)		
Candidate Name Ralph M. Hall		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 04	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Kagen 4 Congress</b>		<b>Transaction ID:</b> D9153 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 6
Mailing Address 100 West Lawrence St.		Amount of Each Disbursement this Period 2500.00
City Appleton State WI Zip Code 54911	Category/ Type	
Purpose of Disbursement Contr. Steve Kagen (WI-8-D-US House-debt)		
Candidate Name Steve Kagen		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. National Leadership PAC</b>		<b>Transaction ID:</b> D9143 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 6
Mailing Address PO Box 5577		Amount of Each Disbursement this Period 2500.00
City Manhattanville Sta State NY Zip Code 10027	Category/ Type	
Purpose of Disbursement Contr. National Leadership PAC (PAC to		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Annual	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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 Committee

Full Name (Last, First, Middle Initial) <b>A. The Reed Committee</b>		<b>Transaction ID:</b> D9151 Date of Disbursement 12 / 12 / 2006
Mailing Address PO Box 8628		Amount of Each Disbursement this Period 2500.00
City Cranston State RI Zip Code 02920	Category/ Type	
Purpose of Disbursement Contr. Jack Reed (RI-D-US Senate)		
Candidate Name Jack Reed		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Tim Mahoney for Florida</b>		<b>Transaction ID:</b> D9142 Date of Disbursement 12 / 05 / 2006
Mailing Address 1128-408 Royal Palm Beach Blvd		Amount of Each Disbursement this Period 2500.00
City Royal Palm Beach State FL Zip Code 33411	Category/ Type	
Purpose of Disbursement Contr. Tim Mahoney (FL-16-D-debt)		
Candidate Name Timothy Mahoney		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Tim Walz for US Congress</b>		<b>Transaction ID:</b> D9145 Date of Disbursement 12 / 05 / 2006
Mailing Address PO Box 938		Amount of Each Disbursement this Period 2500.00
City Mankato State MN Zip Code 56002	Category/ Type	
Purpose of Disbursement Contr. Tim Walz (MN-1-D-debt)		
Candidate Name Timothy Walz		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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)

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<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 Committee

Full Name (Last, First, Middle Initial)

**A.** Zack Space for Congress Committee

Mailing Address 714 N Wooster Avenue

City Dover State OH Zip Code 44622

Purpose of Disbursement  
Contr. Zack Space (OH-18-D-debt)

Candidate Name  
Zachary Space

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: OH District: 18

Transaction ID: D9144

Date of Disbursement

<sup>M</sup> 1	<sup>M</sup> 2	/	<sup>D</sup> 0	<sup>D</sup> 5	/	<sup>Y</sup> 2	<sup>Y</sup> 0	<sup>Y</sup> 0	<sup>Y</sup> 6
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Amount of Each Disbursement this Period

2500.00
---------

retirement-US House)

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

2500.00
---------

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

23500.00
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**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)

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<input 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 checked="" 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 Committee

Full Name (Last, First, Middle Initial) <b>A. Mr. George E. Moore</b>		Transaction ID: D9150	
Mailing Address 516 Woodland Hills		Date of Disbursement 12 / 12 / 2006	
City Carthage	State MS	Zip Code 39051-3608	Amount of Each Disbursement this Period 50.00
Purpose of Disbursement Refund to Individual		Category/ Type	
Candidate Name			
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) .....	50.00
<b>TOTAL</b> This Period (last page this line number only) .....	50.00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 187 / 187	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor NAIFA	Nature of Debt (Purpose): Payroll, Benefits, Supplies, Copies, etc
Mailing Address 2901 Telestar Court	
City State ZIP Code Falls Church VA 22042-1205	

Outstanding Balance Beginning This Period	<b>Transaction ID: DD#7711</b>	
58874.88		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	24262.78	34612.10

1) <b>SUBTOTALS</b> This Period This Page (optional).....	34612.10
2) <b>TOTALS</b> This Period (last page this line number only).....	34612.10
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	