

# 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 Comm

ADDRESS (number and street) 2901 Telearstar Ct.  
 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 01 01 2009 through 01 31 2009

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. Brown

Signature of Treasurer Electronically Filed by Peter C. Brown Date 02 19 2009

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

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		255406.25
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	255406.25									
(c) Total Receipts (from Line 19) .....	64487.47	64487.47								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	319893.72	319893.72								
7. Total Disbursements (from Line 31) .....	11917.89	11917.89								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	307975.83	307975.83								
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) .....	39889.90									

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 Comm

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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	7900.10	7900.10
(i) Itemized (use Schedule A) .....	56587.37	56587.37
(ii) Unitemized .....	64487.47	64487.47
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	64487.47	64487.47
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total 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)) .....	64487.47	64487.47
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	64487.47	64487.47

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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.....	4852.89	4852.89
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	4852.89	4852.89
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7000.00	7000.00
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 .....	65.00	65.00
(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)) .....	65.00	65.00
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))..	11917.89	11917.89
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11917.89	11917.89

**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) .....	64487.47	64487.47
34. Total Contribution Refunds (from Line 28(d)) .....	65.00	65.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	64422.47	64422.47
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	4852.89	4852.89
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	4852.89	4852.89

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 16
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. David A. Middaugh		Date of Receipt
	Mailing Address 3273 Evergreen Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 1 0 / 2 0 0 9
	City	State	Zip Code
	Fargo	ND	58102-1214
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 7646758
Name of Employer Middaugh & Associates, Inc.		Occupation General Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 249.60

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Mark A. Mendenhall		Date of Receipt
	Mailing Address 1121 Custer Court		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 0 5 / 2 0 0 9
	City	State	Zip Code
	North Platte	NE	69101-6305
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 7646832
Name of Employer Farm Bureau Financial Services		Occupation Financial Professional	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Clifford P. Karthaus		Date of Receipt
	Mailing Address 14301 First National Bank Pkwy. St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 0 2 / 2 0 0 9
	City	State	Zip Code
	Omaha	NE	68154
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 7646834
Name of Employer Principal Financial Group		Occupation General Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> <b>749.60</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 16  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

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 Tennessee Financial      Occupation Division Manager

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt M M / D D / Y Y Y Y  
0 1 / 0 5 / 2 0 0 9

**Transaction ID:** 7646838

Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Rusti Lynn Keeley

Mailing Address 1528 Poole Blvd., Suite E

City State Zip Code  
Yuba City CA 95993-2646

FEC ID number of contributing federal political committee. C

Name of Employer The MONY Group      Occupation Sales Manager

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 217.50

Date of Receipt M M / D D / Y Y Y Y  
0 1 / 0 5 / 2 0 0 9

**Transaction ID:** 7646840

Amount of Each Receipt this Period 217.50

**C.** Full Name (Last, First, Middle Initial)  
Mr. Alan J. Benet

Mailing Address 430 Center Ave.

City State Zip Code  
Mamaroneck NY 10543

FEC ID number of contributing federal political committee. C

Name of Employer A. J. Benet Inc.      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  
0 1 / 0 5 / 2 0 0 9

**Transaction ID:** 7646858

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... 1217.50

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 16
	<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 Comm

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Ronald D. Brant		Date of Receipt MM / DD / YYYY 01 / 10 / 2009		
	Mailing Address 10234 Hoffman		<b>Transaction ID:</b> 7647784		
	City Maybee	State MI	Zip Code 48159-9777	Amount of Each Receipt this Period 208.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Lincoln Financial Network	Occupation AGENT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 208.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Russell A. Smith		Date of Receipt MM / DD / YYYY 01 / 10 / 2009		
	Mailing Address 22928 San Joaquin Drive East		<b>Transaction ID:</b> 7647850		
	City Canyon Lake	State CA	Zip Code 92587-7831	Amount of Each Receipt this Period 208.50	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Torimax Financial Group, Inc.	Occupation President & CEO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 208.50			

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. H. Dan Smith		Date of Receipt MM / DD / YYYY 01 / 10 / 2009		
	Mailing Address 1616 Rio Vista		<b>Transaction ID:</b> 7648094		
	City Dallas	State TX	Zip Code 75208-2338	Amount of Each Receipt this Period 232.50	
	FEC ID number of contributing federal political committee. C				
	Name of Employer State Farm Insurance Companies	Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 232.50			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	649.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 16
	<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 Comm

**A.**

Full Name (Last, First, Middle Initial)  
Mr. R. Jan Pinney

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 Pinney Insurance Center, Inc. Occupation General Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 208.00

Date of Receipt: 01 / 10 / 2009

Transaction ID: 7648138

Amount of Each Receipt this Period: 208.00

**B.**

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

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 Tennessee Financial Occupation Division Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt: 01 / 10 / 2009

Transaction ID: 7648302

Amount of Each Receipt this Period: 50.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Alan C. Kifer

Mailing Address 21500 Park Row Rd #1115

City State Zip Code  
Katy TX 77449-2431

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

Name of Employer AIG American General Occupation President & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 01 / 10 / 2009

Transaction ID: 7648961

Amount of Each Receipt this Period: 210.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **468.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 16  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Terry K. Headley

Mailing Address 20704 Meadow Ridge Dr

City State Zip Code  
Springfield NE 68059-7086

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

Name of Employer  
Headley / Scott & Associates

Occupation  
Managing Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
208.00

Date of Receipt  
MM / DD / YYYY  
01 / 10 / 2009

**Transaction ID:** 7651431

Amount of Each Receipt this Period  
208.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Boyd Lee Williams

Mailing Address 7023 W. Williamette Ave

City State Zip Code  
Kennewick WA 99336-1280

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

Name of Employer  
Kansas City Life Insurance Company

Occupation  
Sales Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
208.00

Date of Receipt  
MM / DD / YYYY  
01 / 10 / 2009

**Transaction ID:** 7651665

Amount of Each Receipt this Period  
208.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Kevin J. Halloran

Mailing Address One Indian Head Plaza Ste. 515

City State Zip Code  
Nashua NH 03060-1227

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

Name of Employer  
Weisman, Tessier, Lambert & Halloran

Occupation  
Sales Manager/Equity Coordinator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
01 / 12 / 2009

**Transaction ID:** 7654447

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **666.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 16  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Scott D. Colby

Mailing Address 7077 E. Central #8

City State Zip Code  
Wichita KS 67206-1929

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

Name of Employer Occupation  
New England Financial Financial Representative

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
01 / 20 / 2009

**Transaction ID:** 7654607

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Frank J. Congilose

Mailing Address 2431 Atlantic Ave.

City State Zip Code  
Manasquan NJ 08736

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

Name of Employer Occupation  
C & A Financial Group President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
01 / 20 / 2009

**Transaction ID:** 7654633

Amount of Each Receipt this Period  
600.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Sheila F. Gaylor

Mailing Address 2975 Thrush Dr #135

City State Zip Code  
Melbourne FL 32935-4593

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

Name of Employer Occupation  
Bill and Sheila Gaylor/In-  
surance Profe Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 22 / 2009

**Transaction ID:** 7654695

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1150.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 16  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Mr. John F. Nichols

Mailing Address 1331 W Norwood Avenue

City State Zip Code  
Chicago IL 60660-2509

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

Name of Employer Disability Resource Group, Inc. Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
01 / 20 / 2009

**Transaction ID:** 7654715

Amount of Each Receipt this Period  
2500.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Carl G. Noble

Mailing Address 7206 Chelsea Moor

City State Zip Code  
Austin TX 78759-3762

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

Name of Employer Farmers New World Life Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 23 / 2009

**Transaction ID:** 7654811

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. William M. Upson

Mailing Address 510 Bridle Ct

City State Zip Code  
Walnut Creek CA 94596-6548

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

Name of Employer Strategic Asset Management Group Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 28 / 2009

**Transaction ID:** 7654925

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	7900.10

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) Halvorson For Congress	Transaction ID: 7572863 Date of Disbursement 01 / 06 / 2009
	Mailing Address PO Box 176	Amount of Each Disbursement this Period 2500.00
	City Crete State IL Zip Code 60417	
	Purpose of Disbursement debt retirement	011 Category/ Type
	Candidate Name Deborah Halvorson	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: IL District: 11	General Debt 2008
		debt retirement

B.	Full Name (Last, First, Middle Initial) Friends Of Byron Dorgan	Transaction ID: 7595803 Date of Disbursement 01 / 12 / 2009
	Mailing Address PO Box 871	Amount of Each Disbursement this Period 5000.00
	City Bismarck State ND Zip Code 58502	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Sen. Byron L. Dorgan	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: ND District:	

C.	Full Name (Last, First, Middle Initial) Ensign For Senate	Transaction ID: 7595804 Date of Disbursement 01 / 12 / 2009
	Mailing Address PO Box 370667	Amount of Each Disbursement this Period 2000.00
	City Las Vegas State NV Zip Code 89137	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Sen. John E. Ensign	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: NV District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	9500.00
<b>TOTAL</b> 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 Comm

A.	Full Name (Last, First, Middle Initial) Minnick For Congress	Transaction ID: 7603201 Date of Disbursement 01 / 15 / 2009
	Mailing Address 8150 W Emerald Street Suite 170	Amount of Each Disbursement this Period 2500.00
	City Boise State ID Zip Code 83704	
	Purpose of Disbursement debt retirement	011 Category/ Type
	Candidate Name Mr. Walter Minnick	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: ID District: 01	General Debt 2008
B.	Full Name (Last, First, Middle Initial) Kay Hagan For Us Senate	Transaction ID: 7611382 Date of Disbursement 01 / 25 / 2009
	Mailing Address PO Box 29103	Amount of Each Disbursement this Period -5000.00
	City Greensboro State NC Zip Code 27429	
	Purpose of Disbursement Void - Kay Hagan For Us Senate	011 Category/ Type
	Candidate Name Kay Hagan	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: NC District:	Void - Kay Hagan For Us Senate

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

-2500.00

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

7000.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

A.

Full Name (Last, First, Middle Initial)

Wachovia

Mailing Address P.O. box 40031

City State Zip Code  
Roanoke VA 24022-0031

Purpose of Disbursement  
bank fees

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 7690843

Date of Disbursement

01 / 20 / 2009

Amount of Each Disbursement this Period

1381.98

bank fees

B.

Full Name (Last, First, Middle Initial)

NAIFA

Mailing Address 2901 Telestar Ct

City State Zip Code  
Falls Church VA 22042

Purpose of Disbursement  
Salary, benefits, supplies, copies, etc.

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 7690844

Date of Disbursement

01 / 25 / 2009

Amount of Each Disbursement this Period

3470.91

Salary, benefits, supplies, copies, etc.

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

4852.89

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

4852.89

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 16 / 16
	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 Comm

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> National Association of Insurance and Financial Advisors Political Action Comm	Nature of Debt (Purpose): Salary, Benefits, Supplies, Copies
Mailing Address 2901 Telestar Ct	
City State ZIP Code Falls Church VA 22042	

Outstanding Balance Beginning This Period <div style="border: 1px solid black; padding: 2px; text-align: center;">43360.81</div>	<b>Transaction ID: 7690890</b>
Amount Incurred This Period <div style="border: 1px solid black; padding: 2px; text-align: center;">0.00</div>	Payment This Period <div style="border: 1px solid black; padding: 2px; text-align: center;">3470.91</div>
Outstanding Balance at Close of This Period <div style="border: 1px solid black; padding: 2px; text-align: center;">39889.90</div>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<div style="border: 1px solid black; padding: 2px;">39889.90</div>
<b>2) TOTALS</b> This Period (last page this line number only).....	<div style="border: 1px solid black; padding: 2px;">39889.90</div>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<div style="border: 1px solid black; padding: 2px;">0.00</div>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<div style="border: 1px solid black; padding: 2px;">39889.90</div>