

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 Telearstar 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 11 07 2006 in the State of VA

5. Covering Period 10 19 2006 through 11 27 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 12 06 2006

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	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	1

D	D
2	7

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	5718.02									
(c) Total Receipts (from Line 19)	167379.65	1002042.60								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	173097.67	1539471.08								
7. Total Disbursements (from Line 31)	135398.48	1501771.89								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	37699.19	37699.19								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	58874.88									

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	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	1

D	D
2	7

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	43801.48	308598.03
(i) Itemized (use Schedule A)	119678.17	687044.57
(ii) Unitemized	163479.65	995642.60
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	2500.00	2500.00
(c) Other Political Committees (such as PACs)	165979.65	998142.60
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
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	1400.00	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))	167379.65	1002042.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	167379.65	1002042.60

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) 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.....	55364.48	255247.89
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	55364.48	255247.89
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	80000.00	1245250.00
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	34.00	1274.00
(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))	34.00	1274.00
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))..	135398.48	1501771.89
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	135398.48	1501771.89

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)	165979.65	998142.60
34. Total Contribution Refunds (from Line 28(d))	34.00	1274.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	165945.65	996868.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	55364.48	255247.89
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	55364.48	255247.89

**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 ▼ 945.00

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

Transaction ID: R1647482

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 ▼ 792.00

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

Transaction ID: R1645178

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 ▼ 330.00

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

Transaction ID: R1646670

Amount of Each Receipt this Period
30.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	207.00
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 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 ▼ 232.80

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

Transaction ID: R1648271

Amount of Each Receipt this Period
6.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Jeffrey Leonard Allison, ChFC, CLU

Mailing Address 401 Wampanoag Trail, #100

City State Zip Code
Riverside RI 02915-1507

FEC ID number 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 0 / 2 5 / 2 0 0 6

Transaction ID: R1644044

Amount of Each Receipt this Period
150.00

Check

C. Full Name (Last, First, Middle Initial)
Mr. Blake D. Amick, CLU, ChFC

Mailing Address 1052 Pisgah Church Rd.

City State Zip Code
Lexington SC 29072-8792

FEC ID number 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 1 / 0 1 / 2 0 0 6

Transaction ID: R1644639

Amount of Each Receipt this Period
250.00

Check

SUBTOTAL of Receipts This Page (optional)	▶	406.00
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 8 / 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. 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 ▼ 550.00

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

Transaction ID: R1648114

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 ▼ 900.00

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

Transaction ID: R1648108

Amount of Each Receipt this Period
50.00

Payroll Deduction

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 ▼ 275.00

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

Transaction ID: R1648443

Amount of Each Receipt this Period
25.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	125.00
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 9 / 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 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 ▼ 437.43

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

Transaction ID: R1644504

Amount of Each Receipt this Period
20.83

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 ▼ 437.43

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

Transaction ID: R1649566

Amount of Each Receipt this Period
20.83

Check

C. 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 ▼ 437.43

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

Transaction ID: R1649569

Amount of Each Receipt this Period
20.83

Check

SUBTOTAL of Receipts This Page (optional)	▶	62.49
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 10 / 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. 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
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
11 / 10 / 2006

Transaction ID: R1647744

Amount of Each Receipt this Period
50.00

Payroll Deduction

B. 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
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
231.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 10 / 2006

Transaction ID: R1646922

Amount of Each Receipt this Period
21.00

Payroll Deduction

C. 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
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
11 / 10 / 2006

Transaction ID: R1646494

Amount of Each Receipt this Period
5.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	76.00
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 11 / 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. 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 ▼ 247.50

Date of Receipt
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: R1647359

Amount of Each Receipt this Period
22.50

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Odon L. Bacque, Jr., CLU

Mailing Address 138 Teche Dr.

City State Zip Code
Lafayette LA 70503-2537

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
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: R1648964

Amount of Each Receipt this Period
62.50

Check

C. 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 ▼ 247.50

Date of Receipt
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: R1646585

Amount of Each Receipt this Period
22.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	107.50
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 12 / 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. Thom E. Beasley

Mailing Address 1103 Dove Rd.

City Jonesboro State AR Zip Code 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 ▼ 864.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: R1647584

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 Portage State MI Zip Code 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 ▼ 462.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: R1647886

Amount of Each Receipt this Period
42.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Joshua Beecher

Mailing Address 1504 W 1230 N

City Saint George State UT Zip Code 84770-4240

FEC ID number 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
11 / 20 / 2006

Transaction ID: R1649778

Amount of Each Receipt this Period
500.00

Credit Card

SUBTOTAL of Receipts This Page (optional)	▶	623.00
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 13 / 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 E. Behar

Mailing Address 2319 Cheshire Woods Rd

City Toledo State OH Zip Code 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 ▼ 247.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	0	/	2	0	0	6

Transaction ID: R1647397

Amount of Each Receipt this Period
22.50

Payroll Deduction

B. 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 ▼ 275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	0	/	2	0	0	6

Transaction ID: R1646429

Amount of Each Receipt this Period
25.00

Payroll Deduction

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 ▼ 3462.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	0	/	2	0	0	6

Transaction ID: R1648466

Amount of Each Receipt this Period
87.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	135.00
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 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. Douglas F. Bennetti, LUTCF

Mailing Address 806 Quail Run

City State Zip Code
Wyoming DE 19934

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 1 / 1 0 / 2 0 0 6

Transaction ID: R1648962

Amount of Each Receipt this Period
125.00

Check

B. Full Name (Last, First, Middle Initial)
Mr. Michael D. Benson, CLU, ChFC

Mailing Address 30909 Walgen Dr

City State Zip Code
Westlake OH 44145

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 1 / 0 7 / 2 0 0 6

Transaction ID: R1648666

Amount of Each Receipt this Period
500.00

Check

C. 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 ▼ 217.25

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

Transaction ID: R1647296

Amount of Each Receipt this Period
24.75

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ▶ **649.75**

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 15 / 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 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
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 1 / 1 0 / 2 0 0 6

Transaction ID: R1647217

Amount of Each Receipt this Period
30.00

Payroll Deduction

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
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 Y
1 1 / 1 0 / 2 0 0 6

Transaction ID: R1645283

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
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 1 / 1 0 / 2 0 0 6

Transaction ID: R1647042

Amount of Each Receipt this Period
50.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	102.50
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 16 / 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 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
Self-employed Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 660.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: R1647702

Amount of Each Receipt this Period
60.00

Payroll Deduction

B. 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
Self-employed Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: R1646392

Amount of Each Receipt this Period
30.00

Payroll Deduction

C. 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 ▼ 203.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: R1648326

Amount of Each Receipt this Period
21.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	111.00
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 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)
Mr. Harlynn N. Bjerke, LUTCF

Mailing Address P. O. Box 144

City Adams State ND Zip Code 58210-0144

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 292.20

Date of Receipt
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: R1646808

Amount of Each Receipt this Period
25.20

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Howard J. Blatt, CLU

Mailing Address 184 Middlesex Ave.

City Englewood Cliffs State NJ Zip Code 07632-1531

FEC ID number 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
11 / 08 / 2006

Transaction ID: R1648809

Amount of Each Receipt this Period
500.00

Check

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

Mailing Address 9439 Gay Lane

City Oil City State LA Zip Code 71061

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 534.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: R1646617

Amount of Each Receipt this Period
50.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ▶ **575.20**

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 18 / 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. Brian D. Boesiger, CSA, LUTC

Mailing Address 7021 S. 33rd Street

City Lincoln State NE Zip Code 68516-4886

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 290.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: R1645399

Amount of Each Receipt this Period
30.00

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 ▼ 237.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: R1648416

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 ▼ 458.26

Date of Receipt
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: R1647535

Amount of Each Receipt this Period
41.66

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	94.16
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"/> 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. 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
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 1 / 1 0 / 2 0 0 6

Transaction ID: R1648068

Amount of Each Receipt this Period
50.00

Payroll Deduction

B. 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
Self-employed Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 291.60

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

Transaction ID: R1647297

Amount of Each Receipt this Period
30.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. William J. Brannon, CLU, CPCU

Mailing Address 5215 Mockingbird Road

City State Zip Code
Greensboro NC 27406

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 ▼ 254.10

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

Transaction ID: R1648132

Amount of Each Receipt this Period
23.10

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	103.10
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 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. Ronald D. Brant, CLU, LUTCF

Mailing Address 10234 Hoffman

City State Zip Code
Maybee MI 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 ▼ 1614.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: R1648220

Amount of Each Receipt this Period
208.00

Payroll Deduction

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

Mailing Address 2610 Bohler Rd NW

City State Zip Code
Atlanta GA 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 ▼ 550.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: R1648204

Amount of Each Receipt this Period
50.00

Payroll Deduction

C. 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 ▼ 231.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: R1646912

Amount of Each Receipt this Period
21.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	279.00
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 21 / 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. 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
Self-employed Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 237.50

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

Transaction ID: R1647631

Amount of Each Receipt this Period
12.50

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. David H. Brogan, CLU, ChFC

Mailing Address 320 W Lake Lansing Rd #2
P O Box 4307

City State Zip Code
East Lansing MI 48826-4307

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 0 / 2 5 / 2 0 0 6

Transaction ID: R1644568

Amount of Each Receipt this Period
250.00

Credit Card

C. Full Name (Last, First, Middle Initial)
Mr. Paul A. Broome, II

Mailing Address 2552 Benjamin Road

City State Zip Code
Jacksonville FL 32223-1614

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 1 / 2 0 / 2 0 0 6

Transaction ID: R1649719

Amount of Each Receipt this Period
150.00

Check

SUBTOTAL of Receipts This Page (optional)	412.50
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 22 / 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. 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 ▼ 687.50

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

Transaction ID: R1646388

Amount of Each Receipt this Period
62.50

Payroll Deduction

B. 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 ▼ 254.10

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

Transaction ID: R1646459

Amount of Each Receipt this Period
23.10

Payroll Deduction

C. 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 ▼ 660.00

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

Transaction ID: R1647989

Amount of Each Receipt this Period
60.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	145.60
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 23 / 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. Tom B. Brown, CLU,ChFC,M

Mailing Address 5084 W. Whiteland Rd

City Greenwood State IN Zip Code 46143-9391

FEC ID number 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 1 / 2 0 / 2 0 0 6

Transaction ID: R1649672

Amount of Each Receipt this Period
500.00

Check

B. 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 ▼ 307.50

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

Transaction ID: R1647795

Amount of Each Receipt this Period
42.50

Payroll Deduction

C. 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 ▼ 275.00

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

Transaction ID: R1646846

Amount of Each Receipt this Period
25.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ▶ **567.50**

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 24 / 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 B. Bryce, CLU, ChFC

Mailing Address 2730 Ardon Ln

City State Zip Code
Casper WY 82609-3902

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
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: R1648038

Amount of Each Receipt this Period
42.00

Payroll Deduction

B. 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
Self-employed Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 681.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: R1647715

Amount of Each Receipt this Period
60.00

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
Self-employed Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: R1646807

Amount of Each Receipt this Period
30.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	132.00
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 25 / 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 ▼ 331.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: R1647489

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 ▼ 231.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: R1648408

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 ▼ 520.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: R1648238

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:	PAGE 26 / 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. Robert L. Bush, CLU, ChFC

Mailing Address 27 E. Black Horse Pike

City Pleasantville State NJ Zip Code 08232-2759

FEC ID number 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
1 0 / 3 0 / 2 0 0 6

Transaction ID: R1644358

Amount of Each Receipt this Period
360.00

Check

B. Full Name (Last, First, Middle Initial)
Mr. Michael J. Bussard

Mailing Address 3029 Flagstone Drive

City Franklin State TN Zip Code 37069

FEC ID number 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 1 / 0 8 / 2 0 0 6

Transaction ID: R1648823

Amount of Each Receipt this Period
250.00

Check

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

Mailing Address 10 Lincoln Ave.

City Vernon State NJ Zip Code 07462

FEC ID number 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
1 1 / 1 0 / 2 0 0 6

Transaction ID: R1646542

Amount of Each Receipt this Period
25.20

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	635.20
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 27 / 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 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 ▼ 231.00

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

Transaction ID: R1647674

Amount of Each Receipt this Period
21.00

Payroll Deduction

B. 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 ▼ 213.50

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

Transaction ID: R1648303

Amount of Each Receipt this Period
21.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Joe D. Byars, CLU, 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
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 1 / 1 0 / 2 0 0 6

Transaction ID: R1647371

Amount of Each Receipt this Period
25.20

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	67.20
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 28 / 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. 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
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 Y
1 1 / 1 0 / 2 0 0 6

Transaction ID: R1647409

Amount of Each Receipt this Period
25.00

Payroll Deduction

B. 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
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 Y
1 1 / 1 0 / 2 0 0 6

Transaction ID: R1648180

Amount of Each Receipt this Period
30.00

Payroll Deduction

C. 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
Self-employed Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 467.50

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

Transaction ID: R1647055

Amount of Each Receipt this Period
42.50

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: (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. Tom Carlson, CLU, ChFC

Mailing Address 1203 Tilden

City State Zip Code
Holdrege NE 68949-1340

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
MM / DD / YYYY
11 / 14 / 2006

Transaction ID: R1649333

Amount of Each Receipt this Period
500.00

Check

B. 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
Self-employed Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 295.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: R1647580

Amount of Each Receipt this Period
27.50

Payroll Deduction

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

Mailing Address 2914 S Coffman

City State Zip Code
Casper WY 82604-4733

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 ▼ 487.50

Date of Receipt
MM / DD / YYYY
10 / 24 / 2006

Transaction ID: R1644007

Amount of Each Receipt this Period
50.00

Credit Card

SUBTOTAL of Receipts This Page (optional)	▶	577.50
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 30 / 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. 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 ▼ 487.50

Date of Receipt
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: R1648389

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 ▼ 515.40

Date of Receipt
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: R1647468

Amount of Each Receipt this Period
27.00

Payroll Deduction

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

Mailing Address 6 Chapel Hill Court

City Mansfield State TX Zip Code 76063-3318

FEC ID number 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
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: R1645307

Amount of Each Receipt this Period
36.00

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:	PAGE 31 / 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 M. Cavasar

Mailing Address 6 Chapel Hill Court

City Mansfield State TX Zip Code 76063-3318

FEC ID number 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
1	1	/	1	5	/	2	0	0	6

Transaction ID: R1649355

Amount of Each Receipt this Period

-36.00

RT

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

Mailing Address 1332 Shorebird Ln

City Carlsbad State CA Zip Code 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 ▼ 295.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	0	/	2	0	0	6

Transaction ID: R1647026

Amount of Each Receipt this Period

42.50

Payroll Deduction

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

Mailing Address 1360 Redmond Circ

City Rome State GA Zip Code 30165

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 231.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	0	/	2	0	0	6

Transaction ID: R1645419

Amount of Each Receipt this Period

21.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	27.50
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 32 / 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. Queenie M. Chee, CLU, LUTCF

Mailing Address 833 Waika Place

City Honolulu State HI Zip Code 96825-1061

FEC ID number 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
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: R1646910

Amount of Each Receipt this Period
42.00

Payroll Deduction

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

Mailing Address 440 Regency Pkwy Dr #139

City Omaha State NE Zip Code 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 ▼ 300.00

Date of Receipt
MM / DD / YYYY
11 / 20 / 2006

Transaction ID: R1649681

Amount of Each Receipt this Period
250.00

Check

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

Mailing Address 180 SW Gibson Lane

City Issaquah State WA Zip Code 98027-4123

FEC ID number 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
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: R1646523

Amount of Each Receipt this Period
22.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	314.50
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 33 / 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 C. Clabuesch

Mailing Address 11375 Fairway Dr

City State Zip Code
Roscommon MI 48653

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 ▼ 302.50

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

Transaction ID: R1648100

Amount of Each Receipt this Period
42.50

Payroll Deduction

B. 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 ▼ 275.00

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

Transaction ID: R1647379

Amount of Each Receipt this Period
25.00

Payroll Deduction

C. 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 ▼ 660.00

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

Transaction ID: R1647981

Amount of Each Receipt this Period
60.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	127.50
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 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. 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 ▼ 317.00

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

Transaction ID: R1645082

Amount of Each Receipt this Period
42.50

Payroll Deduction

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

Mailing Address 4353 browning lane

City State Zip Code
viera FL 32955

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 ▼ 231.00

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

Transaction ID: R1647246

Amount of Each Receipt this Period
21.00

Payroll Deduction

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

Mailing Address 1773 139th Avenue

City State Zip Code
San Leandro CA 94578

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 ▼ 231.00

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

Transaction ID: R1646391

Amount of Each Receipt this Period
21.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	84.50
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 35 / 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. Gordon T. Colburn

Mailing Address 126 Crystal Springs Road

City State Zip Code
San Dimas CA 91773

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 ▼ 467.50

Date of Receipt
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: R1647781

Amount of Each Receipt this Period
42.50

Payroll Deduction

B. 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
Self-employed Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 332.75

Date of Receipt
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: R1648088

Amount of Each Receipt this Period
30.25

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Thomas E. Cooper, LUTCF, RHU

Mailing Address 2341 McVay Cove

City State Zip Code
Germantown TN 38138

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
MM / DD / YYYY
10 / 30 / 2006

Transaction ID: R1644342

Amount of Each Receipt this Period
250.00

Check

SUBTOTAL of Receipts This Page (optional)	▶	322.75
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 36 / 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. Melissa T. Copeland, LUTCF

Mailing Address 236 Hobbs Landing Road

City Elizabeth City State NC Zip Code 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 ▼ 550.00

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

Transaction ID: R1645103

Amount of Each Receipt this Period
 55.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Thomas M. Cothron

Mailing Address 4280 SW 20th Ave

City Ocala State FL Zip Code 34474

FEC ID number 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 1 / 0 3 / 2 0 0 6

Transaction ID: R1648610

Amount of Each Receipt this Period
 250.00

Credit Card

C. Full Name (Last, First, Middle Initial)
Mr. Roy J. Courville, CLU, LUTCF

Mailing Address 111 Chicory Lane

City Lafayette State LA Zip Code 70506

FEC ID number 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 1 / 1 6 / 2 0 0 6

Transaction ID: R1649611

Amount of Each Receipt this Period
 150.00

Credit Card

SUBTOTAL of Receipts This Page (optional)	▶	455.00
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 37 / 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. Howard B. Cowan, CLU ChFC

Mailing Address 941 Park Ave 8B

City State Zip Code
New York NY 10028-0318

FEC ID number 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 0 / 3 0 / 2 0 0 6

Transaction ID: R1644414

Amount of Each Receipt this Period
500.00

Check

B. 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 ▼ 215.00

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

Transaction ID: R1645509

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 ▼ 462.00

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

Transaction ID: R1648434

Amount of Each Receipt this Period
42.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	567.00
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 38 / 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. 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 ▼ 547.50

Date of Receipt
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: R1648360

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 ▼ 935.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: R1648110

Amount of Each Receipt this Period
85.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Ms. Jeri K. D'Lugin, JD,CLU,AEP

Mailing Address 201 Staunton Drive

City State Zip Code
Greensboro NC 27410-6066

FEC ID number 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
MM / DD / YYYY
11 / 16 / 2006

Transaction ID: R1649426

Amount of Each Receipt this Period
165.00

Check

SUBTOTAL of Receipts This Page (optional)	300.00
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"/> 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. Steven M. Daniel, CLU, ChFC,
Mailing Address 2600 Meadowbrook Dr
City Butte State MT Zip Code 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 ▼ 277.20

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 0 6
Transaction ID: R1648142
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 Thousand Oaks State CA Zip Code 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 ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 6
Transaction ID: R1644384
Amount of Each Receipt this Period 105.00
Check

C. Full Name (Last, First, Middle Initial)
Mr. John A. Davidson, LUTCF
Mailing Address 1497 Rancho Lane
City Thousand Oaks State CA Zip Code 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 ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 5 / 2 0 0 6
Transaction ID: R1649595
Amount of Each Receipt this Period 105.00
Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	235.20
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 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. William James DeBruin, LUTCF

Mailing Address 106 Edgewood Ln

City State Zip Code
Combined Locks WI 54113

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 ▼ 387.00

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

Transaction ID: R1647656

Amount of Each Receipt this Period
72.00

Payroll Deduction

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

Mailing Address 115 Sunrise Dr #4-D

City State Zip Code
Key Biscayne FL 33149

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 ▼ 231.00

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

Transaction ID: R1647769

Amount of Each Receipt this Period
21.00

Payroll Deduction

C. 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
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 1 / 1 0 / 2 0 0 6

Transaction ID: R1648172

Amount of Each Receipt this Period
25.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	118.00
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 41 / 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. 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 ▼
253.00

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

Transaction ID: R1647294

Amount of Each Receipt this Period
27.50

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. John R. Dean, LUTCF,CLU,

Mailing Address 1700 S.W. 15th Ave.

City State Zip Code
Willmar MN 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 ▼
486.00

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

Transaction ID: R1648405

Amount of Each Receipt this Period
50.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Lawrence P. Decker, ChFC

Mailing Address 11944 Treat Hwy

City State Zip Code
Jasper MI 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 ▼
275.00

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

Transaction ID: R1647112

Amount of Each Receipt this Period
25.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	102.50
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 42 / 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. Paul R. Decker, CLU, ChFC

Mailing Address Box 1832

City State Zip Code
Idaho Falls ID 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 ▼ 554.40

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

Transaction ID: R1648241

Amount of Each Receipt this Period
50.40

Payroll Deduction

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
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 1 / 1 0 / 2 0 0 6

Transaction ID: R1648381

Amount of Each Receipt this Period
42.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Louis P. DiCerbo, II, CLU ChF

Mailing Address 33 Chapel Road

City State Zip Code
Manhasset NY 11030-3601

FEC ID number 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 1 / 2 7 / 2 0 0 6

Transaction ID: R1650069

Amount of Each Receipt this Period
500.00

Check

SUBTOTAL of Receipts This Page (optional) ► **592.40**

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"/> 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 A. DiCola, CLU, ChFC

Mailing Address 136 Highland Dr.

City Leechburg State PA Zip Code 15656-8826

FEC ID number 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 0 / 2 4 / 2 0 0 6

Transaction ID: R1644014

Amount of Each Receipt this Period
250.00

Credit Card

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

Mailing Address 7535 Brigham Road

City Gates Mills State OH Zip Code 44040

FEC ID number 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 Y
1 1 / 1 0 / 2 0 0 6

Transaction ID: R1647872

Amount of Each Receipt this Period
42.00

Payroll Deduction

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

Mailing Address 104 Lehman Drive

City Cogan Station State PA Zip Code 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 ▼ 231.00

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

Transaction ID: R1646989

Amount of Each Receipt this Period
21.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ▶ **313.00**

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 44 / 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. Lyle Domenitz

Mailing Address 8720 Maggie Ave

City State Zip Code
Las Vegas NV 89143

FEC ID number 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
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: R1645385

Amount of Each Receipt this Period
50.40

Payroll Deduction

B. 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 ▼ 280.50

Date of Receipt
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: R1647257

Amount of Each Receipt this Period
25.50

Payroll Deduction

C. 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
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 254.10

Date of Receipt
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: R1646934

Amount of Each Receipt this Period
23.10

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	99.00
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 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)
Ms. Jill M. Douglass, LUTCF

Mailing Address 1824 Villa Vista Way

City State Zip Code
Las Vegas NV 89128-3053

FEC ID number 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 Y
1 1 / 1 0 / 2 0 0 6

Transaction ID: R1647089

Amount of Each Receipt this Period
27.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. John Thomas Drakulich, LUTCF

Mailing Address 5705 Lausanne Drive.

City State Zip Code
Reno NV 89511

FEC ID number 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 1 / 1 5 / 2 0 0 6

Transaction ID: R1649373

Amount of Each Receipt this Period
120.00

Check

C. 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
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 231.00

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

Transaction ID: R1647093

Amount of Each Receipt this Period
21.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ► 168.00

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 46 / 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 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
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 517.50

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

Transaction ID: R1646907

Amount of Each Receipt this Period
42.50

Payroll Deduction

B. 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
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 1 / 1 0 / 2 0 0 6

Transaction ID: R1646844

Amount of Each Receipt this Period
25.00

Payroll Deduction

C. 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 ▼ 433.50

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

Transaction ID: R1647614

Amount of Each Receipt this Period
8.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	76.00
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 47 / 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. 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
Self-employed Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 368.50

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

Transaction ID: R1645262

Amount of Each Receipt this Period
8.50

Payroll Deduction

B. 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
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 1 / 1 0 / 2 0 0 6

Transaction ID: R1648402

Amount of Each Receipt this Period
50.40

Payroll Deduction

C. 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 ▼ 792.00

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

Transaction ID: R1647844

Amount of Each Receipt this Period
72.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	130.90
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 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. Shannon J. Enders

Mailing Address 2018 Oak Ave

City N. Muskegon State MI Zip Code 49445-3140

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 231.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: R1647699

Amount of Each Receipt this Period
21.00

Payroll Deduction

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

Mailing Address 3397 St Helena Hwy N

City St. Helena State CA Zip Code 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 ▼ 231.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: R1646590

Amount of Each Receipt this Period
21.00

Payroll Deduction

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

Mailing Address 4485 Orchard Creek Ct S E

City Kentwood State MI Zip Code 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 ▼ 255.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: R1646616

Amount of Each Receipt this Period
25.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	67.00
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 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. 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 ▼ 385.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 0 6
Transaction ID: R1647986
Amount of Each Receipt this Period 41.25
Payroll Deduction

B. 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 ▼ 554.40

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 0 6
Transaction ID: R1647978
Amount of Each Receipt this Period 50.40
Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Stephen D. Estler, CLU, ChFC
Mailing Address 2177 NE 63 St.
City Fort Lauderdale State FL Zip Code 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 ▼ 467.50

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 0 6
Transaction ID: R1648000
Amount of Each Receipt this Period 42.50
Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	134.15
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 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. 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
Self-employed Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 231.00

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

Transaction ID: R1648483

Amount of Each Receipt this Period
21.00

Payroll Deduction

B. 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 ▼ 462.00

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

Transaction ID: R1647256

Amount of Each Receipt this Period
42.00

Payroll Deduction

C. 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 ▼ 231.00

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

Transaction ID: R1647871

Amount of Each Receipt this Period
21.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ► **84.00**

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 51 / 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. Lines Robert Ferguson, Jr.

Mailing Address 500 Virginia St E Ste 1100

City	State	Zip Code
Charleston	WV	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 ▼ 275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	0	/	2	0	0	6

Transaction ID: R1646721

Amount of Each Receipt this Period
25.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Thomas W. Ferguson, LUTCF

Mailing Address 33203 Euclid Avenue

City	State	Zip Code
Willoughby	OH	44094-3123

FEC ID number 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
1	0	/	3	1	/	2	0	0	6

Transaction ID: R1644481

Amount of Each Receipt this Period
50.00

Check

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

Mailing Address 4949 Samish Way #5

City	State	Zip Code
Bellingham	WA	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 ▼ 325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	0	/	2	0	0	6

Transaction ID: R1648272

Amount of Each Receipt this Period
12.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	87.50
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 52 / 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. 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 ▼ 231.00

Date of Receipt 11 / 10 / 2006

Transaction ID: R1648138

Amount of Each Receipt this Period 21.00

Payroll Deduction

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

Mailing Address 5300 Zebulon Rd

City Macon State GA Zip Code 31210-2199

FEC ID number 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 11 / 10 / 2006

Transaction ID: R1647832

Amount of Each Receipt this Period 42.00

Payroll Deduction

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

Mailing Address 23209 Charwood PI

City Diamond Bar State CA Zip Code 91765-3016

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 ▼ 231.00

Date of Receipt 11 / 10 / 2006

Transaction ID: R1647568

Amount of Each Receipt this Period 21.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ► 84.00

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 53 / 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. 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
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 577.50

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

Transaction ID: R1647864

Amount of Each Receipt this Period
52.50

Payroll Deduction

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

Mailing Address 481 Route 82

City State Zip Code
Oakdale CT 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 ▼ 1170.00

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

Transaction ID: R1647882

Amount of Each Receipt this Period
110.00

Payroll Deduction

C. 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
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1182.50

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

Transaction ID: R1647654

Amount of Each Receipt this Period
107.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	270.00
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 54 / 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. 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 ▼ 462.00

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

Transaction ID: R1648104

Amount of Each Receipt this Period
42.00

Payroll Deduction

B. 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 ▼ 331.00

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

Transaction ID: R1647868

Amount of Each Receipt this Period
21.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. James E. Freilinger

Mailing Address 24 Teal Point Dr

City State Zip Code
Scarborough ME 04074

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 0 / 2 3 / 2 0 0 6

Transaction ID: R1643713

Amount of Each Receipt this Period
75.00

Check

SUBTOTAL of Receipts This Page (optional) ► 138.00

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 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. 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
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 1 / 1 0 / 2 0 0 6

Transaction ID: R1647517

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
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 231.00

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

Transaction ID: R1646630

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
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 231.00

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

Transaction ID: R1648036

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 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)
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
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 Y
1 1 / 1 0 / 2 0 0 6

Transaction ID: R1645204

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
Self-employed Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2288.00

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

Transaction ID: R1648473

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
Self-employed Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.50

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

Transaction ID: R1644498

Amount of Each Receipt this Period
50.00

Check

SUBTOTAL of Receipts This Page (optional)	▶	283.00
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 57 / 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. 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 ▼ 285.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: R1646974

Amount of Each Receipt this Period
10.00

Payroll Deduction

B. 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
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: R1645242

Amount of Each Receipt this Period
50.40

Payroll Deduction

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

Mailing Address 2201 Woodlawn Road
P O Box 370

City State Zip Code
Lincoln IL 62656

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
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: R1647387

Amount of Each Receipt this Period
25.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	85.40
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:	PAGE 58 / 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 D. Gary, LUTCF

Mailing Address 2730 Towne House Dr. NE
Unit D

City State Zip Code
Cedar Rapids IA 52402

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 0 / 2 3 / 2 0 0 6

Transaction ID: R1643863

Amount of Each Receipt this Period
180.00

Check

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

Mailing Address 94 Pine Glen Rd.

City State Zip Code
Langhorne PA 19047

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 Y
1 1 / 1 0 / 2 0 0 6

Transaction ID: R1646533

Amount of Each Receipt this Period
25.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Daniel R. Gehl, CLU,ChFC,

Mailing Address 28927 42nd Avenue

City State Zip Code
Paw Paw MI 49079

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 ▼
202.50

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

Transaction ID: R1647445

Amount of Each Receipt this Period
15.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	220.00
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 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. 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 ▼ 405.00

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

Transaction ID: R1648615

Amount of Each Receipt this Period
57.50

Credit Card

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 ▼ 405.00

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

Transaction ID: R1647918

Amount of Each Receipt this Period
32.50

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Alfred A. Gelfond, APM

Mailing Address 25 High Oaks Drive

City Watchung State NJ Zip Code 07060-5406

FEC ID number 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 0 / 2 3 / 2 0 0 6

Transaction ID: R1643727

Amount of Each Receipt this Period
300.00

Check

SUBTOTAL of Receipts This Page (optional)	390.00
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 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. Gregory Gianakis

Mailing Address 5315 S Conquistador St

City State Zip Code
Las Vegas NV 89148

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 ▼ 337.20

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

Transaction ID: R1644986

Amount of Each Receipt this Period
25.20

Payroll Deduction

B. 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 ▼ 395.00

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

Transaction ID: R1647695

Amount of Each Receipt this Period
25.00

Payroll Deduction

C. 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 ▼ 230.40

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

Transaction ID: R1646817

Amount of Each Receipt this Period
30.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	80.20
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 61 / 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 A. Giles, CLU, ChFC

Mailing Address 1539 Rose Virginia Rd.

City State Zip Code
Wyomissing PA 19610

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 0 / 2 3 / 2 0 0 6

Transaction ID: R1643746

Amount of Each Receipt this Period
500.00

Check

B. 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 ▼ 618.00

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

Transaction ID: R1647594

Amount of Each Receipt this Period
18.00

Payroll Deduction

C. 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 ▼ 703.75

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

Transaction ID: R1647366

Amount of Each Receipt this Period
50.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	568.00
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 62 / 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. Francis J. Gingras, CLU, ChFC

Mailing Address 7057 Deepwater Pt. Rd.

City Williamsburg State MI Zip Code 49690-9549

FEC ID number 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 0 / 3 0 / 2 0 0 6

Transaction ID: R1644287

Amount of Each Receipt this Period
250.00

Check

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

Mailing Address PO Box 255

City Mc Lean State VA Zip Code 22101

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

Name of Employer Self-employed Occupation 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 1 / 1 0 / 2 0 0 6

Transaction ID: R1645292

Amount of Each Receipt this Period
30.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. James W. Goodacre, II, RHU, RE

Mailing Address 10407 Fairway Lane

City Carmel State CA Zip Code 93923-9311

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 231.00

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

Transaction ID: R1647172

Amount of Each Receipt this Period
21.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	301.00
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 63 / 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 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
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
1 1 / 1 0 / 2 0 0 6

Transaction ID: R1646659

Amount of Each Receipt this Period
42.50

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Roger Goren, CLU, ChFC

Mailing Address 6141 Liebig Avenue

City State Zip Code
Bronx NY 10471-1007

FEC ID number 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 1 / 0 3 / 2 0 0 6

Transaction ID: R1648600

Amount of Each Receipt this Period
500.00

Check

C. 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
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 231.00

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

Transaction ID: R1647351

Amount of Each Receipt this Period
21.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	563.50
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 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. 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 ▼ 525.25

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

Transaction ID: R1646665

Amount of Each Receipt this Period
46.75

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. George F. Griffin, LUTCF, CLF

Mailing Address P.O. Box 31939 St. Andrews Br.

City State Zip Code
Charleston SC 29417

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 ▼ 243.00

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

Transaction ID: R1646382

Amount of Each Receipt this Period
25.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Angelo Assad Haddad

Mailing Address 354 Garnsey Ave

City State Zip Code
Bakersfield CA 93309

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 Y
1 1 / 1 0 / 2 0 0 6

Transaction ID: R1647779

Amount of Each Receipt this Period
25.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	96.75
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 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)
Mrs. Jill L. Halker

Mailing Address 3354 Cynthia Drive

City State Zip Code
Lima OH 45801

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 0 / 3 1 / 2 0 0 6

Transaction ID: R1644492

Amount of Each Receipt this Period
125.00

Check

B. Full Name (Last, First, Middle Initial)
Mr. Edwin R. Hamilton, CLU, LUTCF

Mailing Address 4318 Council Circle

City State Zip Code
Jackson MS 39206-5819

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 ▼ 231.00

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

Transaction ID: R1648276

Amount of Each Receipt this Period
21.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Mark J. Hanna

Mailing Address 1600 S Main St 215

City State Zip Code
Walnut Creek CA 94596-5376

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 / 0 9 / 2 0 0 6

Transaction ID: R1648905

Amount of Each Receipt this Period
600.00

Check

SUBTOTAL of Receipts This Page (optional)	746.00
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 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	

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. 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 Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 467.50

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 0 6
Transaction ID: R1648367
Amount of Each Receipt this Period 42.50
Payroll Deduction

B. 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 Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 302.50

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 0 6
Transaction ID: R1647664
Amount of Each Receipt this Period 27.50
Payroll Deduction

C. 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 ▼ 462.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 0 6
Transaction ID: R1648335
Amount of Each Receipt this Period 42.00
Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	112.00
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 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)
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
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
11 / 10 / 2006

Transaction ID: R1648385

Amount of Each Receipt this Period
42.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. R. Barry Hardy, CLU, ChFC

Mailing Address 391 N. Fernwood Dr.

City State Zip Code
Lima OH 45805

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
10 / 31 / 2006

Transaction ID: R1644495

Amount of Each Receipt this Period
125.00

Check

C. Full Name (Last, First, Middle Initial)
Mr. R. Barry Hardy, CLU, ChFC

Mailing Address 391 N. Fernwood Dr.

City State Zip Code
Lima OH 45805

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
10 / 31 / 2006

Transaction ID: R1644501

Amount of Each Receipt this Period
100.00

Check

SUBTOTAL of Receipts This Page (optional)	267.00
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 68 / 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. R. Barry Hardy, CLU, ChFC

Mailing Address 391 N. Fernwood Dr.

City State Zip Code
Lima OH 45805

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
1 0 / 3 1 / 2 0 0 6

Transaction ID: R1644502

Amount of Each Receipt this Period
100.00

Check

B. Full Name (Last, First, Middle Initial)
Mr. Richard Lee Harlow, CLU, CSA, CB

Mailing Address 12250 Angel Wing Ct

City State Zip Code
Reston VA 20191-1102

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
1 0 / 2 7 / 2 0 0 6

Transaction ID: R1644158

Amount of Each Receipt this Period
250.00

Check

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
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
1 1 / 1 0 / 2 0 0 6

Transaction ID: R1646605

Amount of Each Receipt this Period
22.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ► 372.50

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 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. Roger W. Hassler, LUTCF

Mailing Address 22593 Counrty View De

City San Jose State CA Zip Code 95120-4510

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 231.00

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

Transaction ID: R1647258

Amount of Each Receipt this Period
21.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Thomas M. Hawco, CLU, ChFC

Mailing Address 900 Rockhurst Drive

City Lincoln State NE Zip Code 68510-4114

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 687.50

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

Transaction ID: R1648116

Amount of Each Receipt this Period
62.50

Payroll Deduction

C. 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 ▼ 277.20

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

Transaction ID: R1647206

Amount of Each Receipt this Period
25.20

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ► 108.70

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 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. Samuel H. Hazleton, IV

Mailing Address 4220 Lakeshore Drive

City State Zip Code
Diamond Point NY 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 ▼ 462.00

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

Transaction ID: R1646673

Amount of Each Receipt this Period
42.00

Payroll Deduction

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

Mailing Address 20704 Meadow Ridge Dr.

City State Zip Code
Springfield NE 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 ▼ 2288.00

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

Transaction ID: R1646588

Amount of Each Receipt this Period
208.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Ms. Mary P. Heck, LUTCF, CFP

Mailing Address 14301 First National Bank Parkway

City State Zip Code
Omaha NE 68154

FEC ID number 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 1 / 0 1 / 2 0 0 6

Transaction ID: R1644656

Amount of Each Receipt this Period
750.00

Check

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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 71 / 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)
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 ▼ 462.00

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

Transaction ID: R1645213

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 ▼ 277.20

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

Transaction ID: R1646834

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 ▼ 420.00

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

Transaction ID: R1648066

Amount of Each Receipt this Period
42.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	109.20
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 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. John L. Hepworth

Mailing Address 3052 Hillcrest LNWay

City State Zip Code
Boise ID 83705

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 1 / 2 0 / 2 0 0 6

Transaction ID: R1649694

Amount of Each Receipt this Period
300.00

Check

B. 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
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 Y
1 1 / 1 0 / 2 0 0 6

Transaction ID: R1646445

Amount of Each Receipt this Period
22.50

Payroll Deduction

C. 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
Self-employed Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 514.25

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

Transaction ID: R1648082

Amount of Each Receipt this Period
46.75

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	369.25
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: (check only one)	PAGE 73 / 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 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 ▼ 462.00

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

Transaction ID: R1648393

Amount of Each Receipt this Period
42.00

Payroll Deduction

B. 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
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 1 / 1 0 / 2 0 0 6

Transaction ID: R1647218

Amount of Each Receipt this Period
25.20

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Ivan C. Hinrichs, CLU ChFC,
Mailing Address 2418 La Maison Drive

City State Zip Code
Charlotte NC 28226-6200

FEC ID number 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 1 / 1 7 / 2 0 0 6

Transaction ID: R1649614

Amount of Each Receipt this Period
550.00

Credit Card

SUBTOTAL of Receipts This Page (optional)	▶	617.20
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 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. 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
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: R1648377

Amount of Each Receipt this Period
25.00

Payroll Deduction

B. 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
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: R1648232

Amount of Each Receipt this Period
30.00

Payroll Deduction

C. 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
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1155.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: R1647109

Amount of Each Receipt this Period
105.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	160.00
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 75 / 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. 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 ▼
602.40

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

Transaction ID: R1647071

Amount of Each Receipt this Period
60.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Norman Douglas Hostetler

Mailing Address 11036 Gaither Farm Road

City State Zip Code
Ellicott City MD 21042-6125

FEC ID number 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 0 / 2 7 / 2 0 0 6

Transaction ID: R1644118

Amount of Each Receipt this Period
500.00

Check

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 ▼
291.60

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

Transaction ID: R1646437

Amount of Each Receipt this Period
30.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	590.00
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 76 / 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. 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 ▼ 627.00

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

Transaction ID: R1647599

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 ▼ 255.00

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

Transaction ID: R1647486

Amount of Each Receipt this Period
15.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. William A. Hume, LUTCF

Mailing Address 1075 Woodfield Lane

City State Zip Code
Libertyville IL 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 ▼ 382.50

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

Transaction ID: R1646464

Amount of Each Receipt this Period
42.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	114.50
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 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. Albert T. Hurst, Jr., FICF, C

Mailing Address 1422 Spring Street

City State Zip Code
Little Rock AR 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 ▼ 277.20

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

Transaction ID: R1646837

Amount of Each Receipt this Period
25.20

Payroll Deduction

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
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
1 1 / 1 0 / 2 0 0 6

Transaction ID: R1648344

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 325 Newman Ave

City State Zip Code
Rumford RI 02916-1255

FEC ID number 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
1 1 / 1 0 / 2 0 0 6

Transaction ID: R1648079

Amount of Each Receipt this Period
25.20

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	92.40
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:	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)
Mr. William V. Jackson

Mailing Address 1272 Stone Ridge Ct.

City State Zip Code
Westerville OH 43081

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 0 / 3 1 / 2 0 0 6

Transaction ID: R1644604

Amount of Each Receipt this Period
250.00

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 ▼ 277.20

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

Transaction ID: R1645253

Amount of Each Receipt this Period
25.20

Payroll Deduction

C. 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 ▼ 216.00

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

Transaction ID: R1646592

Amount of Each Receipt this Period
25.20

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	300.40
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 79 / 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 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 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
1	1	/	1	0	/	2	0	0	6

Transaction ID: R1646621

Amount of Each Receipt this Period
22.50

Payroll Deduction

B. 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 Insurance Agent
-----------------------------------	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 206.25

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	0	/	2	0	0	6

Transaction ID: R1647024

Amount of Each Receipt this Period
13.75

Payroll Deduction

C. 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 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	1	/	1	0	/	2	0	0	6

Transaction ID: R1648016

Amount of Each Receipt this Period
25.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	61.25
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: (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)
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
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 557.40

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

Transaction ID: R1646845

Amount of Each Receipt this Period
50.40

Payroll Deduction

B. 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
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 231.00

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

Transaction ID: R1647651

Amount of Each Receipt this Period
21.00

Payroll Deduction

C. 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
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 1 / 1 0 / 2 0 0 6

Transaction ID: R1647582

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:	PAGE 81 / 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. 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
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
1 1 / 1 0 / 2 0 0 6

Transaction ID: R1648358

Amount of Each Receipt this Period
27.00

Payroll Deduction

B. 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
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

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

Transaction ID: R1645265

Amount of Each Receipt this Period
22.50

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Mark D. Johnson, CLU, ChFC,

Mailing Address 199 Billings Dr

City State Zip Code
Superior WI 54880-4467

FEC ID number 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 1 / 0 9 / 2 0 0 6

Transaction ID: R1648902

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 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. Melville D.K. Jones

Mailing Address P.O. Box 1391

City Puunene State HI Zip Code 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 ▼ 275.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: R1646406

Amount of Each Receipt this Period
25.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Ms. Robin Lynn Kagan

Mailing Address 1025 12th

City Bellingham State WA Zip Code 98225

FEC ID number 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
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: R1645220

Amount of Each Receipt this Period
20.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. James Kageleiry

Mailing Address 8 Hayes Lane

City Dover State NH Zip Code 03820-4213

FEC ID number 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
10 / 23 / 2006

Transaction ID: R1643720

Amount of Each Receipt this Period
50.00

Check

SUBTOTAL of Receipts This Page (optional)	▶	95.00
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 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	

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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 M. Kaltenbach, CLU, ChFC

Mailing Address 1358 Ahlrich Ave

City Encintas State CA Zip Code 92024-4029

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1375.00

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

Transaction ID: R1647684

Amount of Each Receipt this Period
125.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Bruce H. Kantor, CLU, LUTCF

Mailing Address 2901 Cross Country Rd

City Charlotte State NC Zip Code 28270-0600

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 254.10

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

Transaction ID: R1648384

Amount of Each Receipt this Period
23.10

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Clifford P. Karthaus, CLU ChFC

Mailing Address 14301 First National Bank Pkwy. St

City Omaha State NE Zip Code 68154

FEC ID number 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 1 / 1 4 / 2 0 0 6

Transaction ID: R1649273

Amount of Each Receipt this Period
500.00

Check

SUBTOTAL of Receipts This Page (optional) ▶ **648.10**

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 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. Arnold M. Katz, CLU

Mailing Address 1270 Round Hill Road

City State Zip Code
Bryn Mawr PA 19010-1950

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

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

Transaction ID: R1649882

Amount of Each Receipt this Period
2500.00

Credit Card

B. 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
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 222.00

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

Transaction ID: R1646851

Amount of Each Receipt this Period
27.00

Payroll Deduction

C. 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
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 467.50

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

Transaction ID: R1646521

Amount of Each Receipt this Period
42.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	2569.50
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 85 / 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. 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 ▼ 247.50

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

Transaction ID: R1646909

Amount of Each Receipt this Period
22.50

Payroll Deduction

B. 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 ▼ 1097.25

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

Transaction ID: R1644505

Amount of Each Receipt this Period
52.25

Check

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 ▼ 1097.25

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

Transaction ID: R1649567

Amount of Each Receipt this Period
52.25

Check

SUBTOTAL of Receipts This Page (optional)	▶	127.00
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 86 / 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 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 ▼ 1097.25

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

Transaction ID: R1649570

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 ▼ 720.00

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

Transaction ID: R1648222

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 ▼ 247.50

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

Transaction ID: R1648322

Amount of Each Receipt this Period
22.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	134.75
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 87 / 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. Randy R. Kilgore, CLU, LUTCF

Mailing Address 4004 San Felice Pt.

City State Zip Code
Colorado Springs CO 80906

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 ▼ 1262.50

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

Transaction ID: R1648547

Amount of Each Receipt this Period
12.50

Check

B. Full Name (Last, First, Middle Initial)
Mr. Thomas K. Kilton

Mailing Address 1933 E River Pkwy

City State Zip Code
Minneapolis MN 55408

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 ▼ 231.00

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

Transaction ID: R1646484

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
Self-employed Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 272.25

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

Transaction ID: R1645241

Amount of Each Receipt this Period
24.75

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	58.25
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: (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)
Mr. Lawrence L. Kitts, CLU, ChFC, R

Mailing Address 10842 Mount Curve Rd

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 ▼ 231.00

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

Transaction ID: R1648019

Amount of Each Receipt this Period
21.00

Payroll Deduction

B. 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 ▼ 456.00

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

Transaction ID: R1647065

Amount of Each Receipt this Period
51.00

Payroll Deduction

C. 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 ▼ 462.00

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

Transaction ID: R1646843

Amount of Each Receipt this Period
42.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	114.00
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 89 / 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. 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 ▼ 554.40

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

Transaction ID: R1647930

Amount of Each Receipt this Period
50.40

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Ms. Johanna Margaret-Mary Kockritz

Mailing Address 7864 Highlander Dr

City State Zip Code
Anchorage AK 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 ▼ 275.00

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

Transaction ID: R1648343

Amount of Each Receipt this Period
25.00

Payroll Deduction

C. 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 ▼ 1131.60

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

Transaction ID: R1648048

Amount of Each Receipt this Period
126.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	201.40
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 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

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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 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 ▼ 1065.00

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

Transaction ID: R1647503

Amount of Each Receipt this Period
105.00

Payroll Deduction

B. 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 ▼ 554.40

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

Transaction ID: R1647725

Amount of Each Receipt this Period
50.40

Payroll Deduction

C. 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 ▼ 467.50

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

Transaction ID: R1647480

Amount of Each Receipt this Period
42.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	197.90
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 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. William J. Kosic, CLU, ChFC

Mailing Address 56 E 54th St

City Savannah State GA Zip Code 31405-3314

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

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

Transaction ID: R1644411

Amount of Each Receipt this Period
125.00

Check

B. Full Name (Last, First, Middle Initial)
Mr. Theodore G. Kotsakis

Mailing Address 1211 Forest Bay Dr

City Waterford State MI Zip Code 48328

FEC ID number 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 0 / 2 3 / 2 0 0 6

Transaction ID: R1643690

Amount of Each Receipt this Period
250.00

Check

C. Full Name (Last, First, Middle Initial)
Mr. Ronald F. Kramer, LUTCF

Mailing Address P. O. Box 26

City Pierce State NE Zip Code 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 ▼ 231.00

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

Transaction ID: R1647925

Amount of Each Receipt this Period
21.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	396.00
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 92 / 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. Paul G. Krasnow

Mailing Address 11111 Santa Monica Boulevard
Suite 930

City State Zip Code
Los Angeles CA 90025-3333

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 1 / 0 8 / 2 0 0 6

Transaction ID: R1648704

Amount of Each Receipt this Period
250.00

Check

B. 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
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 Y
1 1 / 1 0 / 2 0 0 6

Transaction ID: R1647875

Amount of Each Receipt this Period
25.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Bryan M. Krupin

Mailing Address 204 21st Place

City State Zip Code
Manhattan Beach CA 90266

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 0 / 2 3 / 2 0 0 6

Transaction ID: R1643980

Amount of Each Receipt this Period
250.00

Credit Card

SUBTOTAL of Receipts This Page (optional)	▶	525.00
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 93 / 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. Krupin, CLU

Mailing Address 4803 Lockgreen Circle

City Richmond State VA Zip Code 23226-1746

FEC ID number 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 1 / 1 4 / 2 0 0 6

Transaction ID: R1649330

Amount of Each Receipt this Period
 500.00

Check

B. Full Name (Last, First, Middle Initial)
Mr. Jon P. Kubler, LUTCF

Mailing Address 1620 N. 127th St

City Omaha State NE Zip Code 68154-3637

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

Name of Employer Self-employed Occupation 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
 1 1 / 1 0 / 2 0 0 6

Transaction ID: R1646811

Amount of Each Receipt this Period
 22.50

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Gary M. Lane, CLU

Mailing Address 925 Highland Terrance NE

City Atlanta State GA Zip Code 30306

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

Name of Employer Self-employed Occupation 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
 1 1 / 1 0 / 2 0 0 6

Transaction ID: R1648457

Amount of Each Receipt this Period
 22.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	545.00
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 94 / 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. 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 ▼ 554.40

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

Transaction ID: R1648341

Amount of Each Receipt this Period
50.40

Payroll Deduction

B. 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
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 231.00

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

Transaction ID: R1645256

Amount of Each Receipt this Period
21.00

Payroll Deduction

C. 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
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
1 1 / 1 0 / 2 0 0 6

Transaction ID: R1646842

Amount of Each Receipt this Period
51.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	122.40
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:	PAGE 95 / 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. Kevin J. LeBlanc

Mailing Address 9123 Linksvue Drive

City State Zip Code
Knoxville TN 37922

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 ▼ 280.00

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

Transaction ID: R1649969

Amount of Each Receipt this Period
30.00

Check

B. Full Name (Last, First, Middle Initial)
Ms. Elizabeth J. Lee

Mailing Address 2 Enterprise #1205

City State Zip Code
Aliso Viejo CA 92656

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 ▼ 205.50

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

Transaction ID: R1645081

Amount of Each Receipt this Period
21.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Leslie W. Lee, CLU, ChFC

Mailing Address 7522 E Hampstead Ct.

City State Zip Code
Middleton WI 53562

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 1 / 1 0 / 2 0 0 6

Transaction ID: R1648406

Amount of Each Receipt this Period
25.20

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	76.20
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 96 / 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 H. Leeper, CLU, ChFC

Mailing Address 125 Willowbrook Drive

City State Zip Code
Doylestown PA 18901-2887

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 0 / 2 3 / 2 0 0 6

Transaction ID: R1643686

Amount of Each Receipt this Period
250.00

Check

B. Full Name (Last, First, Middle Initial)
Mr. Doug L. Lenhoff

Mailing Address 15203 SW Quarry

City State Zip Code
Lake Oswego OR 97035-2537

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 0 / 2 5 / 2 0 0 6

Transaction ID: R1644578

Amount of Each Receipt this Period
100.00

Credit Card

C. Full Name (Last, First, Middle Initial)
Mr. Lanny D. Levin, CLU, ChFC

Mailing Address 313 Laurel

City State Zip Code
Highland Park IL 60035-2619

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 1 / 1 0 / 2 0 0 6

Transaction ID: R1648101

Amount of Each Receipt this Period
42.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	392.00
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 97 / 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. Bruce C. Lichtenberg, LUTCF

Mailing Address 2265 Cypress Point

City State Zip Code
Discovery Bay CA 94514-9121

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 ▼ 486.00

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

Transaction ID: R1648368

Amount of Each Receipt this Period
50.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Barry L. Lord

Mailing Address 1613 Fremont St

City State Zip Code
Florence SC 29505-6411

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 0 / 1 9 / 2 0 0 6

Transaction ID: R1643665

Amount of Each Receipt this Period
250.00

Check

C. 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
Self-employed Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1155.00

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

Transaction ID: R1648432

Amount of Each Receipt this Period
105.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	405.00
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 98 / 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. Archie F. Lowe, CLU

Mailing Address 38 Old Ivy Road, Suite 200

City Atlanta State GA Zip Code 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 ▼ 231.00

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

Transaction ID: R1646917

Amount of Each Receipt this Period
21.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Roger J. Lowery, CLU, ChFC

Mailing Address 216 Country Club Ln

City Belleville State IL Zip Code 62223

FEC ID number 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 0 / 2 5 / 2 0 0 6

Transaction ID: R1644063

Amount of Each Receipt this Period
500.00

Check

C. Full Name (Last, First, Middle Initial)
Mr. R. Art Lubomski, CLU

Mailing Address 4137 Beech Ave

City Erie State PA Zip Code 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 ▼ 231.00

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

Transaction ID: R1648041

Amount of Each Receipt this Period
21.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	542.00
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 99 / 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. 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 ▼ 462.00

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

Transaction ID: R1647261

Amount of Each Receipt this Period
42.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Philip R. Lukins, CLU,ChFC,L

Mailing Address P O Box 728

City Camas State WA Zip Code 98607

FEC ID number 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 0 / 2 5 / 2 0 0 6

Transaction ID: R1644573

Amount of Each Receipt this Period
150.00

Credit Card

C. Full Name (Last, First, Middle Initial)
Mr. George D. Lumbert, CFA, CSA,

Mailing Address 816 S 2nd St

City Alhambra State CA Zip Code 91801

FEC ID number 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 1 / 0 2 / 2 0 0 6

Transaction ID: R1648488

Amount of Each Receipt this Period
250.00

Check

SUBTOTAL of Receipts This Page (optional) ▶ **442.00**

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 100 / 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 J. Lynch, III

Mailing Address 18 Fairfield St.

City State Zip Code
Boston MA 02116

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
MM / DD / YYYY
11 / 08 / 2006

Transaction ID: R1648703

Amount of Each Receipt this Period
250.00

Check

B. Full Name (Last, First, Middle Initial)
Mr. William J. Lynch, LUTCF

Mailing Address 5075 SW Griffith Dr. #200

City State Zip Code
Beaverton OR 97005

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 ▼ 400.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: R1648164

Amount of Each Receipt this Period
37.50

Payroll Deduction

C. 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
Self-employed Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 297.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: R1647437

Amount of Each Receipt this Period
27.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	314.50
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 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)
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 ▼ 462.00

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

Transaction ID: R1648444

Amount of Each Receipt this Period
42.00

Payroll Deduction

B. 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 ▼ 462.00

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

Transaction ID: R1647004

Amount of Each Receipt this Period
42.00

Payroll Deduction

C. 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 ▼ 275.00

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

Transaction ID: R1647523

Amount of Each Receipt this Period
25.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	109.00
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 102 / 187
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<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 Mann, CLU, ChFC

Mailing Address 356 S Westgate Avenue

City State Zip Code
Los Angeles CA 90049-4208

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 1 / 2 7 / 2 0 0 6

Transaction ID: R1650045

Amount of Each Receipt this Period
300.00

Check

B. 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
Self-employed Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 237.50

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

Transaction ID: R1647531

Amount of Each Receipt this Period
12.50

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Claude A. Marlowe, Jr., LUTCF

Mailing Address 1101 Radcliffe Avenue

City State Zip Code
Kingsport TN 37664-2025

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 ▼ 231.00

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

Transaction ID: R1648282

Amount of Each Receipt this Period
21.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	333.50
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 103 / 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. Leonard Martin, CSA

Mailing Address 98 Tennyson Rd

City State Zip Code
Warwick RI 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 ▼ 554.40

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

Transaction ID: R1647429

Amount of Each Receipt this Period
50.40

Payroll Deduction

B. 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
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 463.10

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

Transaction ID: R1647520

Amount of Each Receipt this Period
46.20

Payroll Deduction

C. 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
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 458.26

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

Transaction ID: R1647920

Amount of Each Receipt this Period
41.66

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	138.26
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 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. Curtis L. Matlin, CLU

Mailing Address 707 Skokie Blvd. #700

City Northbrook State IL Zip Code 60062

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 231.00

Date of Receipt
11 / 10 / 2006

Transaction ID: R1646783

Amount of Each Receipt this Period
21.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Carl James Maus, LUTCF

Mailing Address 432 Fort Saratoga

City Saint Charles State MO Zip Code 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 ▼ 554.40

Date of Receipt
11 / 10 / 2006

Transaction ID: R1648400

Amount of Each Receipt this Period
50.40

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Michael V. May, CLU, ChFC,

Mailing Address P O Box 910

City Port Richey State FL Zip Code 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 ▼ 258.00

Date of Receipt
11 / 10 / 2006

Transaction ID: R1646795

Amount of Each Receipt this Period
25.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	96.40
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:	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)
Mr. J. Edward McClendon, LUTCF

Mailing Address 4951 State Route #60. N.

City State Zip Code
Wakeman OH 44889-8605

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

Name of Employer Self-employed Occupation
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 Y
1 0 / 3 1 / 2 0 0 6

Transaction ID: R1644499

Amount of Each Receipt this Period
50.00

Check

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
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 494.00

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

Transaction ID: R1646715

Amount of Each Receipt this Period
50.00

Payroll Deduction

C. 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 ▼ 231.00

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

Transaction ID: R1647375

Amount of Each Receipt this Period
21.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ► 121.00

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 106 / 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. 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 ▼ 211.20

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

Transaction ID: R1646502

Amount of Each Receipt this Period
19.20

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Ms. Sherry S. McGhee, CLU,ChFC,L

Mailing Address 1668 Navajo Dr

City State Zip Code
Saint George UT 84790

FEC ID number 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 1 / 0 3 / 2 0 0 6

Transaction ID: R1648569

Amount of Each Receipt this Period
250.00

Check

C. Full Name (Last, First, Middle Initial)
Mr. Bruce F. McGuirk, CLU, ChFC,

Mailing Address 6002 Armfield Court

City State Zip Code
Summerfield NC 27358-9128

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

Name of Employer Self-employed Occupation
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 1 / 0 8 / 2 0 0 6

Transaction ID: R1648855

Amount of Each Receipt this Period
330.00

Check

SUBTOTAL of Receipts This Page (optional)	▶	599.20
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 107 / 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. 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
Self-employed Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

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

Transaction ID: R1647324

Amount of Each Receipt this Period
30.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Stephen R. McNeely, CLU,ChFC,L

Mailing Address 6190 Winford Dr

City State Zip Code
Indianapolis IN 46236-8378

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 ▼ 203.00

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

Transaction ID: R1647390

Amount of Each Receipt this Period
21.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Thomas D. McNeil

Mailing Address 49 Hagen Oaks Ct

City State Zip Code
Alamo CA 94507

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 1 / 1 0 / 2 0 0 6

Transaction ID: R1647373

Amount of Each Receipt this Period
25.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	76.00
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 108 / 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 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 ▼ 231.00

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

Transaction ID: R1647710

Amount of Each Receipt this Period
21.00

Payroll Deduction

B. 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 ▼ 726.00

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

Transaction ID: R1647649

Amount of Each Receipt this Period
66.00

Payroll Deduction

C. 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 ▼ 1224.00

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

Transaction ID: R1648398

Amount of Each Receipt this Period
126.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	213.00
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 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. 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
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 231.00

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

Transaction ID: R1646668

Amount of Each Receipt this Period
21.00

Payroll Deduction

B. 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
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 1 / 1 0 / 2 0 0 6

Transaction ID: R1646818

Amount of Each Receipt this Period
22.50

Payroll Deduction

C. 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 ▼ 283.50

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

Transaction ID: R1647250

Amount of Each Receipt this Period
21.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	64.50
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 110 / 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. Dennis L. Miller, LUTCF, CLU

Mailing Address 649 State Road
P.O. Box 186

City Vassar State MI Zip Code 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 ▼ 467.50

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

Transaction ID: R1647098

Amount of Each Receipt this Period
42.50

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. James E. Miller, CLU, LUTCF

Mailing Address 1550 Faraday Circle

City Fort Collins State CO Zip Code 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 ▼ 231.00

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

Transaction ID: R1645266

Amount of Each Receipt this Period
21.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Richard L. Miller

Mailing Address 1214 Karr Ave.

City Yakima State WA Zip Code 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 ▼ 213.50

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

Transaction ID: R1647314

Amount of Each Receipt this Period
21.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ► 84.50

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 111 / 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. 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 ▼ 231.00

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

Transaction ID: R1648182

Amount of Each Receipt this Period
21.00

Payroll Deduction

B. 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
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 1 / 1 0 / 2 0 0 6

Transaction ID: R1645421

Amount of Each Receipt this Period
25.00

Payroll Deduction

C. 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
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 1 / 1 0 / 2 0 0 6

Transaction ID: R1646182

Amount of Each Receipt this Period
60.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	106.00
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 112 / 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. 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 ▼ 550.00

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

Transaction ID: R1648043

Amount of Each Receipt this Period
50.00

Payroll Deduction

B. 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
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 1 / 1 0 / 2 0 0 6

Transaction ID: R1648462

Amount of Each Receipt this Period
50.00

Payroll Deduction

C. 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
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 Y
1 1 / 1 0 / 2 0 0 6

Transaction ID: R1645671

Amount of Each Receipt this Period
25.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	125.00
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 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. 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 ▼ 660.00

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

Transaction ID: R1646076

Amount of Each Receipt this Period
60.00

Payroll Deduction

B. 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 ▼ 462.00

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

Transaction ID: R1648226

Amount of Each Receipt this Period
42.00

Payroll Deduction

C. 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 ▼ 756.00

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

Transaction ID: R1645153

Amount of Each Receipt this Period
126.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	228.00
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 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. John P. Mosley, CLU, ChFC,
Mailing Address 307 Deering Avenue
City Portland State ME Zip Code 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 ▼ 242.40

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 0 6
Transaction ID: R1645831
Amount of Each Receipt this Period 23.04
Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Michael G. Murphy
Mailing Address 1014 S. 54th St.
City Omaha State NE Zip Code 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 ▼ 308.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 0 6
Transaction ID: R1646167
Amount of Each Receipt this Period 28.00
Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Robert M. Nelson, CLU, LUTCF
Mailing Address 14712 Shirley Street
City Omaha State NE Zip Code 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 ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 0 6
Transaction ID: R1648403
Amount of Each Receipt this Period 50.00
Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ► 101.04
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 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. 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 ▼ 518.00

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

Transaction ID: R1645941

Amount of Each Receipt this Period
42.00

Payroll Deduction

B. 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 ▼ 550.00

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

Transaction ID: R1648395

Amount of Each Receipt this Period
50.00

Payroll Deduction

C. 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 ▼ 231.00

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

Transaction ID: R1645759

Amount of Each Receipt this Period
21.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ► **113.00**

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"/> 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 R. Nolimal, CLU, ChFC,
Mailing Address 2017 Grafton Ave
City Henderson State NV Zip Code 89014
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-employed Occupation 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 Y
1 1 / 1 0 / 2 0 0 6
Transaction ID: R1648315
Amount of Each Receipt this Period 60.00
Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Brian E. O'Brien, CLU,ChFC,L
Mailing Address 1651 Wolf Run Dr.
City Richfield State WI Zip Code 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 ▼ 561.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 0 6
Transaction ID: R1645726
Amount of Each Receipt this Period 51.00
Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. James W. Oglesby, LUTCF
Mailing Address P. O. Box 7156
City Asheville State NC Zip Code 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 ▼ 1848.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 0 6
Transaction ID: R1648236
Amount of Each Receipt this Period 143.00
Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ▶ 254.00
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 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. 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 ▼ 275.00

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

Transaction ID: R1645805

Amount of Each Receipt this Period
25.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Charles M. Olson, CFP, CLU, Ch

Mailing Address 15836 Howard St.

City State Zip Code
Omaha NE 68118

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 1 / 2 0 / 2 0 0 6

Transaction ID: R1649774

Amount of Each Receipt this Period
500.00

Credit Card

C. 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 ▼ 467.50

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

Transaction ID: R1648376

Amount of Each Receipt this Period
42.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	567.50
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 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. 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 ▼ 462.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 10 / 2006

Transaction ID: R1647507

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 ▼ 226.80

Date of Receipt
M M / D D / Y Y Y Y
11 / 10 / 2006

Transaction ID: R1645660

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 ▼ 380.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 10 / 2006

Transaction ID: R1646134

Amount of Each Receipt this Period
42.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	109.70
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 119 / 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 ▼ 414.50

Date of Receipt
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: R1646077

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 ▼ 550.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: R1647773

Amount of Each Receipt this Period
50.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. John Palladino, Jr., CLU, C

Mailing Address 14670 Quito Rd

City State Zip Code
Saratoga CA 95070

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
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: R1646275

Amount of Each Receipt this Period
42.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	134.00
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 120 / 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 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 ▼ 660.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: R1648009

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 ▼ 262.50

Date of Receipt
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: R1645700

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 ▼ 243.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: R1648464

Amount of Each Receipt this Period
25.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ► **110.00**

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 121 / 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 ▼ 247.50

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

Transaction ID: R1646276

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 ▼ 203.50

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

Transaction ID: R1647593

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 ▼ 605.00

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

Transaction ID: R1648072

Amount of Each Receipt this Period
50.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ► 93.50

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 122 / 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. 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 ▼ 467.50

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

Transaction ID: R1647923

Amount of Each Receipt this Period
42.50

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Ralph W. Pellecchia, CLU, ChFC

Mailing Address 1 Brooklyn Blvd.
P.O. Box 259

City State Zip Code
Sea Girt NJ 08750-2104

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 1 / 1 7 / 2 0 0 6

Transaction ID: R1649615

Amount of Each Receipt this Period
550.00

Credit Card

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 ▼ 504.13

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

Transaction ID: R1647644

Amount of Each Receipt this Period
45.83

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	638.33
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 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. J. Steven Pennella, FLMI

Mailing Address 1527 N. 113th Ct., #5709

City State Zip Code
Omaha NE 68154-5838

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 1 / 2 0 / 2 0 0 6

Transaction ID: R1649771

Amount of Each Receipt this Period
250.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Mr. Mark W. Pfaff

Mailing Address 330 Stockbridge Rd

City State Zip Code
Charlotte VT 05445-9356

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
1 0 / 3 0 / 2 0 0 6

Transaction ID: R1644438

Amount of Each Receipt this Period
120.00

Check

C. 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 ▼ 522.50

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

Transaction ID: R1648392

Amount of Each Receipt this Period
47.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	417.50
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 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)
Mr. Philip J. Piel

Mailing Address PO Box 609015

City State Zip Code
San Diego CA 92160

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 1 / 2 7 / 2 0 0 6

Transaction ID: R1649947

Amount of Each Receipt this Period
70.00

Check

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 ▼ 775.00

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

Transaction ID: R1646142

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 Dorado

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 ▼ 231.00

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

Transaction ID: R1645901

Amount of Each Receipt this Period
21.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ► **116.00**

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 125 / 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. 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 ▼ 2288.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 0 6
Transaction ID: R1647514
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 ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 0 6
Transaction ID: R1645829
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 ▼ 231.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 0 6
Transaction ID: R1646327
Amount of Each Receipt this Period
21.00
Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	254.00
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 126 / 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. Plybon, CLU, ChFC

Mailing Address 5116 Hedrick Dr

City Greensboro State NC Zip Code 27410-9320

FEC ID number 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 0 / 2 6 / 2 0 0 6

Transaction ID: R1644083

Amount of Each Receipt this Period
550.00

Check

B. Full Name (Last, First, Middle Initial)
Mr. William Poe, Jr., CLU

Mailing Address 2397 Samuelson Rd

City Portage State IN Zip Code 46368-2531

FEC ID number 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
1 1 / 1 0 / 2 0 0 6

Transaction ID: R1646052

Amount of Each Receipt this Period
25.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Charles W. Potts, CLU, RHU,

Mailing Address 12725 St. Andrews Ter

City Oklahoma City State OK Zip Code 73120-8807

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

Name of Employer Self-employed Occupation 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
1 1 / 1 0 / 2 0 0 6

Transaction ID: R1647983

Amount of Each Receipt this Period
30.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	605.00
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 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. 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 ▼ 275.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: R1646265

Amount of Each Receipt this Period
25.00

Payroll Deduction

B. 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 ▼ 280.50

Date of Receipt
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: R1648452

Amount of Each Receipt this Period
27.50

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Henry L. Prien, CLU, LUTCF

Mailing Address 1121 Westrac Dr. Ste. 206

City Fargo State ND Zip Code 58103-2385

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 432.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: R1648288

Amount of Each Receipt this Period
51.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	103.50
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 128 / 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. 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 ▼ 231.00

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

Transaction ID: R1645639

Amount of Each Receipt this Period
21.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Barry K. Rake, LUTCF

Mailing Address 1004 Dawne Drive

City State Zip Code
Williamsport PA 17701

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 Y
1 1 / 1 0 / 2 0 0 6

Transaction ID: R1648245

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 State Zip Code
Kodiak AK 99615-6233

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 1 / 1 0 / 2 0 0 6

Transaction ID: R1645643

Amount of Each Receipt this Period
42.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	88.00
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 129 / 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. 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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	0	/	2	0	0	6

Transaction ID: R1646908

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 462.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	0	/	2	0	0	6

Transaction ID: R1646204

Amount of Each Receipt this Period
42.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Scott H. Richards, CLU ChFC
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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 421.75

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	0	/	2	0	0	6

Transaction ID: R1645909

Amount of Each Receipt this Period
4.25

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	71.25
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: (check only one)	PAGE 130 / 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
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 1 / 1 0 / 2 0 0 6

Transaction ID: R1645793

Amount of Each Receipt this Period
50.40

Payroll Deduction

B. 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
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 1 / 1 0 / 2 0 0 6

Transaction ID: R1646112

Amount of Each Receipt this Period
25.00

Payroll Deduction

C. 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
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 Y
1 1 / 1 0 / 2 0 0 6

Transaction ID: R1645310

Amount of Each Receipt this Period
22.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	97.90
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:	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)
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 ▼ 550.00

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

Transaction ID: R1645610

Amount of Each Receipt this Period
50.00

Payroll Deduction

B. 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 ▼ 1192.50

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

Transaction ID: R1647730

Amount of Each Receipt this Period
117.50

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Michael T. Rodman, CFP(r)

Mailing Address PO Box 2607

City State Zip Code
Rancho Santa Fe CA 92067

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 1 / 2 2 / 2 0 0 6

Transaction ID: R1650314

Amount of Each Receipt this Period
250.00

Credit Card

SUBTOTAL of Receipts This Page (optional) ▶ **417.50**

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 132 / 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. Harry S. Rosnick, LUTCF

Mailing Address 3435 Jefferson Davis Hwy
P.O. Box 360

City Fredericksburg State VA Zip Code 22404

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 335.00

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

Transaction ID: R1645577

Amount of Each Receipt this Period
25.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Eric S. Roth, LUTCF

Mailing Address 2 Mckinley Ct.

City Monroe Twp. State NJ Zip Code 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 ▼ 231.00

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

Transaction ID: R1648184

Amount of Each Receipt this Period
21.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Ms. Shelley M. Rowe, LUTCF

Mailing Address 5908 E. Conservation Dr.

City Longmont State CO Zip Code 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 ▼ 312.50

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

Transaction ID: R1646020

Amount of Each Receipt this Period
37.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	83.50
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 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)
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
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 1 / 1 0 / 2 0 0 6

Transaction ID: R1646241

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
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 1 / 1 0 / 2 0 0 6

Transaction ID: R1645716

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
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 Y
1 1 / 1 0 / 2 0 0 6

Transaction ID: R1647552

Amount of Each Receipt this Period
60.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	135.00
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 134 / 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 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
Self-employed Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 231.00

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

Transaction ID: R1646051

Amount of Each Receipt this Period
21.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. John A. Sayour, CLU,ChFC,L

Mailing Address 285 Riverside Ave, Suite 200

City State Zip Code
Westport CT 06880

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 1 / 1 5 / 2 0 0 6

Transaction ID: R1649597

Amount of Each Receipt this Period
250.00

Credit Card

C. 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
Self-employed 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 Y
1 1 / 1 0 / 2 0 0 6

Transaction ID: R1645872

Amount of Each Receipt this Period
27.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	298.00
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 135 / 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 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 ▼ 277.20

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

Transaction ID: R1646102

Amount of Each Receipt this Period
25.20

Payroll Deduction

B. 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
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1049.00

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

Transaction ID: R1648248

Amount of Each Receipt this Period
62.50

Payroll Deduction

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
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 1 / 1 0 / 2 0 0 6

Transaction ID: R1648441

Amount of Each Receipt this Period
30.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	117.70
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 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. 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 ▼ 554.40

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

Transaction ID: R1647676

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 ▼ 231.00

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

Transaction ID: R1648467

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 ▼ 340.00

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

Transaction ID: R1646113

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 137 / 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. 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 ▼ 231.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 10 / 2006

Transaction ID: R1647659

Amount of Each Receipt this Period
21.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Brad P. Seitzinger, CLU,ChFC

Mailing Address 901 Wilshire Dr Ste 300

City State Zip Code
Troy MI 48084-5611

FEC ID number 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
10 / 27 / 2006

Transaction ID: R1644153

Amount of Each Receipt this Period
400.00

Check

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 ▼ 460.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 10 / 2006

Transaction ID: R1647997

Amount of Each Receipt this Period
10.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	431.00
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 138 / 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. 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 ▼
231.00

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

Transaction ID: R1645666

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 ▼
540.00

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

Transaction ID: R1645722

Amount of Each Receipt this Period
25.00

Payroll Deduction

C. 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 ▼
540.00

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

Transaction ID: R1649991

Amount of Each Receipt this Period
15.00

Check

SUBTOTAL of Receipts This Page (optional)	▶	61.00
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"/> 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. 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 ▼ 462.00

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

Transaction ID: R1647861

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 ▼ 660.00

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

Transaction ID: R1646289

Amount of Each Receipt this Period
60.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Richard B. Silberstein, CLU, ChFC

Mailing Address 2301 South Rd.

City Baltimore State MD Zip Code 21209-4429

FEC ID number 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 0 / 2 3 / 2 0 0 6

Transaction ID: R1643729

Amount of Each Receipt this Period
500.00

Check

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:	PAGE 140 / 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

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. 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 ▼ 297.00

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

Transaction ID: R1646261

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 ▼ 231.00

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

Transaction ID: R1645712

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 ▼ 551.10

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

Transaction ID: R1647770

Amount of Each Receipt this Period
 50.10

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	98.10
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:	PAGE 141 / 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. 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 ▼ 231.00

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

Transaction ID: R1648147

Amount of Each Receipt this Period
21.00

Payroll Deduction

B. 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 ▼ 231.00

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

Transaction ID: R1648448

Amount of Each Receipt this Period
21.00

Payroll Deduction

C. 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
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 1 / 1 0 / 2 0 0 6

Transaction ID: R1646287

Amount of Each Receipt this Period
25.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	67.00
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 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)
Mr. Russell A. Smith

Mailing Address 22928 San Joaquin Drive East

City Canyon Lake State CA Zip Code 92587-7831

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2338.00

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

Transaction ID: R1647578

Amount of Each Receipt this Period
208.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. David E. Smithkey, CLU, RFC

Mailing Address 9451 Heddy Drive

City Flushing State MI Zip Code 48433

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1464.00

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

Transaction ID: R1647596

Amount of Each Receipt this Period
208.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Lawrence Edward Sneed, CLU

Mailing Address 5005 Woodminster

City Oakland State CA Zip Code 94601

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 231.00

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

Transaction ID: R1647546

Amount of Each Receipt this Period
21.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ► **437.00**

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 143 / 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. Mark V. Snider, ChFC

Mailing Address 44 Elmwood Place

City Athens State OH Zip Code 45701-1904

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 512.00

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

Transaction ID: R1644500

Amount of Each Receipt this Period
50.00

Check

B. Full Name (Last, First, Middle Initial)
Mr. Mark V. Snider, ChFC

Mailing Address 44 Elmwood Place

City Athens State OH Zip Code 45701-1904

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 512.00

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

Transaction ID: R1648102

Amount of Each Receipt this Period
42.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Joseph W. Spada

Mailing Address 4 Campus Drive

City Parsippany State NJ Zip Code 07054-4401

FEC ID number 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 1 / 1 5 / 2 0 0 6

Transaction ID: R1649374

Amount of Each Receipt this Period
300.00

Check

SUBTOTAL of Receipts This Page (optional)	392.00
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 144 / 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 ▼ 445.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: R1646339

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 ▼ 307.50

Date of Receipt
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: R1645690

Amount of Each Receipt this Period
30.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Noel Courtney Spencer

Mailing Address 3 Valerie Drive

City State Zip Code
Chester NY 10918-1428

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 877.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: R1645681

Amount of Each Receipt this Period
104.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	179.50
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 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 <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 ▼ 508.20

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

Transaction ID: R1648199

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 ▼ 500.00

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

Transaction ID: R1647620

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 ▼ 231.00

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

Transaction ID: R1648181

Amount of Each Receipt this Period
21.00

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: (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. 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
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 1 / 1 0 / 2 0 0 6

Transaction ID: R1648437

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
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 1 / 1 0 / 2 0 0 6

Transaction ID: R1645833

Amount of Each Receipt this Period
30.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. John E. Steger, CLU

Mailing Address 1982 Oak Knoll Drive

City State Zip Code
White Bear Lake MN 55110-4263

FEC ID number 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 1 / 0 2 / 2 0 0 6

Transaction ID: R1648535

Amount of Each Receipt this Period
250.00

Check

SUBTOTAL of Receipts This Page (optional)	▶	330.00
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 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. 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
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 254.10

Date of Receipt
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: R1645757

Amount of Each Receipt this Period
23.10

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Pierce Allen Stevens, Jr.

Mailing Address P O Box 119

City State Zip Code
Anguilla MS 38721

FEC ID number 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
11 / 10 / 2006

Transaction ID: R1646000

Amount of Each Receipt this Period
25.00

Payroll Deduction

C. 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
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1386.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: R1648158

Amount of Each Receipt this Period
126.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	174.10
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 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)
Mr. David L. Stratton, CLU, ChFC,
Mailing Address 13115 Beach Cir.
City Anchorage State AK Zip Code 99515-3748
FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1155.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2006
Transaction ID: R1648031
Amount of Each Receipt this Period
105.00
Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Steven M. Stratton, LUTCF, CSA
Mailing Address 17131 Parkview Dr
City Morgan Hill State CA Zip Code 95037-6606
FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1205.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2006
Transaction ID: R1646058
Amount of Each Receipt this Period
105.00
Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Michael W. Struebing, LUTCF, CLU
Mailing Address 16112 Parker Street
City Omaha State NE Zip Code 68118-2429
FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 390.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2006
Transaction ID: R1645684
Amount of Each Receipt this Period
42.50
Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	252.50
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 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. Robert A. Styrkowicz, 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 ▼ 561.50

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

Transaction ID: R1646210

Amount of Each Receipt this Period
56.50

Payroll Deduction

B. 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 ▼ 247.50

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

Transaction ID: R1645158

Amount of Each Receipt this Period
22.50

Payroll Deduction

C. 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 ▼ 231.00

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

Transaction ID: R1645852

Amount of Each Receipt this Period
21.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	100.00
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 150 / 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. 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
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
1 1 / 1 0 / 2 0 0 6

Transaction ID: R1648091

Amount of Each Receipt this Period
42.00

Payroll Deduction

B. 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
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

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

Transaction ID: R1645946

Amount of Each Receipt this Period
105.00

Payroll Deduction

C. 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
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 1 / 1 0 / 2 0 0 6

Transaction ID: R1647845

Amount of Each Receipt this Period
25.20

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ► 172.20

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 151 / 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. 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 ▼ 306.00

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

Transaction ID: R1648170

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 ▼ 412.50

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

Transaction ID: R1645907

Amount of Each Receipt this Period
50.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Jeff S. Taber, CLU,CFS

Mailing Address 1217 Knights Bridge Road

City State Zip Code
Edmond OK 73034-3240

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 1 / 2 7 / 2 0 0 6

Transaction ID: R1650159

Amount of Each Receipt this Period
180.00

Check

SUBTOTAL of Receipts This Page (optional)	▶	260.00
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 152 / 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 J. Taggart

Mailing Address P.O. Box 2936

City State Zip Code
Cody WY 82414-2936

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
650.00

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

Transaction ID: R1644012

Amount of Each Receipt this Period
500.00

Credit Card

B. 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
Insurance Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
1425.00

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

Transaction ID: R1648122

Amount of Each Receipt this Period
50.00

Payroll Deduction

C. 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
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
1 1 / 1 0 / 2 0 0 6

Transaction ID: R1648484

Amount of Each Receipt this Period
72.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	622.00
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 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)
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 ▼ 231.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: R1647749

Amount of Each Receipt this Period
21.00

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
Self-employed Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 219.60

Date of Receipt
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: R1645572

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
Self-employed Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 231.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: R1647814

Amount of Each Receipt this Period
21.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ► 67.20

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 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. 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 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 1 / 1 0 / 2 0 0 6
Transaction ID: R1645613
Amount of Each Receipt this Period 50.40
Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. John D. Traynham, LUTCF
Mailing Address 210 Timber Lane
City State Zip Code
Anderson SC 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 ▼ 247.50

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 0 6
Transaction ID: R1645910
Amount of Each Receipt this Period 22.50
Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Kenneth James Truman, LUTCF
Mailing Address 6413 O'Bannon
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 ▼ 222.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 0 6
Transaction ID: R1647796
Amount of Each Receipt this Period 12.00
Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	84.90
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 155 / 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 W. Tull, CLU, ChFC

Mailing Address 7815 Eagle Rock, N.E.

City	State	Zip Code
Albuquerque	NM	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 ▼ 385.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	0	/	2	0	0	6

Transaction ID: R1645772

Amount of Each Receipt this Period
25.50

Payroll Deduction

B. 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 ▼ 423.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	0	/	2	0	0	6

Transaction ID: R1648185

Amount of Each Receipt this Period
45.00

Payroll Deduction

C. 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 ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	0	/	2	0	0	6

Transaction ID: R1646472

Amount of Each Receipt this Period
42.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	113.00
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 156 / 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. Howard Raymond Utz, LUTCF

Mailing Address PO Box 480

City Mars State PA Zip Code 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 ▼ 467.50

Date of Receipt
11 / 10 / 2006

Transaction ID: R1648064

Amount of Each Receipt this Period
42.50

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Robert J. Varich, LUTCF

Mailing Address 5256 Country Lane

City San Jose State CA Zip Code 95129

FEC ID number 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
11 / 09 / 2006

Transaction ID: R1648894

Amount of Each Receipt this Period
250.00

Check

C. Full Name (Last, First, Middle Initial)
Mr. Michael P. Victorino

Mailing Address 840 Alua St., #103

City Wailuku State HI Zip Code 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 ▼ 262.50

Date of Receipt
11 / 10 / 2006

Transaction ID: R1648365

Amount of Each Receipt this Period
12.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ▶ 305.00

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 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. 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
Self-employed Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 231.00

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

Transaction ID: R1647993

Amount of Each Receipt this Period
21.00

Payroll Deduction

B. 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
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 1 / 1 0 / 2 0 0 6

Transaction ID: R1647897

Amount of Each Receipt this Period
42.00

Payroll Deduction

C. 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 ▼ 235.00

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

Transaction ID: R1646224

Amount of Each Receipt this Period
25.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	88.00
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 158 / 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 G. Wahby, CLU

Mailing Address 4600 Touchton Road East
Building 100, Suite 200

City Jacksonville State FL Zip Code 32246

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

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

Transaction ID: R1649760

Amount of Each Receipt this Period
250.00

Check

B. Full Name (Last, First, Middle Initial)
Mr. Charles A. Webb

Mailing Address 2516 Longview Ave.

City Roanoke State VA Zip Code 24014

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 467.50

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

Transaction ID: R1645497

Amount of Each Receipt this Period
42.50

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. S. Mark Weeks, LUTCF, CLU

Mailing Address 1389 South 500 East

City Salt Lake City State UT Zip Code 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 ▼ 587.50

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

Transaction ID: R1648243

Amount of Each Receipt this Period
50.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	342.50
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 159 / 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. 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
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
1 1 / 1 0 / 2 0 0 6

Transaction ID: R1645379

Amount of Each Receipt this Period
50.40

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Michael L. Weintraub, CLU

Mailing Address 2372 Hagen Oaks Dr

City State Zip Code
Alamo CA 94507-2209

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 1 / 2 7 / 2 0 0 6

Transaction ID: R1649943

Amount of Each Receipt this Period
250.00

Check

C. Full Name (Last, First, Middle Initial)
Mr. Daniel J. Wells, LUTCF

Mailing Address 18830 Los Hermanos Ranch Rd

City State Zip Code
Valley Center CA 92082-6808

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 ▼ 632.50

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

Transaction ID: R1646099

Amount of Each Receipt this Period
45.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	345.40
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:	PAGE 160 / 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. Marlin D. Wells, CLU, ChFC,
Mailing Address 2201 N. Washington
City Roswell State NM Zip Code 88201-3377
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-employed Occupation 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 1 / 1 0 / 2 0 0 6
Transaction ID: R1645896
Amount of Each Receipt this Period 30.00
Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Lester E. Westgard, CLU
Mailing Address 2714 26th Ave SW
City Fargo State ND Zip Code 58103-5006
FEC ID number 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 1 / 1 0 / 2 0 0 6
Transaction ID: R1645715
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 Clovis State CA Zip Code 93619-8743
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-employed Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 231.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 0 6
Transaction ID: R1647660
Amount of Each Receipt this Period 21.00
Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ► 111.00
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 161 / 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. Peter S. White, CLU, ChFC,
Mailing Address 1643 Woodvale

City	State	Zip Code
Charleston	WV	25314-2547

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 ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	6

Transaction ID: R1649054

Amount of Each Receipt this Period
500.00

Check

B. 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 ▼ 535.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	0	/	2	0	0	6

Transaction ID: R1647636

Amount of Each Receipt this Period
50.00

Payroll Deduction

C. 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 ▼ 462.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	0	/	2	0	0	6

Transaction ID: R1646267

Amount of Each Receipt this Period
42.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	592.00
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. 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
Self-employed Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1386.00

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

Transaction ID: R1646247

Amount of Each Receipt this Period
126.00

Payroll Deduction

B. 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 ▼ 225.00

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

Transaction ID: R1647962

Amount of Each Receipt this Period
21.00

Payroll Deduction

C. 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 ▼ 275.00

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

Transaction ID: R1646169

Amount of Each Receipt this Period
25.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	172.00
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 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. 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 ▼ 1155.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: R1646022

Amount of Each Receipt this Period
105.00

Payroll Deduction

B. 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 ▼ 231.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: R1645592

Amount of Each Receipt this Period
21.00

Payroll Deduction

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 ▼ 1386.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: R1645586

Amount of Each Receipt this Period
126.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	252.00
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. 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 ▼ 277.20

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

Transaction ID: R1648134

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 ▼ 255.00

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

Transaction ID: R1646143

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 ▼ 990.00

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

Transaction ID: R1647658

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 165 / 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. 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 ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 0 6
Transaction ID: R1647929
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 ▼ 396.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 0 6
Transaction ID: R1646119
Amount of Each Receipt this Period 46.75
Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. David F. Woods, CLU, ChFC
Mailing Address 114 Prynwood Road
City Longmeadow State MA Zip Code 01106-2722
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-employed Occupation 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
1 1 / 2 2 / 2 0 0 6
Transaction ID: R1650329
Amount of Each Receipt this Period 1250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ► 1316.75
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 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)
Mr. Mark L. Yavornitzki, CAE

Mailing Address 14 Bridle Pl.

City State Zip Code
E. Greenbush NY 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 ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: R1648476

Amount of Each Receipt this Period
25.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Edward A. Zabielski, Jr.

Mailing Address 104 Clay Ct.

City State Zip Code
Landenberg PA 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 ▼ 1205.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: R1648460

Amount of Each Receipt this Period
105.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Charles D. Zaleski, CLU, ChFC

Mailing Address 28400 Ridgethorne Ct

City State Zip Code
Rancho Palos Verde CA 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 ▼ 462.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: R1647734

Amount of Each Receipt this Period
42.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	172.00
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 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. Alan R. Zalewski, CLU, ChFC,
Mailing Address 6908 North 27th Street
City State Zip Code
Tacoma WA 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 ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 0 6
Transaction ID: R1646334
Amount of Each Receipt this Period 50.00
Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. David G. Zick, CLU, ChFC,
Mailing Address 851 Adams Court
City State Zip Code
Bloomfield Hills MI 48304
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-employed Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 1 / 2 0 0 6
Transaction ID: R1649804
Amount of Each Receipt this Period 625.00
Check

C. 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 ▼ 467.50

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 0 6
Transaction ID: R1647635
Amount of Each Receipt this Period 42.50
Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ▶ 717.50
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 168 / 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"/> 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. 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 ▼
306.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	0	/	2	0	0	6

Transaction ID: R1648152

Amount of Each Receipt this Period
30.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	30.00
TOTAL This Period (last page this line number only)	▶	43801.48

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 169 / 187
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
CC Services Inc Country PAC

Mailing Address 1705 Towanda Avenue

City	State	Zip Code
Bloomington	IL	61701

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

Name of Employer Occupation

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	6

Transaction ID: R1644560

Amount of Each Receipt this Period

2500.00

Check

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	2500.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 170 / 187	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" 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)
Taylor for Congress

Mailing Address PO Box 2355
22 South Pack Square/Suite 201

City Asheville State NC Zip Code 28802

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	0	/	2	0	0	6

Transaction ID: R1643969

Amount of Each Receipt this Period
1400.00

Check

SUBTOTAL of Receipts This Page (optional)	▶	1400.00
TOTAL This Period (last page this line number only)	▶	1400.00

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

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

FOR LINE NUMBER: (check only one)

PAGE 171 / 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: D9149

Date of Disbursement

11 / 26 / 2006

Amount of Each Disbursement this Period

3162.22

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: D9148

Date of Disbursement

11 / 25 / 2006

Amount of Each Disbursement this Period

52202.26

etc.

SUBTOTAL of Disbursements This Page (optional)

55364.48

TOTAL This Period (last page this line number only)

55364.48

**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 172 / 187

<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. Al Green for Congress

Mailing Address 3003 South Loop West, Suite 108

City Houston State TX Zip Code 77054

Purpose of Disbursement
Contr. Al Green (TX-9-D-US House)

Candidate Name
Al Green

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: TX District: 09

Transaction ID: D9100

Date of Disbursement

10 / 19 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Allyson Schwartz for Congress

Mailing Address P.O. Box 45706

City Philadelphia State PA Zip Code 19149

Purpose of Disbursement
Contr. Allyson Y. Schwartz (PA-13-D-US

Candidate Name
Allyson Y. Schwartz

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: PA District: 13

Transaction ID: D9130

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

1000.00

House)

Full Name (Last, First, Middle Initial)

C. Buck McKeon for Congress

Mailing Address 24265 San Fernando Road

City Santa Clarita State CA Zip Code 91321

Purpose of Disbursement
Contr. Howard P. McKeon (CA-25-R-US

Candidate Name
Howard P. McKeon

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: CA District: 25

Transaction ID: D9132

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

2500.00

House)

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)

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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. Castle Campaign Fund

Mailing Address P.O Box 133

City Wilmington State DE Zip Code 19899

Purpose of Disbursement
Contr. Michael N. Castle (DE-1-R-US)

Candidate Name
Michael N. Castle

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: DE District: 01

Transaction ID: D9096

Date of Disbursement

10 / 19 / 2006

Amount of Each Disbursement this Period

2500.00

House)

Full Name (Last, First, Middle Initial)

B. Citizens for Gillmor

Mailing Address P.O. Box 150

City Old Fort State OH Zip Code 44861

Purpose of Disbursement
Contr. Paul E. Gillmor (OH-5-R-US House)

Candidate Name
Paul E. Gillmor

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: OH District: 05

Transaction ID: D9110

Date of Disbursement

10 / 24 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Cleaver for Congress

Mailing Address 2300 Main Street, Suite 100

City Kansas City State MO Zip Code 64108

Purpose of Disbursement
Contr. Emanuel Cleaver, II (MO-5-D-US)

Candidate Name
Emanuel Cleaver, II

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: MO District: 05

Transaction ID: D9129

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

1000.00

House)

SUBTOTAL of Disbursements This Page (optional)

8500.00

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)

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<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. Coble for Congress

Mailing Address PO Box 1177

City Greensboro State NC Zip Code 27402

Purpose of Disbursement
Contr. Howard Coble (NC-6-R-US House)

Candidate Name
Howard Coble

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: NC District: 06

Transaction ID: D9126

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

2500.00

B. Committee to Elect Artur Davis to Congress

Mailing Address P.O. Box 1845

City Birmingham State AL Zip Code 35201

Purpose of Disbursement
Contr. Artur Davis (AL-7-D-US House)

Candidate Name
Artur Davis

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: AL District: 07

Transaction ID: D9114

Date of Disbursement

10 / 25 / 2006

Amount of Each Disbursement this Period

2500.00

C. Congressman Bart Gordon Committee

Mailing Address P.O. Box 2008

City Murfreesboro State TN Zip Code 37133

Purpose of Disbursement
Contr. Bart Gordon (TN-6-D-US House)

Candidate Name
Bart Gordon

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: TN District: 06

Transaction ID: D9131

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ►

7000.00

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)

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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. David Scott for Congress

Mailing Address 162 Hurt Street NE

City Atlanta State GA Zip Code 30307

Purpose of Disbursement
Contr. David A. Scott (GA-13-D-US House)

Candidate Name
David A. Scott

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: GA District: 13

Transaction ID: D9097

Date of Disbursement

10 / 19 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Don Payne for Congress

Mailing Address P.O. Box 2406

City Newark State NJ Zip Code 07114

Purpose of Disbursement
Contr. Donald M. Payne (NJ-10-D-US

Candidate Name
Donald M. Payne

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: NJ District: 10

Transaction ID: D9125

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

2500.00

House)

Full Name (Last, First, Middle Initial)

C. Freedom Fund

Mailing Address 128 North Columbus Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Contr. Freedom Fund (PAC to PAC)

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District: Annual

Transaction ID: D9139

Date of Disbursement

11 / 13 / 2006

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

8500.00

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)

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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. Friends of Chris Dodd 2010

Mailing Address PO Box 270701

City West Hartford State CT Zip Code 06127

Purpose of Disbursement
Contr. Christopher J. Dodd (CT-D-US)

Candidate Name
Christopher J. Dodd

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: CT District:

Transaction ID: D9138

Date of Disbursement

11 / 13 / 2006

Amount of Each Disbursement this Period

2500.00

Senate)

Full Name (Last, First, Middle Initial)

B. Friends of Jeb Hensarling

Mailing Address PO Box 820504

City Dallas State TX Zip Code 75382

Purpose of Disbursement
Contr. Jeb Hensarling (TX-5-R-US House)

Candidate Name
Jeb Hensarling

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: TX District: 05

Transaction ID: D9101

Date of Disbursement

10 / 19 / 2006

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Friends of Jim Marshall

Mailing Address P.O. B0x 125

City Macon State GA Zip Code 31201

Purpose of Disbursement
Contr. Jim Marshall (GA-3-D-US House)

Candidate Name
Jim Marshall

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: GA District: 03

Transaction ID: D9122

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

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)

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<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. Friends of John Tanner

Mailing Address Post Office Box 1994

City Union City State TN Zip Code 38281

Purpose of Disbursement Returned Check #11830 dated 10/2/2006

Candidate Name John S. Tanner

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: TN District: 08

Transaction ID: D9134

Date of Disbursement

11 / 03 / 2006

Amount of Each Disbursement this Period

-2500.00

for John S. Tanner (TN-8-D).

B. Friends of John Tanner

Mailing Address Post Office Box 1994

City Union City State TN Zip Code 38281

Purpose of Disbursement Contr. John S. Tanner (TN-8-D-US House)

Candidate Name John S. Tanner

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: TN District: 08

Transaction ID: D9135

Date of Disbursement

11 / 03 / 2006

Amount of Each Disbursement this Period

2500.00

C. Gallegly For Congress

Mailing Address Box 940001

City Simi Valley State CA Zip Code 93094

Purpose of Disbursement Contr. Elton Gallegly (CA-24-R-US House)

Candidate Name Elton Gallegly

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: CA District: 24

Transaction ID: D9105

Date of Disbursement

10 / 19 / 2006

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

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)

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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. Grant for Congress

Mailing Address PO Box 489

City Fruitland State ID Zip Code 83619

Purpose of Disbursement
Contr. Larry L. Grant (ID-1-D-US House)

Candidate Name
Larry L. Grant

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: ID District: 01

Transaction ID: D9104

Date of Disbursement

10 / 19 / 2006

Amount of Each Disbursement this Period

2500.00

B. Hastert For Congress Committee

Mailing Address P.O. Box 625

City Batavia State IL Zip Code 60510

Purpose of Disbursement
Contr. J. Dennis Hastert (IL-14-R-US)

Candidate Name
J. Dennis Hastert

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: IL District: 14

Transaction ID: D9113

Date of Disbursement

10 / 25 / 2006

Amount of Each Disbursement this Period

5000.00

House)

C. Jim Ryun for Congress

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 826

City Topeka State KS Zip Code 66601

Purpose of Disbursement
Contr. Jim R. Ryun (KS-2-R-US House)

Candidate Name
Jim R. Ryun

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: KS District: 02

Transaction ID: D9098

Date of Disbursement

10 / 19 / 2006

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ►

9500.00

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)

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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. Jon Kyl for U S Senate

Mailing Address Post Office Box 10246

City Phoenix State AZ Zip Code 85064

Purpose of Disbursement Returned Check #11841 dated 10/3/2006

Candidate Name Jon Kyl

Office Sought: House Senate President
State: AZ District:

Disbursement For: 2006 Primary General Other (specify) ▼

Transaction ID: D9136

Date of Disbursement

11 / 06 / 2006

Amount of Each Disbursement this Period

-5000.00

for Jon Kyl (AZ-R).

Full Name (Last, First, Middle Initial)

B. Jon Kyl for U S Senate

Mailing Address Post Office Box 10246

City Phoenix State AZ Zip Code 85064

Purpose of Disbursement Contr. Jon Kyl (AZ-R-US Senate)

Candidate Name Jon Kyl

Office Sought: House Senate President
State: AZ District:

Disbursement For: 2006 Primary General Other (specify) ▼

Transaction ID: D9137

Date of Disbursement

11 / 06 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Kuhl for Congress

Mailing Address 10 Ganesvoort Street

City Bath State NY Zip Code 14810

Purpose of Disbursement Contr. John Randall Kuhl (NY-29-R-US)

Candidate Name John Randall Kuhl

Office Sought: House Senate President
State: NY District: 29

Disbursement For: 2006 Primary General Other (specify) ▼

Transaction ID: D9128

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

2500.00

House)

SUBTOTAL of Disbursements This Page (optional)

2500.00

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)

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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
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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. Lewis for Congress Committee

Mailing Address P.O. Box 247

City Redlands State CA Zip Code 92373

Purpose of Disbursement
Contr. Jerry Lewis (CA-41-R-US House)

Candidate Name
Jerry Lewis

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: CA District: 41

Transaction ID: D9115

Date of Disbursement

10 / 25 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Martha Rainville for Congress

Mailing Address PO Box 505

City Williston State VT Zip Code 05495

Purpose of Disbursement
Contr. Martha Rainville (VT-1-R-US

Candidate Name
Martha Rainville

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: VT District: 01

Transaction ID: D9109

Date of Disbursement

10 / 24 / 2006

Amount of Each Disbursement this Period

2500.00

House)

Full Name (Last, First, Middle Initial)

C. Melissa Bean for Congress

Mailing Address PO Box 3068

City Barrington State IL Zip Code 60011

Purpose of Disbursement
Contr. Melissa L. Bean (IL-8-D-US House)

Candidate Name
Melissa L. Bean

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: IL District: 08

Transaction ID: D9106

Date of Disbursement

10 / 23 / 2006

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

6500.00

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)

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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
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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. Menendez For Congress

Mailing Address PO Box 848

City Union City State NJ Zip Code 07087

Purpose of Disbursement
Contr. Robert Menendez (NJ-D-US Senate)

Candidate Name
Robert Menendez

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: NJ District:

Transaction ID: D9121

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

5000.00

B. Mike McIntyre for Congress

Mailing Address P.O. Box 1

City Lumberton State NC Zip Code 28359

Purpose of Disbursement
Returned Check #11535 dated 4/20/2006

Candidate Name
Mike McIntyre

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: NC District: 07

Transaction ID: D9116

Date of Disbursement

10 / 25 / 2006

Amount of Each Disbursement this Period

-2000.00

for Mike McIntyre (NC-7-D-
).

C. Moore For Congress

Mailing Address P.O. Box 16646

City Milwaukee State WI Zip Code 53216-0646

Purpose of Disbursement
Contr. Gwen Moore (WI-4-D-US House)

Candidate Name
Gwen Moore

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: WI District: 04

Transaction ID: D9107

Date of Disbursement

10 / 24 / 2006

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ►

5500.00

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)

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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
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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. Norwood for Congress

Mailing Address PO Box 499

City Evans State GA Zip Code 30809

Purpose of Disbursement
Contr. Charles W. Norwood (GA-9-R-US)

Candidate Name
Charles W. Norwood

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: GA District: 09

Transaction ID: D9124

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

4000.00

House)

Full Name (Last, First, Middle Initial)

B. Pearce for Congress

Mailing Address PO Box 2696

City Hobbs State NM Zip Code 88241

Purpose of Disbursement
Contr. Stevan E. Pearce (NM-2-R-US)

Candidate Name
Stevan E. Pearce

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: NM District: 02

Transaction ID: D9099

Date of Disbursement

10 / 19 / 2006

Amount of Each Disbursement this Period

2500.00

House)

Full Name (Last, First, Middle Initial)

C. Porter for Congress

Mailing Address PO Box 26087

City Las Vegas State NV Zip Code 89126

Purpose of Disbursement
Contr. Jon C. Porter (NV-3-R-US House)

Candidate Name
Jon C. Porter

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: NV District: 03

Transaction ID: D9119

Date of Disbursement

10 / 26 / 2006

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional)

9500.00

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)

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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. Russ Carnahan for Congress Committee

Mailing Address 7370 Manchester Road, Suite 20

City St. Louis State MO Zip Code 63143

Purpose of Disbursement
Contr. Russ Carnahan (MO-3-D-US House)

Candidate Name
Russ Carnahan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: MO District: 03

Transaction ID: D9102

Date of Disbursement

10 / 19 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Steve Israel for Congress Committee

Mailing Address PO Box 777

City Deer Park State NY Zip Code 11729

Purpose of Disbursement
Contr. Steve J. Israel (NY-2-D-US House)

Candidate Name
Steve J. Israel

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: NY District: 02

Transaction ID: D9120

Date of Disbursement

10 / 27 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Tom Allen for Congress

Mailing Address 236 Oxford Street

City Portland State ME Zip Code 04101

Purpose of Disbursement
Contr. Thomas H. Allen (ME-1-D-US House)

Candidate Name
Thomas H. Allen

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: ME District: 01

Transaction ID: D9127

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ►

4500.00

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)

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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. Tom Feeney for Congress

Mailing Address 1420 Alafaya Trail #103

City Oviedo State FL Zip Code 32765

Purpose of Disbursement
Contr. Tom Feeney (FL-24-R-US House)

Candidate Name
Tom Feeney

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: FL District: 24

Transaction ID: D9103

Date of Disbursement

10 / 19 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Westmoreland for Congress

Mailing Address P.O. Box 458

City Sharpsburg State GA Zip Code 30277

Purpose of Disbursement
Returned Check #11552 dated 4/25/2006

Candidate Name
Lynn A. Westmoreland

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: GA District: 08

Transaction ID: D9117

Date of Disbursement

10 / 25 / 2006

Amount of Each Disbursement this Period

-1500.00

for Lynn A. Westmoreland
(GA-8-R).

Full Name (Last, First, Middle Initial)

C. Westmoreland for Congress

Mailing Address P.O. Box 458

City Sharpsburg State GA Zip Code 30277

Purpose of Disbursement
Contr. Lynn A. Westmoreland (GA-8-R-US

Candidate Name
Lynn A. Westmoreland

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: GA District: 08

Transaction ID: D9118

Date of Disbursement

10 / 26 / 2006

Amount of Each Disbursement this Period

1500.00

House)

SUBTOTAL of Disbursements This Page (optional)

2000.00

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)

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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. Whalen for Congress

Mailing Address PO Box 750

City Bettendorf State IA Zip Code 52722

Purpose of Disbursement
Contr. Michal Louis Whalen (IA-1-R-US)

Candidate Name
Michal Louis Whalen

Office Sought: House
 Senate
 President

State: IA District: 01

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: D9108

Date of Disbursement

10 / 24 / 2006

Amount of Each Disbursement this Period

2500.00

House)

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

80000.00

**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)

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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)

A. Mr. Ren L. Wheeler

Mailing Address 121 Amitola Dr

City State Zip Code
Cropwell AL 35054

Purpose of Disbursement
Refund to Individual

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D9133

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

A. 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		Transaction ID: DD#7711	
111077.14			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	52202.26	58874.88	

1) SUBTOTALS This Period This Page (optional).....	▶	58874.88
2) TOTALS This Period (last page this line number only).....	▶	58874.88
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	