

# 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 \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 08 01 2007 through 08 31 2007

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 09 14 2007

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

National Association of Insurance and Financial Advisors Political Action Committee

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 8 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 8 |

|   |   |
|---|---|
| D | D |
| 3 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

|   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |   |   |   |   |   |   |  |           |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|-----------|
| 6. (a) Cash on Hand<br>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>7</td></tr></table> | Y                       | Y                                 | Y | Y | 2 | 0 | 0 | 7 |  | 138478.22 |
| Y   | Y                       | Y                                 | Y |   |   |   |   |   |  |           |
| 2   | 0                       | 0                                 | 7 |   |   |   |   |   |  |           |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....  | 137125.36               |                                   |   |   |   |   |   |   |  |           |
| (c) Total Receipts (from Line 19) .....   | 89154.37                | 651717.87                         |   |   |   |   |   |   |  |           |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....  | 226279.73               | 790196.09                         |   |   |   |   |   |   |  |           |
| 7. Total Disbursements (from Line 31) .....   | 55053.22                | 618969.58                         |   |   |   |   |   |   |  |           |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....   | 171226.51               | 171226.51                         |   |   |   |   |   |   |  |           |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....   | 0.00                    |                                   |   |   |   |   |   |   |  |           |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 4369.29                 |                                   |   |   |   |   |   |   |  |           |

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 |
| 0 | 8 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 8 |

|   |   |
|---|---|
| D | D |
| 3 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  | 31395.41                      | 188416.34                         |
| (i) Itemized (use Schedule A) .....  | 57758.96                      | 463301.53                         |
| (ii) Unitemized .....  | 89154.37                      | 651717.87                         |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....   | 0.00                          | 0.00                              |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs) .....  | 0.00                          | 0.00                              |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....     | 89154.37                      | 651717.87                         |
| 12. Transfers From Affiliated/Other Party Committees .....   | 0.00                          | 0.00                              |
| 13. All Loans Received .....   | 0.00                          | 0.00                              |
| 14. Loan Repayments Received .....   | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) ..... | 0.00                          | 0.00                              |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.) .....   | 0.00                          | 0.00                              |
| 18. Transfers from Non-Federal and Levin Funds   |                               |                                   |
| (a) Non-Federal Account (from Schedule H3) .....   | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....   | 0.00                          | 0.00                              |
| (c) Total Transfer (add 18(a) and 18(b)).  | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....                          | 89154.37                      | 651717.87                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 89154.37                      | 651717.87                         |

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

| <b>II. DISBURSEMENTS</b>  | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|---|---------------------------------------|---|
| 21. Operating Expenditures:   |                                       |   |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4)                                      |                                       |   |
| (i) Federal Share.....  | 0.00                                  | 0.00                                      |
| (ii) Non-Federal Share.....   | 0.00                                  | 0.00                                      |
| (b) Other Federal Operating Expenditures.....   | 20813.22                              | 129787.08                                 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶                         | 20813.22                              | 129787.08                                 |
| 22. Transfers to Affiliated/Other Party Committees.....   | 0.00                                  | 0.00                                      |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....          | 34000.00                              | 486500.00                                 |
| 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 .....                                   | 240.00                                | 2682.50                                   |
| (b) Political Party Committees .....  | 0.00                                  | 0.00                                      |
| (c) Other Political Committees (such as PACs) .....   | 0.00                                  | 0.00                                      |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....                            | 240.00                                | 2682.50                                   |
| 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))..        | 55053.22                              | 618969.58                                 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 55053.22                              | 618969.58                                 |

**DETAILED SUMMARY PAGE**  
of Disbursements

| III. Net Contributions/Operating Expenditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3) .....        | 89154.37                      | 651717.87                         |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 240.00                        | 2682.50                           |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 88914.37                      | 649035.37                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 20813.22                      | 129787.08                         |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | 20813.22                      | 129787.08                         |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 6 / 121                 |
|  | <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  |

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)  
Ms. Robelynn H. Abadie

Mailing Address 4933 Antioch Blvd.

City State Zip Code  
Baton Rouge LA 70817

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 317.00

Date of Receipt  
08 / 10 / 2007

Transaction ID: R479286

Amount of Each Receipt this Period  
21.00

Payroll Deduction

**B.** 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  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt  
08 / 10 / 2007

Transaction ID: R479287

Amount of Each Receipt this Period  
105.00

Payroll Deduction

**C.** 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  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 576.00

Date of Receipt  
08 / 10 / 2007

Transaction ID: R476838

Amount of Each Receipt this Period  
72.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ► 198.00

**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 / 121                 |
|  | <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 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  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
08 / 10 / 2007

Transaction ID: R478436

Amount of Each Receipt this Period  
30.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. John W. Allen, CLU, ChFC

Mailing Address 1310 E Ocean Blvd Unit B14

City State Zip Code  
Long Beach CA 90802-6900

FEC ID number 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  
08 / 27 / 2007

Transaction ID: R481202

Amount of Each Receipt this Period  
500.00

Credit Card

**C.** 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 ▼ 450.00

Date of Receipt  
08 / 15 / 2007

Transaction ID: R480796

Amount of Each Receipt this Period  
150.00

Check

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 680.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

|  |   |                              |                              |                             |                             |                             |                             |                             |
|--|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER:                        | PAGE 8 / 121                 |                              |                             |                             |                             |                             |                             |
|  | (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)  
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<br>Self-employed | Occupation<br>Insurance Agent |
|-----------------------------------|-------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | / | 1 | 0 | / | 2 | 0 | 0 | 7 |

Transaction ID: R479957

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<br>Self-employed | Occupation<br>Insurance Agent |
|-----------------------------------|-------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | / | 1 | 0 | / | 2 | 0 | 0 | 7 |

Transaction ID: R479951

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<br>Self-employed | Occupation<br>Insurance Agent |
|-----------------------------------|-------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | / | 1 | 0 | / | 2 | 0 | 0 | 7 |

Transaction ID: R480302

Amount of Each Receipt this Period  

|       |
|-------|
| 25.00 |
|-------|

Payroll Deduction

|  |   |               |
|--|---|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | <b>125.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |               |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 9 / 121                 |
|  | <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 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 ▼ 312.45

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 17 / 2007

Transaction ID: R480871

Amount of Each Receipt this Period  
20.83

Check

**B.** Full Name (Last, First, Middle Initial)  
Mr. David William Ashley

Mailing Address 10939 N W 32 PI

City State Zip Code  
Gainesville FL 32606

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2007

Transaction ID: R479553

Amount of Each Receipt this Period  
42.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. David William Ashley

Mailing Address 10939 N W 32 PI

City State Zip Code  
Gainesville FL 32606

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 14 / 2007

Transaction ID: R480707

Amount of Each Receipt this Period  
-42.00

RT

|  |   |       |
|--|---|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 20.83 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |       |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 10 / 121                |
|  | <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. Douglas E. Aycock, CLU, ChFC

Mailing Address 5113 Southwest Pkwy # 200

City Austin State TX Zip Code 78735-8915

FEC ID number 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  
08 / 10 / 2007

Transaction ID: R479686

Amount of Each Receipt this Period  
42.50

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Eph Baker, CLU, ChFC

Mailing Address 17411 Campbell St

City Williamsport State PA Zip Code 17701

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
08 / 06 / 2007

Transaction ID: R480496

Amount of Each Receipt this Period  
500.00

Check

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

Mailing Address P. O. Box 625

City Benton State AR Zip Code 72018-0625

FEC ID number 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  
08 / 15 / 2007

Transaction ID: R480807

Amount of Each Receipt this Period  
120.00

Credit Card

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **662.50**

**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 11 / 121                |
|  | <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 D. Balsler, CLU

Mailing Address 3650 Paces Ferry Rd N.W.

City Atlanta State GA Zip Code 30327-3002

FEC ID number 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  
 0 8 / 0 2 / 2 0 0 7

Transaction ID: R480367

Amount of Each Receipt this Period  
 250.00

Check

**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 ▼ 336.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 1 0 / 2 0 0 7

Transaction ID: R479712

Amount of Each Receipt this Period  
 42.00

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 ▼ 700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 1 0 / 2 0 0 7

Transaction ID: R480325

Amount of Each Receipt this Period  
 87.50

Payroll Deduction

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>379.50</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 12 / 121                |
|  | <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 ▼ 375.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 06 / 2007

Transaction ID: R480436

Amount of Each Receipt this Period  
125.00

Check

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

Mailing Address 1405 Blackberry Lane

City State Zip Code  
Stevens Point WI 54481-9140

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2007

Transaction ID: R479002

Amount of Each Receipt this Period  
30.00

Payroll Deduction

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

Mailing Address 6421 Perkins Rd # 2b

City State Zip Code  
Baton Rouge LA 70808-4125

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2007

Transaction ID: R478821

Amount of Each Receipt this Period  
50.00

Payroll Deduction

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 205.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 13 / 121                |
|  | <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 B. Bianchi, CLU

Mailing Address 1125 Beldon Way

City State Zip Code  
Reno NV 89503-3164

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2007

Transaction ID: R479518

Amount of Each Receipt this Period  
60.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Ms. Susan C. Bianco, CLU

Mailing Address 11850 Edgewater Drive #712

City State Zip Code  
Lakewood OH 44107

FEC ID number 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  
08 / 10 / 2007

Transaction ID: R480660

Amount of Each Receipt this Period  
250.00

Check

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

Mailing Address 315 Willow Drive

City State Zip Code  
Blackfoot ID 83221-3907

FEC ID number 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  
08 / 10 / 2007

Transaction ID: R478134

Amount of Each Receipt this Period  
30.00

Payroll Deduction

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 14 / 121                |
|  | <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 ▼ 220.80

Date of Receipt  
08 / 10 / 2007

Transaction ID: R478579

Amount of Each Receipt this Period  
30.00

Payroll Deduction

**B.** 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 ▼ 425.00

Date of Receipt  
08 / 10 / 2007

Transaction ID: R478380

Amount of Each Receipt this Period  
62.50

Payroll Deduction

**C.** 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 ▼ 240.00

Date of Receipt  
08 / 10 / 2007

Transaction ID: R477088

Amount of Each Receipt this Period  
30.00

Payroll Deduction

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 122.50 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 15 / 121                |
|  | <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. Lane Boozer

Mailing Address 1400 N Corinth St Ste 109

City State Zip Code  
Corinth TX 76208-5444

FEC ID number 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  
MM / DD / YYYY  
08 / 10 / 2007

Transaction ID: R478087

Amount of Each Receipt this Period  
50.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. John J. Bradley, CLU

Mailing Address 148 Grove Street

City State Zip Code  
Westwood MA 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 ▼ 333.28

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2007

Transaction ID: R479341

Amount of Each Receipt this Period  
41.66

Payroll Deduction

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

Mailing Address 269 San Felipe Way

City State Zip Code  
Novato CA 94945-1687

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2007

Transaction ID: R479908

Amount of Each Receipt this Period  
50.00

Payroll Deduction

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 141.66 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 16 / 121                |
|  | <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 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 ▼ 240.00

Date of Receipt  
08 / 10 / 2007

Transaction ID: R479083

Amount of Each Receipt this Period  
30.00

Payroll Deduction

**B.** 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  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1714.00

Date of Receipt  
08 / 10 / 2007

Transaction ID: R480067

Amount of Each Receipt this Period  
208.00

Payroll Deduction

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

Mailing Address 2610 Bohler Rd NW

City State Zip Code  
Atlanta GA 30327-1418

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 ▼ 400.00

Date of Receipt  
08 / 10 / 2007

Transaction ID: R480052

Amount of Each Receipt this Period  
50.00

Payroll Deduction

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 288.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 17 / 121                |
|  | <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 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 ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 28 / 2007

Transaction ID: R481213

Amount of Each Receipt this Period  
250.00

Check

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

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  
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  
08 / 10 / 2007

Transaction ID: R478130

Amount of Each Receipt this Period  
62.50

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  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 10 / 2007

Transaction ID: R479828

Amount of Each Receipt this Period  
60.00

Payroll Deduction

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 372.50 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |                              |                                   |   |
|--|------------------------------|-----------------------------------|---|
| Use separate schedule(s) or each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 18 / 121   |
| <input checked="" type="checkbox"/> 11a                                | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

Mailing Address 17 Conley Lane

City Elma State WA Zip Code 98541

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
08 / 10 / 2007

Transaction ID: R479610

Amount of Each Receipt this Period  
42.50

Payroll Deduction

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

Mailing Address 2730 Ardon Ln

City Casper State WY Zip Code 82609-3902

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt  
08 / 10 / 2007

Transaction ID: R479877

Amount of Each Receipt this Period  
42.00

Payroll Deduction

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

Mailing Address 5716 W. Orlando Circle

City Broken Arrow State OK Zip Code 74011-1149

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 ▼ 480.00

Date of Receipt  
08 / 10 / 2007

Transaction ID: R479532

Amount of Each Receipt this Period  
60.00

Payroll Deduction

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 144.50 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |                              |                                   |   |
|--|------------------------------|-----------------------------------|---|
| Use separate schedule(s) or each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 19 / 121   |
| <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. 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 ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2007

Transaction ID: R478578

Amount of Each Receipt this Period  
30.00

Payroll Deduction

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

Mailing Address P.O.BOX 143

City State Zip Code  
FORT COLLINS CO 80522-0143

FEC ID number of contributing 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  
08 / 10 / 2007

Transaction ID: R480085

Amount of Each Receipt this Period  
30.00

Payroll Deduction

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

Mailing Address 10 Lincoln Ave.

City State Zip Code  
Vernon NJ 07462

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 201.60

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2007

Transaction ID: R478300

Amount of Each Receipt this Period  
25.20

Payroll Deduction

|  |   |       |
|--|---|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 85.20 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |       |

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

|  |                              |                              |
|--|------------------------------|------------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 20 / 121                |
|  | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                      | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 16  | <input type="checkbox"/> 17  |

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Robert 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  
Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
218.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2007

Transaction ID: R480154

Amount of Each Receipt this Period  
21.00

Payroll Deduction

**B.** 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  
Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
201.60

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2007

Transaction ID: R479171

Amount of Each Receipt this Period  
25.20

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Mark M. Byron, CLU, ChFC

Mailing Address 1 Kimberwick Court

City State Zip Code  
Morristown NJ 07960

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 20 / 2007

Transaction ID: R480992

Amount of Each Receipt this Period  
240.00

Check

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 286.20 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 21 / 121                |
|  | <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 D. Cameron, LUTCF

Mailing Address 1142 FAIRVIEW AVE.

City State Zip Code  
Rupert ID 83350

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2007

Transaction ID: R480028

Amount of Each Receipt this Period  
30.00

Payroll Deduction

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

Mailing Address 2511 Brandon Road

City State Zip Code  
Upper Arlington OH 43221

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 263.50

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2007

Transaction ID: R478837

Amount of Each Receipt this Period  
4.25

Payroll Deduction

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

Mailing Address P. O. Box 636

City State Zip Code  
Hazlehurst MS 39083-0636

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2007

Transaction ID: R479388

Amount of Each Receipt this Period  
27.50

Payroll Deduction

|  |   |       |
|--|---|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 61.75 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |       |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 22 / 121                |
|  | <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 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 ▼ 280.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 10 / 2007

Transaction ID: R480240

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 State Zip Code  
Minot ND 58701-7266

FEC ID number of contributing 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  
08 / 10 / 2007

Transaction ID: R479274

Amount of Each Receipt this Period  
27.00

Payroll Deduction

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

Mailing Address 33 Muirfield Ct.

City State Zip Code  
Dover DE 19904

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 218.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 10 / 2007

Transaction ID: R480091

Amount of Each Receipt this Period  
21.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ► 70.50

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

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

|  |                              |                              |
|--|------------------------------|------------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 23 / 121                |
|  | (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. Mark A. Chandik, CLU, ChFC

Mailing Address 42 Ritz Cove Drive

City Dana Point State CA Zip Code 92629

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

Name of Employer Self-employed Occupation 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 |
| 0 | 8 | / | 1 | 0 | / | 2 | 0 | 0 | 7 |

Transaction ID: R478620

Amount of Each Receipt this Period  

|        |
|--------|
| 105.00 |
|--------|

Payroll Deduction

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

Mailing Address 1332 Shorebird Ln

City Carlsbad State CA Zip Code 92011-4884

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 355.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | / | 1 | 0 | / | 2 | 0 | 0 | 7 |

Transaction ID: R478805

Amount of Each Receipt this Period  

|       |
|-------|
| 47.50 |
|-------|

Payroll Deduction

**C.** 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 ▼ 336.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | / | 1 | 0 | / | 2 | 0 | 0 | 7 |

Transaction ID: R478684

Amount of Each Receipt this Period  

|       |
|-------|
| 42.00 |
|-------|

Payroll Deduction

|  |   |               |
|--|---|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | <b>194.50</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |               |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 24 / 121                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. James 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  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 297.50

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2007

Transaction ID: R476527

Amount of Each Receipt this Period  
42.50

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Ms. Cylinda A. Clark

Mailing Address 4002 San Mateo

City State Zip Code  
Plano TX 75093-6618

FEC ID number 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  
08 / 10 / 2007

Transaction ID: R478174

Amount of Each Receipt this Period  
42.00

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  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2007

Transaction ID: R479816

Amount of Each Receipt this Period  
60.00

Payroll Deduction

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 144.50 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 25 / 121                |
|  | <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 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 ▼ 355.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2007

**Transaction ID:** R476731

Amount of Each Receipt this Period  
50.00

Payroll Deduction

**B.** 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 ▼ 340.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2007

**Transaction ID:** R479596

Amount of Each Receipt this Period  
42.50

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert E. Colford, Jr.,LUTCF

Mailing Address 3 Castle Rock Drive

City State Zip Code  
Dedham ME 04429

FEC ID number of contributing 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  
08 / 10 / 2007

**Transaction ID:** R480637

Amount of Each Receipt this Period  
120.00

Check

**SUBTOTAL** of Receipts This Page (optional) ..... ► 212.50

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

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

|  |   |                              |                              |                             |                             |                             |                             |                             |
|--|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:                        | PAGE 26 / 121                |                              |                             |                             |                             |                             |                             |
|  | (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 E. Colford, Jr., LUTCF

Mailing Address 3 Castle Rock Drive

City State Zip Code  
Dedham ME 04429

FEC ID number of contributing 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  
08 / 20 / 2007

Transaction ID: R480961

Amount of Each Receipt this Period  
120.00

Check

**B.** Full Name (Last, First, Middle Initial)  
Mr. John W. Collier, LUTCF

Mailing Address 4600 Kietzke Lane, #134-D

City State Zip Code  
Reno NV 89502

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 201.60

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 10 / 2007

Transaction ID: R479580

Amount of Each Receipt this Period  
25.20

Payroll Deduction

**C.** 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  
M M / D D / Y Y Y Y Y  
08 / 10 / 2007

Transaction ID: R479931

Amount of Each Receipt this Period  
60.50

Payroll Deduction

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 205.70 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |                              |                                   |   |
|--|------------------------------|-----------------------------------|---|
| Use separate schedule(s) or each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 27 / 121   |
| <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. David A. Culley, CLU, ChFC

Mailing Address 4187 Club Drive N.E.

City Atlanta State GA Zip Code 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 ▼ 336.00

Date of Receipt  
08 / 10 / 2007

Transaction ID: R480292

Amount of Each Receipt this Period  
42.00

Payroll Deduction

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

Mailing Address 1508 Morning Glory Cr.

City Tupelo State MS Zip Code 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 ▼ 400.00

Date of Receipt  
08 / 10 / 2007

Transaction ID: R480213

Amount of Each Receipt this Period  
50.00

Payroll Deduction

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

Mailing Address 141 Greenway Road

City Lido Beach State NY Zip Code 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 ▼ 680.00

Date of Receipt  
08 / 10 / 2007

Transaction ID: R479953

Amount of Each Receipt this Period  
85.00

Payroll Deduction

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 177.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 28 / 121                |
|  | <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 State Zip Code  
Butte MT 59701-4028  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-employed Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 201.60

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 1 0 / 2 0 0 7  
Transaction ID: R479990  
Amount of Each Receipt this Period 25.20  
Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. John A. Davidson, LUTCF, FSS  
Mailing Address 1497 Rancho Lane  
City State Zip Code  
Thousand Oaks CA 91362  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-employed Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 890.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 1 0 / 2 0 0 7  
Transaction ID: R479938  
Amount of Each Receipt this Period 105.00  
Payroll Deduction

**C.** 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 Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 576.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 1 0 / 2 0 0 7  
Transaction ID: R479469  
Amount of Each Receipt this Period 72.00  
Payroll Deduction

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 202.20 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

|  |   |                              |                              |                             |
|--|---|------------------------------|------------------------------|-----------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 29 / 121                |                              |                             |
|  | <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. Glenn P. Deal, Jr.

Mailing Address 58 Golf Course Ln.

City State Zip Code  
Taylorsville NC 28681-7847

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 382.25

Date of Receipt  
08 / 10 / 2007

Transaction ID: R479081

Amount of Each Receipt this Period  
46.75

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 ▼ 400.00

Date of Receipt  
08 / 10 / 2007

Transaction ID: R480256

Amount of Each Receipt this Period  
50.00

Payroll Deduction

**C.** 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 ▼ 403.20

Date of Receipt  
08 / 10 / 2007

Transaction ID: R480088

Amount of Each Receipt this Period  
50.40

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ► **147.15**

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

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

|  |                              |                              |
|--|------------------------------|------------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 30 / 121                |
|  | (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 V. Dellinger

Mailing Address 3052 Stanton Circle

City State Zip Code  
Carmichael CA 95608

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2007

Transaction ID: R480232

Amount of Each Receipt this Period  
42.00

Payroll Deduction

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

Mailing Address 7535 Brigham Road

City State Zip Code  
Gates Mills OH 44040

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2007

Transaction ID: R479695

Amount of Each Receipt this Period  
42.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Anthony J. Domino, Jr.

Mailing Address 83 Long Lots Rd

City State Zip Code  
New Canaan CT 06840

FEC ID number of contributing 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  
08 / 17 / 2007

Transaction ID: R480837

Amount of Each Receipt this Period  
250.00

Check

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>334.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 31 / 121                |
|  | <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. 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 ▼ 204.00

Date of Receipt  
08 / 10 / 2007

Transaction ID: R479045

Amount of Each Receipt this Period  
25.50

Payroll Deduction

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

Mailing Address 1567 Edmond Drive

City State Zip Code  
San Carlos CA 94070-4235

FEC ID number 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  
08 / 07 / 2007

Transaction ID: R480555

Amount of Each Receipt this Period  
500.00

Credit Card

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

Mailing Address 2932 Sunstone St.

City State Zip Code  
Las Vegas NV 89128-7742

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

Date of Receipt  
08 / 10 / 2007

Transaction ID: R478871

Amount of Each Receipt this Period  
27.00

Payroll Deduction

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

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

|  |   |               |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 32 / 121 |
|  | <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 Lincoln State NE Zip Code 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 ▼ 340.00

Date of Receipt  
08 / 10 / 2007

**Transaction ID:** R478681

Amount of Each Receipt this Period  
42.50

Payroll Deduction

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

Mailing Address 1550 Penstemon Ct

City Grayslake State IL Zip Code 60030

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 318.00

Date of Receipt  
08 / 10 / 2007

**Transaction ID:** R476932

Amount of Each Receipt this Period  
8.50

Payroll Deduction

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

Mailing Address 3217 Highway D65

City Dysart State IA Zip Code 52224-9750

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 403.20

Date of Receipt  
08 / 10 / 2007

**Transaction ID:** R480253

Amount of Each Receipt this Period  
50.40

Payroll Deduction

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 101.40 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 33 / 121                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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

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

Mailing Address 59 Margarete Dr.

City State Zip Code  
Pittsgrove NJ 08318-3015

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 576.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2007

Transaction ID: R479665

Amount of Each Receipt this Period  
72.00

Payroll Deduction

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

Mailing Address 5677 Westwood Drive

City State Zip Code  
Muskegon MI 49441

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

Name of Employer Self-employed Occupation  
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  
08 / 10 / 2007

Transaction ID: R479515

Amount of Each Receipt this Period  
42.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Ms. Roberta Epstein, RHU

Mailing Address 513 Jetty Way

City State Zip Code  
Redwood City CA 94065

FEC ID number 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  
08 / 06 / 2007

Transaction ID: R480521

Amount of Each Receipt this Period  
300.00

Check

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>414.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 34 / 121                |
|  | <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 ▼ 423.50

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 1 0 / 2 0 0 7  
Transaction ID: R479825  
Amount of Each Receipt this Period 46.75  
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 ▼ 403.20

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 1 0 / 2 0 0 7  
Transaction ID: R479812  
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 ▼ 340.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 1 0 / 2 0 0 7  
Transaction ID: R479838  
Amount of Each Receipt this Period 42.50  
Payroll Deduction

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 139.65 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 35 / 121                |
|  | <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. 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 ▼ 336.00

Date of Receipt  
08 / 10 / 2007

Transaction ID: R479043

Amount of Each Receipt this Period  
42.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. George C. Finklea, Jr., LUTCF

Mailing Address 1707 Waterford Dr

City State Zip Code  
Wilson NC 27896

FEC ID number of contributing 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  
08 / 23 / 2007

Transaction ID: R481079

Amount of Each Receipt this Period  
550.00

Check

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Rebecca J. Flickinger

Mailing Address 1900 W Hart Ave

City State Zip Code  
Orange TX 77630-3639

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 204.50

Date of Receipt  
08 / 10 / 2007

Transaction ID: R476717

Amount of Each Receipt this Period  
17.00

Payroll Deduction

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 609.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 36 / 121                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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

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

Mailing Address 5300 Zebulon Rd

City State Zip Code  
Macon GA 31210-2199

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

Name of Employer Self-employed Occupation  
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  
08 / 10 / 2007

**Transaction ID:** R479654

Amount of Each Receipt this Period  
42.00

Payroll Deduction

**B.** 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 ▼ 420.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 10 / 2007

**Transaction ID:** R479687

Amount of Each Receipt this Period  
52.50

Payroll Deduction

**C.** 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 ▼ 880.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 10 / 2007

**Transaction ID:** R479707

Amount of Each Receipt this Period  
110.00

Payroll Deduction

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 204.50 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 37 / 121                |
|  | <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 E. Fowler, CLU, LUTCF

Mailing Address 13243 S.E. 51st Place

City State Zip Code  
Bellevue WA 98006

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 860.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2007

Transaction ID: R479467

Amount of Each Receipt this Period  
107.50

Payroll Deduction

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

Mailing Address 380 W 12th St

City State Zip Code  
New York NY 10014

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2007

Transaction ID: R479947

Amount of Each Receipt this Period  
42.00

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  
08 / 02 / 2007

Transaction ID: R480382

Amount of Each Receipt this Period  
150.00

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 38 / 121                |
|  | <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 L. French, LUTCF

Mailing Address 4105 Sheridan Lake Road

City State Zip Code  
Rapid City SD 57702

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 10 / 2007

Transaction ID: R479322

Amount of Each Receipt this Period  
30.00

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 ▼ 1664.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 10 / 2007

Transaction ID: R480333

Amount of Each Receipt this Period  
208.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. James O. Geitgey, LUTCF, FIC

Mailing Address 279 Glenmore Dr.

City State Zip Code  
Springfield OH 45503

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 295.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 10 / 2007

Transaction ID: R479747

Amount of Each Receipt this Period  
37.50

Payroll Deduction

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 275.50 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |                              |                                   |   |
|--|------------------------------|-----------------------------------|---|
| Use separate schedule(s) or each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 39 / 121   |
| <input checked="" type="checkbox"/> 11a                                | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. 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  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 201.60

Date of Receipt  
08 / 10 / 2007

Transaction ID: R476616

Amount of Each Receipt this Period  
25.20

Payroll Deduction

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

Mailing Address P.O. Box 5027

City State Zip Code  
Ashland KY 41105

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 201.60

Date of Receipt  
08 / 10 / 2007

Transaction ID: R478587

Amount of Each Receipt this Period  
25.20

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 70068-2427

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
08 / 10 / 2007

Transaction ID: R479166

Amount of Each Receipt this Period  
62.50

Payroll Deduction

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 112.90 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 40 / 121                |
|  | <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)  
Constance Y. Golleher

Mailing Address PO Box 255

City State Zip Code  
Mc Lean VA 22101

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2007

Transaction ID: R476964

Amount of Each Receipt this Period  
30.00

Payroll Deduction

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

Mailing Address 1860 Beech

City State Zip Code  
Mt. Pleasant MI 48858-1280

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2007

Transaction ID: R478424

Amount of Each Receipt this Period  
42.50

Payroll Deduction

**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  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 256.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2007

Transaction ID: R479149

Amount of Each Receipt this Period  
42.00

Payroll Deduction

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 114.50 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 41 / 121                |
|  | <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. 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 ▼ 374.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2007

Transaction ID: R478430

Amount of Each Receipt this Period  
46.75

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Kenneth P. Gross, II, CLU, Ch

Mailing Address 8201 Sharonway Ct.

City State Zip Code  
Glen Allen VA 23060

FEC ID number of contributing 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  
MM / DD / YYYY  
08 / 27 / 2007

Transaction ID: R481159

Amount of Each Receipt this Period  
100.00

Check

**C.** Full Name (Last, First, Middle Initial)  
Mr. Karl Erik Hansen, CLU, ChFC,

Mailing Address 900 North Shoreline Boulevard

City State Zip Code  
Mountain View CA 94043-1933

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2007

Transaction ID: R480220

Amount of Each Receipt this Period  
42.50

Payroll Deduction

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 189.25 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 42 / 121                |
|  | <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. Hansen

Mailing Address P.O. Box 1249  
1219 S Second Street

City State Zip Code  
Mt Vernon WA 98273

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2007

Transaction ID: R479477

Amount of Each Receipt this Period  
27.50

Payroll Deduction

**B.** 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  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2007

Transaction ID: R480185

Amount of Each Receipt this Period  
42.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. William N. Haraway

Mailing Address 113 Fairview Ave

City State Zip Code  
Frederick MD 21701-4017

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2007

Transaction ID: R480236

Amount of Each Receipt this Period  
42.00

Payroll Deduction

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 111.50 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |                              |                                   |   |
|--|------------------------------|-----------------------------------|---|
| Use separate schedule(s) or each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 43 / 121   |
| <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. Ann W. Hartmann, CLU, ChFC,  
Mailing Address 7174 Twin Canyon

City State Zip Code  
Lambertville MI 48144-9542

FEC ID number of contributing 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  
08 / 22 / 2007

Transaction ID: R481040

Amount of Each Receipt this Period  
250.00

Check

**B.** Full Name (Last, First, Middle Initial)  
Mr. Thomas M. Hawco, CLU, ChFC,  
Mailing Address 900 Rockhurst Drive

City State Zip Code  
Lincoln NE 68510-4114

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2007

Transaction ID: R479959

Amount of Each Receipt this Period  
42.50

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Jonathan David Haymes, LUTCF,  
Mailing Address 1230 s. hickory lane

City State Zip Code  
Nixa MO 65714

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 201.60

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2007

Transaction ID: R478991

Amount of Each Receipt this Period  
25.20

Payroll Deduction

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>317.70</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 44 / 121                |
|  | <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. 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 ▼ 336.00

Date of Receipt  
08 / 10 / 2007

**Transaction ID:** R478439

Amount of Each Receipt this Period  
42.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Kenneth W. Head, CLU, LUTCF

Mailing Address 203 Burning Brush Rd

City State Zip Code  
Greenville SC 29607-5825

FEC ID number 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  
08 / 08 / 2007

**Transaction ID:** R480585

Amount of Each Receipt this Period  
500.00

Credit Card

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

Mailing Address 20704 Meadow Ridge Dr

City State Zip Code  
Springfield NE 68059-7086

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1664.00

Date of Receipt  
08 / 10 / 2007

**Transaction ID:** R478348

Amount of Each Receipt this Period  
208.00

Payroll Deduction

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>750.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

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

|  |   |                              |                              |                             |
|--|---|------------------------------|------------------------------|-----------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 45 / 121                |                              |                             |
|  | <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)  
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  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt  
08 / 10 / 2007

Transaction ID: R476879

Amount of Each Receipt this Period  
42.00

Payroll Deduction

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

Mailing Address 1341 E 600 N

City State Zip Code  
Orem UT 84097

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
08 / 10 / 2007

Transaction ID: R478418

Amount of Each Receipt this Period  
50.00

Payroll Deduction

**C.** 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  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 201.60

Date of Receipt  
08 / 10 / 2007

Transaction ID: R478604

Amount of Each Receipt this Period  
25.20

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 46 / 121 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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. 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  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2007

Transaction ID: R479906

Amount of Each Receipt this Period  
42.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Timothy J. Hendricks, CLU

Mailing Address 11897 S. 96th E. Pl

City State Zip Code  
Bixby OK 74008-1783

FEC ID number 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  
08 / 13 / 2007

Transaction ID: R480755

Amount of Each Receipt this Period  
300.00

Check

**C.** Full Name (Last, First, Middle Initial)  
Mr. Bruce C. Hendrickson, CLU, ChFC

Mailing Address 305 11th Ave

City State Zip Code  
Holdrege NE 68949-1723

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 ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
08 / 23 / 2007

Transaction ID: R481080

Amount of Each Receipt this Period  
500.00

Check

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 842.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 47 / 121                |
|  | <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 G. Hester, CLU, ChFC

Mailing Address 261 New River Heights Rd.

City State Zip Code  
Boone NC 28607

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 374.00

Date of Receipt  
08 / 10 / 2007

Transaction ID: R479925

Amount of Each Receipt this Period  
46.75

Payroll Deduction

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

Mailing Address 6602 Corina Ct.

City State Zip Code  
Columbia MD 21044

FEC ID number 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  
08 / 16 / 2007

Transaction ID: R480821

Amount of Each Receipt this Period  
250.00

Check

**C.** Full Name (Last, First, Middle Initial)  
Mr. Richard L. Hill, CLU, ChFC,

Mailing Address 2611 Alvo Road

City State Zip Code  
Seward NE 68434

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt  
08 / 10 / 2007

Transaction ID: R480244

Amount of Each Receipt this Period  
42.00

Payroll Deduction

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>338.75</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 48 / 121                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Michael J. Hiller, ChFC

Mailing Address W267 S7930 Stony Pt. Ct.

City State Zip Code  
Mukwonago WI 53149-9687

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 201.60

Date of Receipt  
08 / 10 / 2007

Transaction ID: R479003

Amount of Each Receipt this Period  
25.20

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  
08 / 10 / 2007

Transaction ID: R480079

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 ▼ 840.00

Date of Receipt  
08 / 10 / 2007

Transaction ID: R478891

Amount of Each Receipt this Period  
105.00

Payroll Deduction

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 160.20 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 49 / 121                |
|  | <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. 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 ▼ 504.00

Date of Receipt  
08 / 10 / 2007

Transaction ID: R478854

Amount of Each Receipt this Period  
66.00

Payroll Deduction

**B.** 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 ▼ 240.00

Date of Receipt  
08 / 10 / 2007

Transaction ID: R478183

Amount of Each Receipt this Period  
30.00

Payroll Deduction

**C.** 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 ▼ 456.00

Date of Receipt  
08 / 10 / 2007

Transaction ID: R479408

Amount of Each Receipt this Period  
57.00

Payroll Deduction

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 153.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 50 / 121                |
|  | <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 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  
Self-employed 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 Y  
08 / 10 / 2007

Transaction ID: R478215

Amount of Each Receipt this Period  
42.50

Payroll Deduction

**B.** 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 72202-4856

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 201.60

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 10 / 2007

Transaction ID: R478607

Amount of Each Receipt this Period  
25.20

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Hollis O. Inglett, Jr., LUTCF

Mailing Address 31 Cone Rd

City State Zip Code  
Ormond Beach FL 32174-7903

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 10 / 2007

Transaction ID: R480195

Amount of Each Receipt this Period  
42.00

Payroll Deduction

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 109.70 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 51 / 121                |
|  | <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 V. Irons, CLU, LUTCF

Mailing Address 150 Prospect Rd

City State Zip Code  
Wakefield RI 02879-7044

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 201.60

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2007

Transaction ID: R479920

Amount of Each Receipt this Period  
25.20

Payroll Deduction

**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 ▼ 201.60

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2007

Transaction ID: R476921

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 ▼ 201.60

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2007

Transaction ID: R478353

Amount of Each Receipt this Period  
25.20

Payroll Deduction

|  |   |       |
|--|---|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 75.60 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |       |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 52 / 121                |
|  | <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 ▼ 403.20

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2007

**Transaction ID:** R478618

Amount of Each Receipt this Period  
50.40

Payroll Deduction

**B.** 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 ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2007

**Transaction ID:** R479391

Amount of Each Receipt this Period  
30.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Johnny Jon Johnson, LUTCF

Mailing Address 3770 N Frandon Avenue

City State Zip Code  
Meridian ID 83646

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2007

**Transaction ID:** R480211

Amount of Each Receipt this Period  
27.00

Payroll Deduction

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 107.40 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

|  |                              |                              |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 53 / 121                |
|  | (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. Robin Johnston

Mailing Address 1250 Capital of TX Hwy South  
Bldg. 2, Ste. 125

City Austin State TX Zip Code 78746

FEC ID number 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  
0 8 / 1 4 / 2 0 0 7

Transaction ID: R480893

Amount of Each Receipt this Period  
250.00

Credit Card

**B.** 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 ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 1 0 / 2 0 0 7

Transaction ID: R479499

Amount of Each Receipt this Period  
125.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Norman W. Kamerow, CLU, ChFC,

Mailing Address 5225 Pooks Hill Rd  
#301N

City Bethesda State MD Zip Code 20814-2033

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 0 3 / 2 0 0 7

Transaction ID: R480425

Amount of Each Receipt this Period  
120.00

Check

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 495.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |                              |                                   |   |
|--|------------------------------|-----------------------------------|---|
| Use separate schedule(s) or each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 54 / 121   |
| <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. George W. Karr, Jr., CLU

Mailing Address 61 Gessner Rd.

City State Zip Code  
Kinterville PA 18930

FEC ID number of contributing 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  
08 / 17 / 2007

Transaction ID: R480839

Amount of Each Receipt this Period  
500.00

Check

**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  
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  
08 / 10 / 2007

Transaction ID: R478624

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  
Self-employed 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  
08 / 10 / 2007

Transaction ID: R478281

Amount of Each Receipt this Period  
42.50

Payroll Deduction

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>569.50</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

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

|  |  |               |
|--|--|---------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 55 / 121 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |               |

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

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Mr. Michael C. Keenan, CLU, ChFC   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 27 / 2007 |  |
| Mailing Address 2226 Hartzell Street  |  | <b>Transaction ID:</b> R481196                           |  |
| City State Zip Code<br>Evanston IL 60201-1424   | Amount of Each Receipt this Period<br>500.00 |  |  |
| FEC ID number of contributing federal political committee.<br>C   | Check  |  |  |
| Name of Employer Self-employed<br>Occupation Insurance Agent  | Aggregate Year-to-Date ▼<br>500.00           |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |  |

|   |   |  |  |
|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Mr. Michael L. Kerley, JD  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 17 / 2007 |  |
| Mailing Address 2901 Telestar Court   |   | <b>Transaction ID:</b> R480870                           |  |
| City State Zip Code<br>Falls Church VA 22042  | Amount of Each Receipt this Period<br>52.25 |  |  |
| FEC ID number of contributing federal political committee.<br>C   | Check                                       |  |  |
| Name of Employer Self-employed<br>Occupation Insurance Agent  | Aggregate Year-to-Date ▼<br>783.75          |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |  |

|   |   |  |  |
|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Mr. Roy W. Kern, LUTCF, CLTC   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2007 |  |
| Mailing Address 3775 West Randall Road  |   | <b>Transaction ID:</b> R480069                           |  |
| City State Zip Code<br>Springfield MO 65810   | Amount of Each Receipt this Period<br>60.00 |  |  |
| FEC ID number of contributing federal political committee.<br>C   | Payroll Deduction                           |  |  |
| Name of Employer Self-employed<br>Occupation Insurance Agent  | Aggregate Year-to-Date ▼<br>480.00          |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 612.25 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

|  |                              |                              |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 56 / 121                |
|  | (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. Art E. Kess

Mailing Address 12740 Fieldcreek Ln.

City State Zip Code  
Reno NV 89511

FEC ID number of contributing 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  
MM / DD / YYYY  
08 / 08 / 2007

**Transaction ID:** R480578

Amount of Each Receipt this Period  
120.00

Credit Card

**B.** Full Name (Last, First, Middle Initial)  
Mr. Art E. Kess

Mailing Address 12740 Fieldcreek Ln.

City State Zip Code  
Reno NV 89511

FEC ID number of contributing 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  
MM / DD / YYYY  
08 / 29 / 2007

**Transaction ID:** R481387

Amount of Each Receipt this Period  
120.00

Credit Card

**C.** 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 ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
08 / 27 / 2007

**Transaction ID:** R481198

Amount of Each Receipt this Period  
500.00

Check

**SUBTOTAL** of Receipts This Page (optional) ..... ► **740.00**

**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 / 121                |
|  | <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 D. Kimmel

Mailing Address 6525 Bellaire Drive S

City State Zip Code  
Ft Worth TX 76132-1138

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2007

Transaction ID: R478337

Amount of Each Receipt this Period  
42.00

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  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 408.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2007

Transaction ID: R478848

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  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2007

Transaction ID: R478615

Amount of Each Receipt this Period  
42.00

Payroll Deduction

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 135.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 58 / 121                |
|  | <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. 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 ▼ 403.20

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2007

**Transaction ID:** R479759

Amount of Each Receipt this Period  
50.40

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Lance B. Kolbet, RHU, LUTCF

Mailing Address 4632 Mountain Park Rd.

City State Zip Code  
Pocatello ID 83202-1702

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1008.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2007

**Transaction ID:** R479887

Amount of Each Receipt this Period  
126.00

Payroll Deduction

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

Mailing Address 1612 S. 152nd Street

City State Zip Code  
Omaha NE 68144-5121

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2007

**Transaction ID:** R479308

Amount of Each Receipt this Period  
105.00

Payroll Deduction

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>281.40</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 59 / 121                |
|  | <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. 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 ▼ 403.20

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 1 0 / 2 0 0 7  
Transaction ID: R479543  
Amount of Each Receipt this Period  
50.40  
Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. David T. Koppa, CLU, LUTCF  
Mailing Address 1105 Via Bolzano  
City State Zip Code  
Santa Barbara CA 93111-1053  
FEC ID number 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 Y  
0 8 / 1 0 / 2 0 0 7  
Transaction ID: R479285  
Amount of Each Receipt this Period  
42.50  
Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Bryan M. Krupin  
Mailing Address 649 26th Street  
City State Zip Code  
Manhattan Beach CA 90266  
FEC ID number 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  
0 8 / 1 4 / 2 0 0 7  
Transaction ID: R480899  
Amount of Each Receipt this Period  
500.00  
Credit Card

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **592.90**  
**TOTAL** This Period (last page this line number only) ..... ▶

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

|  |                              |                              |
|--|------------------------------|------------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 60 / 121                |
|  | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                      | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 16  | <input type="checkbox"/> 17  |

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Robert D. Lang

Mailing Address 7500 Brooktree Rd. Ste 206

City State Zip Code  
Wexford PA 15090-9285

FEC ID number of contributing 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  
08 / 16 / 2007

Transaction ID: R480824

Amount of Each Receipt this Period  
500.00

Check

**B.** 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  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 403.20

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 10 / 2007

Transaction ID: R480192

Amount of Each Receipt this Period  
50.40

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. David F. Lau, JD,CLU,ChF

Mailing Address 5215 Winlane Dr

City State Zip Code  
Bloomfield Hills MI 48302-2961

FEC ID number of contributing 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  
08 / 24 / 2007

Transaction ID: R481097

Amount of Each Receipt this Period  
500.00

Check

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1050.40 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 61 / 121                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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

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

Mailing Address 5553 Peters Drive

City State Zip Code  
West Bend WI 53095

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 408.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 10 / 2007

Transaction ID: R478613

Amount of Each Receipt this Period  
51.00

Payroll Deduction

**B.** 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 ▼ 201.60

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 10 / 2007

Transaction ID: R480257

Amount of Each Receipt this Period  
25.20

Payroll Deduction

**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 ▼ 336.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 10 / 2007

Transaction ID: R479944

Amount of Each Receipt this Period  
42.00

Payroll Deduction

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 118.20 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 62 / 121                |
|  | <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. T. Leslie Littleton, LUTCF, CLU

Mailing Address 1025 E. Austin

City State Zip Code  
Nacogdoches TX 75965-2964

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt  
08 / 10 / 2007

Transaction ID: R480260

Amount of Each Receipt this Period  
47.50

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Lawrence E. Lounds

Mailing Address 2477 Valley Oaks Circle

City State Zip Code  
Flint MI 48532

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt  
08 / 10 / 2007

Transaction ID: R480290

Amount of Each Receipt this Period  
105.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Patricia S. Lucas, CLU, CLTC, L

Mailing Address 8375 Starlight Lane

City State Zip Code  
Boones Mill VA 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 ▼ 336.00

Date of Receipt  
08 / 10 / 2007

Transaction ID: R479049

Amount of Each Receipt this Period  
42.00

Payroll Deduction

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 194.50 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 63 / 121                |
|  | <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. 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  
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  
08 / 10 / 2007

Transaction ID: R480014

Amount of Each Receipt this Period  
37.50

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert T. MacDonald

Mailing Address 1931 N 73rd St.

City State Zip Code  
Wauwatosa WI 53213

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2007

Transaction ID: R479242

Amount of Each Receipt this Period  
27.00

Payroll Deduction

**C.** 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 ▼ 336.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2007

Transaction ID: R480303

Amount of Each Receipt this Period  
42.00

Payroll Deduction

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 106.50 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 64 / 121                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Joseph J. 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  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2007

Transaction ID: R478781

Amount of Each Receipt this Period  
42.00

Payroll Deduction

**B.** 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  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 403.20

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2007

Transaction ID: R479234

Amount of Each Receipt this Period  
50.40

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  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 333.28

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2007

Transaction ID: R479749

Amount of Each Receipt this Period  
41.66

Payroll Deduction

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 134.06 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 65 / 121                |
|  | <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. Carl James Maus, LUTCF

Mailing Address 432 Fort Saratoga

City State Zip Code  
Saint Charles MO 63303-1766

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 403.20

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 10 / 2007

Transaction ID: R480251

Amount of Each Receipt this Period  
50.40

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. James L. McConathy, Jr.

Mailing Address 706 Trenton St., Apt. 6

City State Zip Code  
West Monroe LA 71291

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 10 / 2007

Transaction ID: R478482

Amount of Each Receipt this Period  
50.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Morland G. McManigal

Mailing Address 5237 Sunridge Dr

City State Zip Code  
Fairfield CA 94534-6672

FEC ID number of contributing 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  
08 / 13 / 2007

Transaction ID: R480765

Amount of Each Receipt this Period  
500.00

Check

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 600.40 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 66 / 121                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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

**A.** Full Name (Last, First, Middle Initial)  
Ms. Juli Y. McNeely, LUTCF,CFP

Mailing Address S764 Hanson Road

City State Zip Code  
Spencer WI 54479

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 303.00

Date of Receipt  
08 / 10 / 2007

Transaction ID: R479118

Amount of Each Receipt this Period  
51.00

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  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 528.00

Date of Receipt  
08 / 10 / 2007

Transaction ID: R479462

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  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1008.00

Date of Receipt  
08 / 10 / 2007

Transaction ID: R480249

Amount of Each Receipt this Period  
126.00

Payroll Deduction

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 243.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 67 / 121                |
|  | <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. Anthony D. Miller, CLU, ChFC,  
Mailing Address 4502 Hi-Line Dr

City State Zip Code  
Billings MT 59106

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 314.40

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2007

**Transaction ID:** R479571

Amount of Each Receipt this Period  
50.40

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Dennis L. Miller, LUTCF, CLU  
Mailing Address 649 State Road  
P.O. Box 186

City State Zip Code  
Vassar MI 48768-0186

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2007

**Transaction ID:** R478880

Amount of Each Receipt this Period  
42.50

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  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 555.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2007

**Transaction ID:** R477907

Amount of Each Receipt this Period  
60.00

Payroll Deduction

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>152.90</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 68 / 121                |
|  | <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  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2007

Transaction ID: R479882

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  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2007

Transaction ID: R480321

Amount of Each Receipt this Period  
50.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert J. Morales, LUTCF, CLT

Mailing Address 1125 Wyoming Avenue

City State Zip Code  
Reno NV 89503-3342

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2007

Transaction ID: R477796

Amount of Each Receipt this Period  
60.00

Payroll Deduction

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 160.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 69 / 121                |
|  | <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. 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 ▼ 336.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2007

Transaction ID: R480073

Amount of Each Receipt this Period  
42.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr Joseph L Morton, III,JD

Mailing Address 5487 N. Bach

City State Zip Code  
Meridian ID 83642

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2007

Transaction ID: R476813

Amount of Each Receipt this Period  
126.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Patrick M. Mucci, Jr.

Mailing Address 1135 Clifton Avenue

City State Zip Code  
Clifton NJ 07013-3642

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 17 / 2007

Transaction ID: R480832

Amount of Each Receipt this Period  
120.00

Check

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 288.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 70 / 121                |
|  | <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 G. Murphy, LUTCF

Mailing Address 1014 S. 54th St.

City State Zip Code  
Omaha NE 68106

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 224.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2007

Transaction ID: R477888

Amount of Each Receipt this Period  
28.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Dallas H. Neal, LUTCF

Mailing Address 5130 Eastmoor Rd.

City State Zip Code  
Salt Lake City UT 84117-6915

FEC ID number 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  
08 / 14 / 2007

Transaction ID: R480781

Amount of Each Receipt this Period  
250.00

Check

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert M. Nelson, CLU, LUTCF

Mailing Address 14712 Shirley Street

City State Zip Code  
Omaha NE 68144-2144

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2007

Transaction ID: R480254

Amount of Each Receipt this Period  
50.00

Payroll Deduction

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>328.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 71 / 121                |
|  | <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  |

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. 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  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 586.00

Date of Receipt  
08 / 10 / 2007

Transaction ID: R477653

Amount of Each Receipt this Period  
42.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. John F. Nichols, CLU, DIA

Mailing Address 1331 W Norwood Avenue

City State Zip Code  
Chicago IL 60660

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 586.00

Date of Receipt  
08 / 29 / 2007

Transaction ID: R481392

Amount of Each Receipt this Period  
250.00

Credit Card

**C.** Full Name (Last, First, Middle Initial)  
Ms. Shirley A. Nielsen, LUTCF, CLU

Mailing Address 2817 Circle Drive

City State Zip Code  
Grand Island NE 68801

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
08 / 10 / 2007

Transaction ID: R480246

Amount of Each Receipt this Period  
50.00

Payroll Deduction

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>342.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 72 / 121                |
|  | <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 ▼ 480.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2007  
**Transaction ID:** R480166  
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 ▼ 462.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2007  
**Transaction ID:** R477424  
Amount of Each Receipt this Period  
60.00  
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 ▼ 1144.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2007  
**Transaction ID:** R480083  
Amount of Each Receipt this Period  
143.00  
Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 263.00  
**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 73 / 121                |
|  | <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. Rex W Oliver

Mailing Address 1173 South 250 West Suite 201

City State Zip Code  
Saint George UT 84770-6739

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

Name of Employer Self-employed Occupation  
Self-employed 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  
08 / 10 / 2007

Transaction ID: R476822

Amount of Each Receipt this Period  
42.50

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Ms. Rae Lee Olson

Mailing Address 218 N El Monte Ave

City State Zip Code  
Los Altos CA 94022-2354

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2007

Transaction ID: R480228

Amount of Each Receipt this Period  
42.50

Payroll Deduction

**C.** 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 ▼ 336.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2007

Transaction ID: R479312

Amount of Each Receipt this Period  
42.00

Payroll Deduction

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 127.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 74 / 121                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Gary M. Owens, LUTCF

Mailing Address PO Box 835

City Sultan State WA Zip Code 98294

FEC ID number 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  
08 / 10 / 2007

Transaction ID: R477856

Amount of Each Receipt this Period  
42.50

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Roger L. Owens, LUTCF, RHU

Mailing Address 51 Lance Ct

City Elkton State MD Zip Code 21921-7219

FEC ID number 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  
08 / 10 / 2007

Transaction ID: R477797

Amount of Each Receipt this Period  
42.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Aldous Kawaiiani Paalani

Mailing Address 2219 Kaululaau Street

City Honolulu State HI Zip Code 96813-1230

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
08 / 10 / 2007

Transaction ID: R479588

Amount of Each Receipt this Period  
50.00

Payroll Deduction

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 134.50 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 75 / 121                |
|  | <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 Palladino, Jr.

Mailing Address 15060 Becky Lane

City State Zip Code  
Monte Sereno CA 95030-2106

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 294.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 10 / 2007

Transaction ID: R478002

Amount of Each Receipt this Period  
42.00

Payroll Deduction

**B.** 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  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 10 / 2007

Transaction ID: R479847

Amount of Each Receipt this Period  
60.00

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 ▼ 417.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 10 / 2007

Transaction ID: R479912

Amount of Each Receipt this Period  
50.00

Payroll Deduction

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 152.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

|  |  |               |
|--|--|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 76 / 121 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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. 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 ▼ 340.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2007

Transaction ID: R479752

Amount of Each Receipt this Period  
42.50

Payroll Deduction

**B.** 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 ▼ 366.64

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2007

Transaction ID: R479457

Amount of Each Receipt this Period  
45.83

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Ms. Shelly D. Pensky, LLC

Mailing Address 2855 S. 4th Avenue #118

City State Zip Code  
Yuma AZ 85364-8150

FEC ID number of contributing 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  
08 / 10 / 2007

Transaction ID: R480008

Amount of Each Receipt this Period  
30.00

Payroll Deduction

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 118.33 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

|  |                              |                              |
|--|------------------------------|------------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 77 / 121                |
|  | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                      | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 16  | <input type="checkbox"/> 17  |

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

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. P. Martin Peters, CLU, RHU

Mailing Address 120 10th St

City State Zip Code  
Del Mar CA 92014

FEC ID number of contributing 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  
08 / 14 / 2007

Transaction ID: R480784

Amount of Each Receipt this Period  
250.00

Check

**B.** Full Name (Last, First, Middle Initial)  
Mr. W. Harold Petersen, RHU

Mailing Address 24823 Los Altos Drive

City State Zip Code  
Valencia CA 91355-4955

FEC ID number of contributing 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  
08 / 20 / 2007

Transaction ID: R481008

Amount of Each Receipt this Period  
500.00

Credit Card

**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 ▼ 480.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2007

Transaction ID: R480243

Amount of Each Receipt this Period  
47.50

Payroll Deduction

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>797.50</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |                              |                                   |   |
|--|------------------------------|-----------------------------------|---|
| Use separate schedule(s) or each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 78 / 121   |
| <input checked="" type="checkbox"/> 11a                                | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. 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 ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2007

Transaction ID: R477864

Amount of Each Receipt this Period  
25.00

Payroll Deduction

**B.** 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  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1664.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2007

Transaction ID: R479319

Amount of Each Receipt this Period  
208.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. B. Keith Potts

Mailing Address P.O. Box 821

City State Zip Code  
Wolfforth TX 79382

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2007

Transaction ID: R477323

Amount of Each Receipt this Period  
35.00

Payroll Deduction

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 79 / 121                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Charles W. Potts, CLU, RHU,  
Mailing Address 12725 St. Andrews Ter  
City State Zip Code  
Oklahoma City OK 73120-8807  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-employed Occupation 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  
0 8 / 1 0 / 2 0 0 7  
Transaction ID: R479820  
Amount of Each Receipt this Period 30.00  
Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Ms. Laurene B. Prevette, LUTCF, RHU,  
Mailing Address 741 Romany Road  
City State Zip Code  
Charlotte NC 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 ▼ 220.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 1 0 / 2 0 0 7  
Transaction ID: R480311  
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 415 38th St S Ste E  
City State Zip Code  
Fargo ND 58103-1190  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-employed Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 404.40

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 1 0 / 2 0 0 7  
Transaction ID: R480136  
Amount of Each Receipt this Period 50.40  
Payroll Deduction

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 107.90 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 80 / 121                |
|  | <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. Craig L. Quinlan, CLU

Mailing Address 3430 Yorkshire Ct

City Palatine State IL Zip Code 60067

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 294.00

Date of Receipt  
08 / 10 / 2007

Transaction ID: R476670

Amount of Each Receipt this Period  
42.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Craig L. Quinlan, CLU

Mailing Address 3430 Yorkshire Ct

City Palatine State IL Zip Code 60067

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 294.00

Date of Receipt  
08 / 15 / 2007

Transaction ID: R480718

Amount of Each Receipt this Period  
-42.00

RT

**C.** Full Name (Last, First, Middle Initial)  
Mr. Edward F. Randolph

Mailing Address 1515 Mill Bay Road

City Kodiak State AK Zip Code 99615-6233

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt  
08 / 10 / 2007

Transaction ID: R477334

Amount of Each Receipt this Period  
42.00

Payroll Deduction

|  |   |       |
|--|---|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 42.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |       |

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

|  |  |               |
|--|--|---------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 81 / 121 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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 V. Regan, III, CLU

Mailing Address 790 Broomfield Road

City State Zip Code  
San Mateo CA 94402

FEC ID number of contributing 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  
08 / 14 / 2007

Transaction ID: R480782

Amount of Each Receipt this Period  
500.00

Check

**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  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2007

Transaction ID: R477927

Amount of Each Receipt this Period  
42.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Christopher Rich

Mailing Address 3 Spruce Tree Lane

City State Zip Code  
Wayland MA 01778-1215

FEC ID number of contributing 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  
08 / 10 / 2007

Transaction ID: R480653

Amount of Each Receipt this Period  
250.00

Check

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 792.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 82 / 121                |
|  | <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. August P. Richter, IV, LUTCF

Mailing Address 401 Wild Oak Drive

City State Zip Code  
Manitowoc WI 54220-9054

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 403.20

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 10 / 2007

Transaction ID: R477494

Amount of Each Receipt this Period  
50.40

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. John F. Ridoux

Mailing Address 911 Thorpe Drive

City State Zip Code  
Louisville KY 40243-1959

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 201.60

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 10 / 2007

Transaction ID: R477934

Amount of Each Receipt this Period  
25.20

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Michael A. Riffenburg, LUTCF

Mailing Address 5111 Borman Drive

City State Zip Code  
Spartanburg SC 29301-3411

FEC ID number of contributing 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  
08 / 29 / 2007

Transaction ID: R481382

Amount of Each Receipt this Period  
250.00

Credit Card

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>325.60</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 83 / 121                |
|  | <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 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 ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 10 / 2007

Transaction ID: R477297

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 ▼ 1193.30

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 10 / 2007

Transaction ID: R479548

Amount of Each Receipt this Period  
117.50

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Randy T. Robertson, LUTCF

Mailing Address P.O. Box 93893

City State Zip Code  
Lubbock TX 79493-3893

FEC ID number of contributing 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  
08 / 16 / 2007

Transaction ID: R480812

Amount of Each Receipt this Period  
300.00

Check

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **467.50**

**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 84 / 121                |
|  | <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. Harry S. Rosnick, LUTCF

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

City Fredericksburg State VA Zip Code 22404-0360

FEC ID number 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  
08 / 10 / 2007

Transaction ID: R477262

Amount of Each Receipt this Period  
25.00

Payroll Deduction

**B.** 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 ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2007

Transaction ID: R477733

Amount of Each Receipt this Period  
37.50

Payroll Deduction

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

Mailing Address 8461 Eagle Preserve Way

City Sarasota State FL Zip Code 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 ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2007

Transaction ID: R477414

Amount of Each Receipt this Period  
50.00

Payroll Deduction

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 112.50 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 85 / 121                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Daniel 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 ▼ 480.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2007

Transaction ID: R479356

Amount of Each Receipt this Period  
60.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Ms. Donna Saarem

Mailing Address 2886 Cedar Ridge Dr

City State Zip Code  
Reno NV 89523

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
08 / 08 / 2007

Transaction ID: R480584

Amount of Each Receipt this Period  
1500.00

Credit Card

**C.** Full Name (Last, First, Middle Initial)  
Mr. R. Philip Sarnecki, CLU

Mailing Address 6598 Heritage Club Drive

City State Zip Code  
Mason OH 45040

FEC ID number 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  
08 / 09 / 2007

Transaction ID: R480630

Amount of Each Receipt this Period  
150.00

Credit Card

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1710.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

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

|  |                              |                              |
|--|------------------------------|------------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 86 / 121                |
|  | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                      | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 16  | <input type="checkbox"/> 17  |

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

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

Mailing Address 2949 Kenwood Blvd.

City Toledo State OH Zip Code 43606

FEC ID number 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 |
| 0 | 8 | / | 2 | 8 | / | 2 | 0 | 0 | 7 |

Transaction ID: R481212

Amount of Each Receipt this Period  
500.00

Check

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

Mailing Address 3627 - 22nd St.

City Kenosha State WI Zip Code 53144

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | / | 1 | 0 | / | 2 | 0 | 0 | 7 |

Transaction ID: R477580

Amount of Each Receipt this Period  
27.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Walter M. Schieffer, Jr., LUTCF

Mailing Address 17501 John Wayne

City Perry State OK Zip Code 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 ▼ 201.60

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | / | 1 | 0 | / | 2 | 0 | 0 | 7 |

Transaction ID: R477823

Amount of Each Receipt this Period  
25.20

Payroll Deduction

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 552.20 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 87 / 121                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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

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

Mailing Address 1510 So. 183 Circle

City State Zip Code  
Omaha NE 68130

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 670.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2007

Transaction ID: R480094

Amount of Each Receipt this Period  
105.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Allan B. Schon

Mailing Address 441 16th NW

City State Zip Code  
Minot ND 58703-1941

FEC ID number of contributing 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  
08 / 10 / 2007

Transaction ID: R478033

Amount of Each Receipt this Period  
30.00

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  
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  
08 / 10 / 2007

Transaction ID: R480300

Amount of Each Receipt this Period  
30.00

Payroll Deduction

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 165.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

|  |  |               |
|--|--|---------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 88 / 121 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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 J. Scott, CLU

Mailing Address 1022 WASHINGTON AVE.

City State Zip Code  
OSHKOSH WI 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 ▼ 403.20

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 10 / 2007

Transaction ID: R479490

Amount of Each Receipt this Period  
50.40

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Harry E. Sechman

Mailing Address 13 Beechwood Dr

City State Zip Code  
Rutland MA 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 ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 10 / 2007

Transaction ID: R477835

Amount of Each Receipt this Period  
30.00

Payroll Deduction

**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 ▼ 330.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 06 / 2007

Transaction ID: R480453

Amount of Each Receipt this Period  
250.00

Check

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 330.40 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 89 / 121                |
|  | <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. Dale J. Seymour

Mailing Address 2401 Wealdstone Rd.

City Toledo State OH Zip Code 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 ▼ 330.00

Date of Receipt  
08 / 10 / 2007

Transaction ID: R479835

Amount of Each Receipt this Period  
10.00

Payroll Deduction

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

Mailing Address 1706 Candleberry Lane

City Yorkville State IL Zip Code 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 ▼ 322.50

Date of Receipt  
08 / 10 / 2007

Transaction ID: R477420

Amount of Each Receipt this Period  
42.50

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Kenneth A. Sherlin, III,LUTCF

Mailing Address 8 First Street

City Ashville State NC Zip Code 28803-1414

FEC ID number 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  
08 / 10 / 2007

Transaction ID: R477757

Amount of Each Receipt this Period  
13.75

Payroll Deduction

|  |   |       |
|--|---|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 66.25 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |       |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 90 / 121                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Troy J. Shreve, CLU

Mailing Address 7100 S 45th Street

City Lincoln State NE Zip Code 68516-3016

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 10 / 2007

Transaction ID: R479683

Amount of Each Receipt this Period  
42.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. James John Silbernagel, LUTCF,CFP

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 ▼ 480.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 10 / 2007

Transaction ID: R478020

Amount of Each Receipt this Period  
60.00

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 ▼ 400.80

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 10 / 2007

Transaction ID: R479585

Amount of Each Receipt this Period  
50.10

Payroll Deduction

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 152.10 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 91 / 121                |
|  | <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. H. Dan Smith, CLU, LUTCF

Mailing Address 1616 Rio Vista

City State Zip Code  
Dallas TX 75208-2338

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1835.00

Date of Receipt  
08 / 10 / 2007

Transaction ID: R479361

Amount of Each Receipt this Period  
215.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Russell A. Smith

Mailing Address 22928 San Joaquin Drive East

City State Zip Code  
Canyon Lake CA 92587-7831

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1664.00

Date of Receipt  
08 / 10 / 2007

Transaction ID: R479385

Amount of Each Receipt this Period  
208.00

Payroll Deduction

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

Mailing Address 9451 Heddy Drive

City State Zip Code  
Flushing MI 48433

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1664.00

Date of Receipt  
08 / 10 / 2007

Transaction ID: R479405

Amount of Each Receipt this Period  
208.00

Payroll Deduction

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>631.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 92 / 121                |
|  | <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 ▼ 336.00

Date of Receipt  
08 / 10 / 2007

Transaction ID: R479945

Amount of Each Receipt this Period  
42.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Ms. Sharon L. Sparling, CIC

Mailing Address P.O. Box 1914

City Mount Vernon State WA Zip Code 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 ▼ 360.00

Date of Receipt  
08 / 10 / 2007

Transaction ID: R478072

Amount of Each Receipt this Period  
45.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Donald P. Speakman

Mailing Address Two Penn Center West Suite 325

City Pittsburgh State PA Zip Code 15276-0102

FEC ID number 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  
08 / 27 / 2007

Transaction ID: R481155

Amount of Each Receipt this Period  
500.00

Check

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **587.00**

**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 93 / 121                |
|  | <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. 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  
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  
08 / 10 / 2007

Transaction ID: R477386

Amount of Each Receipt this Period  
30.00

Payroll Deduction

**B.** 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  
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  
08 / 20 / 2007

Transaction ID: R480986

Amount of Each Receipt this Period  
115.08

Check

**C.** 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  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 369.60

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2007

Transaction ID: R480048

Amount of Each Receipt this Period  
46.20

Payroll Deduction

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 191.28 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 94 / 121                |
|  | <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 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  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
08 / 10 / 2007

Transaction ID: R479430

Amount of Each Receipt this Period  
50.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. William D. Stanley

Mailing Address 37159 N Cremona Ave.

City State Zip Code  
Lake Villa IL 60046-7731

FEC ID number of contributing 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  
08 / 14 / 2007

Transaction ID: R480898

Amount of Each Receipt this Period  
250.00

Credit Card

**C.** Full Name (Last, First, Middle Initial)  
Mr. Angelo T. Stath

Mailing Address 7821 Massachusetts

City State Zip Code  
Merrville IN 46410-5531

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
08 / 10 / 2007

Transaction ID: R480296

Amount of Each Receipt this Period  
50.00

Payroll Deduction

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 350.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 95 / 121                |
|  | <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. John P. Steele, LUTCF

Mailing Address 122 West Main

City State Zip Code  
Manhattan MT 59741

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 10 / 2007

Transaction ID: R477540

Amount of Each Receipt this Period  
30.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Matthew B. Stone, LUTCF

Mailing Address 212 Stoney Dr.

City State Zip Code  
Durham NC 27703-2901

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 10 / 2007

Transaction ID: R476947

Amount of Each Receipt this Period  
24.75

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  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1008.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 10 / 2007

Transaction ID: R480007

Amount of Each Receipt this Period  
126.00

Payroll Deduction

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 180.75 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 96 / 121                |
|  | <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 L. Stratton, CLU, ChFC,  
Mailing Address 13115 Beach Cir.

City State Zip Code  
Anchorage AK 99515-3748

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 895.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2007

Transaction ID: R479867

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 State Zip Code  
Morgan Hill CA 95037-6606

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 840.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2007

Transaction ID: R477774

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 State Zip Code  
Omaha NE 68118-2429

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2007

Transaction ID: R477380

Amount of Each Receipt this Period  
42.50

Payroll Deduction

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 252.50 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 97 / 121                |
|  | <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 ▼ 452.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2007

Transaction ID: R477935

Amount of Each Receipt this Period  
56.50

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Stephen G. Summerlin, CFP

Mailing Address 4014 N. W. 15th Street

City State Zip Code  
Gainesville FL 32605-1912

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2007

Transaction ID: R479934

Amount of Each Receipt this Period  
42.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Dennis P. Sunderman, CSA

Mailing Address 2325 Jeans Ct

City State Zip Code  
Signal Hill CA 90755-4047

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2007

Transaction ID: R477660

Amount of Each Receipt this Period  
105.00

Payroll Deduction

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 203.50 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |                              |                                   |   |
|--|------------------------------|-----------------------------------|---|
| Use separate schedule(s) or each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 98 / 121   |
| <input checked="" type="checkbox"/> 11a                                | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Dennis P. Sunderman, CSA

Mailing Address 2325 Jeans Ct

City State Zip Code  
Signal Hill CA 90755-4047

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 15 / 2007

Transaction ID: R480716

Amount of Each Receipt this Period  
-105.00

RT

**B.** Full Name (Last, First, Middle Initial)  
Mr. Arthur Ivan Swanson, LUTCF

Mailing Address 2270 E. 24TH PL

City State Zip Code  
Yuma AZ 85365-3245

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 201.60

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2007

Transaction ID: R479666

Amount of Each Receipt this Period  
25.20

Payroll Deduction

**C.** 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 ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2007

Transaction ID: R480019

Amount of Each Receipt this Period  
30.00

Payroll Deduction

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | -49.80 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 99 / 121                |
|  | <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 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  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
08 / 10 / 2007

Transaction ID: R477620

Amount of Each Receipt this Period  
50.00

Payroll Deduction

**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 ▼ 450.00

Date of Receipt  
08 / 10 / 2007

Transaction ID: R479967

Amount of Each Receipt this Period  
50.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Matthew S. Tassey

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 ▼ 576.00

Date of Receipt  
08 / 10 / 2007

Transaction ID: R480345

Amount of Each Receipt this Period  
72.00

Payroll Deduction

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 172.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 100 / 121               |
|  | <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. Benson B. Terrell, Jr., CFP

Mailing Address 9261 Lanier Rd

City State Zip Code  
Lake Charles LA 70605

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 384.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2007

Transaction ID: R477624

Amount of Each Receipt this Period  
50.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Terry R. Thayer

Mailing Address 353 Prospector Trail

City State Zip Code  
Bozeman MT 59718-7974

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 201.60

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2007

Transaction ID: R477257

Amount of Each Receipt this Period  
25.20

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Earl A. Thompson, RFC, LUTCF

Mailing Address 21014 Pricewood Manor Ct.

City State Zip Code  
Cypress TX 77433

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 341.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2007

Transaction ID: R477340

Amount of Each Receipt this Period  
47.00

Payroll Deduction

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 122.20 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 101 / 121               |
|  | <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 ▼ 403.20

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2007  
Transaction ID: R477300  
Amount of Each Receipt this Period  
50.40  
Payroll Deduction

**B.** 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 ▼ 204.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2007  
Transaction ID: R477472  
Amount of Each Receipt this Period  
25.50  
Payroll Deduction

**C.** 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 ▼ 360.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2007  
Transaction ID: R480034  
Amount of Each Receipt this Period  
45.00  
Payroll Deduction

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 120.90 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 102 / 121               |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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

**A.** Full Name (Last, First, Middle Initial)  
Ms. 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  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2007

Transaction ID: R478224

Amount of Each Receipt this Period  
42.50

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Brian Urie, CFP

Mailing Address 2825 E. Cottonwood Pkwy  
STE 470

City State Zip Code  
Salt Lake City UT 84121

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 223.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2007

Transaction ID: R477067

Amount of Each Receipt this Period  
2.50

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Howard Raymond Utz, LUTCF

Mailing Address PO Box 480

City State Zip Code  
Mars PA 16046

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2007

Transaction ID: R479903

Amount of Each Receipt this Period  
42.50

Payroll Deduction

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 103 / 121               |
|  | <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 D. Vonderlage, CSA, LUTCF

Mailing Address 15202 Sprague St

City State Zip Code  
Omaha NE 68116

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt  
08 / 10 / 2007

Transaction ID: R479723

Amount of Each Receipt this Period  
42.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Ms. Sharon S. Walls, CLU,ChFC,L

Mailing Address 1831 Frontier Rd

City State Zip Code  
Bennington KS 67422-9063

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 ▼ 204.00

Date of Receipt  
08 / 10 / 2007

Transaction ID: R477736

Amount of Each Receipt this Period  
18.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Mark R. Warren, LUTCF

Mailing Address 3603 Grandview

City State Zip Code  
Plainview TX 79072-6625

FEC ID number 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  
08 / 10 / 2007

Transaction ID: R480206

Amount of Each Receipt this Period  
42.00

Payroll Deduction

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 102.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 104 / 121               |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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

**A.** Full Name (Last, First, Middle Initial)  
Ms. Carolyn R. Watson, LUTCF

Mailing Address 2032 Hollis

City State Zip Code  
Abilene TX 79605-5726

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 405.00

Date of Receipt  
08 / 10 / 2007

Transaction ID: R477786

Amount of Each Receipt this Period  
55.00

Payroll Deduction

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

Mailing Address 2516 Longview Ave.

City State Zip Code  
Roanoke VA 24014

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
08 / 10 / 2007

Transaction ID: R477185

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 State Zip Code  
Salt Lake City UT 84105-2043

FEC ID number of contributing 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  
08 / 10 / 2007

Transaction ID: R480090

Amount of Each Receipt this Period  
25.00

Payroll Deduction

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 122.50 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 105 / 121               |
|  | <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. Matthew C. Weider, CLU,ChFC

Mailing Address 6855 Compton Heights Circle

City Clifton State VA Zip Code 20124

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 403.20

Date of Receipt  
08 / 10 / 2007

Transaction ID: R477062

Amount of Each Receipt this Period  
50.40

Payroll Deduction

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

Mailing Address 18830 Los Hermanos Ranch Rd

City Valley Center State CA Zip Code 92082-6808

FEC ID number 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  
08 / 10 / 2007

Transaction ID: R477820

Amount of Each Receipt this Period  
47.50

Payroll Deduction

**C.** 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 ▼ 240.00

Date of Receipt  
08 / 10 / 2007

Transaction ID: R477607

Amount of Each Receipt this Period  
30.00

Payroll Deduction

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 127.90 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |  |                |
|--|--|----------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 106 / 121 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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. Lester E. Westgard, CLU

Mailing Address 2714 26th Ave SW

City State Zip Code  
Fargo ND 58103-5006

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2007

Transaction ID: R477413

Amount of Each Receipt this Period  
60.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Raymond M. White, ChFC,LUTCF

Mailing Address 24 Reverend Houston Drive

City State Zip Code  
Bedford NH 03110-5023

FEC ID number of contributing 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  
MM / DD / YYYY  
08 / 06 / 2007

Transaction ID: R480444

Amount of Each Receipt this Period  
500.00

Check

**C.** 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  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2007

Transaction ID: R479446

Amount of Each Receipt this Period  
50.00

Payroll Deduction

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 610.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 107 / 121               |
|  | <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. Susan Diane Wier, CFP, ChFC

Mailing Address 8023 South Zikes Rd

City Bloomington State IN Zip Code 47401-9178

FEC ID number 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  
08 / 27 / 2007

Transaction ID: R481140

Amount of Each Receipt this Period  
250.00

Check

**B.** Full Name (Last, First, Middle Initial)  
Mr. Irv Wiese, CLU, ChFC,

Mailing Address 318 Stamford Bridge Rd

City Columbia State SC Zip Code 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 ▼ 336.00

Date of Receipt  
08 / 10 / 2007

Transaction ID: R477994

Amount of Each Receipt this Period  
42.00

Payroll Deduction

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

Mailing Address 7023 W. Willamette Ave

City Kennewick State WA Zip Code 99336-1280

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 ▼ 840.00

Date of Receipt  
08 / 10 / 2007

Transaction ID: R477735

Amount of Each Receipt this Period  
105.00

Payroll Deduction

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>397.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 108 / 121               |
|  | <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. Joel K. Williamson, CLU, CSA,L

Mailing Address 1750 Cord 16

City State Zip Code  
Tulia TX 79088

FEC ID number of contributing 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  
08 / 10 / 2007

Transaction ID: R479772

Amount of Each Receipt this Period  
30.00

Payroll Deduction

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

Mailing Address 1458 W. Bahia Court

City State Zip Code  
Gilbert AZ 85233-5600

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1008.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 10 / 2007

Transaction ID: R477273

Amount of Each Receipt this Period  
126.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Randall C. Wimsatt, LUTCF

Mailing Address 2460 E 20th St

City State Zip Code  
Farmington NM 87401-4402

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 201.60

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 10 / 2007

Transaction ID: R479982

Amount of Each Receipt this Period  
25.20

Payroll Deduction

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 181.20 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

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

FOR LINE NUMBER: PAGE 109 / 121  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 18600 Longview Ct

City State Zip Code  
Brookfield WI 53045

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

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

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 720.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 10 / 2007

**Transaction ID:** R479471

Amount of Each Receipt this Period  
90.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Benjamin Bunn Woodard, Jr.

Mailing Address 109 Bristol Court

City State Zip Code  
Rocky Mount NC 27803-1203

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

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

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 374.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 10 / 2007

**Transaction ID:** R477841

Amount of Each Receipt this Period  
46.75

Payroll Deduction

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

Mailing Address 21110 Serene Way

City State Zip Code  
San Jose CA 95120-1217

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

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

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 31 / 2007

**Transaction ID:** R481367

Amount of Each Receipt this Period  
250.00

Check

**SUBTOTAL** of Receipts This Page (optional) ..... ► **386.75**

**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 110 / 121  |
| <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. Edward A. Zabielski, Jr.

Mailing Address 104 Clay Ct.

City Landenberg State PA Zip Code 19350

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt  
08 / 10 / 2007

Transaction ID: R480319

Amount of Each Receipt this Period  
105.00

Payroll Deduction

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

Mailing Address 28400 Ridgethorne Ct

City Rancho Palos Verde State CA Zip Code 90275-3258

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt  
08 / 10 / 2007

Transaction ID: R479552

Amount of Each Receipt this Period  
42.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Alan R. Zalewski, CLU, ChFC,

Mailing Address 6908 North 27th Street

City Tacoma State WA Zip Code 98407-1002

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
08 / 10 / 2007

Transaction ID: R478067

Amount of Each Receipt this Period  
50.00

Payroll Deduction

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>197.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 111 / 121               |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. David G. 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  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1875.00

Date of Receipt  
MM / DD / YYYY  
08 / 21 / 2007

Transaction ID: R481018

Amount of Each Receipt this Period  
625.00

Check

**B.** 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  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2007

Transaction ID: R479445

Amount of Each Receipt this Period  
42.50

Payroll Deduction

**C.** 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  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2007

Transaction ID: R480000

Amount of Each Receipt this Period  
30.00

Payroll Deduction

|  |                 |
|--|-----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>697.50</b>   |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <b>31395.41</b> |

**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 112 / 121

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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: D9457

Date of Disbursement

08 / 29 / 2007

Amount of Each Disbursement this Period

1232.99

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: D9459

Date of Disbursement

08 / 29 / 2007

Amount of Each Disbursement this Period

19580.23

etc.

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

20813.22

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

20813.22

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Adrian Smith for Congress

Mailing Address 3321 Avenue 1, Suite 6

City State Zip Code  
Scottsbluff NE 69361

Purpose of Disbursement  
Contr. Adrian Smith (NE-3-R-US House)

Candidate Name  
Adrian Smith

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: NE District: 03

Transaction ID: D9425

Date of Disbursement

08 / 08 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B.** Debbie Wasserman Schultz for Congress

Mailing Address 4479 Foxglove Lane

City State Zip Code  
Weston FL 33331

Purpose of Disbursement  
Contr. Debbie Wasserman-Schultz

Candidate Name  
Debbie Wasserman-Schultz

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: FL District: 20

Transaction ID: D9420

Date of Disbursement

08 / 08 / 2007

Amount of Each Disbursement this Period

2500.00

(FL-20-D-US House)

Full Name (Last, First, Middle Initial)

**C.** Dutch Ruppertsberger for Congress

Mailing Address 22 West Padonia Road Suite A307

City State Zip Code  
Timonium MD 21093

Purpose of Disbursement  
Contr. C.A. Dutch Ruppertsberger

Candidate Name  
C.A. Dutch Ruppertsberger

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: MD District: 02

Transaction ID: D9414

Date of Disbursement

08 / 01 / 2007

Amount of Each Disbursement this Period

2500.00

(MD-2-D-US House)

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

7500.00

**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)

PAGE 114 / 121

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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.** Fallin for Congress

Mailing Address 119 N Robinson, Suite 400

City Oklahoma City State OK Zip Code 73102

Purpose of Disbursement  
Contr. Mary Fallin (OK-5-R-US House)

Candidate Name  
Mary Fallin

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: OK District: 05

**Transaction ID:** D9438

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Friends of Jim Inhofe

Mailing Address P. O. Box 13300

City Oklahoma City State OK Zip Code 73113-1300

Purpose of Disbursement  
Contr. James M. Inhofe (OK-R-US Senate)

Candidate Name  
James M. Inhofe

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: OK District:

**Transaction ID:** D9427

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**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

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: CA District: 24

**Transaction ID:** D9426

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

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

4000.00

**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)

PAGE 115 / 121

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)<br><b>A. Gene Green Congressional Campaign</b>  |  | <b>Transaction ID:</b> D9437<br>Date of Disbursement  |
| Mailing Address PO Box 16128  |  | <input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2007"/> |
| City Houston  | State TX   | Zip Code 77222-6128   |
| Purpose of Disbursement<br>Contr. Gene Green (TX-29-D-US House)   |  | Amount of Each Disbursement this Period   |
| Candidate Name<br>Gene Green  |  | <input type="text" value="1000.00"/>  |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: TX   | District: 29   |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Kagen 4 Congress</b>   |  | <b>Transaction ID:</b> D9418<br>Date of Disbursement  |
| Mailing Address 100 West Lawrence St.   |  | <input type="text" value="08"/> / <input type="text" value="06"/> / <input type="text" value="2007"/> |
| City Appleton   | State WI   | Zip Code 54911  |
| Purpose of Disbursement<br>Contr. Steve Kagen (WI-8-D-US House)   |  | Amount of Each Disbursement this Period   |
| Candidate Name<br>Steve Kagen   |  | <input type="text" value="1000.00"/>  |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: WI   | District: 08   |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Kind for Congress Committee</b>  |  | <b>Transaction ID:</b> D9417<br>Date of Disbursement  |
| Mailing Address 505 King St. Suite 105  |  | <input type="text" value="08"/> / <input type="text" value="02"/> / <input type="text" value="2007"/> |
| City La Crosse  | State WI   | Zip Code 54601  |
| Purpose of Disbursement<br>Contr. Ron Kind (WI-3-D-US House)  |  | Amount of Each Disbursement this Period   |
| Candidate Name<br>Ron Kind  |  | <input type="text" value="1000.00"/>  |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: WI   | District: 03   |   |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="3000.00"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                 |

# 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 116 / 121

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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.** Kirk for Congress

Mailing Address P.O. Box 8

City Winnetka State IL Zip Code 60093

Purpose of Disbursement  
Contr. Mark Steven Kirk (IL-10-R-US)

Candidate Name  
Mark Steven Kirk

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: IL District: 10

Transaction ID: D9416

Date of Disbursement

08 / 01 / 2007

Amount of Each Disbursement this Period

1000.00

House)

Full Name (Last, First, Middle Initial)

**B.** Klein for Congress

Mailing Address 21301 Powerline Road, Suite 204

City Boca Raton State FL Zip Code 33433

Purpose of Disbursement  
Contr. Ronald Klein (FL-22-D-US House)

Candidate Name  
Ronald Klein

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: FL District: 22

Transaction ID: D9422

Date of Disbursement

08 / 08 / 2007

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C.** Lee Terry for Congress

Mailing Address P.O. Box 540098

City Omaha State NE Zip Code 68154

Purpose of Disbursement  
Contr. Lee Terry (NE-2-R-US House)

Candidate Name  
Lee Terry

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: NE District: 02

Transaction ID: D9424

Date of Disbursement

08 / 08 / 2007

Amount of Each Disbursement this Period

2500.00

**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)

PAGE 117 / 121

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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.** Mike Thompson for Congress

Mailing Address 5435 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement  
Contr. Michael Thompson (CA-1-D-US)

Candidate Name  
Michael Thompson

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: CA District: 01

Transaction ID: D9413

Date of Disbursement

08 / 01 / 2007

Amount of Each Disbursement this Period

2500.00

House)

Full Name (Last, First, Middle Initial)

**B.** Mike Thompson for Congress

Mailing Address 5435 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement  
Contr. Michael Thompson (CA-1-D-US)

Candidate Name  
Michael Thompson

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: CA District: 01

Transaction ID: D9415

Date of Disbursement

08 / 01 / 2007

Amount of Each Disbursement this Period

2500.00

House)

Full Name (Last, First, Middle Initial)

**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

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: WI District: 04

Transaction ID: D9436

Date of Disbursement

08 / 24 / 2007

Amount of Each Disbursement this Period

4000.00

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

9000.00

**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)

PAGE 118 / 121

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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.** Richardson for Congress

Mailing Address 1212 S Victory Blvd

City Burbank State CA Zip Code 91502

Purpose of Disbursement  
Contr. Laura Richardson (CA-37-D-US)

Candidate Name  
Laura Richardson

Office Sought:  House  
 Senate  
 President

Disbursement For: 2007  
 Primary  General  
 Other (specify) ▼

State: CA District: 37

Transaction ID: D9419

Date of Disbursement

08 / 06 / 2007

Amount of Each Disbursement this Period

3000.00

House-Special)

Full Name (Last, First, Middle Initial)

**B.** Robert Wexler for Congress Committee

Mailing Address 2500 North Military Trail Ste 288

City Boca Raton State FL Zip Code 33431

Purpose of Disbursement  
Contr. Robert Wexler (FL-19-D-US House)

Candidate Name  
Robert Wexler

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: FL District: 19

Transaction ID: D9421

Date of Disbursement

08 / 08 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C.** Ruben Hinojosa for Congress

Mailing Address 502 North 11th Street

City McAllen State TX Zip Code 78501

Purpose of Disbursement  
Contr. Ruben Hinojosa (TX-15-D-US House)

Candidate Name  
Ruben Hinojosa

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: TX District: 15

Transaction ID: D9439

Date of Disbursement

08 / 27 / 2007

Amount of Each Disbursement this Period

2500.00

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

8000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

|   |  |  |                   |
|---|--|--|-------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Tim Mahoney for Florida</b>  |  | <b>Transaction ID: D9423</b><br>Date of Disbursement<br>08 / 08 / 2007 |                   |
| Mailing Address 1128-408 Royal Palm Beach Blvd.   |  | Amount of Each Disbursement this Period<br>2500.00                     |                   |
| City Royal Palm Beach   | State FL   |  | Category/<br>Type |
| Zip Code 33411  |  |  |                   |
| Purpose of Disbursement<br>Contr. Timothy Mahoney (FL-16-D-US)  |  |  |                   |
| Candidate Name<br>Timothy Mahoney   |  | House)   |                   |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |                   |
| State: FL   | District: 16   |  |                   |

|   |  |  |                   |
|---|--|--|-------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Wyden for Senate</b>   |  | <b>Transaction ID: D9431</b><br>Date of Disbursement<br>08 / 16 / 2007 |                   |
| Mailing Address 123 NE 3rd Suite 321  |  | Amount of Each Disbursement this Period<br>-5000.00                    |                   |
| City Portland   | State OR   |  | Category/<br>Type |
| Zip Code 97232  |  |  |                   |
| Purpose of Disbursement<br>Returned Check #11769 dated 9/8/2006 for   |  |  |                   |
| Candidate Name<br>Ron Wyden   |  | Ron Wyden (OR-D).  |                   |
| Office Sought: <input type="checkbox"/> House<br><input checked="" type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |                   |
| State: OR   | District:  |  |                   |

|  |                 |
|--|-----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>-2500.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <b>34000.00</b> |

# 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 120 / 121

|                              |   |                              |                              |                             |                              |
|------------------------------|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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.** Ms. Kim L. Burnham

Mailing Address 1101 5th Street

City Langdon State ND Zip Code 58249

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: D9435

Date of Disbursement

08 / 21 / 2007

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

**B.** Mr. Michael Paul Margolin

Mailing Address 1902 Hafor Dr

City Iowa City State IA Zip Code 52246

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: D9433

Date of Disbursement

08 / 21 / 2007

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

**C.** Ms. Theresa K. Thompson

Mailing Address 2200 Mountain Rd

City Springdale State AR Zip Code 72764

Purpose of Disbursement  
Returned Check #11917 dated 10/18/2006

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D9432

Date of Disbursement

08 / 16 / 2007

Amount of Each Disbursement this Period

-10.00

for Theresa Thompson.

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

240.00

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

240.00

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 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<br>NAIFA |       |            | Nature of Debt (Purpose):<br>Payroll, Benefits, Supplies, Copies, etc |
| Mailing Address 2901 Telestar Court                                       |       |            |   |
| City  | State | ZIP Code   |   |
| Falls Church  | VA    | 22042-1205 |   |

|   |                     |   |  |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period |                     | <b>Transaction ID: DD#7711</b>              |  |
| 23949.52                                  |                     |   |  |
| Amount Incurred This Period               | Payment This Period | Outstanding Balance at Close of This Period |  |
| 0.00                                      | 19580.23            | 4369.29                                     |  |

|  |         |
|--|---------|
| 1) <b>SUBTOTALS</b> This Period This Page (optional).....                                      | 4369.29 |
| 2) <b>TOTALS</b> This Period (last page this line number only).....                            | 4369.29 |
| 3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....                       |         |
| 4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) |         |