

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

2. **FEC IDENTIFICATION NUMBER** C00005249
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE**-Election Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post**-Election Report for the: General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 01 01 2007 through 01 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 02 16 2007

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

National Association of Insurance and Financial Advisors Political Action Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>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 Beginning of Reporting Period	138478.22									
(c) Total Receipts (from Line 19)	70308.73	70308.73								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	208786.95	208786.95								
7. Total Disbursements (from Line 31)	39847.70	39847.70								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	168939.25	168939.25								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	38741.31									

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	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	6058.00	6058.00
(ii) Unitemized	64250.73	64250.73
(iii) TOTAL (add Lines 11(a)(i) and (ii)	70308.73	70308.73
(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)	70308.73	70308.73
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))	70308.73	70308.73
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	70308.73	70308.73

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	36180.70	36180.70
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	36180.70	36180.70
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3500.00	3500.00
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	167.00	167.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	167.00	167.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	39847.70	39847.70
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	39847.70	39847.70

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	70308.73	70308.73
34. Total Contribution Refunds (from Line 28(d))	167.00	167.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	70141.73	70141.73
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	36180.70	36180.70
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	36180.70	36180.70

SCHEDULE A (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 / 17
	<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. Richard S. Berger, CLU, ChFC,
Mailing Address 46 Casino Drive
City Farmingdale State NJ Zip Code 07727-3700
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-employed Occupation Insurance Agent
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 0 2 / 2 0 0 7
Transaction ID: R1660876
Amount of Each Receipt this Period
300.00
Check

B. Full Name (Last, First, Middle Initial)
Mr. Ronald D. Brant, CLU, LUTCF
Mailing Address 10234 Hoffman
City Maybee State MI Zip Code 48159-9777
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-employed Occupation Insurance Agent
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 208.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 1 0 / 2 0 0 7
Transaction ID: R1660353
Amount of Each Receipt this Period
208.00
Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Ms. Ellen E. Burmester, LUTCF
Mailing Address 9178 Rolling Tree Lane
City Fair Oaks State CA Zip Code 95628
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-employed Occupation Insurance Agent
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 2 / 2 0 0 7
Transaction ID: R1661084
Amount of Each Receipt this Period
300.00
Check

SUBTOTAL of Receipts This Page (optional)	808.00
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 / 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Mr. John F. Carter, CLU, ChFC

Mailing Address 3147 Ovenhill Rd

City Bham State AL Zip Code 35223

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 1 / 0 3 / 2 0 0 7

Transaction ID: R1660734

Amount of Each Receipt this Period
 950.00

Check

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

Mailing Address 411 San Andreas Drive

City Novato State CA Zip Code 94945-1237

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.00

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

Transaction ID: R1660628

Amount of Each Receipt this Period
 208.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Roy E. Grady, Jr.

Mailing Address 1316 King Street, Ste 2

City Bellingham State WA Zip Code 98229

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

Transaction ID: R1661136

Amount of Each Receipt this Period
 300.00

Credit Card

SUBTOTAL of Receipts This Page (optional)	▶	1458.00
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 8 / 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 20704 Meadow Ridge Dr.

City State Zip Code
Springfield NE 68059

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 208.00

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

Transaction ID: R1658600

Amount of Each Receipt this Period
208.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. James B. Hebets, CLU

Mailing Address 67 Biltmore Estates

City State Zip Code
Phoenix AZ 85016-2819

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: R1660804

Amount of Each Receipt this Period
300.00

Check

C. Full Name (Last, First, Middle Initial)
Mr. Gary W. Hirschkron, FSA

Mailing Address 104 Avenue B

City State Zip Code
New York NY 10009-6286

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

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

Transaction ID: R1660965

Amount of Each Receipt this Period
350.00

Check

SUBTOTAL of Receipts This Page (optional)	858.00
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 9 / 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Mr. R. Marshall Jones

Mailing Address 103 Via Paradisio

City State Zip Code
Palm Beach Gardens FL 33418

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 0 3 / 2 0 0 7

Transaction ID: R1660759

Amount of Each Receipt this Period
500.00

Check

B. Full Name (Last, First, Middle Initial)
Mr. R. Marshall Jones

Mailing Address 103 Via Paradisio

City State Zip Code
Palm Beach Gardens FL 33418

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 0 3 / 2 0 0 7

Transaction ID: R1660760

Amount of Each Receipt this Period
100.00

Check

C. Full Name (Last, First, Middle Initial)
Ms. Cathy Neifeld

Mailing Address 233 S. 6th Street Apt 810

City State Zip Code
Philadelphia PA 19106

FEC ID number of contributing 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
0 1 / 0 3 / 2 0 0 7

Transaction ID: R1660742

Amount of Each Receipt this Period
250.00

Check

SUBTOTAL of Receipts This Page (optional) ► **850.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 17
	(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. R. Jan Pinney, CLU, ChFC,
Mailing Address 5152 Ellington Court
City State Zip Code
Granite Bay CA 95746-7188
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-employed Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 208.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 1 0 / 2 0 0 7
Transaction ID: R1659603
Amount of Each Receipt this Period
208.00
Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Lawrence B. Raymond
Mailing Address 230 Woodberry Dr
City State Zip Code
Bloomfield Hills MI 48304-3561
FEC ID number 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 1 / 0 8 / 2 0 0 7
Transaction ID: R1660796
Amount of Each Receipt this Period
500.00
Check

C. Full Name (Last, First, Middle Initial)
Mr. William R. Rowe, CLU, ChFC
Mailing Address 10201 S.W. 82 Court
City State Zip Code
Miami FL 33156
FEC ID number 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 1 / 3 1 / 2 0 0 7
Transaction ID: R1661316
Amount of Each Receipt this Period
250.00
Check

SUBTOTAL of Receipts This Page (optional)	▶	958.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 17
	<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 ▼ 210.00

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

Transaction ID: R1659646

Amount of Each Receipt this Period
210.00

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 ▼ 208.00

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

Transaction ID: R1659670

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 ▼ 208.00

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

Transaction ID: R1659691

Amount of Each Receipt this Period
208.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	626.00
TOTAL This Period (last page this line number only)	

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

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

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

A. Full Name (Last, First, Middle Initial)
Mr. Alan M. Spiegelman, CLU, ChFC,
Mailing Address 127 Underhill

City State Zip Code
Mill Valley CA 94941-1461

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 05 / 2007

Transaction ID: R1660897

Amount of Each Receipt this Period
250.00

Check

B. Full Name (Last, First, Middle Initial)
Mr. Janne D. Thung
Mailing Address 2815 Mitchell Dr Suite 112

City State Zip Code
Walnut Creek CA 94598

FEC ID number of contributing 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
01 / 23 / 2007

Transaction ID: R1661111

Amount of Each Receipt this Period
250.00

Check

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	6058.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 13 / 17

<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: D9169

Date of Disbursement

01 / 29 / 2007

Amount of Each Disbursement this Period

1568.60

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: D9168

Date of Disbursement

01 / 30 / 2007

Amount of Each Disbursement this Period

34612.10

etc.

SUBTOTAL of Disbursements This Page (optional)

36180.70

TOTAL This Period (last page this line number only)

36180.70

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. DeMint for Senate Committee Inc

Mailing Address PO Box 12425

City Columbia State SC Zip Code 29211

Purpose of Disbursement
Contr. James W. DeMint (SC-R-US Senate)

Candidate Name
James W. DeMint

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: SC District:

Transaction ID: D9158

Date of Disbursement

01 / 30 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Norm Coleman for US Senate

Mailing Address 1410 Energy Park Drive #11

City Saint Paul State MN Zip Code 55108

Purpose of Disbursement
Contr. Norm Coleman (MN-R-US Senate)

Candidate Name
Norm Coleman

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: MN District:

Transaction ID: D9156

Date of Disbursement

01 / 22 / 2007

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ►

3500.00

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

3500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ms. Carolyn Ann Borgert

Mailing Address 817 Rogers Rd.

City Villa Hills State KY Zip Code 41017-1021

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: D9157

Date of Disbursement

01 / 22 / 2007

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

B. Mr. Jim Humphrey

Mailing Address 19065 Walden

City Spring Lake State MI Zip Code 49456-1172

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: D9161

Date of Disbursement

01 / 31 / 2007

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

C. Ms. Donia Rochelle Mercer

Mailing Address 2309 Hermanson

City Waco State TX Zip Code 76710-1151

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: D9159

Date of Disbursement

01 / 31 / 2007

Amount of Each Disbursement this Period

8.50

SUBTOTAL of Disbursements This Page (optional) ►

158.50

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Marvin R. Mercer

Mailing Address 2309 Hermanson

City Waco State TX Zip Code 76710-1151

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: D9160

Date of Disbursement

/ /

Amount of Each Disbursement this Period

8.50

SUBTOTAL of Disbursements This Page (optional)

8.50

TOTAL This Period (last page this line number only)

167.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 17 / 17	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor NAIFA	Nature of Debt (Purpose): Payroll, Benefits, Supplies, Copies, etc
Mailing Address 2901 Telestar Court	
City State ZIP Code Falls Church VA 22042-1205	

Outstanding Balance Beginning This Period	Transaction ID: DD#7711	
34612.10		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
38741.31	34612.10	38741.31

1) SUBTOTALS This Period This Page (optional).....	38741.31
2) TOTALS This Period (last page this line number only).....	38741.31
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	