REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2001 APR 23 A 10: 38

TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
National Association of Insurance and Financial Advisors Pol Action Comm

ADDRESS (number and street) ☐ Check if different than previously reported
2901 Telestar Court

CITY, STATE and ZIP CODE
Falls Church, VA 22042

2. FEC IDENTIFICATION NUMBER
C00005249

3. ☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1 M)

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☒ January 31

☐ 12-Day Pre-Election Report for the _____ (Type of Election)
election on _____ in the State of _____

☐ 30-Day Post-Election Report following the General Election
on _____ in the State of _____

January 1, 2000

(b) Is this Report an Amendment? ☒ YES ☐ NO

SUMMARY 5. Covering Period 11/28/00 through 12/31/00	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 19 00		$ 421,315.92
(b) Cash on Hand at Beginning of Reporting Period	$ 135,602.38	
(c) Total Receipts (from Line 19)	$ 225,103.91	$ 1,046,147.16
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 360,706.29	$ 1,467,463.08
7. Total Disbursements (from Line 30)	$ 91,567.35	$ 1,198,324.14
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 269,138.94	$ 269,138.94
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 39,491.99	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

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
Kevin M. Madden, CPA

Signature of Treasurer
Kevin M Madden CPA

Date
04/11/01

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

FEC FORM 3X
(revised 8/99)

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DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE
National Association of Life Underwriters Political Action Committee

REPORT COVERING PERIOD FROM 10/19/00 TO 11/27/00

	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees	25863.72	175,935.43
i. Itemized (use Schedule A)		
ii. Unitemized	199,240.19	870,211.76
iii. Total (add i and ii) >	225,103.91	1,046,147.19
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) >	225,103.91	1,046,147.19
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11 d, 12, 13, 14, 15, 16, 17, and 18) >	225,103.91	1,046,147.19
20. Total Federal Receipts (subtract line 18 from line 19) >	225,103.91	1,046,147.19
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal Non-Federal Activity (from Schedule 1-14)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures	78,757.85	460,983.14
c. Total Operating Expenditures (add a i, a ii, and b) >	78,757.85	460,983.14
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	12,500.00	736,075.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	309.50	1266.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) >	309.50	1266.00
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	91,567.35	1,198,324.14
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	91,567.35	1,198,324.14
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11 d)	225,103.91	1,046,147.19
33. Total Contribution Refunds (from line 28d)	309.50	1,266.00
34. Net Contributions (other than loans)(subtract line 33 from 32)	108,548.58	1,044,881.19
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	78,757.85	460,983.14
36. Offsets to Operating Expenditures (from line 15)	0	
37. Net Operating Expenditures (subtract line 36 from 35) >	78,757.85	460,983.14

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SCHEDULE A — ITEMIZED RECEIPTS

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

PAGE 1 OF 42

FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (itemized)

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

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Michael J. Ables LUTCF **P.O. Box 2205** **Avila Beach, CA 93424** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: **Self-employed** Occupation: **Insurance Agent** Aggregate Year-to-Date: **$ 504.00**	**12/10/2000**	**$42.00**
James M. Allen **414 McCall Street** **Waukesha, WI 53186-6009** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: **Self-employed** Occupation: **Insurance Agent** Aggregate Year-to-Date: **$ 360.00**	**12/10/2000**	**$30.00**
Scott Allen **2680 Pike Dr** **East Helena, MT 59635-3439** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: **Self-employed** Occupation: **Insurance Agent** Aggregate Year-to-Date: **$ 208.20**	**12/10/2000**	**$5.10**
Stephen D. Andersen RHU **1621 Dixie Trail** **Lincoln, NE 68527-9431** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: **Self-employed** Occupation: **Insurance Agent** Aggregate Year-to-Date: **$ 604.80**	**12/10/2000**	**$50.40**
Carol A. Anderson LUTCF, CFP **1310 North 58th St** **Omaha, NE 68132-1307** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: **Self-employed** Occupation: **Insurance Agent** Aggregate Year-to-Date: **$ 604.80**	**12/10/2000**	**$50.40**
Daniel W. Anderson CLU, ChFC **423 River Street** **Minneapolis, MN 55406** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: **Self-employed** Occupation: **Insurance Agent** Aggregate Year-to-Date: **$ 250.00**	**12/12/2000**	**$250.00**
Robert B. Anderson CLU **1456 Old Boones Creek Road** **Jonesborough, TN 37659** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: **Self-employed** Occupation: **Insurance Agent** Aggregate Year-to-Date: **$ 546.00**	**12/10/2000**	**$42.00**

SUBTOTAL of Receipts This Page (optional)	**$ 469.90**
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 2 OF 42
	FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (itemized)

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
William R. Anderson 2901 Telestar Court Falls Church, VA 22042 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Self-employed Insurance Agent $ 251.60	11/29/2000 11/29/2000 11/29/2000 11/29/2000 11/29/2000	$11.54 $11.54 $11.54 $11.54 $11.54
Felix Arceneaux CLU, ChFC, LUT 8315 Suffolk Drive Shreveport, LA 71106-5913 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Self-employed Insurance Agent $ 270.00	12/10/2000	$22.50
Jeffrey Lynn Battles Sr., LUTCF 9512 Wolf Creek Pike Dayton, OH 45426-4146 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Self-employed Insurance Agent $ 252.00	12/10/2000	$21.00
Craig Beachnaw LIC 1733 Sagebrush Lansing, MI 48917 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Self-employed Insurance Agent $ 600.00	12/10/2000	$50.00
Fred R. Bean CLU 5208 Crestwood Little Rock, AR 72207 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Self-employed Insurance Agent $ 604.80	12/10/2000	$50.40
Gary M. Beinbaker CLU, ChFC 11 Fowler Avenue West Orange, NJ 07052-2149 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Self-employed Insurance Agent $ 600.00	12/21/2000	$600.00

SUBTOTAL of Receipts This Page (optional)	$ 801.60
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 42

FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (itemized)

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Daniel C. Bell P. O. Box 1747 Cleveland, MS 38732-6747 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 216.00	12/10/2000	$21.00
Kent A. Bennett LUTCF RR #3, Box 350-D Muncy, PA 17756 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 504.00	12/10/2000	$42.00
Robert A. Berg CLU, LUTCF 1405 Blackberry Lane Stevens Point, WI 54481-9140 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 302.40	12/10/2000	$25.20
Paul F. Berlin CLU 1616 N. Hudson Chicago, IL 60614-5669 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 375.00	12/26/2000	$375.00
David B. Bianchi CLU 1125 Beldon Way Reno, NV 89503-3164 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 421.20	12/10/2000	$50.40
Marsha J. Black CLU, ChFC 2033 North Main Street, #500 Walnut Creek, CA 94596 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 210.00	12/10/2000	$17.50
John Steven Blount 4075 Long Pine Lane Lake Charles, LA 70611-3215 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 500.00	12/19/2000	$500.00

SUBTOTAL of Receipts This Page (optional)	$ 1,031.10
TOTAL This Period (last page this line number only)	

SCHEDULE A — ITEMIZED RECEIPTS

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

PAGE 4 OF 42

FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (itemized)

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National Association of Insurance and Financial Advisors Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
John J. Bradley CLU 148 Grove Street Westwood, MA 02090 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 499.92	12/10/2000	$41.66
Gary A. Bramon CLU, ChFC 269 San Felipe Way Novato, CA 94945-1687 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 517.50	12/10/2000	$50.00
Ronald D. Brant CLU,LUTCF,ChFC 10234 Hoffman Maybee, MI 48159-9777 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 242.00	12/10/2000 12/13/2000	$21.00 $37.50
Frank H. Briggs Jr., CLU, ChFC 3348 Peachtree Rd., NE, Suite 870 Atlanta, GA 30326-1008 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 500.00	12/10/2000 12/20/2000	$42.00 $17.00
C. Robert Brown CLU, LUTCF 8675 WestCott Germantown, TN 38138-7738 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 650.00	12/10/2000	$50.00
Michael O. Brown LUTCF 221 Hollowdale Edmond, OK 73013 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 225.00	12/10/2000	$15.00
Peter C. Browne LUTCF 10 Old Jackson Ave., 14 Tenby Court Hasting-Hdsn, NY 10706-3203 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 500.00	12/21/2000	$500.00

SUBTOTAL of Receipts This Page (optional)	$ 774.16
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (Itemized)

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
George B. Bryce CLU, ChFC 2730 Ardon Ln Casper, WY 82609-3902 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 419.00	12/10/2000	$42.00
Paul R. Buckley Jr., CLU, ChFC 75 Market St., #401 Portland, ME 04101 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 360.00	12/04/2000	$360.00
William D. Burke CLU, CFP 960 Blemer Road Danville, CA 94526-1502 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 252.00	12/10/2000	$21.00
Robert D. Buxbaum CLU, ChFC 4 Linwood Rd. Wellesley, MA 02181-2519 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 252.00	12/10/2000	$21.00
Joe D. Byars CLU, LUTCF 214 No. 12th St Ft Smith, AR 72901-2713 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 302.40	12/10/2000	$25.20
William A. Carlisle CLU 2356 HAWKHURST MEMPHIS, TN 38119-7344 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 227.50	12/10/2000	$17.50
Jeffrey P. Case LUTCF 1311 33rd Avenue S.W. Minot, ND 58701-7266 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 421.20	12/10/2000	$50.40

SUBTOTAL of Receipts This Page (optional)	$ 537.10
TOTAL This Period (last page this line number only)	

SCHEDULE A — ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (itemized)

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Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
James R. Christensen Jr., LIC 440 Regency Pkwy Dr #250 Omaha, NE 68114-3714 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 600.00	12/29/2000	$150.00
Thomas R. Clark CLU, ChFC 1201 63rd Street Des Moines, IA 50311 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 720.00	12/10/2000	$60.00
James M. Clary 2611-II N. Greenview Chicago, IL 60614-1815 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 500.00	12/11/2000	$400.00
Anne Cleveland-Ames 1650 W 82nd St #850 Minneapolis, MN 55431-1460 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 249.96	12/10/2000	$20.83
George S. Condes 4350 Hebron Drive Las Vegas, NV 89117-4944 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 302.40	12/10/2000	$25.20
J. Scott Connole LUTCF 1609 11th, #B Helena, MT 59601-4613 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 215.10	12/10/2000	$15.00
Thomas E. Cooper LUTCF, RHU 2341 McVay Cove Memphis, TN 38138 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 650.00	12/10/2000	$50.00

SUBTOTAL of Receipts This Page (optional)	$ 721.03
TOTAL This Period (last page this line number only)	

SCHEDULE A — ITEMIZED RECEIPTS

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

PAGE 7 OF 42

FOR LINE NUMBER 11(a)(i)

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Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
David Lewis Corrie 462 S 4th Ave #1900/ NMI. Louisville, KY 40202-3445 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 604.80	12/10/2000	$50.40
Howard B. Cowan CLU, ChFC 941 Park Ave 8B New York, NY 10028-0318 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 500.00	12/14/2000	$400.00
Charles E. Cox 3060 Dupree Dr. Huntsville, AL 35801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 500.00	12/20/2000	$150.00
Orris Crum 5826 Fontana Drive Shawnee Mission, KS 66205 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 514.20	12/10/2000	$5.10
R. Scott Culbertson CFP, CEBS 2023 Cato Drive, #102 State College, PA 16801-2765 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 504.00	12/10/2000	$42.00
Vincent M. D'Addona CLU, ChFC 141 Greenway Road Lido Beach, NY 11561-4828 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 510.00	12/10/2000	$42.50
Steven M. Daniel CLU, ChFC, LUT 2600 Meadowbrook Dr Butte, MT 59701-4028 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 446.40	12/10/2000	$25.20

SUBTOTAL of Receipts This Page (optional)	$ 715.20
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 8 OF 42
	FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (Itemized)

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
John A. Davidson LUTCF 1329 E Thousand Oaks Blvd., Suite 128 Thousand Oaks, CA 91362 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 504.00	12/10/2000	$42.00
Joseph L. Davis CLU, ChFC, CFP 1420 Primrose Road N.W. Washington, DC 20012-1224 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 604.80	12/10/2000	$50.40
Troy D. De Lair LUTCF 4815 2100 No. No. Ogden, UT 84414-3019 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 202.00	12/10/2000	$21.00
John R. Dean CLU,ChFC,MSFS, 1700 S.W. 15th Ave. Willmar, MN 56201 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 252.00	12/10/2000	$21.00
Robert F. Decker CLU, FLMI 9290 West Dodge Road #102 Omaha, NE 68114-3320 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 420.00	11/28/2000	$90.00
Robert W. Decoursey CLU 705 W Mt Airy Ave Phila, PA 19119-3323 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 252.00	12/10/2000	$21.00
Dayton E. Dennington LUTCF P.O. Box 746 Tupelo, MS 38802-0746 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 252.00	12/10/2000	$21.00

SUBTOTAL of Receipts This Page (optional)	$ 266.40
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 9 OF 42

FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (itemized)

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National Association of Insurance and Financial Advisors Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
David S. Dickenson II, CLU, ChFC 7535 Brigham Road Gates Mills, OH 44040 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 504.00	12/10/2000	$42.00
James J. Dinsmore CLU,LUTCF 104 Lehman Drive Cogan Station, PA 17728-9228 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 251.00	12/10/2000	$21.00
Kenneth R. Divelbiss CLU, ChFC, LUT 3828 Northridge Rd Norman, OK 73072 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 252.00	12/10/2000	$6.00
Michael D. Dixon CLU 4505 Las Virgenes Rd. #200 Calabasas, CA 91302-1956 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 504.00	12/10/2000	$42.00
William H. Dodd CLU 8 St. Clair Road Morristown, NJ 07960-7370 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 500.00	12/04/2000	$100.00
Gilbert H. Dudrow Jr., LUTCF 5500 Eagle Way #2 Little River, SC 29566 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 402.00	12/10/2000	$42.00
Daniel D. Duren LUTCF 2932 Coronado Dr Lincoln, NE 68516 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 302.40	12/10/2000	$25.20

SUBTOTAL of Receipts This Page (optional)	$ 278.20
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 10 OF 42

FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (itemized)

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Donald A. Eichelberger CLU, ChFC, LUT 3217 Highway D65 Dysart, IA 52224-9750 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 604.80	12/10/2000	$50.40
M. Jay Einstein CLU P. O. Box 807, 102 N. 6th Street Vineland, NJ 08362-0807 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 210.60	12/10/2000	$25.20
Ronald L. Engel CLU, ChFC 3397 St. Helena Hwy N. St. Helena, CA 94574-9660 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 252.00	12/10/2000	$21.00
Ronald W. Erickson CLU 3002 St. Regis Greensboro, NC 27408-4407 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 438.90	12/10/2000	$46.20
Byron Hyatt Erstad Jr. 2510 S Nantucket Way Boise, ID 83706-5095 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 378.00	12/10/2000	$50.40
Stephen D. Estler CLU, ChFC 2177 NE 63 St. Fort Lauderdale, FL 33308 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 270.00	12/10/2000	$22.50
Robert J. Fashano CLU, ChFC, MSF One Niagara Square Buffalo, NY 14202-3328 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 500.00	12/28/2000	$400.00

SUBTOTAL of Receipts This Page (optional)	$ 615.70
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 11 OF 42

FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (itemized)

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Gerald E. Ferrier LUTCF, CTP 608 Sudden Valley Bellingham, WA 98226-4812 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 504.00	12/10/2000	$42.00
Jeffery L. Ferrier LUTCF, RHU 2012 Niagara Drive Bellingham, WA 98226-5914 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 600.00	12/10/2000	$50.00
Thomas F. Flournoy Jr., CLU 2651 Stanislaus Circle Macon, GA 31204-2849 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 504.00	12/10/2000	$42.00
John J. Flynn CLU 9460 N. Spruce Road River Hills, WI 53217 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 403.20	12/10/2000	$50.40
Connie C. Framberger P. O. Box 1142 San Luis Obispo, CA 93406-1142 Receipts For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 250.00	11/29/2000	$250.00
Steven M. Frank CLU 2660 Townsgate Road #800 Westlake Village, CA 91361 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 437.00	12/10/2000	$8.50
Debra L. Franklin CLU, CFP 888 7th Avenue, Ste. 201 New York, NY 10106 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 504.00	12/10/2000	$42.00

SUBTOTAL of Receipts This Page (optional)	$ 484.90
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 12 OF 42

FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (itemized)

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Ralph C. Freibert III, MBA 6100 Argonne New Orleans, LA 70124 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 252.00	12/10/2000	$21.00
Donald A. Frost PGA 1614 Hemlock Circle Corona, CA 92879 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 252.00	12/10/2000	$21.00
Peter Fulchiron CLU, LUTCF 411 San Andreas Drive Novato, CA 94945-1237 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 770.00	12/10/2000	$80.00
James M. Fuller LUTCF P.O. Box 1047 Athens, OH 45701-1047 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 216.00	12/10/2000	$42.00
Del D. Gab LUTCF Box 2094 Dickinson, ND 58602-2094 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 330.00	12/10/2000	$30.00
Forrest C. Galyean CLU, ChFC, LUT P.O. Box 5334 Winston-Salem, NC 27113-5334 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 216.70	12/10/2000	$23.10
Richard E. Geno CLU, ChFC, CFP 21449 Toll Gate Road Saratoga, CA 95070-5771 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 510.00	12/10/2000	$42.50

SUBTOTAL of Receipts This Page (optional)	$ 259.60
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 13 OF 42

FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (itemized)

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Keith M. Gillies CLU, ChFC, CFP **295 Doral Ln.** **laPlace, LA 70068-1707** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: **Self-employed** Occupation: **Insurance Agent** Aggregate Year-to-Date: **$ 331.00**	**12/10/2000**	**$21.00**
Full Name, Mailing Address and ZIP Code **Edward F. Glennon CLU, ChFC, LUT** **7343 Cascade Drive** **Boise, ID 83704-8637** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: **Self-employed** Occupation: **Insurance Agent** Aggregate Year-to-Date: **$ 600.00**	**12/29/2000**	**$300.00**
Full Name, Mailing Address and ZIP Code **Lee M. Goeres LUTCF** **320 Express Way #A** **Missoula, MT 59808** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: **Self-employed** Occupation: **Insurance Agent** Aggregate Year-to-Date: **$ 324.00**	**12/10/2000**	**$15.00**
Full Name, Mailing Address and ZIP Code **Roger Goren CLU, ChFC** **6141 Liebig Avenue** **Bronx, NY 10471-1007** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: **Self-employed** Occupation: **Insurance Agent** Aggregate Year-to-Date: **$ 500.00**	**12/28/2000**	**$500.00**
Full Name, Mailing Address and ZIP Code **Roy E. Grady Jr.** **1310 King Street, Ste 1** **Bellingham, WA 98226** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: **Self-employed** Occupation: **Insurance Agent** Aggregate Year-to-Date: **$ 300.00**	**12/10/2000**	**$25.00**
Full Name, Mailing Address and ZIP Code **Michael P. Grossman CFP** **152 Hampshire Dr** **Glastonbury, CT 06033-3059** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: **Self-employed** Occupation: **Insurance Agent** Aggregate Year-to-Date: **$ 504.00**	**12/10/2000**	**$42.00**
Full Name, Mailing Address and ZIP Code **Bruce A. Unger** **808 Harwood Drive** **Fargo, ND 58104** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: **Self-employed** Occupation: **Insurance Agent** Aggregate Year-to-Date: **$ 604.80**	**12/10/2000**	**$50.40**

SUBTOTAL of Receipts This Page (optional)	**$ 953.40**
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 14 OF 42

FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (itemized)

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Alfan G. Hanenck CLU, ChFC R.D. #1, Box 257A East Freedom, PA 16637-9740 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 500.00	12/13/2000	$500.00
George Handler CLU, ChFC, MSF 17 Aldendell Ct Newburgh, NY 12550-1962 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 250.00	12/08/2000	$250.00
Karl Erik Hansen CLU, ChFC, LUT 218 N. El Monte Avenue Los Altos, CA 94022-2354 Receipt For ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 510.00	12/10/2000	$42.50
Sharon L. Hansen P. O. Box 2305 Mt Vernon, WA 98273-7305 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 300.00	12/10/2000	$25.00
Alex Hanson CLU, ChFC One Harding Road Portsmouth, NH 03801-5814 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 604.80	12/10/2000	$50.40
Larry I. Hardy RHU 860 Neptune Court Reno, NV 89512-1343 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 210.60	12/10/2000	$25.20
Thomas M. Haweo CLU, ChFC 900 Rockhurst Drive Lincoln, NE 68510-4114 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 622.80	12/10/2000	$60.00

SUBTOTAL of Receipts This Page (optional)	$ 953.10
TOTAL This Period (last page this line number only)	

SCHEDULE A — ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 15 OF 42 | FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (itemized)

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Samuel H. Hazleton IV, CLU, ChFC 4222 Lakeshore Dr. Diamond Point, NY 12824 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 504.00	12/10/2000	$42.00
Terry K. Headley LUTCF,LIC 20704 Meadow Ridge Dr. Springfield, NE 68059 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 2,995.20	12/10/2000	$249.60
Daniel Robert Hefner 7501 W. Madison St., PO Box 247 Forest Park, IL 60130-0247 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 500.00	12/26/2000	$500.00
Dennis L. Helgeson CLU, ChFC 2601 Bel Air Drive Minot, ND 58703-1749 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 302.40	12/10/2000	$25.20
Amy K. Hemann 419 N. Shoreline Blvd. Mountain View, CA 94043-4605 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 252.00	12/10/2000	$21.00
Edward J. Hendricks LUTCF 45 Margarita Court Reno, NV 89511-6616 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 378.00	12/10/2000	$50.40
James W. Herlihy Jr., CLU RFD 1, Box 3438 Rutland, VT 05701-9201 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 420.00	11/28/2000	$420.00

SUBTOTAL of Receipts This Page (optional)	$ 1,308.20
TOTAL This Period (last page this line number only)	

SCHEDULE A — ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (itemized)

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Kevin J. Hermening 2245 County Rd., KK Mosinee, WI 54455 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 375.50	12/10/2000 12/26/2000	$50.00 $50.00
Ronald G. Hester CLU, ChFC Route 5 Box 23 Boone, NC 28607-9302 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 616.80	12/10/2000	$46.75
Edward C. Hiers CLU, ChFC 75 South Hills Dr Bedford, NH 03110-4922 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 302.40	12/10/2000	$25.20
Richard L. Hill CLU, ChFC, LUT 5431 Brandywine Circle Lincoln, NE 68516-5048 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 604.80	12/10/2000	$50.40
Michael J. Hiller ChFC W. 267 S. 7930 Stony Pt. Ct. Mukwonago, WI 53149-9687 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 302.40	12/10/2000	$25.20
Ivan C. Hinrichs CLU, ChFC 5200 McAlpine Farm Rd Charlotte, NC 28226-7317 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 550.00	12/29/2000	$550.00
H. Thomas Hollinger CLU, ChFC 17 Quail Crossing Road Wilmington, DE 19807 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 300.00	12/11/2000	$300.00

SUBTOTAL of Receipts This Page (optional)	$ 1,097.55
TOTAL This Period (last page this line number only)	

SCHEDULE A — ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (Itemized)

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Darrel V. Hoyde P. O. Box 1806 Minot, ND 58702-1806 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 302.40	12/10/2000	$25.20
Dennis D. Hruby LUTCF 770 N. Cotner Blvd. #301 Lincoln, NE 68505-2344 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 300.00	12/29/2000	$300.00
Albert T. Hurst Jr., FICF 1422 Spring Street Little Rock, AR 72202 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 302.40	12/10/2000	$25.20
William V. Irons CLU, LUTCF 325 Newman Ave Rumford, RI 02916-1255 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 720.00	12/10/2000	$60.00
Troy R. Jackson Jr., , CEBS 3512 Lubbock Drive Raleigh, NC 27612-5016 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 277.20	12/10/2000	$9.35
James A. Jacobs CLU, ChFC 3325 Wood Dale Road Chester, VA 23831 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 302.00	12/10/2000	$8.50
Donald C. Jayne CLU, ChFC 20402 Tulsa Street Chatsworth, CA 91311-1723 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 300.00	12/10/2000	$25.00

SUBTOTAL of Receipts This Page (optional)	$ 453.25
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 18 OF 42
	FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (itemized)

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Russell D. Jenkins LUTCF **1988 Burlingame Rd.** **Emporia, KS 66801** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: **Self-employed** Occupation: **Insurance Agent** Aggregate Year-to-Date: **$ 720.00**	**12/10/2000**	**$60.00**
E. Dunbar Jewell CLU, ChFC **1212 South Boulevard #102** **Charlotte, NC 28203-4208** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: **Self-employed** Occupation: **Insurance Agent** Aggregate Year-to-Date: **$ 277.20**	12/10/2000	**$23.10**
J. Richard Jones LUTCF **122 Heritage Court** **Macon, GA 31210** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: **Self-employed** Occupation: **Insurance Agent** Aggregate Year-to-Date: **$ 252.00**	**12/10/2000**	**$21.00**
Fred Henry Jonske FSA, MAAA **M Financial Group, 205 SE Spokane St.** **Portland, OR 97202-6413** Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer: **Self-employed** Occupation: **Insurance Agent** Aggregate Year-to-Date: **$ 500.00**	**12/14/2000**	**$500.00**
Gary L. Kaltenbach CLU, ChFC **12 Via Terracaleta** **Coto de Caza, CA 92679-4016** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: **Self-employed** Occupation: **Insurance Agent** Aggregate Year-to-Date: **$ 900.00**	12/15/2000	**$500.00**
Terry M. Kaltenbach CLU, ChFC **1358 Ahlrich Ave** **Encinitas, CA 92024-4929** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: **Self-employed** Occupation: **Insurance Agent** Aggregate Year-to-Date: **$ 600.00**	**12/10/2000**	**$50.00**
Stephen M. Karp CLU, ChFC **43 Cynthia Rd.** **Newton, MA 02159-2836** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: **Self-employed** Occupation: **Insurance Agent** Aggregate Year-to-Date: **$ 252.00**	12/10/2000	**$21.00**

SUBTOTAL of Receipts This Page (optional)	**$ 1,175.10**
TOTAL This Period (last page this line number only)	

SCHEDULE A — ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (itemized)

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
John B. Kearns LUTCP P. O. Box 1029 Scottsbluff, NE 69361 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 302.40	12/10/2000	$25.20
Michael C. Keenan CLU, ChFC 5750 Old Orchard Rd. #300 Skokie, IL 60077-1095 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 500.00	12/19/2000	$500.00
Michael L. Kerley 9424 Talisman Drive Vienna, VA 22182-3419 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 600.08	11/29/2000 11/29/2000 11/29/2000 11/29/2000 11/29/2000	$23.08 $23.08 $23.08 $23.08 $23.08
Roy W. Kern LUTCF,CLTC 3775 Randall Road WEST Springfield, MO 65810 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 225.00	12/10/2000	$30.00
Robert H. Kerrigan Jr., CLU, ChFC 2361 Stratford Circle Bel Air, CA 90077-1318 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 500.00	12/22/2000	$400.00
Marvin R. Keys LUTCF 8785 Inverness Place Tuscaloosa, AL 35405 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 256.50	12/10/2000	$42.00

SUBTOTAL of Receipts This Page (optional)	$ 1,112.60
TOTAL This Period (last page this line number only)	

SCHEDULE A — ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (itemized)

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Rhett A. King LUTCF Box 141 Brockport, NY 14420-0141 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 500.00	12/28/2000	$200.00
David G. Klemisch LUTCF 3456 18th Street S. Fargo, ND 58104-6533 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 324.00	12/10/2000	$27.00
Casey C. Knake 2902 Mach I Dr. Norfolk, NE 68701-3238 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 604.80	12/10/2000	$50.40
Kenneth E. Knox CLU, ChFC Unit 9, 10 East St Providence, RI 02906-3069 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 403.80	12/10/2000	$50.40
Richard A. Koob CLU, ChFC, AEP 301 Frederick Street Waukesha, WI 53186-8116 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 604.80	12/10/2000	$50.40
David T. Koppa CLU, LUTCF,ChF P. O. Box 40 Goleta, CA 93116-0040 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 201.00	12/10/2000	$21.00
Michael J. Kraft CLU 1127 Union Street Alameda, CA 94501 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 467.50	12/10/2000 12/14/2000	$42.50 ($42.50)

SUBTOTAL of Receipts This Page (optional)	$ 399.20
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 21 OF 42
	FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (itemized)

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Ronald F. Kramer LUTCF P. O. Box 26 Pierce, NE 68767-0026 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 302.40	12/10/2000	$25.20
James H. Krueger CLU,MSFS,MSM,C 6 Wagon Wheel Tr Appleton, WI 54915-9782 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 302.40	12/10/2000	$25.20
William J. Kumpf 230 Glacier Drive Madison, WI 53705-2414 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 240.00	12/01/2000	$120.00
Arthur L. Kyles CLU, ChFC, LUT 6261 Viewcrest Dr. Oakland, CA 94619-3719 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 500.00	12/04/2000	$250.00
Thomas R. Laster RHU 5823 Mosteller Dr. #100 Oklahoma City, OK 73112 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 324.00	12/10/2000	$27.00
Donald J. Levine CLU, ChFC, CFP 18 College View Way Belmont, CA 94002-2213 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 502.00	12/10/2000	$8.50
Sidney Levine CLU, AEP 572 Pelican Bay Drive Daytona Beach, FL 32119-8322 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 500.00	12/12/2000	$500.00

SUBTOTAL of Receipts This Page (optional)	$ 955.90
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (itemized)

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Stephen F. Libby CLU, ChFC **1545 Spero Court** **Wheaton, IL 60187-3768** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: **Self-employed** Occupation: **Insurance Agent** Aggregate Year-to-Date: **$ 500.00**	**12/28/2000**	**$500.00**
Bruce C. Lichtenberg LUTCF **2265 Cypress Point** **Discovery Bay, CA 94514** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: **Self-employed** Occupation: **Insurance Agent** Aggregate Year-to-Date: **$ 294.00**	**12/10/2000**	**$42.00**
Lawrence E. Lounds CLU, ChFC, LUT **2477 Valley Oaks** **Flint, MI 48532** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: **Self-employed** Occupation: **Insurance Agent** Aggregate Year-to-Date: **$ 528.00**	**12/10/2000**	**$50.00**
Archie F. Lowe CLU **450 East Paces Ferry Rd.** **Atlanta, GA 30305** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: **Self-employed** Occupation: **Insurance Agent** Aggregate Year-to-Date: **$ 227.00**	**12/10/2000**	**$21.00**
F. Douglas Lowney LUTCF **111 N Last Chance Gulch St., Suite 3-G** **Helena, MT 59601-4144** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: **Self-employed** Occupation: **Insurance Agent** Aggregate Year-to-Date: **$ 200.40**	**12/10/2000**	**$10.20**
Donald C. Lutterman LUTCF **440 Regency Pkwry Dr#250** **Omaha, NE 68114** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: **Self-employed** Occupation: **Insurance Agent** Aggregate Year-to-Date: **$ 296.40**	**12/10/2000**	**$25.20**
William J. Lynch LUTCF **5075 SW Griffith Dr. #200** **Beaverton, OR 97005** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: **Self-employed** Occupation: **Insurance Agent** Aggregate Year-to-Date: **$ 300.00**	**12/10/2000**	**$25.00**

SUBTOTAL of Receipts This Page (optional)	**$ 673.40**
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 23 OF 42
	FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (Itemized)

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
J. Peter Lyons CLU, ChFC, MSF **54 Cranmore Road** **Wellesley, MA 02181-1330** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	**Self-employed** **Insurance Agent** $ 402.80	**12/10/2000**	**$33.50**
Hawley H. MacLean **12590 Creekcrest Dr.** **Reno, NV 89511-7783** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	**Self-employed** **Insurance Agent** $ 378.00	**12/10/2000**	**$50.40**
Waylon T. Mangum LUTCF **9197 Fair Hill Place** **Mechanicsville, VA 23116** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	**Self-employed** **Insurance Agent** $ 504.00	**12/10/2000**	**$42.00**
Claude A. Marlowe Jr., LUTCF **1101 Radcliffe Avenue** **Kingsport, TN 37664-2025** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	**Self-employed** **Insurance Agent** $ 273.00	**12/10/2000**	**$21.00**
Darren Scott Mason CLU, ChFC **178 Shorecliff Rd** **Corona Del Mar, CA 92625-2648** Receipt For ☐ Primary ☐ General ☐ Other (specify):	**Self-employed** **Insurance Agent** $ 499.92	**12/10/2000**	**$41.66**
Robert E. Mathis CLU **3131 Maple Dr** **Atlanta, GA 30305** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	**Self-employed** **Insurance Agent** $ 325.00	**12/28/2000**	**$325.00**
Carl James Maus LUTCF **417 Monitor Way** **St. Charles, MO 63303** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	**Self-employed** **Insurance Agent** $ 2,704.80	**12/10/2000**	**$50.40**

SUBTOTAL of Receipts This Page (optional)	**$ 563.96**
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 24 OF 42

FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (itemized)

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National Association of Insurance and Financial Advisors Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Patrick B. McCoy RFC,LUTCF **Rt 2 Box 355B** **Atlanta, TX 75551-9802** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: **Self-employed** Occupation: **Insurance Agent** Aggregate Year-to-Date: **$ 282.00**	**12/10/2000**	**$54.00**
Vernon McFalls LUTCF **501 E Booth Avenue** **Searcy, AR 72143** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: **Self-employed** Occupation: **Insurance Agent** Aggregate Year-to-Date: **$ 230.40**	**12/10/2000**	**$19.20**
Micki R. McKinnon LUTCF **4800 W. Yellowstone Street** **Kennewick, WA 99336** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: **Self-employed** Occupation: **Insurance Agent** Aggregate Year-to-Date: **$ 255.00**	**12/10/2000**	**$25.00**
Richard E. McKinnon **2632 W. Kennewick Ave.** **Kennewick, WA 99336-3123** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: **Self-employed** Occupation: **Insurance Agent** Aggregate Year-to-Date: **$ 504.00**	**12/10/2000**	**$42.00**
Robert F. McKown CLU, ChFC **17 White Rd** **Wayland, MA 01778-2416** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: **Self-employed** Occupation: **Insurance Agent** Aggregate Year-to-Date: **$ 510.00**	**12/10/2000**	**$42.50**
Carl F. Mehlhop CLU, ChFC **89 Van Ripper Ln.** **Orinda, CA 94563-1129** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: **Self-employed** Occupation: **Insurance Agent** Aggregate Year-to-Date: **$ 252.00**	**12/10/2000**	**$21.00**
Robert T. Merchen CLU, ChFC **34 Tidewater Way** **Savannah, GA 31411-2129** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: **Self-employed** Occupation: **Insurance Agent** Aggregate Year-to-Date: **$ 264.00**	**12/10/2000**	**$22.00**

SUBTOTAL of Receipts This Page (optional)	**$ 225.70**
TOTAL This Period (last page this line number only)	

SCHEDULE A — ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (itemized)

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Dennis R. Merideth CLU, ChFC 5960 N. Camino Esquina Tucson, AZ 85718-4627 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 604.80	12/10/2000	$50.40
Eric G. Meyers 20 Lily Pond Ct. Rockville, MD 20852 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 240.00	11/28/2000 12/29/2000	$120.00 $120.00
David A. Middaugh CLU, AEP 3273 Evergreen Road Fargo, ND 58102-1214 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 3,000.00	12/10/2000	$72.00
Carl W. Middleton 8500 Gordon Dr NE Bain Bridge Is., WA 98110-3003 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 252.00	12/10/2000	$21.00
Harlan V. Miller CLU, ChFC 5839 Overhill Lane Dayton, OH 45429-6043 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 300.00	12/10/2000	$25.00
Herbert F. Mischke CLU, ChFC 322 East County Road D Little Canada, MN 55117 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 252.00	12/10/2000	$21.00
James W. Monteverde CLU, ChFC, AEP WaterWorks Road Sewickley, PA 15143 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 600.00	12/10/2000	$50.00

SUBTOTAL of Receipts This Page (optional)	$ 479.40
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (itemized)

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Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
George E. Moore 516 Woodland Hills Carthage, MS 39051-3608 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 214.50	12/10/2000	$21.00
Raymond H. Moran CLU, ChFC 1072 Island Drive Memphis, TN 38103-5815 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 546.00	12/10/2000	$42.00
Herbert F. Morgan PO Box 13856 Tallahassee, FL 32317 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 504.00	12/10/2000	$42.00
Brian L. Musician CLU RR#7 Box 7494 B Stroudsburg, PA 18360-8781 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 217.00	12/10/2000	$8.50
Robert M. Nelson CLU, LUTCF 14712 Shirley Street Omaha, NE 68144-2144 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 720.00	12/10/2000	$60.00
John F. Nichols 1500 W. Hood Ave. Chicago, IL 60660 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 375.00	12/26/2000	$375.00
Shirley A. Nielsen LUTCF 1524 COVENTRY LN #53 GRAND ISLAND, NE 68801-7009 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 421.20	12/10/2000	$50.40

SUBTOTAL of Receipts This Page (optional)	$ 598.90
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (Itemized)

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Frank R. Nolimal CLU, ChFC, LUT **2017 Grafton Ave** **Henderson, NV 89014** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: **Self-employed** Occupation: **Insurance Agent** Aggregate Year-to-Date: **$ 421.20**	**12/10/2000**	**$50.40**
James F. O'Connell CLU **400 S. Jefferson #450** **Spokane, WA 99204-3177** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: **Self-employed** Occupation: **Insurance Agent** Aggregate Year-to-Date: **$ 504.00**	**12/10/2000**	**$42.00**
F. Ted O'Hara CLU, ChFC, MSF **1273 Stratford Rd** **Schenectady, NY 12308-2411** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: **Self-employed** Occupation: **Insurance Agent** Aggregate Year-to-Date: **$ 328.00**	**12/10/2000**	**$42.00**
James W. Oglesby LUTCF **P. O. Box 7156** **Asheville, NC 28802-7156** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: **Self-employed** Occupation: **Insurance Agent** Aggregate Year-to-Date: **$ 847.00**	**12/10/2000**	**$66.00**
Robert M. Oliver III, CLU, AEP **9501 S.W. 61st Ct.** **Miami, FL 33156-1955** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: **Self-employed** Occupation: **Insurance Agent** Aggregate Year-to-Date: **$ 250.00**	**12/14/2000**	**$250.00**
James B. Ollis **P. O. Box 1209** **Laurinburg, NC 28353-1209** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: **Self-employed** Occupation: **Insurance Agent** Aggregate Year-to-Date: **$ 442.75**	**12/10/2000**	**$46.75**
Martha N. Olmstead CLU, ChFC **56 Divisadero St.** **San Francisco, CA 94117-3211** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: **Self-employed** Occupation: **Insurance Agent** Aggregate Year-to-Date: **$ 252.00**	**12/10/2000**	**$21.00**

SUBTOTAL of Receipts This Page (optional)	**$ 518.15**
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 28 OF 42
	FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (itemized)

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Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Rae Lee Olson **218 N. El Monte Ave.** **Los Altos, CA 94022-2354** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	**Self-employed** **Insurance Agent** $ 510.00	**12/10/2000**	**$42.50**
Mitchell W. Ostrove CLU, ChFC **4 New King Street** **White Plains, NY 10604-1202** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	**Self-employed** **Insurance Agent** $ 504.00	**12/10/2000**	**$42.00**
Aldous K. Paulani **2219 Kaululaau Street** **Honolulu, HI 96813-1238** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	**Self-employed** **Insurance Agent** $ 230.00	**12/10/2000**	**$21.00**
John C. Parker RHU **47 LAUREL HILL DR.** **NIANTIC, CT 06357-1536** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	**Self-employed** **Insurance Agent** $ 420.30	**12/10/2000**	**$21.00**
Barton C. Pasco CLU, ChFC, LUT **307 Marston Ln** **Richmond, VA 23221-3705** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	**Self-employed** **Insurance Agent** $ 252.00	**12/10/2000**	**$21.00**
Rick Futterson CLU, ChFC, LUT **17075 Dolphin Drive** **North Redington Beach, FL 33708** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	**Self-employed** **Insurance Agent** $ 516.50	**12/10/2000**	**$42.00**
Debbie K. Paul CLU, ChFC **4001 MacArthur Blvd.** **Newport Beach, CA 92660-2510** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	**Self-employed** **Insurance Agent** $ 252.00	**12/10/2000**	**$21.00**

SUBTOTAL of Receipts This Page (optional)	$ 210.50
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (itemized)

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Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Gary H. Pendleton CLU, ChFC 2601 Oberlin Rd Raleigh, NC 27608 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 549.96	12/10/2000	$45.83
Dennis W. Pike Jr., CLU, ChFC 1885 Honey Sprig Rd Lexington, KY 40502 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 302.40	12/10/2000	$25.20
Norman W. Pilgrim LUTCF 1206 Sequerra Street Broomfield, CO 80020-1946 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 220.50	12/10/2000	$21.00
R. Jan Pinney CLU, ChFC, CPC 5152 Ellington Court Granite Bay, CA 95746-7188 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 504.00	12/10/2000	$42.00
William Poe Jr., CLU 2397 Samuelson Rd Portage, IN 46368-2531 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 252.00	12/10/2000	$21.00
Bradley W. Pratt CLU,LUTCF,LLP 121 E. Main #106, P O Box 3045 Mankato, MN 56002 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 252.00	12/10/2000	$21.00
John S. Pugh CLU, MSFS 6612 Oceanfront Virginia Beach, VA 23451-2052 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 300.00	12/10/2000	$25.00

SUBTOTAL of Receipts This Page (optional)	$ 201.03
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (Itemized)

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Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Stephen J. Quiner CLU, ChFC 6832 Morningside Circle Johnston, IA 50131-3136 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 216.00	12/10/2000	$18.00
Frank L. Rainaldi CLU, ChFC 23 Hampshire Drive Mendham, NJ 07945-1614 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 300.00	12/07/2000	$180.00
Karl H. Rakow LUTCF, RHU 3801 Lockport Street, Suite 3 Bismarck, ND 58503 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 360.00	12/10/2000	$30.00
Robert J. Reis CLU, ChFC, LUT 1318 Cook Street DePere, WI 54115-3108 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 216.00	12/10/2000	$18.00
Timothy M. Reis LUTCF, FIC 3749 Highway NN West Bend, WI 53095-8763 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 300.00	12/26/2000	$240.00
Christopher Rich CFP, CPA,CLU,C 3 Spruce Tree Lane Wayland, MA 01778-1215 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 500.00	12/15/2000	$500.00
William Riechert 118 Riviera Drive Massapequa, NY 11758-8518 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 252.00	12/10/2000	$21.00

SUBTOTAL of Receipts This Page (optional)	$ 1,007.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (Itemized)

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National Association of Insurance and Financial Advisors Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Robert Danny Riley LUTCF P. O. Box 1545 Tupelo, MS 38802-1545 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 252.00	12/10/2000	$21.00
Robert M. Roach CLU, ChFC 980 Ridge Crest Drive Gahanna, OH 43230 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 522.50	12/10/2000	$42.50
Scott D. Robertson 18151 Old Dominion Ct. Fort Myers, FL 33908 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 250.00	12/06/2000	$250.00
Lee Rogers LUTCF P. O. Box 3207 Gulfport, MS 39505 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 276.00	12/10/2000	$25.00
Michael Rosenzweig CLU, ChFC, AEP 9 Wheatley Road Old Westbury, NY 11568-1206 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 500.00	12/26/2000	$250.00
Shelley M. Rowe LUTCF 8045 Garrison Ct #A Arvada, CO 80005-2264 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 264.00	12/10/2000	$25.00
David Russell CLU, ChFC, LUT 2423 Carlisle Place Sarasota, FL 34231-7013 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 528.00	12/10/2000	$50.00

SUBTOTAL of Receipts This Page (optional)	$ 663.50
TOTAL This Period (last page this line number only)	

SCHEDULE A — ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (Itemized)

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Daniel L. Rust LUTCF 114 W. Arnold Bozeman, MT 59715-6129 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 417.00	12/10/2000	$30.00
Gregory B. Schaeffer LUTCF, FIC 3627 - 22nd St. Kenosha, WI 53144 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 366.00	12/10/2000 12/29/2000	$27.00 $42.00
Walter M. Schieffer Jr., LUTCF 17501 John Wayne Perry, OK 73077-9513 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 302.40	12/10/2000	$25.20
Daniel J. Scholz CLU, ChFC 1510 So. 183 Circle Omaha, NE 68130 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 502.80	12/10/2000	$50.40
Wayne M. Schuh 1109 Beech Rd Bryn Mawr, PA 19010 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 500.00	12/26/2000	$100.00
James D. Schulz CLU, ChFC 6601 South 66th. St. Lincoln, NE 68516-3657 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 604.80	12/10/2000	$50.40
Jerome J. Schwartz 23239 Bluebird Drive Calabasas, CA 91302-1871 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 250.00	12/28/2000	$250.00

SUBTOTAL of Receipts This Page (optional)	$ 575.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (itemized)

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Mark B. Schwendeman 427 4th St Marietta, OH 45750-2004 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 279.00	12/10/2000	$30.00
Walter J. Scott Jr., CLU 1022 WASHINGTON AVE. OSHKOSH, WI 54901-5354 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 604.80	12/10/2000	$50.40
James P. Shaheen LUTCF 3939 Linden Ave Long Beach, FL 90807-2714 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 275.00	12/10/2000 12/14/2000	$25.00 ($25.00)
Stephen L. Shepard CLU 1776 Ridgecrest Drive Lake Oswego, OR 97034-2710 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 350.00	12/04/2000 12/26/2000	$100.00 $100.00
Charles W. Sigerson Jr., CLU, ChFC 11435 Grand Circle Omaha, NE 68164-2109 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 216.00	12/10/2000	$18.00
James John Silbernagel LUTCF W 2329 Capital Drive Campbellsport, WI 53010-3010 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 604.80	12/10/2000	$50.40
Ken Simons CLU, ChFC, LUT 808 Thoroughbred Lane Artesia, NM 88210-2232 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 601.20	12/10/2000	$50.10

SUBTOTAL of Receipts This Page (optional)	$ 398.90
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (Itemized)

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Frank E. Skaw **18821 E. Crestwood Lane** **Otis Orchards, WA 99027** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: **Self-employed** Occupation: **Insurance Agent** Aggregate Year-to-Date: **$ 209.50**	**12/10/2000**	**$21.00**
Robert H. Sloan Jr., CLU, ChFC **5 Dard Ct.** **East Greenwich, RI 02818-1129** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: **Self-employed** Occupation: **Insurance Agent** Aggregate Year-to-Date: **$ 302.40**	**12/10/2000**	**$25.20**
C. Phillip Smelley **P.O. Box 1299** **Fayetteville, GA 30214-6299** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: **Self-employed** Occupation: **Insurance Agent** Aggregate Year-to-Date: **$ 230.00**	**12/10/2000**	**$21.00**
Paul M. Smith Sr., CLU **433 Ward Parkway 3N** **Kansas City, MO 64122** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: **Self-employed** Occupation: **Insurance Agent** Aggregate Year-to-Date: **$ 612.00**	**12/10/2000**	**$51.00**
Robert J. Smith Jr. **39-856 Morningside Drive** **Rancho Mirage, CA 92270** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: **Self-employed** Occupation: **Insurance Agent** Aggregate Year-to-Date: **$ 351.00**	**12/10/2000**	**$42.00**
Russell A. Smith CLU, ChFC **30251 Channel Way Dr.** **Canyon Lake, CA 92587-7986** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: **Self-employed** Occupation: **Insurance Agent** Aggregate Year-to-Date: **$ 600.00**	**12/10/2000**	**$50.00**
Dave Smithkey CLU **G-3526 Miller Rd Ste-B** **Flint, MI 48507-1236** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: **Self-employed** Occupation: **Insurance Agent** Aggregate Year-to-Date: **$ 369.00**	**12/10/2000**	**$60.00**

SUBTOTAL of Receipts This Page (optional)	**$ 270.20**
TOTAL This Period (last page this line number only)	

SCHEDULE A — ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (itemized)

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Lawrence Edward Sneed 300 Creighton Way Oakland, CA 94619-2361 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 231.00	12/10/2000	$21.00
Mark V. Snider CLU, ChFC 44 Elmwood Place Athens, OH 45701-1904 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 420.00	12/10/2000	$42.00
Steven M. Springer 1670 North 24th. Street Ft. Dodge, IA 50501-7917 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 210.60	12/10/2000	$25.20
Walter C. Sprye Jr., CLU, ChFC PO Box 8388 Rocky Mount, NC 27804-1388 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 277.20	12/10/2000	$23.10
Billy J. Stanfill CLU 948 N. Main St Mooresville, NC 28115 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 678.70	12/10/2000	$9.35
Dennis N. Stansbury CLU, ChFC, LUT RR #2 Box 337 Lucerne, IN 46950-9553 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 270.00	12/10/2000 12/20/2000	$40.00 $150.00
Angelo T. Stath 7821 Massachusetts Merriville, IN 46410-5531 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 600.00	12/10/2000	$50.00

SUBTOTAL of Receipts This Page (optional)	$ 330.65
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (itemized)

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

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
John P. Steele LUTCF P. O. Box 369 Manhattan, MT 59741-0369	Self-employed Insurance Agent $ 261.00	12/10/2000	$15.00
Dennis Stork 7625 Wisconsin Ave. Bethesda, MD 20814	Self-employed Insurance Agent $ 212.40	12/10/2000	$25.20
David L. Stratton CLU, ChFC 13115 Beach Cir. Anchorage, AK 99515-3748	Self-employed Insurance Agent $ 1,375.40	12/10/2000	$150.00
Steven M. Stratton LUTCF 16335 Oak Glen Ave Morgan Hill, CA 95037	Self-employed Insurance Agent $ 252.00	12/10/2000	$21.00
Michael W. Struebing LUTCF 16112 Parker Street Omaha, NE 68118-2429	Self-employed Insurance Agent $ 325.80	12/10/2000	$33.00
Mark Phelan Sudderberg 1751 Clinton St. Rockford, IL 61103	Self-employed Insurance Agent $ 252.00	12/10/2000	$21.00
Donald R. Svoboda CLU, ChFC 5930 S 58th St #Z Lincoln, NE 68516-3653	Self-employed Insurance Agent $ 360.00	12/10/2000	$30.00

Receipt For: ☐ Primary ☐ General ☐ Other (specify):

SUBTOTAL of Receipts This Page (optional)	$ 295.20
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 37 OF 42
	FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (itemized)

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Jeffery A. Swenson **7825 Washington Ave S. #620** **Bloomington, MN 55439-2438** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: **Self-employed** Occupation: **Insurance Agent** Aggregate Year-to-Date: **$ 300.00**	**12/26/2000**	**$300.00**
Robert W. Talbott CLU, LUTCF **2500 W 22nd** **Eugene, OR 97405-1402** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: **Self-employed** Occupation: **Insurance Agent** Aggregate Year-to-Date: **$ 252.00**	**12/10/2000**	**$21.00**
Matthew S. Tassey CLU, LUTCF **5 Reggio Ave.** **Old Orchard Bch, ME 04064-2709** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: **Self-employed** Occupation: **Insurance Agent** Aggregate Year-to-Date: **$ 378.00**	**12/10/2000**	**$50.40**
John Michael Taylor CLU, ChFC **911 Rugate Rd.** **Columbus, GA 31904** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: **Self-employed** Occupation: **Insurance Agent** Aggregate Year-to-Date: **$ 504.00**	**12/10/2000**	**$42.00**
Robert L. Tedoldi Sr., CLU, ChFC. **9 Pond View Road** **Bolton, CT 06043-7558** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: **Self-employed** Occupation: **Insurance Agent** Aggregate Year-to-Date: **$ 504.00**	**12/10/2000**	**$42.00**
Gregory M. Telge CLU, ChFC **1655 North River Road** **Manchester, NH 03104** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: **Self-employed** Occupation: **Insurance Agent** Aggregate Year-to-Date: **$ 302.40**	**12/10/2000**	**$25.20**
Neal A. Thomas CLU, ChFC **4435 E. Eden** **Lincoln, NE 68506-2541** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: **Self-employed** Occupation: **Insurance Agent** Aggregate Year-to-Date: **$ 420.00**	**12/29/2000**	**$120.00**

SUBTOTAL of Receipts This Page (optional)	**$ 600.60**
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (itemized)

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Joseph William Tonyan CLU, ChFC 1437 E. Primrose Springfield, MO 65804 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 360.00	12/07/2000	$360.00
Klaas Tuininga LUTCF 421 West Mendenhall Bozeman, MT 59715-3448 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 314.40	12/10/2000	$10.20
Jack B. Turner CLU, ChFC 310 Fairway Drive Clarksville, TN 37043-4729 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 500.00	12/20/2000	$500.00
Lynda D. Turner LUTCF 1070 South Bosque Loop Bosque Farms, NM 87068-9063 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 302.40	12/10/2000	$25.20
David R. Tuzson 1226 Peacock Drive Scottsbluff, NE 69361 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 302.40	12/10/2000	$25.20
Howard Raymond Utz LUTCF PO Box 480 Mars, PA 16046 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 510.00	12/10/2000	$42.50
Robert D. Vieluf LUTCF 403 Crestwood Estates Collinsville, IL 62234-2324 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 252.00	12/10/2000	$21.00

SUBTOTAL of Receipts This Page (optional)	$ 984.10
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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	FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (itemized)

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Thomas J. Von Riesen CLU, ChFC 9973 Hascall Omaha, NE 68124-2652 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 600.00	12/05/2000	$600.00
Sylvia J. Walker LUTCF, CPIW 805 Terrace Drive Newport News, VA 23601-2240 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 487.50	12/10/2000 12/29/2000	$21.00 $135.50
James J. Wanek CLU 629 Karl Street Green Bay, WI 54301-2218 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 284.40	12/10/2000	$25.20
David R. Watson CLU, ChFC, AEP 7 Elm Drive Medford, NJ 08055-8840 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 520.80	12/10/2000	$42.00
Charles Weinstein CLU, ChFC, LUT 141 24th Ave #1 San Mateo, CA 94403-2251 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 226.00	12/10/2000	$21.00
Marlin D. Wells CLU, ChFC, LUT 2407 Woodbine Way Roswell, NM 88201-9261 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 360.00	12/10/2000	$30.00
Robert J. Wernecke CLU 10665 East Carol Ave. Scottsdale, AZ 85258-6079 Receipt For ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 621.00	12/19/2000	$21.00

SUBTOTAL of Receipts This Page (optional)	$ 895.70
TOTAL This Period (last page this line number only)	

SCHEDULE A — ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (itemized)

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
LouAnn West LUTCF 301 S. Mills Ave. Lodi, CA 95242 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 208.00	12/10/2000	$21.00
Lester E. Westgard 2714 26th Ave SW Fargo, ND 58103-5006 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 600.00	12/10/2000	$60.00
William E. Whitaker CLU, ChFC 2774 70th Avenue SE Mercer Island, WA 98040 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 250.00	12/07/2000	$250.00
Elton R. White CLU, ChFC 4095 Charter Oak Drive Flint, MI 48507 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 252.00	12/10/2000	$21.00
Susan Wier CFP, LUTCF, Ch 8023 South Zikes Rd Bloomington, IN 47401-9178 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 504.00	12/10/2000	$42.00
Leroy L. Wilbers Jr., CLU, LUTCF 309 Deerfield Pl Jefferson City, MO 65109 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 333.00	12/10/2000	$30.00
Gary W. Williams PO Box 397 Vinton, VA 24179-0397 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 252.00	12/10/2000	$21.00

SUBTOTAL of Receipts This Page (optional)	$ 445.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (itemized)

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Jeffrey S. Williams CLU 800 SE 4 Street #206 Fort Lauderdale, FL 33301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 252.00	12/10/2000	$21.00
Larry J. Winkelhake CLU, ChFC 18600 Longview Ct Brookfield, WI 53045 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 564.00	12/10/2000	$50.40
David A. Winston 9210 Graceland Place Fairfax, VA 22031-1913 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 311.58	11/29/2000 11/29/2000 11/29/2000 11/29/2000 11/29/2000	$11.54 $11.54 $11.54 $11.54 $23.08
Ronald I. Woodmansee CLU, ChFC 25 Picadilly Circle Marlton, NJ 08053-4235 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 300.00	12/10/2000	$25.00
Mark L. Yavornitzki CAE 14 Bridle Pl. E. Greenbush, NY 12061-1111 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 252.00	12/10/2000	$21.00
Stuart L. Youngentob JD,CPA 11710 Slatestone Court Potomac, MD 20854 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 300.00	12/04/2000	$300.00

SUBTOTAL of Receipts This Page (optional)	$ 486.64
TOTAL This Period (last page this line number only)	

SCHEDULE A — ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (itemized)

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Alan R. Zalewski CLU, ChFC, LUT **6908 North 27th Street** **Tacoma, WA 98407-1002** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: **Self-employed** Occupation: **Insurance Agent** Aggregate Year-to-Date: **$ 327.00**	**12/10/2000**	**$42.00**
Full Name, Mailing Address and ZIP Code **Theodore J. Zouzounis CLU** **3332 Las Huertas Rd.** **Lafayette, CA 94549-5109** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: **Self-employed** Occupation: **Insurance Agent** Aggregate Year-to-Date: **$ 420.00**	**12/10/2000**	**$35.00**

SUBTOTAL of Receipts This Page (optional)	**$ 77.00**
TOTAL This Period (last page this line number only)	**$ 25,863.72**

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 21a ii

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, Mailing Address and ZIP Code First Union National Bank of Washington DC P.O. Box 13327 Roanoke, VA 24040-7314	Purpose of Disbursement Bank Charges Disbursement for: [ ] Primary [ ] General [X] Other (specify)	Date (month, day, year) 12/31/00	Amount of Each Disbursement This Period 1,102.74
B. Full Name, Mailing Address and ZIP Code National Association of Insurance and Financial Advisors 2901 Telestar Court Falls Church, VA 22042	Purpose of Disbursement Payroll, Benefits,Supplies,Utilities,Postage,Copier, etc. Disbursement for: [ ] Primary [ ] General [X] Other (specify)	Date (month, day,year) 12/31/00	Amount of Each Disbursement This Period 77,655.11
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day,year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day,year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day,year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day,year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
SUBTOTAL of Disbursements This Page (optional)			
TOTAL This Period (last page this line number only)			78,757.85

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SCHEDULE B — ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 23

Contributions to Federal Candidates/Committees

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Friends of George Allen 801 East Main Street/Suite 520 Richmond, VA 23219	Contribution: George Allen (VA-R-Debt Retirement-US Senate) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	12/07/2000	$5,000.00
Full Name, Mailing Address and ZIP Code Carper for Senate 2000 240 North James Street/Suite 100A Newport, DE 19804	Purpose of Disbursement Contribution: Thomas R. Carper (DE-D-Debt Retirement-US Senate) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 12/07/2000	Amount of Each Disbursement this Period $2,500.00
Full Name, Mailing Address and ZIP Code Brad Carson for Congress Committee PO Box 1982 Claremore, OK 74018	Purpose of Disbursement Contribution: Brad Carson (OK-2-D-Debt Retirement-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 12/07/2000	Amount of Each Disbursement this Period $2,000.00
Full Name, Mailing Address and ZIP Code Walter Jones Jr. For Congress P.O. Box 99667 Raleigh, NC 27624	Purpose of Disbursement Contribution: Walter B. Jones (NC-3-R-Debt Retirement-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 12/07/2000	Amount of Each Disbursement this Period $1,000.00
Full Name, Mailing Address and ZIP Code Maloney for Congress 1325 East Main Street Waterbury, CT 06705	Purpose of Disbursement Contribution: James H. Maloney (CT-5-D-Debt Retirement-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 12/06/2000	Amount of Each Disbursement this Period $1,000.00
Full Name, Mailing Address and ZIP Code Otter for Idaho PO Box 1456 Boise, ID 83701	Purpose of Disbursement Contribution: C. L. Otter (ID-1-R-Debt Retirement-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 12/07/2000	Amount of Each Disbursement this Period $1,000.00

SUBTOTAL of Disbursements This Page (optional)	$12,500.00
TOTAL This Period (last page this line number only)	$12,500.00

SCHEDULE B — ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER 28(a)

Refunds of Contributions To Individuals

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

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Bruce Hlavacek 1486 S. Gibbons Rd Bartonville, TX 76226-6340	Refund to Individual Disbursement For: ☐ Primary ☐ General ☒ Other: Other 2000	11/30/2000	$200.00
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Dianne Mitchell 2209 Ontario Street Bellingham, WA 98226	Refund to Individual Disbursement For: ☐ Primary ☐ General ☒ Other: Other 2000	11/30/2000	$75.50
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
F. Leroy Smith 409 Spears Ave. Chattanooga, TN 37405	Refund to Individual Disbursement For: ☐ Primary ☐ General ☒ Other: Other 2000	11/30/2000	$34.00

SUBTOTAL of Disbursements This Page (optional)	$309.50
TOTAL This Period (last page this line number only)	$309.50

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page __ of __ for
LINE NUMBER _____
(Use separate schedules for each numbered line)

Name of Committee (in Full) NATIONAL ASSOCIATION OF Insurance and Financial Advisors - Political Action Committee	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor NATIONAL ASSOCIATION OF Insurance and Financial Advisors 2901 Telestar Court Washington, DC 20006	41,690.64	63,944.78	66,143.45	39,491.99
Nature of Debt (Purpose):				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				

1) SUBTOTALS This Period This Page (optional)	
2) TOTALS This Period (last page in this line only)	39,491.99
3) TOTAL 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)	39,491.99

FEMA/ZIP/DF

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
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☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

PREPARER	DATE PREPARED 4-23-01

(6/2000)