

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.
National Association of Insurance and Financial Advisors Political Action Comm

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 3. IS THIS REPORT NEW (N) OR AMENDED (A)

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

5. Covering Period / / through / /

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 Matthew S. Tassej

Signature of Treasurer Matthew S. Tassej [Electronically Filed] Date / /

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

National Association of Insurance and Financial Advisors Political Action Comm

Report Covering the Period: From: / / To: / /

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, <input type="text" value="2013"/> | | 1010193.51 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 1038671.66 | |
| (c) Total Receipts (from Line 19) | 71752.43 | 136055.91 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 1110424.09 | 1146249.42 |
| 7. Total Disbursements (from Line 31)..... | 93619.14 | 129444.47 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 1016804.95 | 1016804.95 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 45315.68 | |

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

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

National Association of Insurance and Financial Advisors Political Action Comm

Report Covering the Period: From: / / To: / /

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|---------------------------------------|---|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 14579.53 | 23230.66 |
| (ii) Unitemized | 57172.90 | 112825.25 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 71752.43 | 136055.91 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 71752.43 | 136055.91 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3)..... | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶ | 71752.43 | 136055.91 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 71752.43 | 136055.91 |

DETAILED SUMMARY PAGE

of Disbursements

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 1619.14 | 4927.47 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 1619.14 | 4927.47 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 92000.00 | 124500.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 17.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 17.00 |
| 29. Other Disbursements | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 93619.14 | 129444.47 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 93619.14 | 129444.47 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 71752.43 | 136055.91 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 17.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 71752.43 | 136038.91 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 1619.14 | 4927.47 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 1619.14 | 4927.47 |

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

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

FOR LINE NUMBER: PAGE 6 OF 40
(check only one)

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

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

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

A. Mr. Matthew S. Tassej
Full Name (Last, First, Middle Initial)
Mailing Address 5 Reggio Ave
City Old Orchard Beach State ME Zip Code 04064-2709
FEC ID number of contributing federal political committee. **C**
Name of Employer E A Scribner Insurance Agency Occupation AGENT
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **310.00**

Date of Receipt **02 / 04 / 2013**
Transaction ID : 11516111
Amount of Each Receipt this Period **100.00**

B. Mr. Roger S. McCullough
Full Name (Last, First, Middle Initial)
Mailing Address 2759 19th Ave N
City Fort Dodge State IA Zip Code 50501-7838
FEC ID number of contributing federal political committee. **C**
Name of Employer AXA Equitable Occupation MANAGER
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt **02 / 04 / 2013**
Transaction ID : 11516113
Amount of Each Receipt this Period **1000.00**

C. Ms. Juli Y. McNeely
Full Name (Last, First, Middle Initial)
Mailing Address S764 Hanson Road
City Spencer State WI Zip Code 54479-9579
FEC ID number of contributing federal political committee. **C**
Name of Employer McNeely Financial Services Inc. Occupation AGENT
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **258.00**

Date of Receipt **02 / 04 / 2013**
Transaction ID : 11516126
Amount of Each Receipt this Period **50.00**

SUBTOTAL of Receipts This Page (optional)..... **1150.00**
TOTAL This Period (last page this line number only).....

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 OF 40 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. Mrs. Diane Boyle
 Full Name (Last, First, Middle Initial)
 Mailing Address 3419 N Emerson
 City Arlington State VA Zip Code 22207-1834
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NAIFA- Headquarters Occupation VP of Federal Government Relations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **350.00**

Date of Receipt **02 / 04 / 2013**
Transaction ID : 11516140
 Amount of Each Receipt this Period **50.00**

B. Mr. James Peters
 Full Name (Last, First, Middle Initial)
 Mailing Address 11702 Golden Valley Dr
 City New Port Richey State FL Zip Code 34654-3650
 FEC ID number of contributing federal political committee. **C**
 Name of Employer State Farm Insurance Cos. Occupation Agency Owner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **02 / 05 / 2013**
Transaction ID : 11516179
 Amount of Each Receipt this Period **50.00**

C. Mr. Gregory A. Moore
 Full Name (Last, First, Middle Initial)
 Mailing Address 4312 W. Charleston Blvd.
 City Las Vegas State NV Zip Code 89102-1635
 FEC ID number of contributing federal political committee. **C**
 Name of Employer State Farm Occupation AGENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **02 / 05 / 2013**
Transaction ID : 11516203
 Amount of Each Receipt this Period **300.00**

SUBTOTAL of Receipts This Page (optional)..... **400.00**
TOTAL This Period (last page this line number only).....

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 OF 40 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. Mr. Kevin R. Corcoran
 Full Name (Last, First, Middle Initial)
 Mailing Address 10015 SW Bonnie Brae Dr
 City Beaverton State OR Zip Code 97008-6042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BCI Group, Inc. Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 05 / 2013
Transaction ID : 11516213
 Amount of Each Receipt this Period
 250.00

B. Mr. Matthew S. Tassej
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Reggio Ave
 City Old Orchard Beach State ME Zip Code 04064-2709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer E A Scribner Insurance Agency Occupation AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2013
Transaction ID : 11516250
 Amount of Each Receipt this Period
 210.00

C. Mr. Randy L. Scritchfield
 Full Name (Last, First, Middle Initial)
 Mailing Address 10105 Nightingale St.
 City Gaithersburg State MD Zip Code 20882-4019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Montgomery Financial Group, Inc. Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2013
Transaction ID : 11516275
 Amount of Each Receipt this Period
 105.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 565.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 OF 40 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Mr. Edward A. Zabielski Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 104 Clay Ct.
 City Landenberg State PA Zip Code 19350-1380
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New York Life Occupation Financial Services Representative
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 10 / 2013
Transaction ID : 11516285
 Amount of Each Receipt this Period
 210.00

B. Mr. Lawrence E. Lounds
 Full Name (Last, First, Middle Initial)
 Mailing Address 2477 Valley Oaks Circle
 City Flint State MI Zip Code 48532-5405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Security 1st Benefits Corp. Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 10 / 2013
Transaction ID : 11516316
 Amount of Each Receipt this Period
 210.00

C. Mr. Robert M. Nelson
 Full Name (Last, First, Middle Initial)
 Mailing Address 14712 Shirley Street
 City Omaha State NE Zip Code 68144-2144
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Nelson Murphy Insurance & Investments, Occupation Managing Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 10 / 2013
Transaction ID : 11516360
 Amount of Each Receipt this Period
 210.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 630.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 OF 40 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---|------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Mr. Daniel J. Scholz | | Date of Receipt MM / DD / YYYY 02 / 10 / 2013 Transaction ID : 11516536 |
| Mailing Address 1510 So. 183 Circle | | Amount of Each Receipt this Period 417.00 |
| City Omaha | State NE | Zip Code 68130 |
| FEC ID number of contributing federal political committee. C | Name of Employer Ameritas | |
| Occupation AGENT | | Aggregate Year-to-Date 834.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Mr. Vincent M. D'Addona | | Date of Receipt MM / DD / YYYY 02 / 10 / 2013 Transaction ID : 11516686 |
| Mailing Address 341 Harbor Dr | | Amount of Each Receipt this Period 208.33 |
| City Lido Beach | State NY | Zip Code 11561-4906 |
| FEC ID number of contributing federal political committee. C | Name of Employer Strategies for Wealth | |
| Occupation General Agent | | Aggregate Year-to-Date 416.66 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Mr. David L. Stratton | | Date of Receipt MM / DD / YYYY 02 / 10 / 2013 Transaction ID : 11516777 |
| Mailing Address 13115 Beach Cir. | | Amount of Each Receipt this Period 105.00 |
| City Anchorage | State AK | Zip Code 99515-3748 |
| FEC ID number of contributing federal political committee. C | Name of Employer StrattonTurner LLC | |
| Occupation Managing Agent | | Aggregate Year-to-Date 210.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 730.33 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 OF 40 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Mr. Stephen D. Estler
 Full Name (Last, First, Middle Initial)
 Mailing Address 2177 NE 63 St.
 City Fort Lauderdale State FL Zip Code 33308-1330
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Estler Financial Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2013
Transaction ID : 11516812
 Amount of Each Receipt this Period
 150.00

B. Mr. Robert A. Miller
 Full Name (Last, First, Middle Initial)
 Mailing Address 727 Smithridge Rd
 City New Canaan State CT Zip Code 06840-3228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Miller-Pomerantz Occupation AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2013
Transaction ID : 11516990
 Amount of Each Receipt this Period
 500.00

C. Mr. Aldous Kawailani Paalani
 Full Name (Last, First, Middle Initial)
 Mailing Address 2219 Kaululau Street
 City Honolulu State HI Zip Code 96813-1230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Equity Insurance Services, Inc Occupation Representative
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2013
Transaction ID : 11517086
 Amount of Each Receipt this Period
 105.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 755.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 OF 40 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

Full Name (Last, First, Middle Initial)
A. Mr. Robert M. Roach

Mailing Address 1287 Harrison Pond Drive

City Columbus State OH Zip Code 43215

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

Name of Employer: NMFN - Kemelgor Fin. Group Occupation: Wealth Management Advisor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **416.00**

Date of Receipt: **02 / 10 / 2013**

Transaction ID : 11517138

Amount of Each Receipt this Period: **208.00**

Full Name (Last, First, Middle Initial)
B. Mr. Terry M. Kaltenbach

Mailing Address 1358 Ahlrich Ave

City Encintas State CA Zip Code 92024-4029

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

Name of Employer: Benefit RFP Occupation: VP of Recruiting and Life Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt: **02 / 10 / 2013**

Transaction ID : 11517205

Amount of Each Receipt this Period: **150.00**

Full Name (Last, First, Middle Initial)
C. Mr. Lawrence J. Stack

Mailing Address 28411 Northwestern Hgwy Suite 1300

City Southfield State MI Zip Code 48034

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

Name of Employer: Michigan Financial Occupation: Financial Advisor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt: **02 / 10 / 2013**

Transaction ID : 11517260

Amount of Each Receipt this Period: **125.00**

SUBTOTAL of Receipts This Page (optional)..... **483.00**

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 OF 40 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Mr. Randall D. Kaufmann
 Full Name (Last, First, Middle Initial)
 Mailing Address 356 Equus Drive
 City Camp Hill State PA Zip Code 17011-8357
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kaufmann & Associates, LLC Occupation Special Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2013
Transaction ID : 11517282
 Amount of Each Receipt this Period
 120.00

B. Mr. John C. Johns
 Full Name (Last, First, Middle Initial)
 Mailing Address 5141 Lilly Rd.
 City Hazlehurst State MS Zip Code 39083-9490
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southern Farm Bureau Life Insurance Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2013
Transaction ID : 11517306
 Amount of Each Receipt this Period
 120.00

C. Mr. Russell A. Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 22928 San Joaquin Drive East
 City Canyon Lake State CA Zip Code 92587-7831
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Torimax Financial Group, Inc. Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2013
Transaction ID : 11517312
 Amount of Each Receipt this Period
 125.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 365.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 OF 40 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

| | | |
|---|----------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Mr. R. Jan Pinney | | Date of Receipt MM / DD / YYYY 02 / 10 / 2013 Transaction ID : 11517397 |
| Mailing Address 5152 Ellington Court | | Amount of Each Receipt this Period 208.00 |
| City Granite Bay | State CA | Zip Code 95746-7188 |
| FEC ID number of contributing federal political committee. C | Aggregate Year-to-Date 416.00 | |
| Name of Employer Pinney Insurance Center, Inc. | Occupation General Agent | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|----------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Mr. David M. Koll | | Date of Receipt MM / DD / YYYY 02 / 10 / 2013 Transaction ID : 11517409 |
| Mailing Address 1612 S. 152nd Street | | Amount of Each Receipt this Period 166.40 |
| City Omaha | State NE | Zip Code 68144-5121 |
| FEC ID number of contributing federal political committee. C | Aggregate Year-to-Date 332.80 | |
| Name of Employer Mutual of Omaha | Occupation Insurance Agent | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|----------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Ms. Juli Y. McNeely | | Date of Receipt MM / DD / YYYY 02 / 10 / 2013 Transaction ID : 11517642 |
| Mailing Address S764 Hanson Road | | Amount of Each Receipt this Period 208.00 |
| City Spencer | State WI | Zip Code 54479-9579 |
| FEC ID number of contributing federal political committee. C | Aggregate Year-to-Date 466.00 | |
| Name of Employer McNeely Financial Services Inc. | Occupation AGENT | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
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| SUBTOTAL of Receipts This Page (optional).....▶ | 582.40 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 15 OF 40 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Mr. Christopher P. Blake
 Full Name (Last, First, Middle Initial)
 Mailing Address 9238 Shay Cove
 City Ooltewah State TN Zip Code 37363-9300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blake Financial Group Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 02 / 10 / 2013
Transaction ID : 11517794
 Amount of Each Receipt this Period 105.00

B. Mr. Todd G. Grantham
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Montcrest Drive Drive
 City Durham State NC Zip Code 27713-8136
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northwestern Mutual Financial Network Occupation Financial Advisor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 457.60

Date of Receipt 02 / 10 / 2013
Transaction ID : 11518424
 Amount of Each Receipt this Period 228.80

C. Mr. James R. Goodrich
 Full Name (Last, First, Middle Initial)
 Mailing Address 1860 Beech
 City Mt. Pleasant State MI Zip Code 48858-1280
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northwestern Mutual Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 02 / 10 / 2013
Transaction ID : 11518434
 Amount of Each Receipt this Period 105.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 438.80
TOTAL This Period (last page this line number only)..... ▶

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 16 OF 40 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Ms. Eleanor B. Blaylock | | Date of Receipt MM / DD / YYYY 02 / 10 / 2013 Transaction ID : 11518495 |
| Mailing Address 9439 Gay Lane | | Amount of Each Receipt this Period 112.50 |
| City Oil City | State LA | Zip Code 71061-9705 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 112.50 |
| Name of Employer Burke & Burke Insurance Mrktg, Inc. | Occupation Agency Owner | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 225.00 | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Mr. Terry K. Headley | | Date of Receipt MM / DD / YYYY 02 / 10 / 2013 Transaction ID : 11518539 |
| Mailing Address 20704 Meadow Ridge Drive | | Amount of Each Receipt this Period 800.00 |
| City Springfield | State NE | Zip Code 68059-7086 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 800.00 |
| Name of Employer Headley Financial Group | Occupation President | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1600.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Mr. C. Robert Brown Sr. | | Date of Receipt MM / DD / YYYY 02 / 10 / 2013 Transaction ID : 11518802 |
| Mailing Address 8675 WestCott | | Amount of Each Receipt this Period 105.00 |
| City Germantown | State TN | Zip Code 38138-7738 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 105.00 |
| Name of Employer Ameritas | Occupation President | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 210.00 | |

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| SUBTOTAL of Receipts This Page (optional).....▶ | 1017.50 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 17 OF 40 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Mr. Robert A. Styrkowicz
 Full Name (Last, First, Middle Initial)
 Mailing Address 361 Pines Blvd.
 City Lake Villa State IL Zip Code 60046-6600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allstate Insurance Occupation Exclusive Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 02 / 10 / 2013
Transaction ID : 11519067
 Amount of Each Receipt this Period 105.00

B. Mr. Ian C. Wilkinson
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 7096
 City P.O. Box 7096 State GA Zip Code 31209-7096
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wilkinson & Associates Occupation Representative
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 277.50

Date of Receipt 02 / 10 / 2013
Transaction ID : 11519133
 Amount of Each Receipt this Period 105.00

C. Mr. David Russell
 Full Name (Last, First, Middle Initial)
 Mailing Address 8461 Eagle Preserve Way
 City Sarasota State FL Zip Code 34241-9449
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rogers Benefit Group Occupation Regional Mgr.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 02 / 10 / 2013
Transaction ID : 11519680
 Amount of Each Receipt this Period 105.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 315.00
TOTAL This Period (last page this line number only)..... ▶

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 18 OF 40 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
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NAME OF COMMITTEE (In Full)
National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)
A. Mr. Michael W. Struebing

Mailing Address 16112 Parker Street

City Omaha State NE Zip Code 68118-2429

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

Name of Employer Headley Financial Group Occupation Representative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2013

Transaction ID : 11519752

Amount of Each Receipt this Period
115.00

Full Name (Last, First, Middle Initial)
B. Mr. Cliff F. Wilson

Mailing Address 1458 W. Bahia Court

City Gilbert State AZ Zip Code 85233-5600

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

Name of Employer Southeast Arizona Ins. Services, LTD Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **252.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2013

Transaction ID : 11519879

Amount of Each Receipt this Period
126.00

Full Name (Last, First, Middle Initial)
C. Mr. Cale Paul Smith

Mailing Address 1956 Longwood Drive

City Baton Rouge State LA Zip Code 70808-1247

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

Name of Employer Smith Financial Group Occupation Financial Representative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **416.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2013

Transaction ID : 11520396

Amount of Each Receipt this Period
208.00

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 449.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 19 OF 40 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Mr. Joseph L. Morton III | | Date of Receipt MM / DD / YYYY 02 / 10 / 2013 Transaction ID : 11520460 |
| Mailing Address 5487 N Bach | | Amount of Each Receipt this Period 126.00 |
| City Meridian | State ID | Zip Code 83646-4711 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Intermountain Legal Group | Occupation Attorney At Law | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 252.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Mr. Douglas B. Massey | | Date of Receipt MM / DD / YYYY 02 / 11 / 2013 Transaction ID : 11521584 |
| Mailing Address P.O. Box 60707 | | Amount of Each Receipt this Period 125.00 |
| City San Angelo | State TX | Zip Code 76906-0707 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Doug Massey Financial Services | Occupation Insurance Agent | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 225.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Mr. Randy T. Robertson | | Date of Receipt MM / DD / YYYY 02 / 11 / 2013 Transaction ID : 11521586 |
| Mailing Address 7816 Harvest Hill Ln | | Amount of Each Receipt this Period 645.00 |
| City McKinney | State TX | Zip Code 75071-7649 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Sanford Insurance Agency | Occupation Insurance Agent | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 645.00 | |

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| SUBTOTAL of Receipts This Page (optional).....▶ | 896.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 20 OF 40 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Ms. Tallie O. Young
 Full Name (Last, First, Middle Initial)
 Mailing Address 6318 Falcon Crest Court
 City Sachse State TX Zip Code 75048-3539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tallie O Young & Associates Occupation Investment Advisor Representative
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 11 / 2013
Transaction ID : 11521589
 Amount of Each Receipt this Period
 250.00

B. Mr. Eric B. Campbell
 Full Name (Last, First, Middle Initial)
 Mailing Address 6200 Bridgepoint Parkway Suite 300
 City Austin State TX Zip Code 78730-5106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New York Life Insurance Occupation Managing Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 12 / 2013
Transaction ID : 11521609
 Amount of Each Receipt this Period
 1250.00

C. Mr. Stephen M. Ehlers
 Full Name (Last, First, Middle Initial)
 Mailing Address 9614 Garden Row
 City Sugar Land State TX Zip Code 77478-1033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer 3 Mark Financial Occupation Director - Texas TaxBack Program
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 12 / 2013
Transaction ID : 11521615
 Amount of Each Receipt this Period
 125.00

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| SUBTOTAL of Receipts This Page (optional).....▶ | 1625.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 21 OF 40 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Mr. James R. Thompson
Full Name (Last, First, Middle Initial)

Mailing Address 7714 Christina Ave

City Amarillo State TX Zip Code 79121-1756

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

Name of Employer Thompson Financial Consulting Inc. Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 12 / 2013
Transaction ID : 11521630

Amount of Each Receipt this Period
 250.00

B. Ms. Sonia I. Martinez-Garcia
Full Name (Last, First, Middle Initial)

Mailing Address 5601 N 4th

City McAllen State TX Zip Code 78504-2040

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

Name of Employer Southern National Insurance Agency LLC Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 12 / 2013
Transaction ID : 11521632

Amount of Each Receipt this Period
 250.00

C. Mr. Brendon M. DeRouin
Full Name (Last, First, Middle Initial)

Mailing Address 5219 Snapdragon Trail

City Fitchburg State WI Zip Code 53711-7643

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

Name of Employer Insurance Services Group, Inc Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 13 / 2013
Transaction ID : 11521659

Amount of Each Receipt this Period
 250.00

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| SUBTOTAL of Receipts This Page (optional).....▶ | 750.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 OF 40 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

Full Name (Last, First, Middle Initial)
A. Mr. Michael G. Taylor

Mailing Address 543 Auwina Street

City Kailua State HI Zip Code 96734-3426

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

Name of Employer First Hawaiian Bank Occupation Region Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 14 / 2013
Transaction ID : 11521664

Amount of Each Receipt this Period
 250.00

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

Mailing Address 255 Altessa Blvd

City Melville State NY Zip Code 11747-5229

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

Name of Employer Holzberg Rampart Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 14 / 2013
Transaction ID : 11521671

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
C. Mr. David G. Zick

Mailing Address 851 Adams Court

City Bloomfield Hills State MI Zip Code 48304-3704

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

Name of Employer Group Associates, Inc. Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 14 / 2013
Transaction ID : 11521679

Amount of Each Receipt this Period
 625.00

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| SUBTOTAL of Receipts This Page (optional).....▶ | 1125.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 23 OF 40 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | | |
|---|-------------|-----------------------------|--|
| Full Name (Last, First, Middle Initial) A. Mr. Timothy C. Flanagan Jr. | | | Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 15 / 2013 Transaction ID : 11521719 |
| Mailing Address 2007 Maynard Rd | | | Amount of Each Receipt this Period 550.00 |
| City Charlotte | State NC | Zip Code 28270-0007 | |
| FEC ID number of contributing federal political committee. C | | | Aggregate Year-to-Date ▼ 642.40 |
| Name of Employer Hinrichs Flanagan Financial | | Occupation General Agent | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|-------------|--|--|
| Full Name (Last, First, Middle Initial) B. Mrs. Diane Boyle | | | Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 21 / 2013 Transaction ID : 11521738 |
| Mailing Address 3419 N Emerson | | | Amount of Each Receipt this Period 150.00 |
| City Arlington | State VA | Zip Code 22207-1834 | |
| FEC ID number of contributing federal political committee. C | | | Aggregate Year-to-Date ▼ 500.00 |
| Name of Employer NAIFA- Headquarters | | Occupation VP of Federal Government Relations | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|-------------|-------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Mr. Joseph D. Kruse | | | Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 22 / 2013 Transaction ID : 11521750 |
| Mailing Address 609 E ST Andrews Cir | | | Amount of Each Receipt this Period 1000.00 |
| City Dokota Dunes | State IA | Zip Code 57049-5133 | |
| FEC ID number of contributing federal political committee. C | | | Aggregate Year-to-Date ▼ 1000.00 |
| Name of Employer New York Life | | Occupation Insurance Agent | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1700.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 24 OF 40 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Mr. Karl Erik Hansen
Full Name (Last, First, Middle Initial)

Mailing Address 900 North Shoreline Boulevard

City Mountain View State CA Zip Code 94043-1933

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

Name of Employer The Vita Companies Occupation Brokerage Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2013
Transaction ID : 11521759

Amount of Each Receipt this Period
85.00

B. Mr. Paul S. Brawner
Full Name (Last, First, Middle Initial)

Mailing Address 3610 Loma Farm Rd.

City Tallahassee State FL Zip Code 32309-1711

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

Name of Employer NAIFA- Florida Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2013
Transaction ID : 11521766

Amount of Each Receipt this Period
52.50

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

Mailing Address 900 North Shoreline Boulevard

City Mountain View State CA Zip Code 94043-1933

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

Name of Employer The Vita Companies Occupation Brokerage Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 170.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2013
Transaction ID : 11521774

Amount of Each Receipt this Period
-85.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 52.50

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

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 25 OF 40 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Mr. Daniel M. Kaplan
Full Name (Last, First, Middle Initial)

Mailing Address 51 Santa Cruz Rd

City Tuckerton State NJ Zip Code 08087-4245

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

Name of Employer Professional Economic Growth Group Occupation Financial Representative

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 27 / 2013
Transaction ID : 11521809

Amount of Each Receipt this Period 250.00

B. Ms. Laura P. DeGolier
Full Name (Last, First, Middle Initial)

Mailing Address 114 S. Main Street PMB 301

City Fond Du Lac State WI Zip Code 54935-4229

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

Name of Employer DeGolier Insurance Services, LLC Occupation OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 02 / 28 / 2013
Transaction ID : 11521819

Amount of Each Receipt this Period 250.00

C. Mrs. Diane Boyle
Full Name (Last, First, Middle Initial)

Mailing Address 3419 N Emerson

City Arlington State VA Zip Code 22207-1834

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

Name of Employer NAIFA- Headquarters Occupation VP of Federal Government Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 02 / 28 / 2013
Transaction ID : 11521851

Amount of Each Receipt this Period 50.00

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 550.00 |
| TOTAL This Period (last page this line number only).....▶ | 14579.53 |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Wells Fargo

Mailing Address P.O. box 40031

City Roanoke State VA Zip Code 24022-0031

Purpose of Disbursement
bank fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 11526237

Amount of Each Disbursement this Period

bank fees

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Beto O'Rourke For Congress

Mailing Address 1209 Prospect

City El Paso State TX Zip Code 79902

Purpose of Disbursement
Void - Beto O'Rourke For Congress

011

Category/
Type

Candidate Name

Mr. Robert O'Rourke

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 16

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02 | | 09 | | 2013 |

Transaction ID : 11448643

Amount of Each Disbursement this Period

| |
|----------|
| -2500.00 |
|----------|

Void - Beto O'Rourke For Congress

Full Name (Last, First, Middle Initial)

B. Friends Of Jared Polis Committee

Mailing Address P.O. Box 4572

City Boulder State CO Zip Code 80306

Purpose of Disbursement
Void - Friends Of Jared Polis Committee

011

Category/
Type

Candidate Name

Rep. Jared Polis

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CO District: 02

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02 | | 09 | | 2013 |

Transaction ID : 11448644

Amount of Each Disbursement this Period

| |
|----------|
| -2000.00 |
|----------|

Void - Friends Of Jared Polis Committee

Full Name (Last, First, Middle Initial)

C. Tim Scott for Senate

Mailing Address 1405 Ashley River Road

City Charleston State SC Zip Code 29407

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Tim Scott

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: SC District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02 | | 10 | | 2013 |

Transaction ID : 11448959

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

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

| |
|--------|
| 500.00 |
|--------|

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

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| |
|--|

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Democratic Senatorial Campaign Committee

Mailing Address 430 South Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Candidate Name

Democratic Senatorial Campaign Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 10 / 2013

Transaction ID : 11448960

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

B. Judy Chu For Congress

Mailing Address 6380 Wilshire Blvd # 1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement

011

Candidate Name

Rep. Judy Chu

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 32

Date of Disbursement

MM / DD / YYYY
02 / 10 / 2013

Transaction ID : 11448961

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Bill Foster For Congress Committee

Mailing Address P.O. Box 9104

City Aurora State IL Zip Code 60598

Purpose of Disbursement
debt retirement-2012 general

011

Candidate Name

Rep. Bill Foster

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IL District: 14

General Debt 2012

Date of Disbursement

MM / DD / YYYY
02 / 10 / 2013

Transaction ID : 11448962

Amount of Each Disbursement this Period

2500.00

debt retirement-2012 general

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

18500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Levin For Congress

Mailing Address PO Box 37

City Roseville State MI Zip Code 48066

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Sander M. Levin

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 12

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | | 1 | 0 | | 2 | 0 | 1 | 3 |

Transaction ID : 11448963

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

B. Tiberi For Congress

Mailing Address 2931 E Dublin Granville Road
Suite 190

City Columbus State OH Zip Code 43231

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Patrick J. Tiberi

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | | 1 | 0 | | 2 | 0 | 1 | 3 |

Transaction ID : 11448964

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. Friends Of Pat Toomey

Mailing Address 2720 Jordan Road

City Orefield State PA Zip Code 18069

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Pat Toomey

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | | 1 | 0 | | 2 | 0 | 1 | 3 |

Transaction ID : 11448966

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

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

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

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 6 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Friends Of Pat Toomey

Mailing Address 2720 Jordan Road

City Orefield State PA Zip Code 18069

Purpose of Disbursement

011

Candidate Name

Sen. Pat Toomey

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02 | / | 10 | / | 2013 |

Transaction ID : 11448967

Amount of Each Disbursement this Period

| |
|--------|
| 500.00 |
|--------|

Full Name (Last, First, Middle Initial)

B. Vern Buchanan For Congress

Mailing Address P. O. Box 48928

City Sarasota State FL Zip Code 34230

Purpose of Disbursement

011

Candidate Name

Rep. Vern Buchanan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 13

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02 | / | 10 | / | 2013 |

Transaction ID : 11448968

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. Neugebauer Congressional Committee

Mailing Address PO Box 54175

City Lubbock State TX Zip Code 79453

Purpose of Disbursement

011

Candidate Name

Rep. Randy R. Neugebauer

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 19

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02 | / | 10 | / | 2013 |

Transaction ID : 11448969

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

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

| |
|---------|
| 2500.00 |
|---------|

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

| |
|--|
| |
|--|

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Kevin Mccarthy For Congress

Mailing Address PO Box 12667

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Kevin McCarthy

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 22

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02 | | 10 | | 2013 |

Transaction ID : 11448970

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. Mchenry For Congress

Mailing Address PO Box 1406

City Hickory State NC Zip Code 28603

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Patrick Timothy McHenry

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NC District: 10

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02 | | 10 | | 2013 |

Transaction ID : 11448971

Amount of Each Disbursement this Period

| |
|---------|
| 1500.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. Jim Gerlach For Congress Committee

Mailing Address PO Box 87

City Uwchland State PA Zip Code 19480

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. James W. Gerlach

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 06

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02 | | 10 | | 2013 |

Transaction ID : 11448972

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

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

| |
|---------|
| 9000.00 |
|---------|

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

| |
|--|
| |
|--|

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Devin Nunes Campaign Committee

Mailing Address PO Box 6545

City Visalia State CA Zip Code 93290

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Devin G. Nunes

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 21

Date of Disbursement

MM / DD / YYYY
02 / 10 / 2013

Transaction ID : 11448973

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Crowley For Congress

Mailing Address 84-56 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Joseph Crowley

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 07

Date of Disbursement

MM / DD / YYYY
02 / 11 / 2013

Transaction ID : 11451002

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Levin For Congress

Mailing Address PO Box 37

City Roseville State MI Zip Code 48066

Purpose of Disbursement
Void - Levin For Congress

011

Category/
Type

Candidate Name

Rep. Sander M. Levin

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 12

Date of Disbursement

MM / DD / YYYY
02 / 14 / 2013

Transaction ID : 11471962

Amount of Each Disbursement this Period

-5000.00

Void - Levin For Congress

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

-2500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Levin For Congress

Mailing Address PO Box 37

City Roseville State MI Zip Code 48066

Purpose of Disbursement

011

Candidate Name

Rep. Sander M. Levin

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 12

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | | 1 | 4 | | 2 | 0 | 1 | 3 |

Transaction ID : 11471963

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 2 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

B. Heidi For Senate

Mailing Address PO Box 1577

City Bismarck State ND Zip Code 58502

Purpose of Disbursement

011

Candidate Name

Ms. Heidi Heitkamp

Category/
Type

Office Sought: House Senate President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: ND District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | | 1 | 4 | | 2 | 0 | 1 | 3 |

Transaction ID : 11471964

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

C. Deb Fischer For Us Senate Inc

Mailing Address 317 S 12th

City Lincoln State NE Zip Code 68508

Purpose of Disbursement
debt retirement-2012 general

011

Candidate Name

Ms. Debra Fischer

Category/
Type

Office Sought: House Senate President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NE District: General Debt 2012

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | | 1 | 4 | | 2 | 0 | 1 | 3 |

Transaction ID : 11471965

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

debt retirement-2012 general

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

| | | | | | | |
|---|---|---|---|---|---|---|
| 8 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

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

| | | | | | | |
|---|---|---|---|---|---|---|
| 8 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Kind For Congress Committee

Mailing Address 205 5th Avenue South

City La Crosse State WI Zip Code 54601

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Ron Kind

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02 | / | 14 | / | 2013 |

Transaction ID : 11471966

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. Pallone For Congress

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Frank Pallone Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NJ District: 06

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02 | / | 14 | / | 2013 |

Transaction ID : 11471967

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. Friends Of Sessions Senate Committee Inc

Mailing Address P O Box 4278

City Montgomery State AL Zip Code 36103

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Jeff Sessions

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AL District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02 | / | 15 | / | 2013 |

Transaction ID : 11481084

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

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

| |
|---------|
| 7000.00 |
|---------|

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

| |
|--|
| |
|--|

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Matsui For Congress

Mailing Address PO Box 1738

City Sacramento State CA Zip Code 95812

Purpose of Disbursement

011

Candidate Name

Rep. Doris Matsui

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 05

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | / | 22 | / | 2013 |

Transaction ID : 11487038

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. Schock For Congress

Mailing Address PO Box 10555

City Peoria State IL Zip Code 61612

Purpose of Disbursement

011

Candidate Name

Rep. Aaron Jon Schock

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 18

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | / | 22 | / | 2013 |

Transaction ID : 11487039

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. Hagan For Us Senate Inc

Mailing Address PO Box 29103

City Greensboro State NC Zip Code 27429

Purpose of Disbursement

011

Candidate Name

Sen. Kay R. Hagan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NC District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | / | 26 | / | 2013 |

Transaction ID : 11488419

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

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

| |
|---------|
| 8500.00 |
|---------|

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

| |
|--|
| |
|--|

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Friends Of Jim Clyburn

Mailing Address PO Box 12567

City Columbia State SC Zip Code 29211

Purpose of Disbursement

011

Candidate Name

Rep. James E. Clyburn

Category/Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: SC District: 06

Date of Disbursement

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

Transaction ID : 11488423

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

B. Mark Pryor For Us Senate

Mailing Address PO Box 2720

City Little Rock State AR Zip Code 72203

Purpose of Disbursement

011

Candidate Name

Sen. Mark L. Pryor

Category/Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: AR District:

Date of Disbursement

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

Transaction ID : 11488424

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

C. Doggett For Us Congress

Mailing Address PO Box 5843

City Austin State TX Zip Code 78763

Purpose of Disbursement

011

Candidate Name

Rep. Lloyd Doggett

Category/Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: TX District: 25

Date of Disbursement

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

Transaction ID : 11488425

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 2 | 0 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

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

| | | | | | | |
|---|---|---|---|---|---|---|
| 4 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

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

| | | | | | | |
|---|---|---|---|---|---|---|
| 4 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Doggett For Us Congress

Mailing Address PO Box 5843

City State Zip Code
Austin TX 78763

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Lloyd Doggett

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 25

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02 | | 26 | | 2013 |

Transaction ID : 11488426

Amount of Each Disbursement this Period

| |
|---------|
| 3000.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. Friends Of Dennis Ross

Mailing Address PO Box 7310

City State Zip Code
Lakeland FL 33807

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Dennis A. Ross

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 12

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02 | | 26 | | 2013 |

Transaction ID : 11488427

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. Marco Rubio For Us Senate

Mailing Address PO Box 140420

City State Zip Code
Miami FL 33114

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Marco Rubio

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: FL District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02 | | 26 | | 2013 |

Transaction ID : 11488428

Amount of Each Disbursement this Period

| |
|---------|
| 2000.00 |
|---------|

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

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

| |
|---------|
| 6000.00 |
|---------|

| |
|--|
| |
|--|

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Democratic Congressional Campaign Committee

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | | 26 | | 2013 |

Mailing Address 430 South Capitol Street, SE

Transaction ID : 11488429

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

| |
|----------|
| 15000.00 |
|----------|

Purpose of Disbursement

| |
|-------------------|
| 011 |
| Category/ Type |

Candidate Name

Democratic Congressional Campaign Committee

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Alexander For Senate 2014 Inc

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | | 26 | | 2013 |

Mailing Address 228 S Washington Street Suite 115

Transaction ID : 11488430

City Alexandria State VA Zip Code 22314

Amount of Each Disbursement this Period

| |
|---------|
| 2000.00 |
|---------|

Purpose of Disbursement

| |
|-------------------|
| 011 |
| Category/ Type |

Candidate Name

Sen. Lamar Alexander

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| | | | | |

Mailing Address

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

City State Zip Code

Purpose of Disbursement

| |
|-------------------|
| |
| Category/ Type |

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

| |
|----------|
| 17000.00 |
|----------|

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

| |
|----------|
| 92000.00 |
|----------|

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 40 OF 40 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

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

| | |
|---|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor National Association of Insurance and Financial Advisors | Nature of Debt (Purpose): Salary, bebefits, Copies, Supplies |
| Mailing Address 2901 Telestar Ct | |
| City State Zip Code Falls Church VA 22042 | |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="43611.89"/> | Transaction ID : 11616416 | |
| Amount Incurred This Period <input type="text" value="1703.79"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="45315.68"/> |

| | |
|--|---------------------------|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor | Nature of Debt (Purpose): |
| Mailing Address | |
| City State Zip Code | |

| | | |
|---|---|---|
| Outstanding Balance Beginning This Period <input type="text"/> | | |
| Amount Incurred This Period <input type="text"/> | Payment This Period <input type="text"/> | Outstanding Balance at Close of This Period <input type="text"/> |

| | |
|--|---------------------------|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor | Nature of Debt (Purpose): |
| Mailing Address | |
| City State Zip Code | |

| | | |
|---|---|---|
| Outstanding Balance Beginning This Period <input type="text"/> | | |
| Amount Incurred This Period <input type="text"/> | Payment This Period <input type="text"/> | Outstanding Balance at Close of This Period <input type="text"/> |

| | |
|--|---------------------------------------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | <input type="text" value="45315.68"/> |
| 2) TOTALS This Period (last page this line number only)..... ▶ | <input type="text" value="45315.68"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | <input type="text" value="0.00"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | <input type="text" value="45315.68"/> |