

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 02 01 2008 through 02 29 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Peter C. Brown  
Signature of Treasurer Electronically Filed by Peter C. Brown Date 03 17 2008

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

National Association of Insurance and Financial Advisors Political Action Comm

Report Covering the Period: From: 

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	2

D	D
2	9

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		389938.49
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	456318.60									
(c) Total Receipts (from Line 19) .....	68803.16	137198.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	525121.76	527136.49								
7. Total Disbursements (from Line 31) .....	61058.92	63073.65								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	464062.84	464062.84								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	35736.35									

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: 

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	2

D	D
2	9

Y	Y	Y	Y
2	0	0	8

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	14543.00	26476.00
(i) Itemized (use Schedule A) .....	54260.16	110722.00
(ii) Unitemized .....	68803.16	137198.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	68803.16	137198.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	68803.16	137198.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	68803.16	137198.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	550.42	2565.15
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	550.42	2565.15
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	60500.00	60500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	8.50	8.50
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	8.50	8.50
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	61058.92	63073.65
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	61058.92	63073.65

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3 .....	68803.16	137198.00
34. Total Contribution Refunds (from Line 28(d)) .....	8.50	8.50
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	68794.66	137189.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	550.42	2565.15
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	550.42	2565.15

**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 6 / 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. George J. Geldin	Date of Receipt MM / DD / YYYY 02 / 04 / 2008
	Mailing Address 243 Park View Drive	<b>Transaction ID:</b> 6541457
	City State Zip Code Oak Park CA 91377-1124	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Geldin Insurance Services Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Lee A. Mezrah	Date of Receipt MM / DD / YYYY 02 / 08 / 2008
	Mailing Address 5350 W. Kennedy Boulevard	<b>Transaction ID:</b> 6541465
	City State Zip Code Tampa FL 33609-2410	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Mezrah Financial President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Martin Montefel	Date of Receipt MM / DD / YYYY 02 / 04 / 2008
	Mailing Address 16932 SW 5th Way	<b>Transaction ID:</b> 6541507
	City State Zip Code Weston FL 33326-1564	Amount of Each Receipt this Period 182.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Montefel Inc. General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 232.50	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	682.50
<b>TOTAL</b> 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 7 / 35  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. David A. Middaugh

Mailing Address 3273 Evergreen Road

City State Zip Code  
Fargo ND 58102-1214

FEC ID number of contributing federal political committee. C

Name of Employer: Middaugh & Associates, Inc.  
Occupation: General Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt MM / DD / YYYY  
02 / 10 / 2008

**Transaction ID:** 6541645

Amount of Each Receipt this Period 126.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. James W. Oglesby

Mailing Address P. O. Box 1555

City State Zip Code  
ENKA NC 28728

FEC ID number of contributing federal political committee. C

Name of Employer: J.W. Oglesby & Associates  
Occupation: Senior Sales Associate

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 286.00

Date of Receipt MM / DD / YYYY  
02 / 10 / 2008

**Transaction ID:** 6541671

Amount of Each Receipt this Period 143.00

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

Mailing Address 104 Clay Ct.

City State Zip Code  
Landenberg PA 19350

FEC ID number of contributing federal political committee. C

Name of Employer: Edward A. Zabielski Jr & Co.  
Occupation: President/Owner

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt MM / DD / YYYY  
02 / 10 / 2008

**Transaction ID:** 6541743

Amount of Each Receipt this Period 105.00

**SUBTOTAL** of Receipts This Page (optional) ..... 374.00

**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: PAGE 8 / 35  
(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

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

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Daniel J. Scholz

Mailing Address 1510 So. 183 Circle

City State Zip Code  
Omaha NE 68130

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

Name of Employer Occupation  
Ameritas Financial Services AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
MM / DD / YYYY  
02 / 10 / 2008

**Transaction ID:** 6541765

Amount of Each Receipt this Period  
125.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Ronald D. Brant

Mailing Address 10234 Hoffman

City State Zip Code  
Maybee MI 48159-9777

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

Name of Employer Occupation  
Jefferson Pilot Financial AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 416.00

Date of Receipt  
MM / DD / YYYY  
02 / 10 / 2008

**Transaction ID:** 6541826

Amount of Each Receipt this Period  
208.00

**C.**

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

Mailing Address 2477 Valley Oaks Circle

City State Zip Code  
Flint MI 48532

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

Name of Employer Occupation  
Security 1st Benefits Corp. President/Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
02 / 10 / 2008

**Transaction ID:** 6541881

Amount of Each Receipt this Period  
105.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **438.00**

**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 / 35
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. John A. Davidson	Date of Receipt MM / DD / YYYY 02 / 10 / 2008
	Mailing Address 1497 Rancho Lane	<b>Transaction ID:</b> 6542247
	City State Zip Code Thousand Oaks CA 91362-2651	Amount of Each Receipt this Period 105.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Davidson Insurance & Financial Service Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Lance B. Kolbet	Date of Receipt MM / DD / YYYY 02 / 10 / 2008
	Mailing Address 4632 Mountain Park Rd.	<b>Transaction ID:</b> 6542581
	City State Zip Code Pocatello ID 83202-1702	Amount of Each Receipt this Period 126.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer University Financial Group Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 252.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Martin Montefel	Date of Receipt MM / DD / YYYY 02 / 10 / 2008
	Mailing Address 16932 SW 5th Way	<b>Transaction ID:</b> 6542657
	City State Zip Code Weston FL 33326-1564	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Montefel Inc. Occupation General Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 282.50	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>281.00</b>
<b>TOTAL</b> 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 / 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Robert M. Roach	Date of Receipt MM / DD / YYYY 02 / 10 / 2008
	Mailing Address 1287 Harrison Pond Drive	<b>Transaction ID:</b> 6542993
	City State Zip Code New Albany OH 43054	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation NMFN - Kemelgor Financial Group General Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. R. Jan Pinney	Date of Receipt MM / DD / YYYY 02 / 10 / 2008
	Mailing Address 5152 Ellington Court	<b>Transaction ID:</b> 6543113
	City State Zip Code Granite Bay CA 95746-7188	Amount of Each Receipt this Period 208.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Pinney Insurance Center, Inc. General Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 416.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. David M. Koll	Date of Receipt MM / DD / YYYY 02 / 10 / 2008
	Mailing Address 1612 S. 152nd Street	<b>Transaction ID:</b> 6543153
	City State Zip Code Omaha NE 68144-5121	Amount of Each Receipt this Period 105.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Mutual of Omaha Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	438.00
<b>TOTAL</b> 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 / 35
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Thomas E. Fowler		Date of Receipt
	Mailing Address 13243 S.E. 51st Place		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 1 0 / 2 0 0 8
	City	State	Zip Code
	Bellevue	WA	98006
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 6543165
Name of Employer Fowler Financial Services, Inc.		Occupation President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 215.00	<input type="text"/> 107.50

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Terry M. Kaltenbach		Date of Receipt
	Mailing Address 1358 Ahlrich Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 1 0 / 2 0 0 8
	City	State	Zip Code
	Encintas	CA	92024-4029
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 6543215
Name of Employer Phoenix Life		Occupation Wealth Management Consultant	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 125.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Michael J. Ables		Date of Receipt
	Mailing Address PO Box 2205		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 1 0 / 2 0 0 8
	City	State	Zip Code
	Avila Beach	CA	93424-2205
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 6543433
Name of Employer Michael Ables Insurance Services		Occupation AGENT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.00	<input type="text"/> 125.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> <b>357.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 35  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

**A.**

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

Mailing Address 9451 Heddy Drive

City State Zip Code  
Flushing MI 48433

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

Name of Employer Security First Benefits Corp. Occupation President/Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 416.00

Date of Receipt  
MM / DD / YYYY  
02 / 10 / 2008

**Transaction ID:** 6543439

Amount of Each Receipt this Period  
208.00

**B.**

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

Mailing Address 22928 San Joaquin Drive East

City State Zip Code  
Canyon Lake CA 92587-7831

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

Name of Employer Torimax Financial Group, Inc. Occupation President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 416.50

Date of Receipt  
MM / DD / YYYY  
02 / 10 / 2008

**Transaction ID:** 6543449

Amount of Each Receipt this Period  
208.50

**C.**

Full Name (Last, First, Middle Initial)  
Mr. H. Dan Smith

Mailing Address 1616 Rio Vista

City State Zip Code  
Dallas TX 75208-2338

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

Name of Employer State Farm Insurance Companies Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
MM / DD / YYYY  
02 / 10 / 2008

**Transaction ID:** 6543573

Amount of Each Receipt this Period  
215.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **631.50**

**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 13 / 35

(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

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

**A.**

Full Name (Last, First, Middle Initial)

Mr. James R. Christensen, Jr.

Mailing Address 440 Regency Pkwy Dr #139

City State Zip Code  
Omaha NE 68114

FEC ID number of contributing federal political committee.

C

Name of Employer  
INSOURCE, Inc.

Occupation  
General Agent

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

MM / DD / YYYY  
02 / 10 / 2008

Transaction ID: 6544229

Amount of Each Receipt this Period

105.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Mark A. Chandik

Mailing Address 42 Ritz Cove Drive

City State Zip Code  
Dana Point CA 92629

FEC ID number of contributing federal political committee.

C

Name of Employer  
Financial Diligence Partners

Occupation  
Agent/Owner

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

MM / DD / YYYY  
02 / 10 / 2008

Transaction ID: 6544523

Amount of Each Receipt this Period

105.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert J. Hollander

Mailing Address 904 Rockhurst Dr.

City State Zip Code  
Lincoln NE 68510-4114

FEC ID number of contributing federal political committee.

C

Name of Employer  
Farm Bureau Insurance Services

Occupation  
AGENT

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY  
02 / 10 / 2008

Transaction ID: 6544555

Amount of Each Receipt this Period

112.50

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

322.50

**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 14 / 35  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Todd G. Grantham

Mailing Address 203 Brandermill Drive

City State Zip Code  
Durham NC 27713

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

Name of Employer Occupation  
Northwestern Mutual Financial Network Financial Representative

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 231.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 10 / 2008

**Transaction ID:** 6545413

Amount of Each Receipt this Period  
115.50

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Steven M. Stratton

Mailing Address 17131 Parkview Dr

City State Zip Code  
Morgan Hill CA 95037-6606

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

Name of Employer Occupation  
Capital Planning Partners, LLC PARTNER

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 10 / 2008

**Transaction ID:** 6546261

Amount of Each Receipt this Period  
105.00

**C.**

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

Mailing Address 20704 Meadow Ridge Dr

City State Zip Code  
Springfield NE 68059-7086

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

Name of Employer Occupation  
The Principal Financial Group General Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 416.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 10 / 2008

**Transaction ID:** 6546431

Amount of Each Receipt this Period  
208.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **428.50**

**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 15 / 35
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Boyd Lee Williams	Date of Receipt MM / DD / YYYY 02 / 10 / 2008
	Mailing Address 7023 W. Willamette Ave	<b>Transaction ID:</b> 6546569
	City State Zip Code Kennewick WA 99336-1280	Amount of Each Receipt this Period 208.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kansas City Life Insurance Company Occupation Sales Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 416.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Paul Adams	Date of Receipt MM / DD / YYYY 02 / 10 / 2008
	Mailing Address 5101 Missy Maric Lane	<b>Transaction ID:</b> 6548033
	City State Zip Code Las Vegas NV 89130	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Clearline Financial Group Occupation Field Representative Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr Joseph L Morton, III	Date of Receipt MM / DD / YYYY 02 / 10 / 2008
	Mailing Address 5487 N. Bach	<b>Transaction ID:</b> 6548097
	City State Zip Code Meridian ID 83642	Amount of Each Receipt this Period 126.00
	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	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	484.00
<b>TOTAL</b> 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 16 / 35
	(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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Cliff F. Wilson	Date of Receipt MM / DD / YYYY 02 / 10 / 2008
	Mailing Address 1458 W. Bahia Court	<b>Transaction ID:</b> 6548327
	City State Zip Code Gilbert AZ 85233-5600	Amount of Each Receipt this Period 126.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Southeast Arizona Ins. Services, LTD / Occupation General Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Mrs. Diane K. Neely	Date of Receipt MM / DD / YYYY 02 / 10 / 2008
	Mailing Address 6635 SW Ventura Dr	<b>Transaction ID:</b> 6549041
	City State Zip Code Portland OR 97223	Amount of Each Receipt this Period 105.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Thomas L. Webb	Date of Receipt MM / DD / YYYY 02 / 11 / 2008
	Mailing Address 9030 W Sahara Ave #1211	<b>Transaction ID:</b> 6549073
	City State Zip Code Las Vegas NV 89117-5744	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer The Penn Mutual Life Insurance Company Occupation Regional Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>531.00</b>
<b>TOTAL</b> 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 17 / 35  
(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

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

**A.**

Full Name (Last, First, Middle Initial) Mr. Thomas W. Curry		Date of Receipt MM / DD / YYYY 02 / 11 / 2008
Mailing Address 200 W. Jeffrey Place		<b>Transaction ID:</b> 6549159
City Columbus	State OH	Zip Code 43214-2021
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Curry & Company, LLC	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**B.**

Full Name (Last, First, Middle Initial) Mr. Robert H. Fitzsimmons		Date of Receipt MM / DD / YYYY 02 / 11 / 2008
Mailing Address 6421 Shenandoah Dr.		<b>Transaction ID:</b> 6549171
City Lincoln	State NE	Zip Code 68510-4152
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Bob Fitzsimmons, Inc.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**C.**

Full Name (Last, First, Middle Initial) Ms. Jeri K. D'Lugin		Date of Receipt MM / DD / YYYY 02 / 13 / 2008
Mailing Address 201 Staunton Drive		<b>Transaction ID:</b> 6549187
City Greensboro	State NC	Zip Code 27410-6066
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 275.00
Name of Employer The Principal Financial Group	Occupation Registered Representative	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1275.00</b>
<b>TOTAL</b> 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 / 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Robert A. Miller	Date of Receipt MM / DD / YYYY 02 / 11 / 2008
	Mailing Address 727 Smithridge Rd.	<b>Transaction ID:</b> 6549199
	City State Zip Code New Canaan CT 06840-2201	Amount of Each Receipt this Period 1500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Miller-Pomerantz	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Christopher J. Taggart	Date of Receipt MM / DD / YYYY 02 / 01 / 2008
	Mailing Address P.O. Box 2936	<b>Transaction ID:</b> 6549275
	City State Zip Code Cody WY 82414-2936	Amount of Each Receipt this Period 750.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Taggart Company	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. James M. Pollock	Date of Receipt MM / DD / YYYY 02 / 05 / 2008
	Mailing Address 10 Foxtail	<b>Transaction ID:</b> 6549309
	City State Zip Code Portola Valley CA 94028	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Pollock Financial Group	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> 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 / 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Charles H. Landon	Date of Receipt MM / DD / YYYY 02 / 04 / 2008
	Mailing Address 7 Pecan Court Plantations East	<b>Transaction ID:</b> 6549373
	City Lewes State DE Zip Code 19958	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Integra Administrative Group Occupation Executive Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Michael D. Bennetti	Date of Receipt MM / DD / YYYY 02 / 04 / 2008
	Mailing Address 202 Pebble Valley Dr.	<b>Transaction ID:</b> 6549381
	City Dover State DE Zip Code 19904-9462	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Nationwide Insurance Co. Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. H. Dan Smith	Date of Receipt MM / DD / YYYY 02 / 04 / 2008
	Mailing Address 1616 Rio Vista	<b>Transaction ID:</b> 6549393
	City Dallas State TX Zip Code 75208-2338	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer State Farm Insurance Companies Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 265.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>800.00</b>
<b>TOTAL</b> 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 20 / 35  
(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

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

**A.**

Full Name (Last, First, Middle Initial) Mr. Michael M. Kaleel		Date of Receipt MM / DD / YYYY 02 / 15 / 2008
Mailing Address 65 East India Row 14F		<b>Transaction ID:</b> 6616839
City Boston	State MA	Zip Code 02110-3390
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 350.00
Name of Employer The Kaleel Company	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

**B.**

Full Name (Last, First, Middle Initial) Mr. John Folkert		Date of Receipt MM / DD / YYYY 02 / 25 / 2008
Mailing Address 4323 Byron Rd.		<b>Transaction ID:</b> 6616889
City Hudsonville	State MI	Zip Code 49426
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Northwestern Mutual	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**C.**

Full Name (Last, First, Middle Initial) Mr. Paul A. LaPiana		Date of Receipt MM / DD / YYYY 02 / 12 / 2008
Mailing Address 18 Mikro		<b>Transaction ID:</b> 6616953
City Laguna Niguel	State CA	Zip Code 92677
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer MetLife	Occupation Executive Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1100.00</b>
<b>TOTAL</b> 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 21 / 35  
(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

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

**A.**

Full Name (Last, First, Middle Initial) Mr. David H. Brogan		Date of Receipt MM / DD / YYYY 02 / 28 / 2008
Mailing Address 320 W Lake Lansing Rd #2 P O Box 4307		Transaction ID: 6617073
City East Lansing	State MI	Zip Code 48826-4307
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Brogan, Reed & Van Gorder	Occupation AGENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 150.00	

**B.**

Full Name (Last, First, Middle Initial) Mr. David H. Brogan		Date of Receipt MM / DD / YYYY 02 / 28 / 2008
Mailing Address 320 W Lake Lansing Rd #2 P O Box 4307		Transaction ID: 6617075
City East Lansing	State MI	Zip Code 48826-4307
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Brogan, Reed & Van Gorder	Occupation AGENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

**C.**

Full Name (Last, First, Middle Initial) Mr. Leo Thomas		Date of Receipt MM / DD / YYYY 02 / 28 / 2008
Mailing Address 1925 Century Park E 4th Fl		Transaction ID: 6617095
City Los Angeles	State CA	Zip Code 90067-2701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer PRB Inc.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 175.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	375.00
<b>TOTAL</b> 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 22 / 35  
(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Leo Thomas

Mailing Address 1925 Century Park E 4th Fl

City State Zip Code  
Los Angeles CA 90067-2701

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

Name of Employer PRB Inc. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

**Transaction ID:** 6617097

Amount of Each Receipt this Period  
75.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Michael L. Kerley

Mailing Address 2901 Telestar Court

City State Zip Code  
Falls Church VA 22042

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

Name of Employer NAIFA Occupation Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 156.75

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 9 / 2 0 0 8

**Transaction ID:** 6617105

Amount of Each Receipt this Period  
52.25

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Michael L. Kerley

Mailing Address 2901 Telestar Court

City State Zip Code  
Falls Church VA 22042

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

Name of Employer NAIFA Occupation Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 9 / 2 0 0 8

**Transaction ID:** 6617107

Amount of Each Receipt this Period  
52.25

**SUBTOTAL** of Receipts This Page (optional) ..... ► **179.50**

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

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

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

FOR LINE NUMBER: PAGE 23 / 35  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Richard A. Renwick

Mailing Address 464 Sandy Valley Road

City State Zip Code  
Westwood MA 02090-1130

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

Name of Employer PRW Associates Inc      Occupation Secretary/Treasurer/Director

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 9 / 2 0 0 8

**Transaction ID:** 6617109

Amount of Each Receipt this Period  
300.00

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

Mailing Address 15 Canoe Brook Drive

City State Zip Code  
Livingston NJ 07039-6121

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

Name of Employer NJ Life & Casualty Associates, LLC      Occupation General Agent

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

**Transaction ID:** 6617137

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr Emmette F. Albritton, II

Mailing Address 20683 Running Creek Church Road  
Suite A

City State Zip Code  
Stanfield NC 28163

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

Name of Employer Albritton Insurance Group      Occupation General Agent

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 9 / 2 0 0 8

**Transaction ID:** 6617145

Amount of Each Receipt this Period  
220.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1020.00

**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 / 35
	<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.** Full Name (Last, First, Middle Initial)  
Mr. Ronald R. McCall, II

Mailing Address 669 Lake Drive

City State Zip Code  
Vero Beach FL 32963-2166

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

Name of Employer Southern Farm Bureau Life Insurance  
Occupation Agency Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 25 / 2008

**Transaction ID:** 6617249

Amount of Each Receipt this Period  
125.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Curtis G. Green, Jr.

Mailing Address 836 E 15th Ave #1

City State Zip Code  
Anchorage AK 99501-5404

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

Name of Employer State Farm Insurance Companies  
Occupation AGENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 20 / 2008

**Transaction ID:** 6617271

Amount of Each Receipt this Period  
250.00

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

Mailing Address 83 Long Lots Rd

City State Zip Code  
New Canaan CT 06840

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

Name of Employer Associated Benefit Consultants, LLC  
Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 19 / 2008

**Transaction ID:** 6617354

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **625.00**

**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: PAGE 25 / 35

(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

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jeffrey M. Young

Mailing Address 4760 White Bear Pkwy, #100

City State Zip Code  
White Bear Lake MN 55110

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

Name of Employer  
Jonathan Hind Financial Group

Occupation  
President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 5 / 2 0 0 8

Transaction ID: 6617379

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Martin Berger

Mailing Address 111 - 5th Ave SW PO Box 69

City State Zip Code  
Epworth IA 52045

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

Name of Employer  
Berger Benefit Connections

Occupation  
AGENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 5 / 2 0 0 8

Transaction ID: 6617389

Amount of Each Receipt this Period

1200.00

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

1700.00

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

14543.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 26 / 35

<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

A.

Full Name (Last, First, Middle Initial)

Wachovia

Mailing Address P.O. box 40031

City State Zip Code  
Roanoke VA 24022-0031

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 6633009

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)

PAGE 27 / 35

<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

A.	Full Name (Last, First, Middle Initial) Hoyer for Congress	Transaction ID: 6569504 Date of Disbursement MM / DD / YYYY 02 / 08 / 2008
	Mailing Address 7905 Malcolm Road Suite 102	Amount of Each Disbursement this Period 5000.00
	City Clinton State MD Zip Code 20735	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Steny Hoyer	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Thelma Drake for Congress	Transaction ID: 6569533 Date of Disbursement MM / DD / YYYY 02 / 12 / 2008
	Mailing Address P.O. Box 61480	Amount of Each Disbursement this Period 2500.00
	City Virginia Beach State VA Zip Code 23466	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Thelma Drake	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee	Transaction ID: 6569505 Date of Disbursement MM / DD / YYYY 02 / 12 / 2008
	Mailing Address 430 South Capitol Street, SE	Amount of Each Disbursement this Period 15000.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement 2008 annual	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	22500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 35

<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Clay Jr. for Congress</p> <p>Mailing Address 625 N Euclid Avenue, Suite 200</p> <p>City St. Louis State MO Zip Code 63108</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name William Clay</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MO District: 01</p>	<p><b>Transaction ID:</b> 6569535 <b>Date of Disbursement</b>  <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td>/</td><td>1</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">3000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	1	2	/	2	0	0	8	3000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	2	/	1	2	/	2	0	0	8													
3000.00																						
<p><b>B.</b> Full Name (Last, First, Middle Initial) LaTourette for Congress Committee</p> <p>Mailing Address 7200 Center Street/Suite 102</p> <p>City Mentor State OH Zip Code 44060</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Steven LaTourette</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: OH District: 14</p>	<p><b>Transaction ID:</b> 6569524 <b>Date of Disbursement</b>  <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td>/</td><td>1</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">2500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	1	2	/	2	0	0	8	2500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	2	/	1	2	/	2	0	0	8													
2500.00																						
<p><b>C.</b> Full Name (Last, First, Middle Initial) Earl Pomeroy for Congress</p> <p>Mailing Address PO Box 746</p> <p>City Bismarck State ND Zip Code 58502</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Earl Pomeroy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: ND District: 01</p>	<p><b>Transaction ID:</b> 6569532 <b>Date of Disbursement</b>  <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td>/</td><td>1</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">2500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	1	2	/	2	0	0	8	2500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	2	/	1	2	/	2	0	0	8													
2500.00																						

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**8000.00**

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

.....

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Murtha for Congress Committee	Transaction ID: 6569534 Date of Disbursement 02 / 12 / 2008
	Mailing Address Suite 220 551 Main Street Bt Financial Plaza Suite 220	Amount of Each Disbursement this Period 1000.00
	City Johnstown State PA Zip Code 15901	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name John Murtha	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 12	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends of Jim Inhofe	Transaction ID: 6569536 Date of Disbursement 02 / 12 / 2008
	Mailing Address P. O. Box 13300	Amount of Each Disbursement this Period 1000.00
	City Oklahoma City State OK Zip Code 73113	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name James Inhofe	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OK District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) John Cornyn for Senate	Transaction ID: 6569537 Date of Disbursement 02 / 12 / 2008
	Mailing Address 807 Brazos Street Suite 800	Amount of Each Disbursement this Period 5000.00
	City Austin State TX Zip Code 78701	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name John Cornyn	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TX District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7000.00
<b>TOTAL</b> 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Porter for Congress</p> <p>Mailing Address PO Box 26087</p> <p>City Las Vegas State NV Zip Code 89126</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Jon Porter</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 6569529</p> <p>Date of Disbursement <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">12</span> / <span style="border: 1px solid black; padding: 2px;">2008</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">1000.00</span></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) McHenry for Congress</p> <p>Mailing Address P.O. Box 360</p> <p>City Cherryville State NC Zip Code 28021</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Patrick McHenry</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 10</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 6569531</p> <p>Date of Disbursement <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">12</span> / <span style="border: 1px solid black; padding: 2px;">2008</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">1500.00</span></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Jim Gerlach for Congress Committee</p> <p>Mailing Address PO Box 87</p> <p>City Uwchland State PA Zip Code 19480</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name James Gerlach</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 6569530</p> <p>Date of Disbursement <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">12</span> / <span style="border: 1px solid black; padding: 2px;">2008</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">2000.00</span></p>

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

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<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

A.	Full Name (Last, First, Middle Initial) Team Sununu	Transaction ID: 6569525 Date of Disbursement 02 / 12 / 2008
	Mailing Address PO Box 500	Amount of Each Disbursement this Period 2500.00
	City Rye State NH Zip Code 03870	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name John Sununu	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Brian Bilbray for Congress	Transaction ID: 6569538 Date of Disbursement 02 / 13 / 2008
	Mailing Address 2466 Seacoast Dr # 7	Amount of Each Disbursement this Period 1000.00
	City Imperial Beach State CA Zip Code 91932	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Brian Bilbray	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 50	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2008 US Primary

C.	Full Name (Last, First, Middle Initial) Melissa Bean for Congress	Transaction ID: 6569552 Date of Disbursement 02 / 19 / 2008
	Mailing Address PO Box 3068	Amount of Each Disbursement this Period 2500.00
	City Barrington State IL Zip Code 60011	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Melissa Bean	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 08	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6000.00
<b>TOTAL</b> 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

A.	Full Name (Last, First, Middle Initial) Adrian Smith for Congress	Transaction ID: 6569549 Date of Disbursement 02 / 19 / 2008
	Mailing Address 3321 Avenue 1, Suite 6	Amount of Each Disbursement this Period 1000.00
	City Scottsbluff State NE Zip Code 69361	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Adrian Smith	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: NE District: 03	2008 US Primary

B.	Full Name (Last, First, Middle Initial) McCotter Congressional Committee	Transaction ID: 6569550 Date of Disbursement 02 / 19 / 2008
	Mailing Address P. O. Box 530788	Amount of Each Disbursement this Period 2000.00
	City Livonia State MI Zip Code 48153	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Thaddeus McCotter	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: MI District: 11	2008 US Primary

C.	Full Name (Last, First, Middle Initial) Steve Austria For Congress	Transaction ID: 6569548 Date of Disbursement 02 / 19 / 2008
	Mailing Address 2537 Obetz Drive	Amount of Each Disbursement this Period 2500.00
	City Beaver creek State OH Zip Code 45434	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Steve Austria	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: OH District: 07	2008 US Primary

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5500.00
<b>TOTAL</b> 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

A.	Full Name (Last, First, Middle Initial) Bachmann for Congress <hr/> Mailing Address PO Box 49756 <hr/> City Blaine State MN Zip Code 55449 <hr/> Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Michelle Bachmann Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MN District: 06	Transaction ID: 6551372 Date of Disbursement <div style="border: 1px solid black; padding: 2px;">                     M M / D D / Y Y Y Y                      0 2 / 2 0 / 2 0 0 8                 </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">2500.00</div>
B.	Full Name (Last, First, Middle Initial) Friends of Charlie Wilson <hr/> Mailing Address PO Box 61 <hr/> City St. Clairsville State OH Zip Code 43950 <hr/> Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Charlie Wilson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 06 2008 US Primary	Transaction ID: 6552881 Date of Disbursement <div style="border: 1px solid black; padding: 2px;">                     M M / D D / Y Y Y Y                      0 2 / 2 0 / 2 0 0 8                 </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div>
C.	Full Name (Last, First, Middle Initial) Walter Jones Jr. For Congress <hr/> Mailing Address P.O. Box 99667 <hr/> City Raleigh State NC Zip Code 27624 <hr/> Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Walter Jones Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 03 2008 US Primary	Transaction ID: 6556219 Date of Disbursement <div style="border: 1px solid black; padding: 2px;">                     M M / D D / Y Y Y Y                      0 2 / 2 5 / 2 0 0 8                 </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">2500.00</div>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<div style="border: 1px solid black; padding: 5px; font-weight: bold;">6000.00</div>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<div style="border: 1px solid black; padding: 5px; min-height: 20px;"> </div>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 34 / 35

<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

A.

Full Name (Last, First, Middle Initial)

Tim Ryan For Congress

Mailing Address 438 North Rhodes Avenue

City Niles State OH Zip Code 44446

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Timothy Ryan

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: OH District: 17

2008 US Primary

Transaction ID: 6555933

Date of Disbursement

02 / 25 / 2008

Amount of Each Disbursement this Period

1000.00

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

1000.00

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

60500.00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 35 / 35	
	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

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> National Association of Insurance and Financial Advisors Political Action Comm			Nature of Debt (Purpose): Payroll, Benefits, Supplies, Copies, etc
Mailing Address 2901 Telestar Court			
City	State	ZIP Code	
Falls Church	VA	22042	

Outstanding Balance Beginning This Period		<b>Transaction ID: 6635450</b>	
45487.49			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	9751.14	35736.35	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	35736.35
2) <b>TOTALS</b> This Period (last page this line number only).....	35736.35
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	35736.35