

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 01 01 2010 through 01 31 2010

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 Randy L. Scritchfield
Signature of Treasurer Electronically Filed by Randy L. Scritchfield Date 02 18 2010

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

Write or Type Committee Name
National Association of Insurance and Financial Advisors Political Action Comm

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		699737.41
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	699737.41									
(c) Total Receipts (from Line 19)	67097.37	67097.37								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	766834.78	766834.78								
7. Total Disbursements (from Line 31)	27221.81	27221.81								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	739612.97	739612.97								
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)	53571.26									

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)	5178.10	5178.10
(ii) Unitemized	56919.27	56919.27
(iii) TOTAL (add Lines 11(a)(i) and (ii)	62097.37	62097.37
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	5000.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	67097.37	67097.37
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))	67097.37	67097.37
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	67097.37	67097.37

DETAILED SUMMARY PAGE

of Disbursements

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	4790.86	4790.86
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	4790.86	4790.86
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	22230.95	22230.95
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	200.00	200.00
(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))	200.00	200.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	27221.81	27221.81
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	27221.81	27221.81

DETAILED SUMMARY PAGE
of Disbursements

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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)	67097.37	67097.37
34. Total Contribution Refunds (from Line 28(d))	200.00	200.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	66897.37	66897.37
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	4790.86	4790.86
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	4790.86	4790.86

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 6 / 21	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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.

Full Name (Last, First, Middle Initial) New York Life Insurance Political Action Committee		Date of Receipt
Mailing Address 51 Madison Ave. Room 1109		<input type="text" value="01"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
City	State	Zip Code
New York	NY	10010
FEC ID number of contributing federal political committee.	<input type="text" value="C00158881"/>	Transaction ID: 8934150
Name of Employer	Occupation	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 ▼	<input type="text" value="5000.00"/>
	<input type="text" value="5000.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="5000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="5000.00"/>

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

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

FOR LINE NUMBER: PAGE 7 / 21
(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 B. Romero

Mailing Address 6909 Oak Hill Cir.

City State Zip Code
Shreveport LA 71106-3415

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

Name of Employer Executive Financial Group Occupation General Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 0 4 / 2 0 1 0

Transaction ID: 8934706

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Mr. Roger J. Lowery

Mailing Address 216 Country Club Ln

City State Zip Code
Belleville IL 62223

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

Name of Employer The Lowery Group Occupation Insurance Agent

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

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 0 4 / 2 0 1 0

Transaction ID: 8934762

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Kevin J. Reinke

Mailing Address 3418 43rd Street

City State Zip Code
Metairie LA 70001

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

Name of Employer ANICO Occupation Insurance Agent

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

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 0 4 / 2 0 1 0

Transaction ID: 8934820

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **800.00**

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 / 21
	<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. David A. Middaugh	Date of Receipt MM / DD / YYYY 01 / 10 / 2010
Mailing Address 3273 Evergreen Road	Transaction ID: 8934938
City State Zip Code Fargo ND 58102-1214	Amount of Each Receipt this Period 249.60
FEC ID number of contributing federal political committee. C	
Name of Employer Middaugh & Associates, Inc.	Occupation General Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.60

B.

Full Name (Last, First, Middle Initial) Ms. Ruth K. Wassinger	Date of Receipt MM / DD / YYYY 01 / 06 / 2010
Mailing Address 1213 Cambridge Ct	Transaction ID: 8935122
City State Zip Code Plattsmouth NE 68048-1375	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C	
Name of Employer Principal Financial Group	Occupation Insurance Agent
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) Mr. Russell A. Smith	Date of Receipt MM / DD / YYYY 01 / 10 / 2010
Mailing Address 22928 San Joaquin Drive East	Transaction ID: 8935998
City State Zip Code Canyon Lake CA 92587-7831	Amount of Each Receipt this Period 208.50
FEC ID number of contributing federal political committee. C	
Name of Employer Torimax Financial Group, Inc.	Occupation President & CEO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.50

SUBTOTAL of Receipts This Page (optional)	958.10
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 / 21
	<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. Vincent M. D'Addona	Date of Receipt MM / DD / YYYY 01 / 10 / 2010
	Mailing Address 141 Greenway Road	Transaction ID: 8936086
	City State Zip Code Lido Beach NY 11561-4828	Amount of Each Receipt this Period 208.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer D'Addona Rosenbaum Occupation General Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.00

B.	Full Name (Last, First, Middle Initial) Mr. R. Jan Pinney	Date of Receipt MM / DD / YYYY 01 / 10 / 2010
	Mailing Address 5152 Ellington Court	Transaction ID: 8936172
	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 Pinney Insurance Center, Inc. Occupation General Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.00

C.	Full Name (Last, First, Middle Initial) Mr. Keith M. Gillies	Date of Receipt MM / DD / YYYY 01 / 10 / 2010
	Mailing Address 109 W. Lakeview Dr.	Transaction ID: 8936733
	City State Zip Code La Place LA 70068-2427	Amount of Each Receipt this Period 208.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer River Parishes Advisors Group, LLC Occupation Managing Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.00

SUBTOTAL of Receipts This Page (optional)	▶	624.00
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 / 21
	<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. Alan C. Kifer	Date of Receipt MM / DD / YYYY 01 / 10 / 2010
	Mailing Address 21500 Park Row Rd #1115	Transaction ID: 8937021
	City State Zip Code Katy TX 77449-2431	Amount of Each Receipt this Period 210.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American General Life & Accident Insur Occupation President & CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	

B.	Full Name (Last, First, Middle Initial) Mr. Terry K. Headley	Date of Receipt MM / DD / YYYY 01 / 10 / 2010
	Mailing Address 20704 Meadow Ridge Dr	Transaction ID: 8937451
	City State Zip Code Springfield NE 68059-7086	Amount of Each Receipt this Period 208.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Headley Financial Group Occupation Managing Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 208.00	

C.	Full Name (Last, First, Middle Initial) Mr. Boyd Lee Williams	Date of Receipt MM / DD / YYYY 01 / 10 / 2010
	Mailing Address 7023 W. Willamette Ave	Transaction ID: 8939369
	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 ▼ 208.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 21
	<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. Edward F. Glennon	Date of Receipt MM / DD / YYYY 01 / 15 / 2010
	Mailing Address 7343 Cascade Drive	Transaction ID: 8942362
	City State Zip Code Boise ID 83704-8637	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation United Heritage Life Ins Co Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Mr. Robert F. Houser	Date of Receipt MM / DD / YYYY 01 / 15 / 2010
	Mailing Address 902 Schulz Road	Transaction ID: 8942424
	City State Zip Code Fenwick Island DE 19944-4563	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Chesapeake Companies CEO 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. David M. Trail	Date of Receipt MM / DD / YYYY 01 / 15 / 2010
	Mailing Address 1310 Youmans Lane	Transaction ID: 8942428
	City State Zip Code Moscow ID 83843-9174	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Northwestern Mutual Senior Financial Representative Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	700.00
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 12 / 21
(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. Robert H. Kerrigan, Jr.

Mailing Address 1457 North Beverly Drive

City State Zip Code
Beverly Hills CA 90210-2326

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

Name of Employer Strategic Financial Group Occupation Managing Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 19 / 2010

Transaction ID: 8942608

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. Derek J. Tamm

Mailing Address 1504 Camden Woods Terr

City State Zip Code
Saint Cloud MN 56301

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

Name of Employer NMFN Occupation Financial Rep

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 405.00

Date of Receipt
MM / DD / YYYY
01 / 19 / 2010

Transaction ID: 8942676

Amount of Each Receipt this Period
405.00

C. Full Name (Last, First, Middle Initial)
Mr. Gene J. Gilmore

Mailing Address PO Box 295

City State Zip Code
Grand Rapids MI 49501-0295

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

Name of Employer Northwestern Mutual Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 21 / 2010

Transaction ID: 8942684

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1155.00

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 13 / 21

(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)

Ms. Jeri K. D'Lugin

Mailing Address 201 Staunton Drive

City

Greensboro

State

NC

Zip Code

27410-6066

FEC ID number of contributing federal political committee.

C

Name of Employer
The Principal Financial Group

Occupation

Registered Representative

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

MM / DD / YYYY
01 / 22 / 2010

Transaction ID: 8942736

Amount of Each Receipt this Period

275.00

B.

Full Name (Last, First, Middle Initial)

Mr. Alan C. Kifer

Mailing Address 21500 Park Row Rd
#1115

City

Katy

State

TX

Zip Code

77449-2431

FEC ID number of contributing federal political committee.

C

Name of Employer
American General Life & Accident Insur

Occupation

President & CEO

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2010

Transaction ID: 8942764

Amount of Each Receipt this Period

-210.00

C.

Full Name (Last, First, Middle Initial)

Mr. William M. Upson

Mailing Address 510 Bridle Ct

City

Walnut Creek

State

CA

Zip Code

94596-6548

FEC ID number of contributing federal political committee.

C

Name of Employer
Strategic Asset Management Group

Occupation

President

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 27 / 2010

Transaction ID: 8942798

Amount of Each Receipt this Period

250.00

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:	PAGE 14 / 21
	(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. Richard A. Renwick		Date of Receipt
Mailing Address 464 Sandy Valley Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 2 8 / 2 0 1 0
City	State	Zip Code
Westwood	MA	02090-1130
FEC ID number of contributing federal political committee.		Transaction ID: 8950200
<input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 0.00
Name of Employer PRW Associates Inc	Occupation Secretary/Treasurer/Director	[MEMO ITEM] Refund(s) on Schedule B Totaling \$200.00 This changes the YTD Total to \$-3-00.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text"/> -300.00		

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 0.00
TOTAL This Period (last page this line number only)	<input type="text"/> 5178.10

**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 15 / 21

<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) Republican Majority Fund	Transaction ID: 8831872 Date of Disbursement
	Mailing Address 101 Constitution Ave., NW/# 900 We	<input type="text" value="01"/> / <input type="text" value="06"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20001	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name	<input type="text" value="011"/> Category/ Type
	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.	Full Name (Last, First, Middle Initial) Roskam For Congress Committee	Transaction ID: 8874449 Date of Disbursement
	Mailing Address P. O. Box 713	<input type="text" value="01"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>
	City Wheaton State IL Zip Code 60187	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. Peter Roskam	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Berkley For Congress	Transaction ID: 8884051 Date of Disbursement
	Mailing Address 3069 Conquista Court	<input type="text" value="01"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City Las Vegas State NV Zip Code 89121	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="500.00"/>
	Candidate Name Rep. Shelley Berkley	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Scott Brown For Us Senate Committee	Transaction ID: 8884391 Date of Disbursement 01 / 15 / 2010
	Mailing Address PO Box 395	Amount of Each Disbursement this Period 2500.00
	City Wrentham State MA Zip Code 02093	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Mr. Scott Brown	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General2010

B.	Full Name (Last, First, Middle Initial) Melissa Bean For Congress	Transaction ID: 8900755 Date of Disbursement 01 / 26 / 2010
	Mailing Address PO Box 3068	Amount of Each Disbursement this Period 1500.00
	City Barrington State IL Zip Code 60010	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Melissa L. Bean	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Melissa Bean For Congress	Transaction ID: 8900756 Date of Disbursement 01 / 26 / 2010
	Mailing Address PO Box 3068	Amount of Each Disbursement this Period 1000.00
	City Barrington State IL Zip Code 60010	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Melissa L. Bean	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 08	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

<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) Bill Foster For Congress Committee	Transaction ID: 8900757 Date of Disbursement
	Mailing Address PO Box 703	<input type="text" value="01"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Geneva State IL Zip Code 60134	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. Bill Foster	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 14	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Kirk For Senate	Transaction ID: 8900758 Date of Disbursement
	Mailing Address P.O. Box 8	<input type="text" value="01"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Winnetka State IL Zip Code 60093	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name Mr. Mark Kirk	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Gary Miller For Congress	Transaction ID: 8900759 Date of Disbursement
	Mailing Address 721 S. Brea Canyon Road, Suite 7	<input type="text" value="01"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Diamond Bar State CA Zip Code 91789	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. Gary G. Miller	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 42	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

<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>A. Full Name (Last, First, Middle Initial) Gillibrand For Senate</p> <p>Mailing Address P.O. Box 15734</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Kirsten Gillibrand</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NY District:</p>	<p>Transaction ID: 8904371 Date of Disbursement 01 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) Friends Of Rosa DeLauro</p> <p>Mailing Address 12 Trumbull Street</p> <p>City New Haven State CT Zip Code 06511</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Rosa L. DeLauro</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CT District: 03</p>	<p>Transaction ID: 8904808 Date of Disbursement 01 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) ORRINPAC</p> <p>Mailing Address 175 S. West Temple Suite 650</p> <p>City Salt Lake City State UT Zip Code 84101</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name ORRINPAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 8904828 Date of Disbursement 01 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</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) Roskam For Congress Committee	Transaction ID: 8904829 Date of Disbursement 01 / 29 / 2010
	Mailing Address P. O. Box 713	Amount of Each Disbursement this Period -3000.00
	City Wheaton State IL Zip Code 60187	
	Purpose of Disbursement Void - Roskam For Congress Committee	011 Category/ Type
	Candidate Name Rep. Peter Roskam	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Void - Roskam For Congress Committee

B.	Full Name (Last, First, Middle Initial) Roskam For Congress Committee	Transaction ID: 8904830 Date of Disbursement 01 / 29 / 2010
	Mailing Address P. O. Box 713	Amount of Each Disbursement this Period 3000.00
	City Wheaton State IL Zip Code 60187	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Peter Roskam	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Rio All-Suite Hotel & Casino	Transaction ID: 8908325 Date of Disbursement 01 / 21 / 2010
	Mailing Address 3700 W. Flamingo Road	Amount of Each Disbursement this Period 1730.95
	City Las Vegas State NV Zip Code 89103	
	Purpose of Disbursement in-kind contribution: reception food and beverage	011 Category/ Type
	Candidate Name John Davidson	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		in-kind contribution: rec- eption food and beverage

SUBTOTAL of Disbursements This Page (optional)	1730.95
TOTAL This Period (last page this line number only)	22230.95

**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 20 / 21

<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
Roanoke

State
VA

Zip Code
24022-0031

Purpose of Disbursement
bank fees

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 8950195

Date of Disbursement

01 / 27 / 2010

Amount of Each Disbursement this Period

4790.86

bank fees

SUBTOTAL of Disbursements This Page (optional)

4790.86

TOTAL This Period (last page this line number only)

4790.86

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 21 / 21
	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 Political Action Comm	Nature of Debt (Purpose): Payroll, Benefits, Suppl- es, Copies					
Mailing Address 2901 Telestar Ct						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">ZIP Code</td> </tr> <tr> <td>Falls Church</td> <td>VA</td> <td>22042</td> </tr> </table>		City	State	ZIP Code	Falls Church	VA
City	State	ZIP Code				
Falls Church	VA	22042				

Outstanding Balance Beginning This Period <div style="border: 1px solid black; padding: 2px; width: 200px; margin: 5px auto; text-align: center;">48683.74</div>	Transaction ID: 8950201
Amount Incurred This Period <div style="border: 1px solid black; padding: 2px; width: 200px; margin: 5px auto; text-align: center;">4887.52</div>	Payment This Period <div style="border: 1px solid black; padding: 2px; width: 200px; margin: 5px auto; text-align: center;">0.00</div>
Outstanding Balance at Close of This Period <div style="border: 1px solid black; padding: 2px; width: 200px; margin: 5px auto; text-align: center;">53571.26</div>	

1) SUBTOTALS This Period This Page (optional).....	▶	<div style="border: 1px solid black; padding: 2px; width: 150px; margin: 5px auto; text-align: center;">53571.26</div>
2) TOTALS This Period (last page this line number only).....	▶	<div style="border: 1px solid black; padding: 2px; width: 150px; margin: 5px auto; text-align: center;">53571.26</div>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	<div style="border: 1px solid black; padding: 2px; width: 150px; margin: 5px auto; text-align: center;">0.00</div>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	<div style="border: 1px solid black; padding: 2px; width: 150px; margin: 5px auto; text-align: center;">53571.26</div>