

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 27 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	397667.82									
(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)	466470.98	527136.49								
7. Total Disbursements (from Line 31)	70810.06	131475.57								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	395660.92	395660.92								
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)	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)		
(ii) Unitemized	54260.16	110722.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	68803.16	137198.00
(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

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.....	10301.56	70967.07
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	10301.56	70967.07
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))..	70810.06	131475.57
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	70810.06	131475.57

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)).....	10301.56	70967.07
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	10301.56	70967.07

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 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

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) Mr. George J. Geldin		Date of Receipt MM / DD / YYYY 02 / 04 / 2008
Mailing Address 243 Park View Drive		Transaction ID: 6541457
City Oak Park	State CA	Zip Code 91377-1124
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Geldin Insurance Services	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.

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		Transaction ID: 6541465
City Tampa	State FL	Zip Code 33609-2410
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Mezrah Financial	Occupation President	
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. Martin Montefel		Date of Receipt MM / DD / YYYY 02 / 04 / 2008
Mailing Address 16932 SW 5th Way		Transaction ID: 6541507
City Weston	State FL	Zip Code 33326-1564
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 182.50
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 ▼ 232.50	

SUBTOTAL of Receipts This Page (optional)	682.50
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 7 / 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. David A. Middaugh		Date of Receipt
	Mailing Address 3273 Evergreen 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
	City	State	Zip Code
	Fargo	ND	58102-1214
	FEC ID number of contributing federal political committee.	C	Transaction ID: 6541645
Name of Employer Middaugh & Associates, Inc.		Occupation General 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 ▼	<input type="text"/> 126.00
		<input type="text"/> 252.00	

B.	Full Name (Last, First, Middle Initial) Mr. James W. Oglesby		Date of Receipt
	Mailing Address P. O. Box 1555		<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
	City	State	Zip Code
	ENKA	NC	28728
	FEC ID number of contributing federal political committee.	C	Transaction ID: 6541671
Name of Employer J.W. Oglesby & Associates		Occupation Senior Sales Associate	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"/> 143.00
		<input type="text"/> 286.00	

C.	Full Name (Last, First, Middle Initial) Mr. Edward A. Zabielski, Jr.		Date of Receipt
	Mailing Address 104 Clay Ct.		<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
	City	State	Zip Code
	Landenberg	PA	19350
	FEC ID number of contributing federal political committee.	C	Transaction ID: 6541743
Name of Employer Edward A. Zabielski Jr & Co.		Occupation President/Owner	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"/> 105.00
		<input type="text"/> 210.00	

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

A.	Full Name (Last, First, Middle Initial) Mr. John A. Davidson	Date of Receipt MM / DD / YYYY 02 / 10 / 2008
	Mailing Address 1497 Rancho Lane	Transaction ID: 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. C	
	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.	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.	Transaction ID: 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. C	
	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

C.	Full Name (Last, First, Middle Initial) Mr. Martin Montefel	Date of Receipt MM / DD / YYYY 02 / 10 / 2008
	Mailing Address 16932 SW 5th Way	Transaction ID: 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. C	
	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

SUBTOTAL of Receipts This Page (optional)	▶	281.00
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 10 / 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. Robert M. Roach

Mailing Address 1287 Harrison Pond Drive

City State Zip Code
New Albany OH 43054

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

Name of Employer Occupation
NMFN - Kemelgor Financial Group General Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 6542993

Amount of Each Receipt this Period
125.00

B.

Full Name (Last, First, Middle Initial)
Mr. R. Jan Pinney

Mailing Address 5152 Ellington Court

City State Zip Code
Granite Bay CA 95746-7188

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

Name of Employer Occupation
Pinney Insurance Center, Inc. General Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 416.00

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

Transaction ID: 6543113

Amount of Each Receipt this Period
208.00

C.

Full Name (Last, First, Middle Initial)
Mr. David M. Koll

Mailing Address 1612 S. 152nd Street

City State Zip Code
Omaha NE 68144-5121

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

Name of Employer Occupation
Mutual of Omaha Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

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

Transaction ID: 6543153

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 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

A.	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. C		Transaction ID: 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 ▼	<input type="text"/> 107.50
		<input type="text"/> 215.00	

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. C		Transaction ID: 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 ▼	<input type="text"/> 125.00
		<input type="text"/> 250.00	

C.	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. C		Transaction ID: 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 ▼	<input type="text"/> 125.00
		<input type="text"/> 230.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 357.50
TOTAL 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: (check only one)	PAGE 12 / 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. David E. Smithkey	Date of Receipt MM / DD / YYYY 02 / 10 / 2008
	Mailing Address 9451 Heddy Drive	Transaction ID: 6543439
	City State Zip Code Flushing MI 48433	Amount of Each Receipt this Period 208.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Security First Benefits Corp. Occupation: President/Owner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.00

B.	Full Name (Last, First, Middle Initial) Mr. Russell A. Smith	Date of Receipt MM / DD / YYYY 02 / 10 / 2008
	Mailing Address 22928 San Joaquin Drive East	Transaction ID: 6543449
	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 ▼ 416.50

C.	Full Name (Last, First, Middle Initial) Mr. H. Dan Smith	Date of Receipt MM / DD / YYYY 02 / 10 / 2008
	Mailing Address 1616 Rio Vista	Transaction ID: 6543573
	City State Zip Code Dallas TX 75208-2338	Amount of Each Receipt this Period 215.00
	FEC ID number of contributing federal political committee. C	
	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 ▼ 480.00

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

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)
Mr. James R. Christensen, Jr.

Mailing Address 440 Regency Pkwy Dr #139

City Omaha	State NE	Zip Code 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

M M / D D / Y Y Y Y
0 2 / 1 0 / 2 0 0 8

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 Dana Point	State CA	Zip Code 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

M M / D D / Y Y Y Y
0 2 / 1 0 / 2 0 0 8

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 Lincoln	State NE	Zip Code 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

M M / D D / Y Y Y Y
0 2 / 1 0 / 2 0 0 8

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"/>	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
Northwestern Mutual Financial Network

Occupation
Financial Representative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
231.00

Date of Receipt
MM / DD / YYYY
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
Capital Planning Partners, LLC

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
MM / DD / YYYY
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
The Principal Financial Group

Occupation
General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.00

Date of Receipt
MM / DD / YYYY
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: PAGE 15 / 35
(check only one)
 11a 11b 11c 12
 13 14 15 16 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

<p>A. Full Name (Last, First, Middle Initial) Mr. Boyd Lee Williams</p> <p>Mailing Address 7023 W. Willamette Ave</p> <p>City State Zip Code Kennewick WA 99336-1280</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Kansas City Life Insurance Company</p> <p>Occupation Sales Manager</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 416.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 8</p> <p>Transaction ID: 6546569</p> <p>Amount of Each Receipt this Period 208.00</p>
---	--

<p>B. Full Name (Last, First, Middle Initial) Mr. Paul Adams</p> <p>Mailing Address 5101 Missy Maric Lane</p> <p>City State Zip Code Las Vegas NV 89130</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Clearline Financial Group</p> <p>Occupation Field Representative</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 8</p> <p>Transaction ID: 6548033</p> <p>Amount of Each Receipt this Period 150.00</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) Mr Joseph L Morton, III</p> <p>Mailing Address 5487 N. Bach</p> <p>City State Zip Code Meridian ID 83642</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Intermountain Legal Group</p> <p>Occupation Attorney At Law</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 252.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 8</p> <p>Transaction ID: 6548097</p> <p>Amount of Each Receipt this Period 126.00</p>
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SUBTOTAL of Receipts This Page (optional)	484.00
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 16 / 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. Cliff F. Wilson		Date of Receipt
	Mailing Address 1458 W. Bahia Court		<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
	Gilbert	AZ	85233-5600
	FEC ID number of contributing federal political committee. C		Transaction ID: 6548327
Name of Employer Southeast Arizona Ins. Services, LTD /		Occupation General 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 ▼ 252.00	<input type="text"/> 126.00

B.	Full Name (Last, First, Middle Initial) Mrs. Diane K. Neely		Date of Receipt
	Mailing Address 6635 SW Ventura Dr		<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
	Portland	OR	97223
	FEC ID number of contributing federal political committee. C		Transaction ID: 6549041
Name of Employer		Occupation Insurance 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 ▼ 315.00	<input type="text"/> 105.00

C.	Full Name (Last, First, Middle Initial) Mr. Thomas L. Webb		Date of Receipt
	Mailing Address 9030 W Sahara Ave #1211		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 1 1 / 2 0 0 8
	City	State	Zip Code
	Las Vegas	NV	89117-5744
	FEC ID number of contributing federal political committee. C		Transaction ID: 6549073
Name of Employer The Penn Mutual Life Insurance Company		Occupation Regional Director	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 ▼ 300.00	<input type="text"/> 300.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 531.00
TOTAL 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 17 / 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. Thomas W. Curry

Mailing Address 200 W. Jeffrey Place

City Columbus State OH Zip Code 43214-2021

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

Name of Employer Curry & Company, LLC Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 11 / 2008
Transaction ID: 6549159
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Mr. Robert H. Fitzsimmons

Mailing Address 6421 Shenandoah Dr.

City Lincoln State NE Zip Code 68510-4152

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

Name of Employer Bob Fitzsimmons, Inc. Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 11 / 2008
Transaction ID: 6549171
Amount of Each Receipt this Period 500.00

C. 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 02 / 13 / 2008
Transaction ID: 6549187
Amount of Each Receipt this Period 275.00

SUBTOTAL of Receipts This Page (optional) ► 1275.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 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

A.	Full Name (Last, First, Middle Initial) Mr. Robert A. Miller		Date of Receipt
	Mailing Address 727 Smithridge Rd.		<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 2 / 1 1 / 2 0 0 8
	City	State	Zip Code
	New Canaan	CT	06840-2201
	FEC ID number of contributing federal political committee. C		Transaction ID: 6549199
Name of Employer Miller-Pomerantz		Occupation Insurance 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 ▼ 1500.00	1500.00

B.	Full Name (Last, First, Middle Initial) Mr. Christopher J. Taggart		Date of Receipt
	Mailing Address P.O. Box 2936		<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 2 / 0 1 / 2 0 0 8
	City	State	Zip Code
	Cody	WY	82414-2936
	FEC ID number of contributing federal political committee. C		Transaction ID: 6549275
Name of Employer Taggart Company		Occupation General 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 ▼ 750.00	750.00

C.	Full Name (Last, First, Middle Initial) Mr. James M. Pollock		Date of Receipt
	Mailing Address 10 Foxtail		<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 2 / 0 5 / 2 0 0 8
	City	State	Zip Code
	Portola Valley	CA	94028-8018
	FEC ID number of contributing federal political committee. C		Transaction ID: 6549309
Name of Employer Pollock Financial Group		Occupation President & CEO	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	250.00

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 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

A.	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	Transaction ID: 6549373
	City Lewes State DE Zip Code 19958	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	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.	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.	Transaction ID: 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. C	
	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	

C.	Full Name (Last, First, Middle Initial) Mr. H. Dan Smith	Date of Receipt MM / DD / YYYY 02 / 04 / 2008
	Mailing Address 1616 Rio Vista	Transaction ID: 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. C	
	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	

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: 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		Transaction ID: 6616839
City Boston	State Zip Code MA 02110-3390	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer The Kaleel Company	Occupation President	Aggregate Year-to-Date ▼ 350.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

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

C.

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

SUBTOTAL of Receipts This Page (optional)	1100.00
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 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

Mailing Address 320 W Lake Lansing Rd #2
P O Box 4307

City State Zip Code
East Lansing MI 48826-4307

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

Name of Employer Occupation
Brogan, Reed & Van Gorder AGENT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 150.00

Date of Receipt

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

Transaction ID: 6617073

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Mr. David H. Brogan

Mailing Address 320 W Lake Lansing Rd #2
P O Box 4307

City State Zip Code
East Lansing MI 48826-4307

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

Name of Employer Occupation
Brogan, Reed & Van Gorder AGENT

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

Date of Receipt

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

Transaction ID: 6617075

Amount of Each Receipt this Period

150.00

C.

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 Occupation
PRB Inc. Insurance Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 175.00

Date of Receipt

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

Transaction ID: 6617095

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

375.00

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 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: (check only one)	PAGE 23 / 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

A.

Full Name (Last, First, Middle Initial) Mr. Richard A. Renwick		Date of Receipt MM / DD / YYYY 02 / 29 / 2008
Mailing Address 464 Sandy Valley Road		Transaction ID: 6617109
City Westwood	State MA	Zip Code 02090-1130
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer PRW Associates Inc	Occupation Secretary/Treasurer/Director	
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. David B. Malkin		Date of Receipt MM / DD / YYYY 02 / 28 / 2008
Mailing Address 15 Canoe Brook Drive		Transaction ID: 6617137
City Livingston	State NJ	Zip Code 07039-6121
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer NJ Life & Casualty Associates, LLC	Occupation General 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 Emmette F. Albritton, II		Date of Receipt MM / DD / YYYY 02 / 29 / 2008
Mailing Address 20683 Running Creek Church Road Suite A		Transaction ID: 6617145
City Stanfield	State NC	Zip Code 28163
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 220.00	
Name of Employer Albritton Insurance Group	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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: PAGE 24 / 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. 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
MM / DD / YYYY
02 / 25 / 2008

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
MM / DD / YYYY
02 / 25 / 2008

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) NAIFA Mailing Address City State Zip Code Purpose of Disbursement 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) ▼	Transaction ID: 6639421 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 8
	Amount of Each Disbursement this Period 9751.14
	<input type="text" value="001"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Wachovia Mailing Address P.O. box 40031 City State Zip Code Roanoke VA 24022-0031 Purpose of Disbursement 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) ▼	Transaction ID: 6633009 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 8
	Amount of Each Disbursement this Period 550.42
	<input type="text" value="001"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

10301.56

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

10301.56

**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) 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) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	22500.00
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) Clay Jr. for Congress	Transaction ID: 6569535 Date of Disbursement 02 / 12 / 2008
	Mailing Address 625 N Euclid Avenue, Suite 200	Amount of Each Disbursement this Period 3000.00
	City St. Louis State MO Zip Code 63108	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name William Clay	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) LaTourette for Congress Committee	Transaction ID: 6569524 Date of Disbursement 02 / 12 / 2008
	Mailing Address 7200 Center Street/Suite 102	Amount of Each Disbursement this Period 2500.00
	City Mentor State OH Zip Code 44060	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Steven LaTourette	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 14	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Earl Pomeroy for Congress	Transaction ID: 6569532 Date of Disbursement 02 / 12 / 2008
	Mailing Address PO Box 746	Amount of Each Disbursement this Period 2500.00
	City Bismarck State ND Zip Code 58502	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Earl Pomeroy	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 01	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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		
	City Johnstown State PA Zip Code 15901	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement 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) ▼	011 Category/ Type	
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		
	City Oklahoma City State OK Zip Code 73113	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement 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) ▼	011 Category/ Type	
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		
	City Austin State TX Zip Code 78701	Amount of Each Disbursement this Period 5000.00	
	Purpose of Disbursement 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) ▼	011 Category/ Type	

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Porter for Congress	Transaction ID: 6569529 Date of Disbursement 02 / 12 / 2008
	Mailing Address PO Box 26087	Amount of Each Disbursement this Period 1000.00
	City Las Vegas State NV Zip Code 89126	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Jon Porter	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) McHenry for Congress	Transaction ID: 6569531 Date of Disbursement 02 / 12 / 2008
	Mailing Address P.O. Box 360	Amount of Each Disbursement this Period 1500.00
	City Cherryville State NC Zip Code 28021	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Patrick McHenry	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 10	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Jim Gerlach for Congress Committee	Transaction ID: 6569530 Date of Disbursement 02 / 12 / 2008
	Mailing Address PO Box 87	Amount of Each Disbursement this Period 2000.00
	City Uwchland State PA Zip Code 19480	
	Purpose of Disbursement	011 Category/Type
	Candidate Name James Gerlach	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)

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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) 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) ▼

SUBTOTAL of Disbursements This Page (optional)	6000.00
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)

PAGE 32 / 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) 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 State: NE District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 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 State: MI District: 11	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) 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 Beavercreek 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 State: OH District: 07	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2008 US Primary

SUBTOTAL of Disbursements This Page (optional)	5500.00
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)

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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

<p>A. Full Name (Last, First, Middle Initial) Bachmann for Congress</p> <p>Mailing Address PO Box 49756</p> <p>City Blaine State MN Zip Code 55449</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Michelle Bachmann</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6551372</p> <p>Date of Disbursement 02 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) Friends of Charlie Wilson</p> <p>Mailing Address PO Box 61</p> <p>City St. Clairsville State OH Zip Code 43950</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Charlie Wilson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 06</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2008 US Primary</p>	<p>Transaction ID: 6552881</p> <p>Date of Disbursement 02 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Walter Jones Jr. For Congress</p> <p>Mailing Address P.O. Box 99667</p> <p>City Raleigh State NC Zip Code 27624</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Walter Jones</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2008 US Primary</p>	<p>Transaction ID: 6556219</p> <p>Date of Disbursement 02 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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)

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

Candidate Name
Timothy Ryan

Office Sought: House
 Senate
 President

State: OH District: 17

Disbursement For: 2008
 Primary General
 Other (specify) ▼

2008 US Primary

Transaction ID: 6555933

Date of Disbursement

02 / 25 / 2008

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

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

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, Supplies, Copies, etc
Mailing Address 2901 Telestar Court			
City	State	ZIP Code	
Falls Church	VA	22042	

Outstanding Balance Beginning This Period		Transaction ID: 6639426	
45487.49			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	9751.14	35736.35	

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