



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

National Association of Insurance and Financial Advisors Political Action Comm

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="1384179.49"/>	<input type="text" value="1384179.49"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1149440.72"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="120896.19"/>	<input type="text" value="540050.67"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="1270336.91"/>	<input type="text" value="1924230.16"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="166623.05"/>	<input type="text" value="820516.30"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1103713.86"/>	<input type="text" value="1103713.86"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**National Association of Insurance and Financial Advisors Political Action Comm**

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

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	51555.49	167071.48
(ii) Unitemized .....	64340.70	359979.19
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	115896.19	527050.67
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	115896.19	532050.67
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.....	5000.00	8000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	120896.19	540050.67
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	120896.19	540050.67

**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) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	373.05	6349.80
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	373.05	6349.80
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	166200.00	813600.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	50.00	566.50
(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)).....	50.00	566.50
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	166623.05	820516.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	166623.05	820516.30

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	115896.19	532050.67
34. Total Contribution Refunds (from Line 28(d)) .....	50.00	566.50
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	115846.19	531484.17
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	373.05	6349.80
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	373.05	6349.80

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 170
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Mr. Gene H. Storms**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18663 St. Mellion Place  
 City Eden Prairie State MN Zip Code 55347-3484  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northwestern Mutual Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2014  
**Transaction ID : 12577098**  
 Amount of Each Receipt this Period  
 500.00

**B. Mr. Curtis G. Green Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 836 E 15th Ave #1  
 City Anchorage State AK Zip Code 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  
 M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2014  
**Transaction ID : 12577102**  
 Amount of Each Receipt this Period  
 250.00

**C. Mr. Odon L. Bacque Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 107 Ellendale Boulevard  
 City Lafayette State LA Zip Code 70508-6642  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MassMutual Financial Group 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 Y Y  
 06 / 02 / 2014  
**Transaction ID : 12577104**  
 Amount of Each Receipt this Period  
 125.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	875.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 170
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. Larry A. Kaufman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2102 Kentmere Parkway  
 City Wilmington State DE Zip Code 19806-2016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kaufman Financial Services Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2014  
**Transaction ID : 12577112**  
 Amount of Each Receipt this Period  
 400.00

**B. Mr. Thomas D. Carter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 315 Center Ave Ste 402  
 City Bay City State MI Zip Code 48708-5968  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Farm Bureau Insurance Occupation Managing Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2014  
**Transaction ID : 12577115**  
 Amount of Each Receipt this Period  
 291.00

**C. Mr. C. Anthony McDonald**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 300 Mourning Dove Drive  
 City Newark State DE Zip Code 19711-4120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MetLife Financial Associates, Inc. Occupation Financial Advisor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2014  
**Transaction ID : 12577120**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1191.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 170
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. A. Duer Pierce Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1201 Snuff Mill Road  
 City State Zip Code  
 Wilmington DE 19807-1043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Financial House CLU, ChFC, AEP, CAP  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2014  
**Transaction ID : 12577133**  
 Amount of Each Receipt this Period  
 500.00

**B. Mr. Merle A. Wollman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1419 S Westward Ho Place  
 City State Zip Code  
 Sioux Falls SD 57105-1426  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Wollman Insurance Group Insurance Agent  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 560.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2014  
**Transaction ID : 12577135**  
 Amount of Each Receipt this Period  
 500.00

**C. Mr. Stanley E Minka Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Eagle Way  
 City State Zip Code  
 Avondale PA 19311-9723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MetLife Insurance Agent  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2014  
**Transaction ID : 12577138**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 170
	<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	<input type="checkbox"/> 17

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

**A. Mr. Robert O. Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address 5824 Arbol Ct NE

City Rockford State MI Zip Code 49341-9450

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

Name of Employer Northwestern Mutual Occupation Estate & Business Planning Specialist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2014

**Transaction ID : 12577142**

Amount of Each Receipt this Period  
 1250.00

**B. Mr. Peter L. Wolff**  
Full Name (Last, First, Middle Initial)

Mailing Address 523 Lake Drive

City Middletown State DE Zip Code 19709-9684

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

Name of Employer Nationwide Occupation Agency Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2014

**Transaction ID : 12577147**

Amount of Each Receipt this Period  
 300.00

**C. Mr. Rick Johnston**  
Full Name (Last, First, Middle Initial)

Mailing Address 1602 W Missouri Ave

City Chickasha State OK Zip Code 73018-3954

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

Name of Employer Rick Johnston Ins Agency, Inc Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2014

**Transaction ID : 12577166**

Amount of Each Receipt this Period  
 400.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1950.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Mr. Ben C. Kaufmann**  
Full Name (Last, First, Middle Initial)

Mailing Address 125 Sycamore Rd

City Lexington State KY Zip Code 40502-1841

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

Name of Employer You're Outta Here Occupation General Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 03 / 2014  
**Transaction ID : 12577191**

Amount of Each Receipt this Period 300.00

**B. Mr. Gregory A. Moore**  
Full Name (Last, First, Middle Initial)

Mailing Address 4312 W. Charleston Blvd.

City Las Vegas State NV Zip Code 89102-1635

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

Name of Employer State Farm Occupation AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 03 / 2014  
**Transaction ID : 12577213**

Amount of Each Receipt this Period 500.00

**C. Mr. Brian E. Worrell**  
Full Name (Last, First, Middle Initial)

Mailing Address 63 Pine St. Apt. 27

City Wernersville State PA Zip Code 19565-1110

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

Name of Employer Prudential Financial Occupation Agent/Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 04 / 2014  
**Transaction ID : 12577253**

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1050.00

**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 OF 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Mr. Carl R. Stern**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1437 San Lucas Ct  
City Solana Beach State CA Zip Code 92075-2113  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Imeriti, Inc Occupation Founder  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 04 / 2014  
**Transaction ID : 12577269**  
Amount of Each Receipt this Period  
500.00

**B. Mr. Jeffery A. Skinner**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5713 S Tomar Rd  
City Sioux Falls State SD Zip Code 57108-4656  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Skinner Financial Services, Inc Occupation Financial Planner  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 04 / 2014  
**Transaction ID : 12577271**  
Amount of Each Receipt this Period  
15.00

**C. Mrs. Laura M. Day**  
Full Name (Last, First, Middle Initial)  
Mailing Address 121 St Regis Dr  
City Newark State DE Zip Code 19711-3822  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Laura Day and Associates Occupation AGENT  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 04 / 2014  
**Transaction ID : 12577274**  
Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 815.00  
**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 OF 170  
(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. Mr. Jeff W. St. Clair**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 60143 Confusion Hill Rd  
 City Coos Bay State OR Zip Code 97420-8446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. Clair Capital Ventures, Ltd. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 05 / 2014  
**Transaction ID : 12577297**  
 Amount of Each Receipt this Period  
 250.00

**B. Mr. Kenneth W. Head**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 203 Burning Brush Rd  
 City Greenville State SC Zip Code 29607-5825  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Head Financial Group, Inc Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 05 / 2014  
**Transaction ID : 12577299**  
 Amount of Each Receipt this Period  
 125.00

**C. Mr. Keith D. Hennessey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9029 Hammontree Dr.  
 City Urbandale State IA Zip Code 50322-7425  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Farm Bureau Finanical Services Occupation Career Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 05 / 2014  
**Transaction ID : 12577304**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 875.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 170
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. Brian D. Meehan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3422 Skyview Drive  
 City Cedar Falls State IA Zip Code 50613-9442  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Financial Decisions Group Occupation President, Financial Decisions Group  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 05 / 2014  
**Transaction ID : 12577306**  
 Amount of Each Receipt this Period  
 400.00

**B. Mr. Craig M. Kilmer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 512 W 15th Street  
 City Tyrone State PA Zip Code 16686-2006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Principal Financial Group Occupation AGENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 05 / 2014  
**Transaction ID : 12577307**  
 Amount of Each Receipt this Period  
 300.00

**C. Mr. Leroy L. Wilbers Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6401 Bluff Creek Lane  
 City Lohman State MO Zip Code 65053-9013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wallstreet Ins. Group Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 05 / 2014  
**Transaction ID : 12577311**  
 Amount of Each Receipt this Period  
 1250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1950.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. Mr. Mark R. Triplett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10312 NW 42nd St  
 City Polk City State IA Zip Code 50226-2253  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AMZ Financial Insurance Services, LLC Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 05 / 2014  
**Transaction ID : 12577329**  
 Amount of Each Receipt this Period  
 400.00

**B. Mr. Anthony J. Schau**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1880 Scarlet Oak Cir  
 City North Liberty State IA Zip Code 52317-4767  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer North Star Resource Group Occupation Regional Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 06 / 2014  
**Transaction ID : 12577334**  
 Amount of Each Receipt this Period  
 400.00

**C. Mr. Dermot T. Healey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 400 Ocean Trail Way #110  
 City Jupiter State FL Zip Code 33477-5524  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 06 / 2014  
**Transaction ID : 12577338**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mrs. Krisann K. Miehe</b>		Date of Receipt
Mailing Address 625 N Segoe Rd #807		<input type="text" value="06"/> / <input type="text" value="09"/> / <input type="text" value="2014"/>
City Madison	State WI	Zip Code 53705-3175
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 12577417</b>
Name of Employer Midwest Financial Group	Occupation Investment Advisor Representative	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="500.00"/>
	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Mr. Richard J. Dehner</b>		Date of Receipt
Mailing Address 947 Springbrook		<input type="text" value="06"/> / <input type="text" value="09"/> / <input type="text" value="2014"/>
City Hinton	State IA	Zip Code 51024-8841
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 12577424</b>
Name of Employer Northwestern Mutual	Occupation Financial Representative	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="500.00"/>
	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Mr. Matthew S. Tassej</b>		Date of Receipt
Mailing Address 5 Reggio Ave		<input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City Old Orchard Beach	State ME	Zip Code 04064-2709
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 12577454</b>
Name of Employer E A Scribner Insurance Agency	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" value="105.00"/>
	<input type="text" value="714.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1105.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 170
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Mr. Peter Fulchiron**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 411 San Andreas Drive  
 City Novato State CA Zip Code 94945-1237  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allstate Life Insurance Company Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12577465**  
 Amount of Each Receipt this Period  
 50.00

**B. Mr. David M. Edwards**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 30 W. Granada Avenue  
 City Hershey State PA Zip Code 17033-1440  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer David M. Edwards & Associates Financia Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12577477**  
 Amount of Each Receipt this Period  
 50.00

**C. Mr. Randy L. Scritchfield**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10105 Nightingale St.  
 City Gaithersburg State MD Zip Code 20882-4019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Montgomery Financial Group, Inc. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12577479**  
 Amount of Each Receipt this Period  
 105.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	205.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Kent A. Bennett</b>		Date of Receipt
Mailing Address 280 Hollow Road		<input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City	State	Zip Code
Muncy	PA	17756-5789
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 12577481</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Kent A. Bennett & Associates, Inc.	General Agent	<input type="text" value="87.50"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="525.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Mr. Edward A. Zabielski Jr.</b>		Date of Receipt
Mailing Address 104 Clay Ct.		<input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City	State	Zip Code
Landenberg	PA	19350-1380
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 12577489</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
New York Life	Financial Services Representative	<input type="text" value="210.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1260.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Mr. Mark B. Schwendeman</b>		Date of Receipt
Mailing Address 427 4th St		<input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City	State	Zip Code
Marietta	OH	45750-2004
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 12577510</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
The Schwendeman Agency, Inc.	PRESIDENT\OWNER	<input type="text" value="60.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="360.00"/>	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 170
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. Lawrence E. Lounds**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2477 Valley Oaks Circle  
 City Flint State MI Zip Code 48532-5405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Security 1st Benefits Corporation Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1260.00

Date of Receipt 06 / 10 / 2014  
**Transaction ID : 12577518**  
 Amount of Each Receipt this Period 210.00

**B. Mr. Donald L. Schleicher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address W7167 Glen Valley Dr  
 City Greenville State WI Zip Code 54942-8108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lifetime Retirement Planning, Inc. Occupation President/Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt 06 / 10 / 2014  
**Transaction ID : 12577522**  
 Amount of Each Receipt this Period 42.50

**C. Mr. Charles A. Brown**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3632 Petersburg Rd.  
 City Burlington State KY Zip Code 41005-8776  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Charles Brown CLU & Company Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 06 / 10 / 2014  
**Transaction ID : 12577530**  
 Amount of Each Receipt this Period 62.50

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Mr. John W. Bounds**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1434 South Lamar Blvd.  
City Oxford State MS Zip Code 38655-4738  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Bounds & Associates Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **252.00**

Date of Receipt **06 / 10 / 2014**  
**Transaction ID : 12577541**  
Amount of Each Receipt this Period **42.00**

**B. Mr. John R. Dean**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1700 S.W. 15th Ave.  
City Willmar State MN Zip Code 56201-2803  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Independent Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 10 / 2014**  
**Transaction ID : 12577560**  
Amount of Each Receipt this Period **50.00**

**C. Mr. Robert M. Nelson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14712 Shirley Street  
City Omaha State NE Zip Code 68144-2144  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Nelson Murphy Insurance & Investments, Occupation Managing Partner  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **1260.00**

Date of Receipt **06 / 10 / 2014**  
**Transaction ID : 12577565**  
Amount of Each Receipt this Period **210.00**

**SUBTOTAL** of Receipts This Page (optional)..... **302.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 170
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. Carl James Maus**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 432 Fort Saratoga  
 City Saint Charles State MO Zip Code 63303-1766  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Insurance and Investment Services Occupation Career Development Supervisor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
 06 / 10 / 2014  
**Transaction ID : 12577568**  
 Amount of Each Receipt this Period  
 42.00

**B. Mr. Brian R. Phares**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1420 Hackberry Road  
 City North Platte State NE Zip Code 69101-6841  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Phares Financial Services Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 06 / 10 / 2014  
**Transaction ID : 12577574**  
 Amount of Each Receipt this Period  
 60.00

**C. Mr. David V. Dellinger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6444 Pretty Girl Ct  
 City Citrus Heights State CA Zip Code 95621-4743  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NAIFA - California Occupation Executive Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
 06 / 10 / 2014  
**Transaction ID : 12577586**  
 Amount of Each Receipt this Period  
 42.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 144.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Jack H. Curtis**  
Full Name (Last, First, Middle Initial)

Mailing Address 1508 Morning Glory Cr.

City State Zip Code  
Tupelo MS 38801-8446

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

Name of Employer Occupation  
Jack Curtis Agency OWNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
252.00

Date of Receipt  
06 / 10 / 2014  
**Transaction ID : 12577613**

Amount of Each Receipt this Period  
42.00

**B. Mr. Johnny Jon Johnson**  
Full Name (Last, First, Middle Initial)

Mailing Address 3770 N Frandon Avenue

City State Zip Code  
Meridian ID 83646-4089

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

Name of Employer Occupation  
Regence BlueShield of Idaho Idaho Retention Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
06 / 10 / 2014  
**Transaction ID : 12577615**

Amount of Each Receipt this Period  
45.00

**C. Mr. Thomas R. Laster**  
Full Name (Last, First, Middle Initial)

Mailing Address 1713 Elmhurst Ave

City State Zip Code  
Nichols Hills OK 73120-1011

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

Name of Employer Occupation  
Rogers Benefit Group Regional Representative

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
201.60

Date of Receipt  
06 / 10 / 2014  
**Transaction ID : 12577637**

Amount of Each Receipt this Period  
33.60

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Mr. Frank R. Nolimal**  
Full Name (Last, First, Middle Initial)

Mailing Address 7 Vita Fresco Court

City Henderson	State NV	Zip Code 89011-3156
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FEC ID number of contributing federal political committee. **C**

Name of Employer Assurance Ltd	Occupation AGENT
-----------------------------------	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2014

**Transaction ID : 12577662**

Amount of Each Receipt this Period  

40.00
-------

**B. Mr. Henry L. Prien**  
Full Name (Last, First, Middle Initial)

Mailing Address 417 16th Ave S

City Fargo	State ND	Zip Code 58103-4329
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FEC ID number of contributing federal political committee. **C**

Name of Employer American Family Insurance Co.	Occupation Agency Sales Manager
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **201.60**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2014

**Transaction ID : 12577690**

Amount of Each Receipt this Period  

33.60
-------

**C. Mr. Edwin R. Hamilton**  
Full Name (Last, First, Middle Initial)

Mailing Address 4318 Council Circle

City Jackson	State MS	Zip Code 39206-5819
-----------------	-------------	------------------------

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

Name of Employer American General	Occupation General Agent
--------------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **252.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2014

**Transaction ID : 12577699**

Amount of Each Receipt this Period  

42.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>115.60</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 170
	<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	<input type="checkbox"/> 17

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

**A. Mr. Ray E. Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2810 N Crescent Dr.  
 City Stillwater State OK Zip Code 74075-2603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ray Smith Wealth Management, Inc. Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12577733**  
 Amount of Each Receipt this Period  
 45.00

**B. Mr. Daniel J. Scholz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1510 So. 183 Circle  
 City Omaha State NE Zip Code 68130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ameritas Occupation AGENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2502.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12577734**  
 Amount of Each Receipt this Period  
 417.00

**C. Mr. Barry K. Rake**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1004 Dawne Dr  
 City Williamsport State PA Zip Code 17701-9767  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kent A. Bennett & Associates Occupation AGENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12577737**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 512.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 170
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Mr. William A. Carlisle**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2356 Hawkhurst  
 City Memphis State TN Zip Code 38119-7344  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ameritas Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 06 / 10 / 2014  
**Transaction ID : 12577750**  
 Amount of Each Receipt this Period 35.00

**B. Mr. Roy W. Kern**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 642 S. Rilynn Ave.  
 City Republic State MO Zip Code 65738-7540  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kern Insurance Services, LLC Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 06 / 10 / 2014  
**Transaction ID : 12577753**  
 Amount of Each Receipt this Period 42.00

**C. Mr. Ronald D. Brant**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10234 Hoffman  
 City Maybee State MI Zip Code 48159-9777  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lincoln Financial Network Occupation AGENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 10 / 2014  
**Transaction ID : 12577755**  
 Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 127.00  
**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 25 OF 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Mr. Rex L. Kohl**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11152 Jackson Dr..  
 City Eden Prairie State MN Zip Code 55347-4439  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Associated Financial Group Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12577756**  
 Amount of Each Receipt this Period  
 35.00

**B. Ms. Laurie A. Adams**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 609 E. Jefferson  
 City Washington State IL Zip Code 61571-1551  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Country Financial Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12577762**  
 Amount of Each Receipt this Period  
 42.00

**C. Mr. Paul E. Eisen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10000 Stony Point  
 City Waco State TX Zip Code 76712-3172  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ohio National Occupation Representative  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12577763**  
 Amount of Each Receipt this Period  
 38.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	115.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 170
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. Walter C. Sprye Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1605 Brigantine Ln  
 City State Zip Code  
 Wilmington NC 28405-4151  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Sprye & Assoc. Insurance Agent  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 254.10

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12577770**  
 Amount of Each Receipt this Period  
 23.10

**B. Mr. Walter C. Sprye Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1605 Brigantine Ln  
 City State Zip Code  
 Wilmington NC 28405-4151  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Sprye & Assoc. Insurance Agent  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 277.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12577772**  
 Amount of Each Receipt this Period  
 23.10

**C. Mr. Elwood B. Syverson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 509 Loomis Drive  
 City State Zip Code  
 Mauston WI 53948-1522  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 The Rural Insurance Companies Insurance Agent  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 430.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12577802**  
 Amount of Each Receipt this Period  
 30.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	76.20
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Mr. Bryon A. Holz**  
Full Name (Last, First, Middle Initial)

Mailing Address 207 Cindy Lane

City State Zip Code  
Brandon FL 33510-3905

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

Name of Employer Occupation  
Bryon Holz & Associates Independent Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
427.00

Date of Receipt  
06 / 10 / 2014  
**Transaction ID : 12577839**

Amount of Each Receipt this Period  
42.00

**B. Mr. Randall C. Wimsatt**  
Full Name (Last, First, Middle Initial)

Mailing Address 4400 Hannon Dr.

City State Zip Code  
Farmington NM 87402-8718

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

Name of Employer Occupation  
Randy Wimsatt Agency, Inc. Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
306.00

Date of Receipt  
06 / 10 / 2014  
**Transaction ID : 12577846**

Amount of Each Receipt this Period  
51.00

**C. Ms. Carol A. Anderson**  
Full Name (Last, First, Middle Initial)

Mailing Address 717 N. 87th St.

City State Zip Code  
Omaha NE 68114-2805

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

Name of Employer Occupation  
Curnes Financial Group Representative

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
06 / 10 / 2014  
**Transaction ID : 12577879**

Amount of Each Receipt this Period  
40.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 133.00

**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 28 OF 170
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Vincent M. D'Addona</b>		Date of Receipt MM / DD / YYYY 06 / 10 / 2014 <b>Transaction ID : 12577884</b>
Mailing Address 341 Harbor Dr		Amount of Each Receipt this Period 208.33
City Lido Beach	State NY	Zip Code 11561-4906
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Strategies for Wealth	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1249.98	

Full Name (Last, First, Middle Initial) <b>B. Mr. Mark V. Snider</b>		Date of Receipt MM / DD / YYYY 06 / 10 / 2014 <b>Transaction ID : 12577892</b>
Mailing Address 44 Elmwood Place		Amount of Each Receipt this Period 42.00
City Athens	State OH	Zip Code 45701-1904
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Snider, Fuller & Associates	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. John A. Davidson</b>		Date of Receipt MM / DD / YYYY 06 / 10 / 2014 <b>Transaction ID : 12577899</b>
Mailing Address 1497 Rancho Ln		Amount of Each Receipt this Period 105.00
City Thousand Oaks	State CA	Zip Code 91362-2651
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Davidson Insurance & Financial Service	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	355.33
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 170
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. Stephen G. Summerlin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4014 N. W. 15th Street  
 City Gainesville State FL Zip Code 32605-1912  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Summerlin Financial Advisors, Inc. Occupation Certified Financial Planner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
 06 / 10 / 2014  
**Transaction ID : 12577904**  
 Amount of Each Receipt this Period  
 42.00

**B. Mr. Jack M. Stanton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3303 E CR 300 S  
 City Muncie State IN Zip Code 47302-9294  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AVIVA-USA Occupation Gen. Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
 06 / 10 / 2014  
**Transaction ID : 12577906**  
 Amount of Each Receipt this Period  
 42.00

**C. Mr. Douglas B. Massey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 60707  
 City San Angelo State TX Zip Code 76906-0707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Doug Massey Financial Services Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 405.50

Date of Receipt  
 06 / 10 / 2014  
**Transaction ID : 12577921**  
 Amount of Each Receipt this Period  
 70.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 154.00  
**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 30 OF 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. Mr. William V. Irons**

Mailing Address 150 Prospect Rd

City Wakefield State RI Zip Code 02879-7044

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

Name of Employer Irons & Associates Occupation President/Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **252.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 10 / 2014**

**Transaction ID : 12577922**

Amount of Each Receipt this Period  
**42.00**

Full Name (Last, First, Middle Initial)  
**B. Mr. Richard Lee Harlow**

Mailing Address 12250 Angel Wing Ct

City Reston State VA Zip Code 20191-1102

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

Name of Employer The Harlow Group, LLC Occupation Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **252.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 10 / 2014**

**Transaction ID : 12577924**

Amount of Each Receipt this Period  
**42.00**

Full Name (Last, First, Middle Initial)  
**C. Mr. Brian P. Winfield**

Mailing Address 3954 Ocean Hills Ct.

City Virginia Beach State VA Zip Code 23451-2631

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

Name of Employer Winfield & Associates Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 10 / 2014**

**Transaction ID : 12577926**

Amount of Each Receipt this Period  
**25.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **109.00**

**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 31 OF 170
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. Gary A. Bramon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 269 San Felipe Way  
 City Novato State CA Zip Code 94945-1687  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Alders Financial Solutions Occupation General Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 06 / 10 / 2014  
**Transaction ID : 12577933**  
 Amount of Each Receipt this Period  
 50.00

**B. Mr. Marcus T. Henderson Sr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 109 Barrington Court East  
 City Franklin State TN Zip Code 37067-5003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Henderson Financial Group, Inc. Occupation President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 06 / 10 / 2014  
**Transaction ID : 12577935**  
 Amount of Each Receipt this Period  
 62.50

**C. Mr. Martin Montefel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16932 SW 5th Way  
 City Weston State FL Zip Code 33326-1564  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Marty Montefel Occupation General Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 06 / 10 / 2014  
**Transaction ID : 12577959**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 162.50  
**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 32 OF 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. George B. Bryce**  
Full Name (Last, First, Middle Initial)

Mailing Address 2730 Ardon Ln

City Casper State WY Zip Code 82609-3902

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

Name of Employer The Insurance Agency Occupation General Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014

**Transaction ID : 12577966**

Amount of Each Receipt this Period  
 42.00

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

Mailing Address 13115 Beach Cir.

City Anchorage State AK Zip Code 99515-3748

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

Name of Employer StrattonTurner LLC Occupation Managing Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014

**Transaction ID : 12577978**

Amount of Each Receipt this Period  
 105.00

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

Mailing Address 9513 Sea Turtle Drive

City Plantation State FL Zip Code 33324-2920

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

Name of Employer MassMutual Group Occupation General Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014

**Transaction ID : 12578000**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 647.00

**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 33 OF 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Joseph S. Pantozzi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5734 San Florentine  
 City Las Vegas State NV Zip Code 89141-3912  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Alpha & Omega Financial Occupation Brokerage Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 201.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12578002**  
 Amount of Each Receipt this Period  
 33.60

**B. Mr. Stephen D. Estler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2177 NE 63 St.  
 City Fort Lauderdale State FL Zip Code 33308-1330  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Estler Financial Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1251.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12578013**  
 Amount of Each Receipt this Period  
 208.50

**C. Mr. Michael O. Brown**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6512 NE 113th St  
 City Edmond State OK Zip Code 73013-8351  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MassMutual Financial Group Occupation AGENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 498.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12578024**  
 Amount of Each Receipt this Period  
 84.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	326.10
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Steven Thomas Dolinak**  
Full Name (Last, First, Middle Initial)

Mailing Address 2241 Lyons Bend Dr

City Knoxville State TN Zip Code 37919-8931

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

Name of Employer Capital Fin. Group, LLC Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **504.00**

Date of Receipt **06 / 10 / 2014**

**Transaction ID : 12578031**

Amount of Each Receipt this Period **84.00**

**B. Mr. Charles W. Potts**  
Full Name (Last, First, Middle Initial)

Mailing Address 12725 St. Andrews Ter

City Oklahoma City State OK Zip Code 73120-8807

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

Name of Employer MassMutual Financial Group Occupation Insurance and Financial Advisor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **204.00**

Date of Receipt **06 / 10 / 2014**

**Transaction ID : 12578035**

Amount of Each Receipt this Period **34.00**

**C. Mr. Thomas R. Clark**  
Full Name (Last, First, Middle Initial)

Mailing Address 201 - 39th Street

City West Des Moines State IA Zip Code 50265-3931

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

Name of Employer Compensation Designs, LLC Occupation General Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **06 / 10 / 2014**

**Transaction ID : 12578040**

Amount of Each Receipt this Period **40.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>158.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Byron Hyatt Erstad Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 2510 S Nantucket Way

City State Zip Code  
Boise ID 83706-5095

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Erstad & Company President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : 12578044**

Amount of Each Receipt this Period

**B. Mr. Kenneth E. Knox**  
Full Name (Last, First, Middle Initial)

Mailing Address Unit 9, 10 East St

City State Zip Code  
Providence RI 02906-3069

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Penn Mutual Regional Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : 12578094**

Amount of Each Receipt this Period

**C. Mr. Gary T. Wolff**  
Full Name (Last, First, Middle Initial)

Mailing Address 131 Barstow Lane

City State Zip Code  
Tolland CT 06084-2547

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Valmark Securities, Inc. Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : 12578095**

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="180.40"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 36 OF 170
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Ms. Debbie K. Paul**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4001 MacArthur Blvd Suite 300  
 City Newport Beach State CA Zip Code 92660-2510  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Securian Financial Network Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12578099**  
 Amount of Each Receipt this Period  
 42.50

**B. Mr. Darren Scott Mason**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 178 Shorecliff Rd  
 City Corona Del Mar State CA Zip Code 92625-2648  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Advanced Benefit Systems Occupation General Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12578104**  
 Amount of Each Receipt this Period  
 41.66

**C. Mr. Ben Kronish**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 205 W 89th St #2H  
 City New York State NY Zip Code 10024-1829  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kronish Associates Occupation AGENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12578142**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	134.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mr. H. Larry Fortenberry</b>		Date of Receipt MM / DD / YYYY 06 / 10 / 2014 <b>Transaction ID : 12578152</b>
Mailing Address 123 Northshore Pt		Amount of Each Receipt this Period 105.00
City Madison	State MS	Zip Code 39110-7272
FEC ID number of contributing federal political committee. C		
Name of Employer Executive Planning Group	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 570.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Troy J. Shreve</b>		Date of Receipt MM / DD / YYYY 06 / 10 / 2014 <b>Transaction ID : 12578154</b>
Mailing Address 7100 S 45th Street		Amount of Each Receipt this Period 33.60
City Lincoln	State NE	Zip Code 68516-3016
FEC ID number of contributing federal political committee. C		
Name of Employer Benefit Management	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.60	

Full Name (Last, First, Middle Initial) <b>C. Mr. Kevin J. Mulqueen</b>		Date of Receipt MM / DD / YYYY 06 / 10 / 2014 <b>Transaction ID : 12578167</b>
Mailing Address 41 Silo Lane		Amount of Each Receipt this Period 42.00
City Middletown	State NY	Zip Code 10940-2603
FEC ID number of contributing federal political committee. C		
Name of Employer New York Life	Occupation Registered Rep.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	180.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Arthur Ivan Swanson</b>		Date of Receipt
Mailing Address 2270 E. 24TH PL		M M M / D D D / Y Y Y Y Y Y 06 / 10 / 2014
City	State	Zip Code
Yuma	AZ	85365-3245
FEC ID number of contributing federal political committee.		<b>Transaction ID : 12578169</b>
Name of Employer		Amount of Each Receipt this Period
Occupation		42.00
AGENT		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	252.00	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mr. Robert A. Miller</b>		Date of Receipt
Mailing Address 727 Smithridge Rd		M M M / D D D / Y Y Y Y Y Y 06 / 10 / 2014
City	State	Zip Code
New Canaan	CT	06840-3228
FEC ID number of contributing federal political committee.		<b>Transaction ID : 12578171</b>
Name of Employer		Amount of Each Receipt this Period
Occupation		500.00
AGENT		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	0.00	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mr. Donald T. Fulton</b>		Date of Receipt
Mailing Address 43 Bridleshire Rd		M M M / D D D / Y Y Y Y Y Y 06 / 10 / 2014
City	State	Zip Code
Newark	DE	19711-6217
FEC ID number of contributing federal political committee.		<b>Transaction ID : 12578176</b>
Name of Employer		Amount of Each Receipt this Period
Occupation		60.00
Insurance Agent		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	360.00	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	602.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 170
	<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	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Dorine D. Harter</b>		Date of Receipt MM / DD / YYYY 06 / 10 / 2014 <b>Transaction ID : 12578189</b>
Mailing Address 2807 Monterey Dr		Amount of Each Receipt this Period 17.00
City Emporia	State KS	Zip Code 66801-5861
FEC ID number of contributing federal political committee. C		
Name of Employer New York Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 202.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Wayne E. Thomas</b>		Date of Receipt MM / DD / YYYY 06 / 10 / 2014 <b>Transaction ID : 12578202</b>
Mailing Address 29 Cycas Drive		Amount of Each Receipt this Period 42.00
City Kenner	State LA	Zip Code 70065-6188
FEC ID number of contributing federal political committee. C		
Name of Employer Thomas Financial Group	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Jeffery J. Johnston</b>		Date of Receipt MM / DD / YYYY 06 / 10 / 2014 <b>Transaction ID : 12578239</b>
Mailing Address 1425 Lakeside Ct		Amount of Each Receipt this Period 42.50
City Yakima	State WA	Zip Code 98902-7354
FEC ID number of contributing federal political committee. C		
Name of Employer New York Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	101.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Angelo Assad Haddad</b>		Date of Receipt MM / DD / YYYY 06 / 10 / 2014 <b>Transaction ID : 12578250</b>
Mailing Address 354 Garnsey Ave		Amount of Each Receipt this Period 50.00
City Bakersfield	State CA	Zip Code 93309-1849
FEC ID number of contributing federal political committee. C		
Name of Employer New York Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Aldous Kawailani Paalani</b>		Date of Receipt MM / DD / YYYY 06 / 10 / 2014 <b>Transaction ID : 12578261</b>
Mailing Address 2219 Kaululau Street		Amount of Each Receipt this Period 100.00
City Honolulu	State HI	Zip Code 96813-1230
FEC ID number of contributing federal political committee. C		
Name of Employer Equity Insurance Services, Inc	Occupation Representative	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Verne D. Brakke</b>		Date of Receipt MM / DD / YYYY 06 / 10 / 2014 <b>Transaction ID : 12578266</b>
Mailing Address 624 N Jackson		Amount of Each Receipt this Period 35.00
City Pierre	State SD	Zip Code 57501-2314
FEC ID number of contributing federal political committee. C		
Name of Employer New York Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	185.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Robert C. Rockett Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 206 Skees Rd

City Raymond State WA Zip Code 98577-9332

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

Name of Employer R & S Financial Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 10 / 2014**

**Transaction ID : 12578273**

Amount of Each Receipt this Period  
**50.00**

**B. Mr. Anthony D. Miller**  
Full Name (Last, First, Middle Initial)

Mailing Address 4502 Hi-Line Dr

City Billings State MT Zip Code 59106-4703

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

Name of Employer Retirement Solutions Occupation Financial Advisor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **504.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 10 / 2014**

**Transaction ID : 12578284**

Amount of Each Receipt this Period  
**84.00**

**C. Mr. Gregory M. Telge**  
Full Name (Last, First, Middle Initial)

Mailing Address 1655 North River Road

City Manchester State NH Zip Code 03104-1645

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

Name of Employer Northwestern Mutual Occupation OWNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **252.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 10 / 2014**

**Transaction ID : 12578288**

Amount of Each Receipt this Period  
**42.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>176.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Mr. Mitchell C. Barnes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8216 Limehouse Ln  
 City Louisville State KY Zip Code 40220-3833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northwestern Mutual Occupation Wealth Management Advisor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 302.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12578302**  
 Amount of Each Receipt this Period  
 50.40

**B. Mr. James R. Coviello**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3412 Valley Road  
 City Winston Salem State NC Zip Code 27106-2529  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northwestern Mutual Occupation Financial Representative  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 221.10

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12578310**  
 Amount of Each Receipt this Period  
 36.85

**C. Mr. Robert M. Roach**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1287 Harrison Pond Drive  
 City Columbus State OH Zip Code 43215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NMFN - Kemelgor Financial Group Occupation Wealth Management Advisor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12578314**  
 Amount of Each Receipt this Period  
 225.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 312.25  
**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 43 OF 170		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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

Full Name (Last, First, Middle Initial) <b>A. Mr. John C. Haffner</b>			Date of Receipt MM / DD / YYYY 06 / 10 / 2014 <b>Transaction ID : 12578317</b>
Mailing Address P O Box 609			Amount of Each Receipt this Period 50.00
City Zionsville	State IN	Zip Code 46077-0609	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 300.00
Name of Employer Northwestern Mutual		Occupation Financial Representative	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Ms. Laura P. DeGolier</b>			Date of Receipt MM / DD / YYYY 06 / 10 / 2014 <b>Transaction ID : 12578327</b>
Mailing Address 114 S. Main Street PMB 301			Amount of Each Receipt this Period 125.00
City Fond Du Lac	State WI	Zip Code 54935-4229	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 850.00
Name of Employer DeGolier Insurance Services, LLC		Occupation OWNER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Mr. Garry S. Bury</b>			Date of Receipt MM / DD / YYYY 06 / 10 / 2014 <b>Transaction ID : 12578328</b>
Mailing Address 622 Woodlake Dr			Amount of Each Receipt this Period 85.00
City Louisville	State KY	Zip Code 40245-5121	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 510.00
Name of Employer Northwestern Mutual		Occupation Estate and Business Planning Advisor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	260.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Mr. Mitchell B. Glover**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6700 Old Darby Trail  
 City State Zip Code  
 Ada MI 49301-8360  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Western Michigan Group Managing Partner  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12578349**  
 Amount of Each Receipt this Period  
 42.00

**B. Mr. Russell D. Jenkins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1988 Burlingame Rd.  
 City State Zip Code  
 Emporia KS 66801-7940  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Northwestern Mutual Financial Network Financial Representative  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12578353**  
 Amount of Each Receipt this Period  
 42.00

**C. Mr. Shannon J. Enders**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5677 Westwood Drive  
 City State Zip Code  
 Norton Shores MI 49441-5876  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Lakeshore Employee Benefits President  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12578360**  
 Amount of Each Receipt this Period  
 42.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	126.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 170
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Mr. Terry M. Kaltenbach**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1358 Ahlrich Ave  
 City Encintas State CA Zip Code 92024-4029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Benefit RFP VP Life Sales & Recruiting  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12578380**  
 Amount of Each Receipt this Period  
 150.00

**B. Mr. Alan J. Cyr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1253 W. Rudisill Blvd  
 City Fort Wayne State IN Zip Code 46807-2144  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Cyr & Cyr Insurance Services PARTNER  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12578382**  
 Amount of Each Receipt this Period  
 37.50

**C. Mr. Walter J. Scott**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1016 Washington Ave  
 City Oshkosh State WI Zip Code 54901-5354  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Independence Financial, LLC Insurance Agent  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12578386**  
 Amount of Each Receipt this Period  
 42.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	229.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Mr. Larry J. Winkelhake**  
Full Name (Last, First, Middle Initial)

Mailing Address 3540 County Road C

City West Bend State WI Zip Code 53095-8740

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

Name of Employer Principal Financial Group Occupation General Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **252.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 10 / 2014**

**Transaction ID : 12578396**

Amount of Each Receipt this Period  
**42.00**

**B. Mr. Randall H. Jensen**  
Full Name (Last, First, Middle Initial)

Mailing Address 124 W 46th St., #201

City Kearney State NE Zip Code 68847-8348

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

Name of Employer The Principal Financial Group Occupation Sr. Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **201.60**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 10 / 2014**

**Transaction ID : 12578400**

Amount of Each Receipt this Period  
**33.60**

**C. Mr. Gary H. Pendleton**  
Full Name (Last, First, Middle Initial)

Mailing Address 2607 Oberlin Rd #100

City Raleigh State NC Zip Code 27608-1319

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

Name of Employer Pendleton Fin. Consulting, Inc. Occupation President/Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **274.98**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 10 / 2014**

**Transaction ID : 12578411**

Amount of Each Receipt this Period  
**45.83**

**SUBTOTAL** of Receipts This Page (optional)..... **121.43**

**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 47 OF 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Mr. William T. Whitmore Jr.</b>		Date of Receipt MM / DD / YYYY 06 / 10 / 2014 <b>Transaction ID : 12578424</b>
Mailing Address 3495 Winding Trail Circle		Amount of Each Receipt this Period 42.50
City Virginia Beach	State VA	Zip Code 23456-2577
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Pinnacle First Financial Group, LLC	Occupation Representative	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 355.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Lawrence J. Stack</b>		Date of Receipt MM / DD / YYYY 06 / 10 / 2014 <b>Transaction ID : 12578437</b>
Mailing Address 28630 GLENBROOK DR. Suite 1300		Amount of Each Receipt this Period 125.00
City Farmington Hills	State MI	Zip Code 48331-2318
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Michigan Financial	Occupation VP - Financial Planning	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Robert Eddy Jr.</b>		Date of Receipt MM / DD / YYYY 06 / 10 / 2014 <b>Transaction ID : 12578443</b>
Mailing Address 203 Autumn Oak Bend		Amount of Each Receipt this Period 85.00
City Lafayette	State LA	Zip Code 70508-8004
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Prudential Financial DBA - Pinnacle Gr	Occupation Financial Planner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	252.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Randall D. Kaufmann</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 10 / 2014 <b>Transaction ID : 12578458</b>
Mailing Address 356 Equus Drive		Amount of Each Receipt this Period 120.00
City Camp Hill	State PA	Zip Code 17011-8357
FEC ID number of contributing federal political committee. C	Name of Employer Kaufmann & Associates, LLC	Occupation Special Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Jack P. Dewald Jr.</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 10 / 2014 <b>Transaction ID : 12578467</b>
Mailing Address 8930 Calumet Cove		Amount of Each Receipt this Period 12.50
City Germantown	State TN	Zip Code 38138-8248
FEC ID number of contributing federal political committee. C	Name of Employer Agency Services Incorporated	Occupation General Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. John C. Johns</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 10 / 2014 <b>Transaction ID : 12578482</b>
Mailing Address 5141 Lilly Rd.		Amount of Each Receipt this Period 210.00
City Hazlehurst	State MS	Zip Code 39083-9490
FEC ID number of contributing federal political committee. C	Name of Employer Southern Farm Bureau Life Insurance	Occupation Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 810.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	342.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 170
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Mailing Address 22928 San Joaquin Drive East

City Canyon Lake	State CA	Zip Code 92587-7831
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **412.50**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 10 / 2014**

**Transaction ID : 12578488**

Amount of Each Receipt this Period  
**12.50**

Full Name (Last, First, Middle Initial)  
**B. Mr. Daniel L. Rust**

Mailing Address 114 W. Arnold

City Bozeman	State MT	Zip Code 59715-6129
-----------------	-------------	------------------------

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 ▼ **360.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 10 / 2014**

**Transaction ID : 12578524**

Amount of Each Receipt this Period  
**60.00**

Full Name (Last, First, Middle Initial)  
**C. Mr. Wayne Miles Eckman**

Mailing Address 701 W 2350 N

City Woods Cross	State UT	Zip Code 84087-1070
---------------------	-------------	------------------------

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 ▼ **252.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 10 / 2014**

**Transaction ID : 12578527**

Amount of Each Receipt this Period  
**42.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>114.50</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Mr. Paul A. Hagemann**  
Full Name (Last, First, Middle Initial)

Mailing Address 19800 S.W. Tile Flat Road

City Beaverton State OR Zip Code 97007-8700

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

Name of Employer State Farm Insurance Companies Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014

**Transaction ID : 12578536**

Amount of Each Receipt this Period  
 50.00

**B. Mr. Steven R. Markham**  
Full Name (Last, First, Middle Initial)

Mailing Address 4 Alae St.

City Hilo State HI Zip Code 96720-2505

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

Name of Employer Aja Benefit Consultants Occupation OWNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014

**Transaction ID : 12578557**

Amount of Each Receipt this Period  
 40.00

**C. Mr. Randy T. Robertson**  
Full Name (Last, First, Middle Initial)

Mailing Address 7816 Harvest Hill Ln

City McKinney State TX Zip Code 75071-7649

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

Name of Employer Robertson-Wolfe Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014

**Transaction ID : 12578561**

Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 140.00

**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 51 OF 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Mitchell W. Ostrove</b>		Date of Receipt 06 / 10 / 2014 <b>Transaction ID : 12578579</b>
Mailing Address 232 Norman Road		Amount of Each Receipt this Period 84.00
City New Rochelle	State NY	Zip Code 10804-3114
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 84.00
Name of Employer Ameritas	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 504.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. David M. Koll</b>		Date of Receipt 06 / 10 / 2014 <b>Transaction ID : 12578584</b>
Mailing Address 1612 S. 152nd Street		Amount of Each Receipt this Period 166.40
City Omaha	State NE	Zip Code 68144-5121
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 166.40
Name of Employer Mutual of Omaha	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 998.40	

Full Name (Last, First, Middle Initial) <b>C. Mr. William D. Burke</b>		Date of Receipt 06 / 10 / 2014 <b>Transaction ID : 12578598</b>
Mailing Address 2216 Nelda Way		Amount of Each Receipt this Period 42.00
City Alamo	State CA	Zip Code 94507-2004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
Name of Employer NFP CA	Occupation Regional Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	292.40
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Mr. Michael J. Ables**  
Full Name (Last, First, Middle Initial)

Mailing Address 237 N Beechnut

City Nipomo State CA Zip Code 93444-5019

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

Name of Employer Michael Ables Insurance Services Occupation AGENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
06 / 10 / 2014  
**Transaction ID : 12578605**

Amount of Each Receipt this Period  
42.50

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

Mailing Address 1105 Via Bolzano

City Santa Barbara State CA Zip Code 93111-1053

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

Name of Employer Cornerstone Insurance Services Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
06 / 10 / 2014  
**Transaction ID : 12578607**

Amount of Each Receipt this Period  
50.00

**C. Mr. Leonard Martin**  
Full Name (Last, First, Middle Initial)

Mailing Address 1045 Warwick Ave Suite 104

City Warwick State RI Zip Code 02888-3657

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

Name of Employer Leonard Martin & Associates Inc Occupation OWNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt  
06 / 10 / 2014  
**Transaction ID : 12578668**

Amount of Each Receipt this Period  
84.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 176.50

**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 53 OF 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Peter D. Holler**  
Full Name (Last, First, Middle Initial)

Mailing Address 112 Evergreen Pl

City Bristol State TN Zip Code 37620-3059

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

Name of Employer SBS Services Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt  
06 / 10 / 2014  
Transaction ID : 12578682

Amount of Each Receipt this Period  
55.00

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

Mailing Address 1705 Timber Valley Ct

City Kokomo State IN Zip Code 46902-5097

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

Name of Employer David Isaac & Associates Occupation OWNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt  
06 / 10 / 2014  
Transaction ID : 12578726

Amount of Each Receipt this Period  
84.00

**C. Ms. Katharine F. Clark**  
Full Name (Last, First, Middle Initial)

Mailing Address 110 Cross Creek Circle

City Macon State GA Zip Code 31210-5701

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

Name of Employer Peachtree Planning Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
06 / 10 / 2014  
Transaction ID : 12578743

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 189.00

**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 54 OF 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Brenda D. Doty</b>		Date of Receipt
Mailing Address 504 Industrial Drive		<input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City	State	Zip Code
Horseshoe Bend	AR	72512-1351
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 12578758</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
The Doty Group, Inc.	Insurance Agent	<input type="text" value="51.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="306.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Ms. Juli Y. McNeely</b>		Date of Receipt
Mailing Address S764 Hanson Rd		<input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City	State	Zip Code
Spencer	WI	54479-9579
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 12578815</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
McNeely Financial Services, Inc.	AGENT	<input type="text" value="208.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1248.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Mr. Richard L. Miller</b>		Date of Receipt
Mailing Address 1214 Karr Ave.		<input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City	State	Zip Code
Yakima	WA	98902-5026
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 12578834</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Northwestern Mutual Financial Network	Financial_Advisor	<input type="text" value="87.50"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="525.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="346.50"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Mr. Rick D. Elhart**  
Full Name (Last, First, Middle Initial)

Mailing Address 3130 Saddle Drive, Ste.6

City Helena State MT Zip Code 59601-8644

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

Name of Employer Thrivent Financial Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 10 / 2014  
**Transaction ID : 12578856**

Amount of Each Receipt this Period 200.00

**B. Mr. Harry P. Dorman**  
Full Name (Last, First, Middle Initial)

Mailing Address 1711 W. Marquette Street

City Appleton State WI Zip Code 54914-2209

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

Name of Employer Anchor Insurance and Financial Service Occupation Financial Advisor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 06 / 10 / 2014  
**Transaction ID : 12578859**

Amount of Each Receipt this Period 10.00

**C. Mr. Anthony DiBernardo**  
Full Name (Last, First, Middle Initial)

Mailing Address 10111 Merrimac Dr.

City Huntington Beach State CA Zip Code 92646-3729

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

Name of Employer Flexible Insurance Plans, Inc. Occupation CEO/Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 10 / 2014  
**Transaction ID : 12578872**

Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 1030.00

**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 56 OF 170
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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**

Full Name (Last, First, Middle Initial)  
**A. Mr. Eric M. Eigher**

Mailing Address 208 Villere Dr.

City State Zip Code  
Destrehan LA 70047-2510

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

Name of Employer Occupation  
Allstate Life Insurance Company Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
252.00

Date of Receipt  
06 / 10 / 2014  
**Transaction ID : 12578893**

Amount of Each Receipt this Period  
42.00

Full Name (Last, First, Middle Initial)  
**B. Mr. John Everett**

Mailing Address 531 Daniel

City State Zip Code  
Santa Maria CA 93454-7898

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

Name of Employer Occupation  
Allstate Life Insurance Company AGENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
504.00

Date of Receipt  
06 / 10 / 2014  
**Transaction ID : 12578895**

Amount of Each Receipt this Period  
84.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Michael J. Hiller**

Mailing Address W267 S7930 Stony Pt. Ct.

City State Zip Code  
Mukwonago WI 53149-9687

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

Name of Employer Occupation  
Central Financial Services General Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
252.00

Date of Receipt  
06 / 10 / 2014  
**Transaction ID : 12578925**

Amount of Each Receipt this Period  
42.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 168.00

**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 57 OF 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Mr. Robert A. Berg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1405 Blackberry Lane  
 City Stevens Point State WI Zip Code 54481-9140  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Planning Concepts Inc. Occupation Sales Representative  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12578927**  
 Amount of Each Receipt this Period  
 50.00

**B. Mr. Kenneth G. Gallacher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1500 Rawhide  
 City Henderson State NV Zip Code 89002-8814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American National Insurance Company Occupation Regional Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 201.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12578940**  
 Amount of Each Receipt this Period  
 33.60

**C. Mr. Scott Johnson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1305 South 400 East  
 City Bountiful State UT Zip Code 84010-3907  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American National Insurance Company Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12578942**  
 Amount of Each Receipt this Period  
 42.50

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 126.10  
**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 58 OF 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Mr. Gregory G Braden**

Mailing Address 933 E 1938th Rd

City Eudora State KS Zip Code 66025-9101

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

Name of Employer American United Life Occupation Owner/Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
252.00

Date of Receipt  
06 / 10 / 2014  
**Transaction ID : 12578966**

Amount of Each Receipt this Period  
42.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Robert M. Burd**

Mailing Address 22 Cedarwood Dr

City Watseka State IL Zip Code 60970-9740

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

Name of Employer Country Financial Occupation AGENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
252.00

Date of Receipt  
06 / 10 / 2014  
**Transaction ID : 12579019**

Amount of Each Receipt this Period  
42.00

Full Name (Last, First, Middle Initial)  
**C. Mr. James R. Denny III**

Mailing Address 8707 Standish Ln.

City Richmond State VA Zip Code 23229-7922

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

Name of Employer AXA Advisors, LLC Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
585.00

Date of Receipt  
06 / 10 / 2014  
**Transaction ID : 12579034**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 184.00

**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 59 OF 170
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Charles H. Craddock Jr.</b>		Date of Receipt MM / DD / YYYY 06 / 10 / 2014 <b>Transaction ID : 12579047</b>
Mailing Address 161 Cordelia Dr		Amount of Each Receipt this Period 85.00
City Ruckersville	State VA	
Zip Code 22968-3600		Aggregate Year-to-Date ▼ 510.00
FEC ID number of contributing federal political committee. C		
Name of Employer Craddock Insurance Services Inc	Occupation President/CEO	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Mr. Gregory Lynn Grimes</b>		Date of Receipt MM / DD / YYYY 06 / 10 / 2014 <b>Transaction ID : 12579110</b>
Mailing Address 4604 Shale Oaks Ave.		Amount of Each Receipt this Period 50.00
City Columbia	State MO	
Zip Code 65203-8566		Aggregate Year-to-Date ▼ 300.00
FEC ID number of contributing federal political committee. C		
Name of Employer Financial Resource Group, LLC	Occupation Insurance Agent	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Mr. Kevin L. Bell</b>		Date of Receipt MM / DD / YYYY 06 / 10 / 2014 <b>Transaction ID : 12579130</b>
Mailing Address 318 W Greyhound Pass		Amount of Each Receipt this Period 105.00
City Carmel	State IN	
Zip Code 46032-7007		Aggregate Year-to-Date ▼ 355.00
FEC ID number of contributing federal political committee. C		
Name of Employer Guardian	Occupation General Agent	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	240.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Thomas C. Besselman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6421 Perkins Rd #2B  
 City Baton Rouge State LA Zip Code 70808-4125  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Gallagher Benefit Services Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 10 / 2014  
**Transaction ID : 12579134**  
 Amount of Each Receipt this Period 50.00

**B. Mr. William Clay Birdwell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9239 Brushboro Drive  
 City Brentwood State TN Zip Code 37027-6112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Birdwell Insurance Group, LLC Occupation Broker Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 06 / 10 / 2014  
**Transaction ID : 12579139**  
 Amount of Each Receipt this Period 70.00

**C. Mr. Joseph J. Maltese**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4176 Arikakee Court  
 City Jacksonville State FL Zip Code 32223-2003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer John Hancock Agency Occupation Investment Advisor Rep.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 06 / 10 / 2014  
**Transaction ID : 12579181**  
 Amount of Each Receipt this Period 42.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 162.00  
**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 61 OF 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Ms. Margaret P. Aldrich**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6 Eastland Dr  
 City Manchester State CT Zip Code 06040-3402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New York Life Insurance Co. Occupation Financial Professional  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 06 / 10 / 2014  
**Transaction ID : 12579187**  
 Amount of Each Receipt this Period 42.00

**B. Mr. James J. Dinsmore**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 104 Lehman Drive  
 City Cogan Station State PA Zip Code 17728-9228  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Liberty Mutual Insurance Co. Occupation Exec. Sales Rep.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 10 / 2014  
**Transaction ID : 12579189**  
 Amount of Each Receipt this Period 50.00

**C. Mr. Sergio J. Acuna**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1856 Bob Murphy Drive  
 City El Paso State TX Zip Code 79936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lincoln Financial Network Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 10 / 2014  
**Transaction ID : 12579241**  
 Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 142.00  
**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 62 OF 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Queenie M. Chee</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 10 / 2014 <b>Transaction ID : 12579290</b>
Mailing Address 833 Waika Place		Amount of Each Receipt this Period 33.60
City Honolulu	State HI	Zip Code 96825-1061
FEC ID number of contributing federal political committee. C		
Name of Employer John Hancock	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.60	

Full Name (Last, First, Middle Initial) <b>B. Mr. F. Nicholas Kelley</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 10 / 2014 <b>Transaction ID : 12579292</b>
Mailing Address 1323 S. 174 St.		Amount of Each Receipt this Period 33.60
City Omaha	State NE	Zip Code 68130-4601
FEC ID number of contributing federal political committee. C		
Name of Employer Kelley Financial Services, Inc	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.60	

Full Name (Last, First, Middle Initial) <b>C. Mr. Daniel D. Duren</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 10 / 2014 <b>Transaction ID : 12579297</b>
Mailing Address 6537 S. 34th Street		Amount of Each Receipt this Period 42.00
City Lincoln	State NE	Zip Code 68516-5428
FEC ID number of contributing federal political committee. C		
Name of Employer Benefit Management	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	109.20
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 170
	<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	<input type="checkbox"/> 17

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

**A. Mr. Joseph G. Marrazzo Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 505 S. Arlington Ave.  
 City Harrisburg State PA Zip Code 17109-4202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Marrazzo and Associates Financial Grou Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12579343**  
 Amount of Each Receipt this Period  
 45.00

**B. Mr. Timothy J. Brungardt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 314 N. 5th.  
 City Norfolk State NE Zip Code 68701-4093  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Heritage Financial Services Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 201.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12579357**  
 Amount of Each Receipt this Period  
 33.60

**C. Mr. Thomas W. Dzik**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 530 Dodge Lane  
 City St. Paul State MN Zip Code 55118-4802  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer North Star Resource Group Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12579360**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 128.60  
**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 64 OF 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Mr. Casey C. Knake**

Mailing Address 2902 Mach I Dr.

City Norfolk State NE Zip Code 68701-3238

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

Name of Employer Heritage Financial Services, LLC Occupation Investment Specialist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **504.00**

Date of Receipt **06 / 10 / 2014**

**Transaction ID : 12579361**

Amount of Each Receipt this Period **84.00**

Full Name (Last, First, Middle Initial)  
**B. Mr. Daniel L. Lawrence**

Mailing Address 5553 Peters Drive

City West Bend State WI Zip Code 53095-8301

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

Name of Employer Modern Woodmen of America Occupation Agency Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **410.00**

Date of Receipt **06 / 10 / 2014**

**Transaction ID : 12579363**

Amount of Each Receipt this Period **70.00**

Full Name (Last, First, Middle Initial)  
**C. Mr. R. Michael Becker**

Mailing Address 203C Castlewood Drive

City Murfreesboro State TN Zip Code 37129-5162

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

Name of Employer Ross Financial Group Occupation Registered Representative

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **252.00**

Date of Receipt **06 / 10 / 2014**

**Transaction ID : 12579374**

Amount of Each Receipt this Period **42.00**

**SUBTOTAL** of Receipts This Page (optional)..... **196.00**

**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 65 OF 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Michael J. Milburn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2332 Flagstaff Dr.  
 City Longmont State CO Zip Code 80504-9282  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mutual of Omaha Companies Occupation AGENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12579397**  
 Amount of Each Receipt this Period  
 45.00

**B. Mr. Jaford D. Burgad**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3842 N. 10th St.  
 City Fargo State ND Zip Code 58102-1044  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mutual of Omaha Companies Occupation Investment Representative  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 392.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12579406**  
 Amount of Each Receipt this Period  
 30.00

**C. Mr. Thomas F. Levasseur**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 Harvest Dr  
 City Dover State NH Zip Code 03820-4959  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Beacon Retirement Group Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12579429**  
 Amount of Each Receipt this Period  
 42.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 117.00  
**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 66 OF 170
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Mr. Michael William Gray**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4401 NW Honeysuckle  
 City Corvallis State OR Zip Code 97330-3356  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northwest Financial Group, Inc. Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12579448**  
 Amount of Each Receipt this Period  
 42.00

**B. Mr. Roland G. Barrera**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2621 Camargo  
 City Corpus Christi State TX Zip Code 78415-5649  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Roland Barrera Insurance Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 512.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12579452**  
 Amount of Each Receipt this Period  
 100.00

**C. Mr. Chris Hatton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2021 Wanderlust Dr  
 City Lewisville State TX Zip Code 75067-7414  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Money Matters Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 242.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12579471**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	192.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Gregory J. Corrente**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3901 Clifford Drive  
 City Metairie State LA Zip Code 70002-1808  
 Name of Employer Corrente & Associates Occupation Agent/Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 10 / 2014  
**Transaction ID : 12579474**  
 Amount of Each Receipt this Period 50.00

**B. Mr. Curtis Lowell Eskew Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1680 Keely Lane  
 City Sarasota State FL Zip Code 34232-3061  
 Name of Employer New York Life Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 06 / 10 / 2014  
**Transaction ID : 12579494**  
 Amount of Each Receipt this Period 84.00

**C. Mr. Bernard M. Baudin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 632 Hesper Ave.  
 City Metairie State LA Zip Code 70005-2659  
 Name of Employer Prudential Financial Occupation Manager Financial Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 06 / 10 / 2014  
**Transaction ID : 12579508**  
 Amount of Each Receipt this Period 42.50

**SUBTOTAL** of Receipts This Page (optional).....▶ 176.50  
**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 68 OF 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Rodger K. Johnson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 910 N. Houston  
 City Bullard State TX Zip Code 75757-5128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New York Life Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12579539**  
 Amount of Each Receipt this Period  
 84.00

**B. Mr. Albert W. Blake Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 48 Sleepy Hollow Dr.  
 City Greenland State NH Zip Code 03840  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Seacoast Financial Network, LLC Occupation Financial Rep  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12579555**  
 Amount of Each Receipt this Period  
 50.00

**C. Mr. Randy Collins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3241 Tudor Dr  
 City Lexington State KY Zip Code 40503-3430  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation ADVISOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12579561**  
 Amount of Each Receipt this Period  
 50.40

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	184.40
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Jeffery J. King**  
Full Name (Last, First, Middle Initial)

Mailing Address 36135 Alligator Bayou Rd

City State Zip Code  
Prairieville LA 70769-3052

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

Name of Employer Occupation  
Northwestern Mutual AGENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
06 / 10 / 2014  
**Transaction ID : 12579569**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 4 Montcrest Drive Drive

City State Zip Code  
Durham NC 27713-8136

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

Name of Employer Occupation  
Northwestern Mutual Financial Network Financial Advisor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1372.80

Date of Receipt  
06 / 10 / 2014  
**Transaction ID : 12579578**

Amount of Each Receipt this Period  
228.80

**C. Mr. James R. Goodrich**  
Full Name (Last, First, Middle Initial)

Mailing Address 1860 Beech

City State Zip Code  
Mt. Pleasant MI 48858-1280

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

Name of Employer Occupation  
Northwestern Mutual Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
630.00

Date of Receipt  
06 / 10 / 2014  
**Transaction ID : 12579588**

Amount of Each Receipt this Period  
105.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 383.80

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 170
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Kenneth T. Begneaud</b>		Date of Receipt MM / DD / YYYY 06 / 10 / 2014 <b>Transaction ID : 12579594</b>
Mailing Address 324 Silverbell Pwky		Amount of Each Receipt this Period 45.00
City Lafayette	State LA	Zip Code 70508-4130
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 45.00
Name of Employer Northwestern Mutual	Occupation Financial Representative	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Lance P. Franczyk</b>		Date of Receipt MM / DD / YYYY 06 / 10 / 2014 <b>Transaction ID : 12579609</b>
Mailing Address 2224 E 24th St		Amount of Each Receipt this Period 40.00
City Tulsa	State OK	Zip Code 74114-2912
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Northwestern Mutual	Occupation Managing Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. O. Taylor Davis</b>		Date of Receipt MM / DD / YYYY 06 / 10 / 2014 <b>Transaction ID : 12579613</b>
Mailing Address 104 Hanover Square		Amount of Each Receipt this Period 62.50
City Lafayette	State LA	Zip Code 70508-4843
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 62.50
Name of Employer The Louisiana Group	Occupation Financial Representative	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	147.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. Mr. Donald A. Frost**

Mailing Address 612 N Pageant Dr #A

City State Zip Code  
Orange CA 92869-2572

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

Name of Employer Occupation  
Don Frost Insurance Agency, Inc. President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
252.00

Date of Receipt  
06 / 10 / 2014  
**Transaction ID : 12579636**

Amount of Each Receipt this Period  
42.00

Full Name (Last, First, Middle Initial)  
**B. Ms. Eleanor B. Blaylock**

Mailing Address 9439 Gay Lane

City State Zip Code  
Oil City LA 71061-9705

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

Name of Employer Occupation  
Burke & Burke Insurance Marketing, Inc Agency Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
675.00

Date of Receipt  
06 / 10 / 2014  
**Transaction ID : 12579649**

Amount of Each Receipt this Period  
112.50

Full Name (Last, First, Middle Initial)  
**C. Mr. A. Christopher Engle**

Mailing Address 4485 Orchard Creek Ct S E

City State Zip Code  
Grand Rapids MI 49546-8245

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

Name of Employer Occupation  
Argus Financial Consultants Certified Financial Planner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
252.00

Date of Receipt  
06 / 10 / 2014  
**Transaction ID : 12579653**

Amount of Each Receipt this Period  
42.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 196.50

**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 72 OF 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. James H. Hampton**  
Full Name (Last, First, Middle Initial)

Mailing Address 3601 North Classen #201a

City Oklahoma City State OK Zip Code 73118-3231

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

Name of Employer Occupation  
Birchall & Hampton Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
06 / 10 / 2014  
**Transaction ID : 12579656**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 20704 Meadow Ridge Drive

City Springfield State NE Zip Code 68059-7086

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

Name of Employer Occupation  
Headley Financial Group President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1920.00

Date of Receipt  
06 / 10 / 2014  
**Transaction ID : 12579694**

Amount of Each Receipt this Period  
320.00

**C. Mr. Mark A. Kolterman**  
Full Name (Last, First, Middle Initial)

Mailing Address 2577 Waverly Road

City Seward State NE Zip Code 68434-8030

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

Name of Employer Occupation  
Kolterman Agency, Inc. President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
510.00

Date of Receipt  
06 / 10 / 2014  
**Transaction ID : 12579695**

Amount of Each Receipt this Period  
85.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 455.00

**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 73 OF 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. James T. Bardin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4226 Fairway Circle  
 City Tampa State FL Zip Code 33624-4640  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Principal Financial Group Occupation Business Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12579697**  
 Amount of Each Receipt this Period  
 45.00

**B. Mr. Richard D. Kimmel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6525 Bellaire Drive S  
 City Ft Worth State TX Zip Code 76132-1138  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Principal Financial Group Occupation Regional Managing Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12579703**  
 Amount of Each Receipt this Period  
 100.00

**C. Ms. Therese M. Dickey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P. O. Box 7036  
 City Billings State MT Zip Code 59103-7036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PayneWest Insurance Occupation Account Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12579704**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	195.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 170
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)  
**A. Mr. Gregory P. Daigle**

Mailing Address 117 Barton Terrace

City Youngsville State LA Zip Code 70592-5741

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

Name of Employer Pinnacle Group Occupation Financial Advisor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12579753**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**B. Ms. Lori A. Gartner**

Mailing Address 3407 4th Ave.

City Kearney State NE Zip Code 68845-2823

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

Name of Employer Wells Fargo Advisors, LLC Occupation Associate Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **252.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12579755**

Amount of Each Receipt this Period  
**42.00**

Full Name (Last, First, Middle Initial)  
**C. Mr. John B. Kearns**

Mailing Address 1605 Broadway

City Scottsbluff State NE Zip Code 69361-3153

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

Name of Employer MONUMENT FINANCIAL SERVICES LLC Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **510.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12579766**

Amount of Each Receipt this Period  
**85.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **227.00**

**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 75 OF 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Glen R. Greathouse</b>		Date of Receipt 06 / 10 / 2014 <b>Transaction ID : 12579782</b>
Mailing Address 1452 E Lincoln Rd		Amount of Each Receipt this Period 42.50
City Lake Charles	State LA	Zip Code 70605-0767
FEC ID number of contributing federal political committee. C	Name of Employer Farm Bureau	Occupation Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Richard N. Anderson</b>		Date of Receipt 06 / 10 / 2014 <b>Transaction ID : 12579788</b>
Mailing Address 133 Stan Wall Rd		Amount of Each Receipt this Period 50.00
City West Monroe	State LA	Zip Code 71291-9826
FEC ID number of contributing federal political committee. C	Name of Employer Southern Farm Bureau Life Insurance	Occupation AGENT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Lisa Laliberte</b>		Date of Receipt 06 / 10 / 2014 <b>Transaction ID : 12579807</b>
Mailing Address 17 Grove Street		Amount of Each Receipt this Period 55.00
City Lewiston	State ME	Zip Code 04240-3425
FEC ID number of contributing federal political committee. C	Name of Employer State Farm Insurance Companies	Occupation Lisa Laliberte
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 374.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	147.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 170
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Mrs. Melissa H. Snively**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16104 Ternglade Drive  
 City Lithia State FL Zip Code 33547-5858  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Melissa Snively State Farm Insurance Occupation State Farm Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 06 / 10 / 2014  
**Transaction ID : 12579816**  
 Amount of Each Receipt this Period 42.50

**B. Mr. Craig K. Duncan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3428 Aspen Trail  
 City Clearwater State FL Zip Code 33761-1101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Craig Duncan Insurance Agency Inc. Occupation AGENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 06 / 10 / 2014  
**Transaction ID : 12579833**  
 Amount of Each Receipt this Period 42.50

**C. Mr. Donald L. Compton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 712 Forrest Dr South  
 City Sellersburg State IN Zip Code 47172-1717  
 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 ▼ 252.00

Date of Receipt 06 / 10 / 2014  
**Transaction ID : 12579835**  
 Amount of Each Receipt this Period 42.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 127.00  
**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 77 OF 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Mr. William A. Hume**  
Full Name (Last, First, Middle Initial)

Mailing Address 1075 Woodfield Lane

City Libertyville State IL Zip Code 60048-2477

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

Name of Employer State Farm Insurance Companies Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014

**Transaction ID : 12579846**

Amount of Each Receipt this Period  
 50.00

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

Mailing Address 6334 Deveron Drive

City Charlotte State NC Zip Code 28211-4612

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

Name of Employer State Farm Occupation Owner/Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014

**Transaction ID : 12579852**

Amount of Each Receipt this Period  
 42.00

**C. Ms. Iris H. Kuwaye**  
Full Name (Last, First, Middle Initial)

Mailing Address 9 Lei St.

City Hilo State HI Zip Code 96720-4202

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

Name of Employer State Farm Insurance Companies Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014

**Transaction ID : 12579877**

Amount of Each Receipt this Period  
 40.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 132.00

**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 78 OF 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Daniel C. Bell**  
Full Name (Last, First, Middle Initial)

Mailing Address P. O. Box 1747

City Cleveland State MS Zip Code 38732-1747

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 ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 10 / 2014**

**Transaction ID : 12579898**

Amount of Each Receipt this Period  
**50.00**

**B. Mr. C. Robert Brown Sr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 8675 WestCott

City Germantown State TN Zip Code 38138-7738

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

Name of Employer Ameritas Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **930.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 10 / 2014**

**Transaction ID : 12579951**

Amount of Each Receipt this Period  
**155.00**

**C. Mr. George A. Beutter**  
Full Name (Last, First, Middle Initial)

Mailing Address 4114 Savannah Pass

City Mishawaka State IN Zip Code 46545-9325

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

Name of Employer United Farm Family Life Ins. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **252.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 10 / 2014**

**Transaction ID : 12579956**

Amount of Each Receipt this Period  
**42.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>247.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 170
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Stephen M. Ehlers</b>			Date of Receipt 06 / 10 / 2014 <b>Transaction ID : 12579965</b>
Mailing Address 9614 Garden Row			Amount of Each Receipt this Period 75.00
City Sugar Land	State TX	Zip Code 77478-1033	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 450.00
Name of Employer 3 Mark Financial		Occupation Director - Texas TaxBack Program	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Mr. Robert J. Bohne</b>			Date of Receipt 06 / 10 / 2014 <b>Transaction ID : 12580004</b>
Mailing Address 281 Moonraker Drive			Amount of Each Receipt this Period 84.00
City Slidell	State LA	Zip Code 70458-5524	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 504.00
Name of Employer New York Life		Occupation AGENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Mr. Lane Boozer</b>			Date of Receipt 06 / 10 / 2014 <b>Transaction ID : 12580018</b>
Mailing Address 1008 Skylark Dr.			Amount of Each Receipt this Period 52.50
City Denton	State TX	Zip Code 76205-8008	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 365.00
Name of Employer Don Boozer & Assoc.		Occupation Vice President - Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	211.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 80 OF 170
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A. Ms. Alyson J. Guest**  
Full Name (Last, First, Middle Initial)

Mailing Address 3700 W. Sam Houston Pkwy  
4th Floor

City Houston State TX Zip Code 77042-5118

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

Name of Employer MetLife Financial Services Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
06 / 10 / 2014

**Transaction ID : 12580024**

Amount of Each Receipt this Period  
50.00

**B. Ms. Sharon L. Sparling**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 1914

City Mount Vernon State WA Zip Code 98273-1914

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

Name of Employer First American Insurance and Financial Occupation PRODUCER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
06 / 10 / 2014

**Transaction ID : 12580041**

Amount of Each Receipt this Period  
50.00

**C. Mr. Alan R. Zalewski**  
Full Name (Last, First, Middle Initial)

Mailing Address 1715 S. Sunset Drive

City Tacoma State WA Zip Code 98465-1238

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

Name of Employer Burnley Wilson Associates, Inc. Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
06 / 10 / 2014

**Transaction ID : 12580050**

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00

**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 81 OF 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Mr. Joseph K. Roberts**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7848 Creek View Dr  
 City Lincoln State NE Zip Code 68516-3843  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Midlands Financial Benefits Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12580094**  
 Amount of Each Receipt this Period  
 45.00

**B. Mrs. Susan D. Wier**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8129 South Zikes Road  
 City Bloomington State IN Zip Code 47401-8139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First American Advisory, LLC Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12580100**  
 Amount of Each Receipt this Period  
 50.00

**C. Mr. Mark D. Olson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 34 Stryker Ct  
 City Bridgewater State NJ Zip Code 08807-1639  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Horizon Wealth Strategies, LLC Occupation Financial Planner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12580103**  
 Amount of Each Receipt this Period  
 60.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 155.00  
**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 82 OF 170
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. James John Silbernagel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address N2248 State Road 67  
 City State Zip Code  
 Campbellsport WI 53010-2933  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Silbernagel & Jasen Financial CEO  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12580104**  
 Amount of Each Receipt this Period  
 100.00

**B. Mr. Irv Wiese**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 318 Stamford Bridge Rd  
 City State Zip Code  
 Columbia SC 29212-1935  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MW Group Insurance Agent  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 312.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12580131**  
 Amount of Each Receipt this Period  
 52.00

**C. Mr. James R. Moseley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 80152 CR 24  
 P.O. Box 1016  
 City State Zip Code  
 Scottsbluff NE 69361-7206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Moseley/McGill, LLC PARTNER  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 204.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12580204**  
 Amount of Each Receipt this Period  
 34.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	186.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. Mr. Ian C. Wilkinson**

Mailing Address PO Box 7096

City Macon State GA Zip Code 31209-7096

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

Name of Employer Wilkinson & Associates Occupation Representative

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **630.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 10 / 2014**

**Transaction ID : 12580253**

Amount of Each Receipt this Period  
**105.00**

Full Name (Last, First, Middle Initial)  
**B. Mr. Michael G. Murphy**

Mailing Address 2041 S 88 St

City Omaha State NE Zip Code 68124-2111

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

Name of Employer Nelson Murphy Insurance & Investments, Occupation PARTNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **504.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 10 / 2014**

**Transaction ID : 12580256**

Amount of Each Receipt this Period  
**84.00**

Full Name (Last, First, Middle Initial)  
**C. Mr. A. Duer Pierce Jr.**

Mailing Address 1201 Snuff Mill Road

City Wilmington State DE Zip Code 19807-1043

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

Name of Employer Financial House Occupation CLU, ChFC, AEP, CAP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 10 / 2014**

**Transaction ID : 12580276**

Amount of Each Receipt this Period  
**50.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **239.00**

**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 84 OF 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Gary M. Owens**  
Full Name (Last, First, Middle Initial)  
Mailing Address 102 4th St Unit 835

City Sultan	State WA	Zip Code 98294-4532
----------------	-------------	------------------------

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

Name of Employer Gary M Owens Insurance Agency Inc	Occupation Insurance Agent
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  
06 / 10 / 2014  
**Transaction ID : 12580286**

Amount of Each Receipt this Period  
42.50

**B. Mr. James J. Van Ham**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2748 Newport Drv

City Naperville	State IL	Zip Code 60565-6711
--------------------	-------------	------------------------

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

Name of Employer Country Insurance and Financial Servic	Occupation Insurance Agent
--	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
692.50

Date of Receipt  
06 / 10 / 2014  
**Transaction ID : 12580291**

Amount of Each Receipt this Period  
105.00

**C. Mr. John W. Wheeler**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1075 Aster Ln.

City West Chicago	State IL	Zip Code 60185-1750
----------------------	-------------	------------------------

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

Name of Employer Water Tower Financial Partners, LLC	Occupation MANAGER
---	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  
06 / 10 / 2014  
**Transaction ID : 12580293**

Amount of Each Receipt this Period  
42.50

<b>SUBTOTAL</b> of Receipts This Page (optional).....	190.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 170
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. William F. Solomon III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2010 Charlotte Drive  
 City Charlotte State NC Zip Code 28203-5710  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AXA Advisors LLC Occupation Retirement Planning Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 642.40

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12580314**  
 Amount of Each Receipt this Period  
 23.10

**B. Ms. Tallie O. Young**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6318 Falcon Crest Court  
 City Sachse State TX Zip Code 75048-3539  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Tallie O Young & Associates Occupation Investment Advisor Representative  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12580317**  
 Amount of Each Receipt this Period  
 50.00

**C. Mr. Daniel J. Wells**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18830 Los Hermanos Ranch Rd  
 City Valley Center State CA Zip Code 92082-6808  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Daniel Wells Insurance & Financial Ser Occupation Owner/Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 435.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12580338**  
 Amount of Each Receipt this Period  
 72.50

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	145.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Jon R. Robb**  
Full Name (Last, First, Middle Initial)

Mailing Address 214 Atlantic Dr.

City State Zip Code  
Vernon Hills IL 60061-2029

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

Name of Employer Occupation  
Farmers Insurance Group District Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
252.00

Date of Receipt  
06 / 10 / 2014  
**Transaction ID : 12580348**

Amount of Each Receipt this Period  
42.00

**B. Mr. John Henry Ogden**  
Full Name (Last, First, Middle Initial)

Mailing Address 4109 Mohawk Cir

City State Zip Code  
Springdale AR 72764-7547

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

Name of Employer Occupation  
Farmers Insurance Group AGENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
216.00

Date of Receipt  
06 / 10 / 2014  
**Transaction ID : 12580359**

Amount of Each Receipt this Period  
36.00

**C. Mr. Roger L. Owens**  
Full Name (Last, First, Middle Initial)

Mailing Address 104 Landing Lane

City State Zip Code  
Elkton MD 21921-5204

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

Name of Employer Occupation  
Rymark Financial Services Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  
06 / 10 / 2014  
**Transaction ID : 12580365**

Amount of Each Receipt this Period  
60.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 138.00

**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 87 OF 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Michael P. Saunders**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4560 Ortega Blvd  
City Jacksonville State FL Zip Code 32210-6043  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Saunders & Co. Occupation President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 252.00

Date of Receipt 06 / 10 / 2014  
**Transaction ID : 12580397**  
Amount of Each Receipt this Period 42.00

**B. Mr. Ronald Floyd Spindel**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4441 Ironwood Dr  
City Virginia Beach State VA Zip Code 23462-5701  
FEC ID number of contributing federal political committee. **C**  
Name of Employer The Spindel Agency Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 252.00

Date of Receipt 06 / 10 / 2014  
**Transaction ID : 12580424**  
Amount of Each Receipt this Period 42.00

**C. Mr. Joey Ussery**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3539 River Road  
City Sealy State TX Zip Code 77474-9826  
FEC ID number of contributing federal political committee. **C**  
Name of Employer John Hancock Life Insurance Occupation Regional Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 255.00

Date of Receipt 06 / 10 / 2014  
**Transaction ID : 12580467**  
Amount of Each Receipt this Period 42.50

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 126.50  
**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 88 OF 170
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. Benson B. Terrell Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1059 S Kade  
 City Lake Charles State LA Zip Code 70605-7188  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Firm of Louisiana Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12580534**  
 Amount of Each Receipt this Period  
 50.00

**B. Mr. Michael T. Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1229 Foxwood Trail  
 City Waukesha State WI Zip Code 53189-7725  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CPS Horizon Financial Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12580573**  
 Amount of Each Receipt this Period  
 42.50

**C. Mr. John N. Peacock**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18 Aubin St.  
 City Seekonk State MA Zip Code 02771-5825  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Peacock Financial Group, LLC Occupation Certified Financial Planner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 234.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12580577**  
 Amount of Each Receipt this Period  
 39.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	131.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Mr. Gregory B. Schaeffer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3627 - 22nd St.  
 City Kenosha State WI Zip Code 53144-1443  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Schaeffer Group, LLC Occupation AGENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 06 / 10 / 2014  
**Transaction ID : 12580583**  
 Amount of Each Receipt this Period 45.00

**B. Mr. Mark Phelan Sudderberg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1751 Clinton St.  
 City Rockford State IL Zip Code 61103-4804  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Coyle Varland Insurance Agency, Inc. Occupation OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 06 / 10 / 2014  
**Transaction ID : 12580598**  
 Amount of Each Receipt this Period 42.00

**C. Ms. Sharon A. Rockett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 29 Richter Rd  
 City Raymond State WA Zip Code 98577-9304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer R & S Financial Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 06 / 10 / 2014  
**Transaction ID : 12580607**  
 Amount of Each Receipt this Period 42.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 129.00  
**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 90 OF 170
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Ms. Yuka Nakahara-Goven**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1209 Magnolia Drive  
 City Carrollton State TX Zip Code 75007-4852  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New York Life Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
 06 / 10 / 2014  
**Transaction ID : 12580648**  
 Amount of Each Receipt this Period  
 42.00

**B. Ms. Mary H. Potter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 207 Leland  
 City Waterloo State IA Zip Code 50701-1537  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New York Life Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 06 / 10 / 2014  
**Transaction ID : 12580651**  
 Amount of Each Receipt this Period  
 45.00

**C. Mr. Michael A. Thompson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4517 Rounding Run Road  
 City Charlotte State NC Zip Code 28277-7642  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Guardian Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.50

Date of Receipt  
 06 / 10 / 2014  
**Transaction ID : 12580675**  
 Amount of Each Receipt this Period  
 46.75

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	133.75
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Mr. A. Ainslie Stanford**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10024 S. Louisville Ave  
 City State Zip Code  
 Tulsa OK 74137-5221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Northwestern Mutual Financial Network Financial Representative  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 201.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12580694**  
 Amount of Each Receipt this Period  
 33.60

**B. Mr. Harold T. Morris Sr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 438 Mechunk Creek Dr  
 City State Zip Code  
 Troy VA 22974-9742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Morris Ins Agency Insurance Agent  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 227.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12580735**  
 Amount of Each Receipt this Period  
 35.00

**C. Mr. James A. Shalek**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1706 Candleberry Lane  
 City State Zip Code  
 Yorkville IL 60560-5810  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Principal Financial Group Senior Financial Representative  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12580750**  
 Amount of Each Receipt this Period  
 75.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	143.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 8461 Eagle Preserve Way

City Sarasota State FL Zip Code 34241-9449

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

Name of Employer Rogers Benefit Group Occupation Regional Mgr.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **755.00**

Date of Receipt **06 / 10 / 2014**

**Transaction ID : 12580753**

Amount of Each Receipt this Period **105.00**

**B. Mr. Alan F. Simonis Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address P. O. Box 1858

City Huntsville State AL Zip Code 35807-0858

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

Name of Employer Protective Life Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **252.00**

Date of Receipt **06 / 10 / 2014**

**Transaction ID : 12580757**

Amount of Each Receipt this Period **42.00**

**C. Mr. K. Mark Spears**  
Full Name (Last, First, Middle Initial)

Mailing Address 3215 CYNTHIA DR.

City LIMA State OH Zip Code 45801-2104

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

Name of Employer Prudential Financial Occupation Premier Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **06 / 10 / 2014**

**Transaction ID : 12580819**

Amount of Each Receipt this Period **35.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **182.00**

**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 93 OF 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 427 W 33rd #2

City State Zip Code  
Scottsbluff NE 69361-4361

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

Name of Employer Occupation  
Ohio National Life General Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
204.00

Date of Receipt  
06 / 10 / 2014  
**Transaction ID : 12580827**

Amount of Each Receipt this Period  
34.00

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

Mailing Address 16112 Parker Street

City State Zip Code  
Omaha NE 68118-2429

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

Name of Employer Occupation  
Headley Financial Group Representative

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
276.00

Date of Receipt  
06 / 10 / 2014  
**Transaction ID : 12580829**

Amount of Each Receipt this Period  
46.00

Full Name (Last, First, Middle Initial)  
**C. Mr. William G. Seelmann**

Mailing Address 6017 W. CAMBRIDGE WAY

City State Zip Code  
PACE FL 32571-7367

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

Name of Employer Occupation  
Southern Farm Bureau Life Insurance Agency Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
252.00

Date of Receipt  
06 / 10 / 2014  
**Transaction ID : 12580846**

Amount of Each Receipt this Period  
42.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 122.00

**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 94 OF 170
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. C. Wayne Perkins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 171A County Road 198  
 City Oxford State MS Zip Code 38655-8615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southern Farm Bureau Occupation Agency Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12580848**  
 Amount of Each Receipt this Period  
 42.50

**B. Mr. Edward F. Randolph**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 653 Blanket Blvd  
 City North Pole State AK Zip Code 99705-7643  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Edward F Randolph Ins. Agency Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12580884**  
 Amount of Each Receipt this Period  
 84.00

**C. Mr. Brian C. Moos**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5395 Mallard Dr  
 City Pleasanton State CA Zip Code 94566-5337  
 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 ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12580886**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	176.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 170
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. Bill Zimmerman Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 208 S. Rios  
 City Solana Beach State CA Zip Code 92075-1904  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LifePro Financial Occupation President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **252.00**

Date of Receipt **06 / 10 / 2014**  
**Transaction ID : 12580946**  
 Amount of Each Receipt this Period **42.00**

**B. Mr. Cliff F. Wilson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1458 W. Bahia Court  
 City Gilbert State AZ Zip Code 85233-5600  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southeast Arizona Insurance Services, Occupation General Agent  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **756.00**

Date of Receipt **06 / 10 / 2014**  
**Transaction ID : 12580953**  
 Amount of Each Receipt this Period **126.00**

**C. Mr. Patrick J. Mongin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2640 Pecan St  
 City Green Bay State WI Zip Code 54311-5548  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer John Patrick Planning Group Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **375.00**

Date of Receipt **06 / 10 / 2014**  
**Transaction ID : 12580962**  
 Amount of Each Receipt this Period **25.00**

**SUBTOTAL** of Receipts This Page (optional)..... **193.00**  
**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 96 OF 170
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. Harry S. Rosnick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4410-B Lafayette Boulevard  
 P.O. Box 360  
 City Fredericksburg State VA Zip Code 22408-4268  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Nationwide Occupation AGENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 402.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12580969**  
 Amount of Each Receipt this Period  
 42.50

**B. Ms. Betty P. Roberson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 620 Old Post Road  
 City Gaffney State SC Zip Code 29341-3303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Gaffney Insurance Agency Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12581075**  
 Amount of Each Receipt this Period  
 42.00

**C. Mr. Miguel Paredes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5927 Tamarisk  
 City San Luis Obispo State CA Zip Code 93401-8281  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Miguel Paredes Insurance Occupation Benefits  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 282.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12581078**  
 Amount of Each Receipt this Period  
 47.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	131.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Tom Cothron</b>		Date of Receipt MM / DD / YYYY 06 / 10 / 2014 <b>Transaction ID : 12581090</b>
Mailing Address 4280 SW 20th Ave		Amount of Each Receipt this Period 42.00
City Ocala	State FL	Zip Code 34474-5950
FEC ID number of contributing federal political committee. C		
Name of Employer Southern Farm Bureau Life	Occupation Agency Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Anthony D. Chapman</b>		Date of Receipt MM / DD / YYYY 06 / 10 / 2014 <b>Transaction ID : 12581105</b>
Mailing Address 210 East 2nd Ave, Suite 300		Amount of Each Receipt this Period 42.00
City Rome	State GA	Zip Code 30161-1707
FEC ID number of contributing federal political committee. C		
Name of Employer AIMC	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Charles I. Daniels III</b>		Date of Receipt MM / DD / YYYY 06 / 10 / 2014 <b>Transaction ID : 12581116</b>
Mailing Address 2424 Merlot Dr		Amount of Each Receipt this Period 42.50
City Napa	State CA	Zip Code 94558-2598
FEC ID number of contributing federal political committee. C		
Name of Employer Harvest Financial, LLC	Occupation Family Financial Coach	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	126.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Mark A. Miller</b>		Date of Receipt MM / DD / YYYY 06 / 10 / 2014 <b>Transaction ID : 12581118</b>
Mailing Address 916 E Fillmore Ave		Amount of Each Receipt this Period 86.67
City Eau Claire	State WI	Zip Code 54701-6538
FEC ID number of contributing federal political committee. C		
Name of Employer Complete Insurance Services	Occupation Principle	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.02	

Full Name (Last, First, Middle Initial) <b>B. Ms. Bryna A. Kanarek</b>		Date of Receipt MM / DD / YYYY 06 / 10 / 2014 <b>Transaction ID : 12581131</b>
Mailing Address 1505 Winnetka Road		Amount of Each Receipt this Period 50.00
City Glenview	State IL	Zip Code 60025-1821
FEC ID number of contributing federal political committee. C		
Name of Employer Rabjohns Financial Group	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. James W. Simons</b>		Date of Receipt MM / DD / YYYY 06 / 10 / 2014 <b>Transaction ID : 12581167</b>
Mailing Address 908 Village Avenue, SE		Amount of Each Receipt this Period 20.00
City Minot	State ND	Zip Code 58701-2721
FEC ID number of contributing federal political committee. C		
Name of Employer First Command Financial Planning	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	86.67
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 99 OF 170
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Ms. Paula D. Harris**

Mailing Address 7709 Marisu Lane Ct

City Lavista State NE Zip Code 68128-2729

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

Name of Employer Curnes Financial Group Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **204.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 10 / 2014**

**Transaction ID : 12581179**

Amount of Each Receipt this Period  
**34.00**

Full Name (Last, First, Middle Initial)  
**B. Mr. Roderick Carr**

Mailing Address 1283 S. Gosling Way

City Eagle State ID Zip Code 83616-6326

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

Name of Employer New York Life Occupation Registered Representative

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 10 / 2014**

**Transaction ID : 12581224**

Amount of Each Receipt this Period  
**51.00**

Full Name (Last, First, Middle Initial)  
**C. Ms. Connie Golleher**

Mailing Address 20910 Beallsville Road

City Dickerson State MD Zip Code 20842-9072

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

Name of Employer The Golleher Group Occupation PRINCIPAL

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **306.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 10 / 2014**

**Transaction ID : 12581278**

Amount of Each Receipt this Period  
**51.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>136.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Mr. Kevin Lammers**

Mailing Address 18 Carriage Lane

City Newark State DE Zip Code 19711-2045

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

Name of Employer Kevin Lammers Insurance Agency Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **510.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 10 / 2014**

**Transaction ID : 12581282**

Amount of Each Receipt this Period  
**85.00**

Full Name (Last, First, Middle Initial)  
**B. Mr. Randy J. Kruse**

Mailing Address 801 Pine St Apt 3

City Sheldon State IA Zip Code 51201-1241

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

Name of Employer Farm Bureau Occupation AGENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **208.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 10 / 2014**

**Transaction ID : 12581285**

Amount of Each Receipt this Period  
**38.00**

Full Name (Last, First, Middle Initial)  
**C. Mr. John Elias Calles**

Mailing Address 650 University Drive

City Coral Gables State FL Zip Code 33134-7060

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

Name of Employer Ameritas Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 10 / 2014**

**Transaction ID : 12581287**

Amount of Each Receipt this Period  
**45.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **168.00**

**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 101 OF 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Adam D. Weeman</b>		Date of Receipt MM / DD / YYYY 06 / 10 / 2014 <b>Transaction ID : 12581299</b>
Mailing Address 47278 Lincoln Trail		Amount of Each Receipt this Period 350.00
City Renner	State SD	Zip Code 57055-6401
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Thrivent Financial	Occupation Financial Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Richard T. Lincoln</b>		Date of Receipt MM / DD / YYYY 06 / 10 / 2014 <b>Transaction ID : 12581303</b>
Mailing Address 1110 Ward Parkway 2		Amount of Each Receipt this Period 50.00
City Kansas City	State MO	Zip Code 64112-2301
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Retirement Concepts Group, LLC	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Matthew B. Stone</b>		Date of Receipt MM / DD / YYYY 06 / 10 / 2014 <b>Transaction ID : 12581304</b>
Mailing Address 5016 Bartons Enclave Lane		Amount of Each Receipt this Period 55.00
City Raleigh	State NC	Zip Code 27613-8564
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer Farm Bureau Insurance Companies	Occupation AGENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	130.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Mr. Bradley P. Schlafer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address W 6176 Colonial Drive  
 City Appleton State WI Zip Code 54914-9137  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Schlafer Financial Services, LLC Occupation Investment Advisor Representative  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 06 / 10 / 2014  
**Transaction ID : 12581318**  
 Amount of Each Receipt this Period 300.00

**B. Mr. Larry G. Johnson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 44466 Albert  
 City Plymouth State MI Zip Code 48170-3902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Farm Bureau Ins Co Occupation AGENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 06 / 10 / 2014  
**Transaction ID : 12581320**  
 Amount of Each Receipt this Period 55.00

**C. Ms. Hollie C. Gandy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8312 Barstow Dr  
 City Amarillo State TX Zip Code 79118-8122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Senior Solutions Group Occupation Sr Producer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 06 / 10 / 2014  
**Transaction ID : 12581335**  
 Amount of Each Receipt this Period 57.50

**SUBTOTAL** of Receipts This Page (optional).....▶ 142.50  
**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 103 OF 170
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. Brad A. Tapscott**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 523 Castle Hall Rd  
 City Mount Pleasant State SC Zip Code 29464-6231  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ameriprise Occupation Certified Financial Planner Practition  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 06 / 10 / 2014  
**Transaction ID : 12581357**  
 Amount of Each Receipt this Period 75.00

**B. Mr. Gerald G. Hartman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3822 Gemini Cir  
 City Boise State ID Zip Code 83709-4834  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Insurance Network America Occupation Chairman & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 10 / 2014  
**Transaction ID : 12581363**  
 Amount of Each Receipt this Period 50.00

**C. Mr. Mark A. Wiskus**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1005 Edgewater Dr  
 City Pella State IA Zip Code 50219-7669  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New York Life Occupation AGENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 10 / 2014  
**Transaction ID : 12581403**  
 Amount of Each Receipt this Period 40.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 165.00  
**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 104 OF 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. William K. Bridgers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1005 E 450 S  
 City Pleasant Grove State UT Zip Code 84062-3186  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Designs in Life Occupation Independent Agent  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **600.00**

Date of Receipt **06 / 10 / 2014**  
**Transaction ID : 12581411**  
 Amount of Each Receipt this Period **100.00**

**B. Mr. Edward A. Hely**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4041 Valley Rd  
 City Paducah State KY Zip Code 42001-4777  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northwestern Mutual Occupation Investment Specialist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **302.40**

Date of Receipt **06 / 10 / 2014**  
**Transaction ID : 12581442**  
 Amount of Each Receipt this Period **50.40**

**C. Mrs. Deborah J. Dale**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10972 Reutzel Dr  
 City Boise State ID Zip Code 83709-5032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United Long Term Care, Inc. Occupation President  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **306.00**

Date of Receipt **06 / 10 / 2014**  
**Transaction ID : 12581448**  
 Amount of Each Receipt this Period **51.00**

**SUBTOTAL** of Receipts This Page (optional)..... **201.40**  
**TOTAL** This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 105 OF 170  
(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. Mr. Joseph R. Nienhaus**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1600 Cedar Bend  
 City Hartland State WI Zip Code 53029-8663  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Woodbury Financial Occupation Regional Sales Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12581463**  
 Amount of Each Receipt this Period  
 500.00

**B. Mr. Paul Adams**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1839 Morgan Ave  
 City Claremont State CA Zip Code 91711-2625  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation Field Representative  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12581483**  
 Amount of Each Receipt this Period  
 208.33

**C. Mr. Joseph L. Morton III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5487 N Bach  
 City Meridian State ID Zip Code 83646-4711  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Intermountain Legal Group Occupation Attorney At Law  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12581531**  
 Amount of Each Receipt this Period  
 126.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 834.33  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 170
	<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	<input type="checkbox"/> 17

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

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

Mailing Address 3610 Loma Farm Rd.

City Tallahassee	State FL	Zip Code 32309-1711
---------------------	-------------	------------------------

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

Name of Employer NAIFA- Florida	Occupation Chief Executive Officer
------------------------------------	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **577.50**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2014

**Transaction ID : 12581533**

Amount of Each Receipt this Period  

220.00
--------

**52.50**

**B. Mr. Neal A. Kloke**  
Full Name (Last, First, Middle Initial)

Mailing Address 1241 St. Paul Street

City Bellingham	State WA	Zip Code 98229-2124
--------------------	-------------	------------------------

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

Name of Employer Kloke Financial Services, Inc.	Occupation Investment Advisor Representative
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2014

**Transaction ID : 12581538**

Amount of Each Receipt this Period  

62.50
-------

**62.50**

**C. Mr. Trent D. Bryson**  
Full Name (Last, First, Middle Initial)

Mailing Address 3777 Long Beach Boulevard  
Ste 500

City Long Beach	State CA	Zip Code 90807-3325
--------------------	-------------	------------------------

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

Name of Employer Ameritas	Occupation CEO
------------------------------	-------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2014

**Transaction ID : 12581547**

Amount of Each Receipt this Period  

105.00
--------

**105.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>220.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 107 OF 170  
(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**

Full Name (Last, First, Middle Initial)  
**A. Mr. Calvin M. Sievers**

Mailing Address 225 North Berry Pine

City State Zip Code  
 Rapid City SD 57702-1860

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

Name of Employer Occupation  
 Thrivent Financial Financial Associate

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 412.50

Date of Receipt  
 06 / 10 / 2014  
**Transaction ID : 12581570**

Amount of Each Receipt this Period  
 10.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Scott A. Mullen**

Mailing Address 165 Annable Point Rd

City State Zip Code  
 Centerville MA 02632-2431

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

Name of Employer Occupation  
 NAIFA - Northeast CEO/Regional Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 252.00

Date of Receipt  
 06 / 10 / 2014  
**Transaction ID : 12581583**

Amount of Each Receipt this Period  
 42.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Ronald J. Adams**

Mailing Address 6242 Vick Lane

City State Zip Code  
 Citrus Heights CA 95621-4800

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

Name of Employer Occupation  
 College Funding Advisors Financial & Estate Planner

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 255.00

Date of Receipt  
 06 / 10 / 2014  
**Transaction ID : 12581597**

Amount of Each Receipt this Period  
 42.50

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 94.50

**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 108 OF 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Mr. Michael J. Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P O Box 2295  
 City Gillette State WY Zip Code 82717-2295  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mountain West Farm Bureau Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12581651**  
 Amount of Each Receipt this Period  
 42.00

**B. Mr. George W. Williams Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4109 Woodway Drive  
 City Monroe State LA Zip Code 71201-2218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Benefit Plan Service Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12581685**  
 Amount of Each Receipt this Period  
 55.00

**C. Mr. Roger L. Daniel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 608 N 30th, #3D  
 City Billings State MT Zip Code 59101-1161  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Roger L. Daniel Insurance Agency, Inc. Occupation AGENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12581742**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 147.00  
**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 109 OF 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Patrick Alex Kessel</b>		Date of Receipt
Mailing Address 908 S Main		<input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City State Zip Code Fairfield IA 52556-3839		<b>Transaction ID : 12581744</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="84.00"/>
Name of Employer Farm Bureau Fin. Services	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="254.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Ms. Sherry L. Flint</b>		Date of Receipt
Mailing Address 456 Arden Dr.		<input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City State Zip Code Encinitas CA 92024-4559		<b>Transaction ID : 12581761</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="42.00"/>
Name of Employer Principal Financial	Occupation RVP - Business Owner & Executive Solut	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="252.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Mr. Jesse W. Markham</b>		Date of Receipt
Mailing Address 516 Hooulu St		<input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City State Zip Code Kailua HI 96734-2238		<b>Transaction ID : 12581767</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="44.00"/>
Name of Employer Aja Benefits Consultants	Occupation Managing Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="264.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="170.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 170
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. Timothy C. Flanagan Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2007 Maynard Rd  
 City Charlotte State NC Zip Code 28270-0007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HF Financial Occupation General Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 277.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12581791**  
 Amount of Each Receipt this Period  
 46.20

**B. Mr. Mark E. Kull**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3008 S 6th St  
 City Louisville State KY Zip Code 40208-1314  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northwestern Mutual Occupation AGENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 306.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12581866**  
 Amount of Each Receipt this Period  
 51.00

**C. Mr. Thomas L. Henry**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 485 Devon Pl.  
 City Lake Mary State FL Zip Code 32746-5001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer North Central Florida Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 226.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12581908**  
 Amount of Each Receipt this Period  
 21.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	118.20
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 170
	<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. Mrs. Lori W. Broussard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P O Box 292  
 City State Zip Code  
 Estherwood LA 70534-0292  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Southern Financial Associates - Southe Financial Professional  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12581966**  
 Amount of Each Receipt this Period  
 50.00

**B. Mr. David Brackenbury**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3236 Greenmeadow Dr  
 City State Zip Code  
 Bethlehem PA 18017-1943  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Mass Mutual Insurance Agent  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12582104**  
 Amount of Each Receipt this Period  
 42.00

**C. Mr. John D. Richardson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4001 Anderson Rd  
 Unit 117  
 City State Zip Code  
 Nashville TN 37217-4739  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AXA Advisors, LLC Financial Consultant  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 12582121**  
 Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	117.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Mr. Lyle M. Kraft**

Mailing Address 2405 4th Ave SW

City State Zip Code  
Minot ND 58701-3551

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

Name of Employer Occupation  
The Principal Financial Group Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
202.00

Date of Receipt  
06 / 10 / 2014  
**Transaction ID : 12582127**

Amount of Each Receipt this Period  
17.00

Full Name (Last, First, Middle Initial)  
**B. Mr. John William Frankland**

Mailing Address 2211 274th Ct SE

City State Zip Code  
Sammamish WA 98075-7941

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

Name of Employer Occupation  
Aslakson Financial Group Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
06 / 10 / 2014  
**Transaction ID : 12582130**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**C. Cindy L. Winchester**

Mailing Address 11400 Woodcliff Drive

City State Zip Code  
Knoxville TN 37934-4869

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

Name of Employer Occupation  
Securities Service Network, Inc. Product Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  
06 / 10 / 2014  
**Transaction ID : 12582139**

Amount of Each Receipt this Period  
42.50

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 109.50

**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 113 OF 170
	<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	<input type="checkbox"/> 17

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

**A. Ms. Christine L. May**  
Full Name (Last, First, Middle Initial)

Mailing Address 1765 Morocco Dr

City	State	Zip Code
Billings	MT	59105-5430

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

Name of Employer	Occupation
Humana	Sales Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **201.60**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2014

**Transaction ID : 12582235**

Amount of Each Receipt this Period  

33.60
-------

**B. Mr. Joshua M. Shaver**  
Full Name (Last, First, Middle Initial)

Mailing Address 4615 Ethel Circle

City	State	Zip Code
Wilmington	DE	19804-4120

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

Name of Employer	Occupation
Diamond State Financial Group	Financial Advisor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2014

**Transaction ID : 12582388**

Amount of Each Receipt this Period  

50.00
-------

**C. Ms. Laura L. Biesemeyer**  
Full Name (Last, First, Middle Initial)

Mailing Address 438 Woodson Road

City	State	Zip Code
Overbrook	KS	66524-9102

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

Name of Employer	Occupation
Advisors Excel	VP of Life Sales & Administration

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2014

**Transaction ID : 12582412**

Amount of Each Receipt this Period  

45.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>128.60</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 170
	<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	<input type="checkbox"/> 17

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

**A. Mr. Jason King**  
Full Name (Last, First, Middle Initial)

Mailing Address 2220 Monroe St

City Mandeville State LA Zip Code 70448-5740

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

Name of Employer MetLife Premier Client Group of Louisi Occupation Agency Sales Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt 06 / 10 / 2014  
**Transaction ID : 12582466**

Amount of Each Receipt this Period 42.00

**B. Ms. Michele Grassley Clarke**  
Full Name (Last, First, Middle Initial)

Mailing Address 409 Washington Street Suite A

City Cedar Falls State IA Zip Code 50613-2812

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

Name of Employer NAIFA - Iowa Occupation Executive Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 228.00

Date of Receipt 06 / 10 / 2014  
**Transaction ID : 12582472**

Amount of Each Receipt this Period 40.00

**C. Mr. Steven C. Perry**  
Full Name (Last, First, Middle Initial)

Mailing Address 701 W 8th Ave Ste 900

City Anchorage State AK Zip Code 99501-3467

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

Name of Employer New York Life Occupation Financial\_Services\_Professional

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 06 / 10 / 2014  
**Transaction ID : 12582533**

Amount of Each Receipt this Period 42.50

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 124.50

**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 115 OF 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Kyle Lindner</b>		Date of Receipt 06 / 10 / 2014 <b>Transaction ID : 12582620</b>
Mailing Address 28042 Sugarside Glen Dr		Amount of Each Receipt this Period 50.00
City Katy	State TX	Zip Code 77494-5755
FEC ID number of contributing federal political committee. C		
Name of Employer State Farm Insurance	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. James D. Curtis</b>		Date of Receipt 06 / 10 / 2014 <b>Transaction ID : 12582631</b>
Mailing Address 130 S Highland St		Amount of Each Receipt this Period 84.00
City Du Bois	State PA	Zip Code 15801-2039
FEC ID number of contributing federal political committee. C		
Name of Employer Ameritas	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 504.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Jeffrey E. Socha</b>		Date of Receipt 06 / 10 / 2014 <b>Transaction ID : 12582674</b>
Mailing Address 6200 Bridgepoint Pkwy Ste 300		Amount of Each Receipt this Period 50.00
City Austin	State TX	Zip Code 78730-5106
FEC ID number of contributing federal political committee. C		
Name of Employer New York Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	184.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Ms. Ruth Shannon**  
Full Name (Last, First, Middle Initial)

Mailing Address 955 E Bethel School Rd

City Coppel State TX Zip Code 75019-5970

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

Name of Employer State Farm Occupation Agent/Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014

**Transaction ID : 12582736**

Amount of Each Receipt this Period  
 42.00

**B. Mr. Craig Plank**  
Full Name (Last, First, Middle Initial)

Mailing Address 144 Flint Rock Lane

City Blythewood State SC Zip Code 29016-7222

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 ▼ 252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014

**Transaction ID : 12582793**

Amount of Each Receipt this Period  
 42.00

**C. Mr. Thomas P. Cunningham**  
Full Name (Last, First, Middle Initial)

Mailing Address 4292 Rangeview Drive

City Billings State MT Zip Code 59106-4738

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

Name of Employer Cunningham Agency Occupation Director of Montana Field Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 233.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014

**Transaction ID : 12582833**

Amount of Each Receipt this Period  
 40.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	124.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Thomas J. Bottone Jr.</b>		Date of Receipt
Mailing Address 17 Bridle Court		<input type="text" value="06"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City Hope State RI Zip Code 02831-1914		<b>Transaction ID : 12582871</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Oceanstate Financial Service Occupation AGENT		<input type="text" value="120.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="240.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Mr. Rob M. Hayworth</b>		Date of Receipt
Mailing Address 3302 Mallard Cove Lane		<input type="text" value="06"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City Fort Wayne State IN Zip Code 46804-2884		<b>Transaction ID : 12582885</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Northwestern Mutual Occupation Wealth Management Advisor		<input type="text" value="300.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Mr. H. David Travis</b>		Date of Receipt
Mailing Address 2225 Edinborough		<input type="text" value="06"/> / <input type="text" value="13"/> / <input type="text" value="2014"/>
City Murray State KY Zip Code 42071-2737		<b>Transaction ID : 12582900</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Northwestern Mutual Occupation Financial Representative		<input type="text" value="1000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1420.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 118 OF 170		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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

**A. Mr. Jerry Borrowman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1436 E Bella Vie Ct  
 City Salt Lake City State UT Zip Code 84121-1834  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Penn Mutual Life Insurance Occupation Director Advanced Solutions  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 13 / 2014  
**Transaction ID : 12582912**  
 Amount of Each Receipt this Period 250.00

**B. Mr. Roderick Carr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1283 S. Gosling Way  
 City Eagle State ID Zip Code 83616-6326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New York Life Occupation Registered Representative  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt 06 / 13 / 2014  
**Transaction ID : 12582914**  
 Amount of Each Receipt this Period -51.00

**C. Ms. Jo A. Steinberg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1442 W Hidden River Dr  
 City Thiensville State WI Zip Code 53092-3608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer EMSI/ Midland Health Occupation Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 16 / 2014  
**Transaction ID : 12582931**  
 Amount of Each Receipt this Period 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 119 OF 170
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Brent D. Hinerichsen</b>		Date of Receipt MM / DD / YYYY 06 / 16 / 2014 <b>Transaction ID : 12582941</b>
Mailing Address 315 NE Georgetown Blvd		Amount of Each Receipt this Period 500.00
City Ankeny	State IA	Zip Code 50021-5305
FEC ID number of contributing federal political committee.	C	
Name of Employer The Iowa Financial Group	Occupation Market Leader	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. William R. Anderson</b>		Date of Receipt MM / DD / YYYY 06 / 16 / 2014 <b>Transaction ID : 12582950</b>
Mailing Address 1842 Vermont Ave NW		Amount of Each Receipt this Period 62.50
City Washington	State VA	Zip Code 20001-5006
FEC ID number of contributing federal political committee.	C	
Name of Employer NAIFA- Headquarters	Occupation Sr VP Law & Govt Rel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 687.50	

Full Name (Last, First, Middle Initial) <b>C. Jill E. Hoffman</b>		Date of Receipt MM / DD / YYYY 06 / 16 / 2014 <b>Transaction ID : 12582956</b>
Mailing Address 2901 Telestar Court		Amount of Each Receipt this Period 41.67
City Falls Church	State VA	Zip Code 22042-1260
FEC ID number of contributing federal political committee.	C	
Name of Employer NAIFA	Occupation Director, Federal Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 437.53	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	604.17
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 170
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Mrs. Diane Boyle</b>		Date of Receipt 06 / 16 / 2014 <b>Transaction ID : 12582962</b>
Mailing Address 3419 N Emerson		Amount of Each Receipt this Period 150.00
City Arlington	State VA	Zip Code 22207-1834
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer NAIFA- Headquarters	Occupation VP of Federal Government Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1735.00	

Full Name (Last, First, Middle Initial) <b>B. Jennifer Ellis Corcoran</b>		Date of Receipt 06 / 16 / 2014 <b>Transaction ID : 12582964</b>
Mailing Address 2901 Telestar Ct.		Amount of Each Receipt this Period 20.00
City Falls Church	State VA	Zip Code 22042-1260
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer NAIFA	Occupation Executive Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>C. Judith Carsrud</b>		Date of Receipt 06 / 16 / 2014 <b>Transaction ID : 12582966</b>
Mailing Address 2901 Telestar Court		Amount of Each Receipt this Period 25.00
City Falls Church	State VA	Zip Code 22042-1260
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer NAIFA	Occupation Lobbyist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	195.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 121 OF 170  
(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**

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

Mailing Address 8300 NW 125th

City State Zip Code  
 Oklahoma City OK 73142-2574

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

Name of Employer Occupation  
 Northwestern Mutual Insurance Agent

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 17 / 2014

**Transaction ID : 12582978**

Amount of Each Receipt this Period  
 1200.00

Full Name (Last, First, Middle Initial)  
**B. Mr. J Bryan Washburn**

Mailing Address 10328 Legacy Cove

City State Zip Code  
 South Jordan UT 84095-4578

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

Name of Employer Occupation  
 Cambridge Financial Group Managing Partner

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 17 / 2014

**Transaction ID : 12582988**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Stanley B. Secor**

Mailing Address 1174 Mercedes Way

City State Zip Code  
 Salt Lake City UT 84108-2016

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

Name of Employer Occupation  
 Premier Advisors General Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 17 / 2014

**Transaction ID : 12582992**

Amount of Each Receipt this Period  
 2000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3450.00

**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 122 OF 170  
(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. Mr. Roger S. McCullough**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2759 19th Ave N  
 City State Zip Code  
 Fort Dodge IA 50501-7838  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AXA Equitable MANAGER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 18 / 2014  
**Transaction ID : 12583004**  
 Amount of Each Receipt this Period  
 1000.00

**B. Ms. Barbara R. Collins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 32791 Smiths Ferry Rd.  
 City State Zip Code  
 Bellevue IA 52031-4700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Farm Bureau Financial Services Insurance Agent  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 18 / 2014  
**Transaction ID : 12583005**  
 Amount of Each Receipt this Period  
 250.00

**C. Mr. Barry C. Johnson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1776 Hemlock Avenue  
 City State Zip Code  
 Washington IA 52353-9292  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 BJFS, LLC President  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 18 / 2014  
**Transaction ID : 12583015**  
 Amount of Each Receipt this Period  
 200.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1450.00  
**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 123 OF 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Lynn M. Schreder</b>		Date of Receipt MM / DD / YYYY 06 / 18 / 2014
Mailing Address 11340 NW 103rd Ct		<b>Transaction ID : 12583069</b>
City Granger	State IA	Zip Code 50109-9702
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 140.00
Name of Employer KHI Solutions	Occupation Co-President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Jeffrey Leonard Allison</b>		Date of Receipt MM / DD / YYYY 06 / 19 / 2014
Mailing Address 84 Hawthorn St.		<b>Transaction ID : 12583078</b>
City New Bedford	State MA	Zip Code 02740-3423
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Oceanstate Financial	Occupation Registered Representative-Financial Ad	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Roger G. Taylor</b>		Date of Receipt MM / DD / YYYY 06 / 19 / 2014
Mailing Address 2945 Chimney Hill Trail		<b>Transaction ID : 12583080</b>
City Rocky Mount	State NC	Zip Code 27804-7477
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 550.00
Name of Employer Roger G. Taylor & Associates	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	840.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 3233 72nd AV NW

City Norman State OK Zip Code 73072-2003

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

Name of Employer John Hancock Financial Services Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 19 / 2014

**Transaction ID : 12583086**

Amount of Each Receipt this Period  
 220.00

**B. Mrs. Susan D. Wier**  
Full Name (Last, First, Middle Initial)

Mailing Address 8129 South Zikes Road

City Bloomington State IN Zip Code 47401-8139

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

Name of Employer First American Advisory, LLC Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 20 / 2014

**Transaction ID : 12583092**

Amount of Each Receipt this Period  
 300.00

**C. Mr. James D. Quayle**  
Full Name (Last, First, Middle Initial)

Mailing Address 2093 W Division St

City Iron River State MI Zip Code 49935-9397

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

Name of Employer The Great Lakes Group Occupation Financial Associate

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 20 / 2014

**Transaction ID : 12583095**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 770.00

**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 125 OF 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Mrs. Diane L. Bessert**

Mailing Address 4921 E 17th St.

City Casper State WY Zip Code 82609-3762

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

Name of Employer New York Life Occupation AGENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 20 / 2014**

**Transaction ID : 12583096**

Amount of Each Receipt this Period  
**200.00**

Full Name (Last, First, Middle Initial)  
**B. Mr. Patrick K. Gores**

Mailing Address 2702 28 Ave. S

City Fargo State ND Zip Code 58103-5045

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

Name of Employer Northwestern Mutual Life Occupation Managing Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 23 / 2014**

**Transaction ID : 12583111**

Amount of Each Receipt this Period  
**500.00**

Full Name (Last, First, Middle Initial)  
**C. Mr. Frederic R. Marschner**

Mailing Address 51 Fieldbrook Place

City Moraga State CA Zip Code 94556-1101

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

Name of Employer Northwestern Mutual Occupation Financial Representative

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 23 / 2014**

**Transaction ID : 12583133**

Amount of Each Receipt this Period  
**250.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **950.00**

**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 126 OF 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Timothy H. Holladay</b>		Date of Receipt
Mailing Address 8926 Ross Ln.		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2014"/>
City State Zip Code New Port Richey FL 34654-5423		<b>Transaction ID : 12583135</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="125.00"/>
Name of Employer State Farm Ins.	Occupation AGENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="375.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Mr. Kevin M. Grunawalt</b>		Date of Receipt
Mailing Address 12368 Saddle Court		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2014"/>
City State Zip Code Granger IN 46530-7129		<b>Transaction ID : 12583137</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="275.00"/>
Name of Employer 20/20 Financial Advisors	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="275.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Mr. George A. Beutter</b>		Date of Receipt
Mailing Address 4114 Savannah Pass		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2014"/>
City State Zip Code Mishawaka IN 46545-9325		<b>Transaction ID : 12583139</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Name of Employer United Farm Family Life Ins.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="302.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="450.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 OF 170
	<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. Mrs. Kara J. Sackett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1327 Cossette Dr S  
 City Fargo State ND Zip Code 58104-8200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Elaine Fremling Occupation Associate Financial Representative  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 06 / 24 / 2014  
**Transaction ID : 12583179**  
 Amount of Each Receipt this Period 225.00

**B. Mr. Steve P. Hagan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22840 Audrain Rd 814  
 City Mexico State MO Zip Code 65265-6512  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Steve P. Hagan & Assoc. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 25 / 2014  
**Transaction ID : 12583182**  
 Amount of Each Receipt this Period 200.00

**C. Mr. Norman W. Kamerow**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5225 Pooks Hill Rd #301N  
 City Bethesda State MD Zip Code 20814-2033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Gem Financial Services Occupation CHAIRMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 25 / 2014  
**Transaction ID : 12583183**  
 Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 725.00  
**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 128 OF 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Mr. Eddie F. Anderson**

Mailing Address 602 S Campbell St

City Edina State MO Zip Code 63537-0100

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

Name of Employer Hawkins Insurance Group Occupation MANAGER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 25 / 2014  
**Transaction ID : 12583185**

Amount of Each Receipt this Period  
550.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Don L. Coberly**

Mailing Address 3722 Portsmouth Circle South

City Stockton State CA Zip Code 95219-3847

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

Name of Employer Principal Financial Group Occupation AGENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 25 / 2014  
**Transaction ID : 12583192**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 3610 Loma Farm Rd.

City Tallahassee State FL Zip Code 32309-1711

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

Name of Employer NAIFA- Florida Occupation Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
630.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 25 / 2014  
**Transaction ID : 12583226**

Amount of Each Receipt this Period  
52.50

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1102.50

**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 129 OF 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Randal A. Kraft</b>		Date of Receipt MM / DD / YYYY 06 / 26 / 2014 <b>Transaction ID : 12583248</b>
Mailing Address 3622 Dove Ln		Amount of Each Receipt this Period 250.00
City Loma Linda	State MO	Zip Code 64804-8889
FEC ID number of contributing federal political committee.	C	
Name of Employer Kraft Insurance Services	Occupation Agent/Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. William V. Hall</b>		Date of Receipt MM / DD / YYYY 06 / 26 / 2014 <b>Transaction ID : 12583252</b>
Mailing Address 130 Doral Dr.		Amount of Each Receipt this Period 300.00
City Jerome	State ID	Zip Code 83338-6484
FEC ID number of contributing federal political committee.	C	
Name of Employer Hall & Associates	Occupation Investment Advisor Representative	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Randall T. Lehman</b>		Date of Receipt MM / DD / YYYY 06 / 26 / 2014 <b>Transaction ID : 12583261</b>
Mailing Address 8515 Caste Creek Dr		Amount of Each Receipt this Period 250.00
City Ft Wayne	State IN	Zip Code 46804-2767
FEC ID number of contributing federal political committee.	C	
Name of Employer Northwestern Mutual	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Mr. Donald L. Maricle**  
Full Name (Last, First, Middle Initial)  
Mailing Address 78 Wildwood  
City Orchard Park State NY Zip Code 14127-3764  
FEC ID number of contributing federal political committee. **C**  
Name of Employer C & M Capital Resources, Inc. Occupation President  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **06 / 26 / 2014**  
**Transaction ID : 12583265**  
Amount of Each Receipt this Period **500.00**

**B. Mr. Kenneth W. Head**  
Full Name (Last, First, Middle Initial)  
Mailing Address 203 Burning Brush Rd  
City Greenville State SC Zip Code 29607-5825  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Head Financial Group, Inc. Occupation President  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **375.00**

Date of Receipt **06 / 26 / 2014**  
**Transaction ID : 12583267**  
Amount of Each Receipt this Period **125.00**

**C. Ms. Patricia Beal Brown**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1215 Woodcrest Drive  
City Macon State GA Zip Code 31210-1563  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Heart of Georgia Insurance Occupation President  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1250.00**

Date of Receipt **06 / 26 / 2014**  
**Transaction ID : 12583271**  
Amount of Each Receipt this Period **1250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1875.00**  
**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 131 OF 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Robert F. Decker</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 26 / 2014 <b>Transaction ID : 12583277</b>
Mailing Address 24302 Howard Circle		Amount of Each Receipt this Period 500.00
City Waterloo	State NE	Zip Code 68069-4839
FEC ID number of contributing federal political committee. C		
Name of Employer John Hancock Life Ins.	Occupation Brokerage Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Michael I. Tiev</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 27 / 2014 <b>Transaction ID : 12583313</b>
Mailing Address 10217 Lake Stone Pl		Amount of Each Receipt this Period 300.00
City Rockville	State MD	Zip Code 20850-5407
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Jonas L. Borntreger</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 27 / 2014 <b>Transaction ID : 12583323</b>
Mailing Address 3861 Singers Glen Rd		Amount of Each Receipt this Period 250.00
City Harrisonburg	State VA	Zip Code 22802-9105
FEC ID number of contributing federal political committee. C		
Name of Employer Jonas Borntreger Insurance	Occupation Secy-Tres	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1050.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 132 OF 170  
(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. Mr. William L. Curry**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 Briar Road  
 City State Zip Code  
 Wilmington DE 19803-3943  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Curry, Poole Group, LLC Insurance Agent  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014  
**Transaction ID : 12583345**  
 Amount of Each Receipt this Period  
 250.00

**B. Ms. Mary Ann Cannady**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P. O. Box 799  
 City State Zip Code  
 Walterboro SC 29488-0799  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Cannady Agency, Inc. General Manager  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014  
**Transaction ID : 12583349**  
 Amount of Each Receipt this Period  
 500.00

**C. Ms. Jennifer A. Borislow**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15 Meetinghouse Rd.  
 City State Zip Code  
 Methuen MA 01844-2369  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Jennifer Borislow Ins. Agency President  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014  
**Transaction ID : 12583359**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00  
**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 133 OF 170
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)  
**A. Mr. John F. Nee**

Mailing Address 134 Sunset Ave

City Asheville State NC Zip Code 27203-5634

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

Name of Employer Poulton\ Charlotte NC Occupation Financial Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014  
**Transaction ID : 12583389**

Amount of Each Receipt this Period  
**275.00**

Full Name (Last, First, Middle Initial)  
**B. Mr. Calvin Don Welling**

Mailing Address 2867 No 5100 E

City Eden State UT Zip Code 84310-9116

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

Name of Employer Securian Financial Services Occupation General Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014  
**Transaction ID : 12583393**

Amount of Each Receipt this Period  
**250.00**

Full Name (Last, First, Middle Initial)  
**C. Mrs. Rhonda Kiker Cobb**

Mailing Address 388 Mariner's Dr

City Roper State NC Zip Code 27970-9014

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

Name of Employer NCFB Occupation Agency Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014  
**Transaction ID : 12583408**

Amount of Each Receipt this Period  
**165.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **690.00**

**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 134 OF 170
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Ms. Laura L. Biesemeyer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 438 Woodson Road  
 City Overbrook State KS Zip Code 66524-9102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Advisors Excel Occupation: VP of Life Sales & Administration  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 370.00

Date of Receipt: 06 / 30 / 2014  
**Transaction ID : 12583427**  
 Amount of Each Receipt this Period: 100.00

**B. Mr. D. Allan Hudson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 98 Snuggs Circle  
 City Mayflower State AR Zip Code 72106-9640  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Arkansas Blue Cross Blue Shield Firm Occupation: Regional Sales Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 30 / 2014  
**Transaction ID : 12583429**  
 Amount of Each Receipt this Period: 300.00

**C. Ms. Erica Dumpel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4392 Whitecap Lane  
 City Norcross State GA Zip Code 30092-1730  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Czajkowski Dumpel & Assoc. Inc. Occupation: BROKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 25.00

Date of Receipt: 06 / 17 / 2014  
**Transaction ID : 12663585**  
 Amount of Each Receipt this Period: 0.00  
**[MEMO ITEM]**  
 Refund(s) on Schedule B Totaling \$50.00 This changes the YTD Total to \$25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<b>TOTAL</b> This Period (last page this line number only).....	51555.49

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

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

FOR LINE NUMBER: PAGE 135 OF 170  
(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**

Full Name (Last, First, Middle Initial)  
**A. Rogers For Congress**  
 Mailing Address PO Box 581  
 City State Zip Code  
 Brighton MI 48116  
 FEC ID number of contributing federal political committee. **C** C00343863  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 16 / 2014  
**Transaction ID : 12535858**  
 Amount of Each Receipt this Period  
 5000.00

Full Name (Last, First, Middle Initial)  
**B.**  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)  
**C.**  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Insurance and Financial Advisors Political Action Comm**

Full Name (Last, First, Middle Initial)

**A. Wells Fargo**

Mailing Address P.O. box 40031

City Roanoke State VA Zip Code 24022-0031

Purpose of Disbursement  
bank fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 12515269**

Amount of Each Disbursement this Period

bank fees

Full Name (Last, First, Middle Initial)

**B. Wells Fargo**

Mailing Address P.O. box 40031

City Roanoke State VA Zip Code 24022-0031

Purpose of Disbursement  
bank fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 12587969**

Amount of Each Disbursement this Period

bank fees

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Insurance and Financial Advisors Political Action Comm**

Full Name (Last, First, Middle Initial)

**A. Mullin For Congress**

Mailing Address PO Box 2156

City State Zip Code  
Claremore OK 74018

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Markwayne Mullin**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OK District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	1	4

**Transaction ID : 12486275**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Lucas For Congress**

Mailing Address PO Box 1726

City State Zip Code  
Oklahoma City OK 73101

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Frank D. Lucas**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OK District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	1	4

**Transaction ID : 12486389**

Amount of Each Disbursement this Period

3	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Louise Slaughter Re-Election Committee**

Mailing Address 1150 University Ave, Bldg. 5

City State Zip Code  
Rochester NY 14607

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Louise McIntosh Slaughter**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NY District: 25

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	1	4

**Transaction ID : 12486390**

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

6	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

6	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Insurance and Financial Advisors Political Action Comm**

Full Name (Last, First, Middle Initial)

**A. Cramer For Congress**

Mailing Address PO Box 396

City Bismarck State ND Zip Code 58502

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Kevin J. Cramer**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: ND District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	1	4

**Transaction ID : 12486391**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**B. Rob Wittman For Congress**

Mailing Address PO Box 999

City Montross State VA Zip Code 22520

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Robert J. Wittman**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: VA District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	1	4

**Transaction ID : 12486392**

Amount of Each Disbursement this Period

3	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Scott Rigell For Congress**

Mailing Address 915 First Colonial Road  
Suite 100

City Virginia Beach State VA Zip Code 23454

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Scott E. Rigell**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: VA District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	4

**Transaction ID : 12496666**

Amount of Each Disbursement this Period

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

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

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

7	5	0	0	.	0	0
---	---	---	---	---	---	---

7	5	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Insurance and Financial Advisors Political Action Comm**

Full Name (Last, First, Middle Initial)

**A. Deb Fischer For Us Senate Inc**

Mailing Address 5555 South St

City Lincoln State NE Zip Code 68506

Purpose of Disbursement

011

Candidate Name

**Debra Fischer**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: NE District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		05		2014

**Transaction ID : 12496667**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Lee Terry For Congress**

Mailing Address PO Box 540098

City Omaha State NE Zip Code 68154

Purpose of Disbursement

011

Candidate Name

**Rep. Lee Terry**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NE District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		05		2014

**Transaction ID : 12496668**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Texans For Senator John Cornyn Inc**

Mailing Address PO Box 13026

City Austin State TX Zip Code 78711

Purpose of Disbursement

011

Candidate Name

**Sen. John Cornyn**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		05		2014

**Transaction ID : 12496669**

Amount of Each Disbursement this Period

1000.00
---------

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

4500.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Insurance and Financial Advisors Political Action Comm**

Full Name (Last, First, Middle Initial)

**A. Tim Bishop For Congress**

Mailing Address PO Box 437

City Farmingville State NY Zip Code 11738

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Tim Bishop**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NY District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	4

**Transaction ID : 12496670**

Amount of Each Disbursement this Period

4	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Charlie Dent For Congress**

Mailing Address PO Box 442

City Allentown State PA Zip Code 18105

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Charlie W. Dent**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 15

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	4

**Transaction ID : 12496671**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Ann Wagner For Congress**

Mailing Address PO Box 50

City Ballwin State MO Zip Code 63022

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Ann Wagner**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MO District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	4

**Transaction ID : 12496672**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Insurance and Financial Advisors Political Action Comm**

Full Name (Last, First, Middle Initial)

**A. Huizenga For Congress**

Mailing Address 441 Williams Court

City Zeeland State MI Zip Code 49464

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Bill Huizenga**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	4

**Transaction ID : 12496673**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**B. Fitzpatrick For Congress**

Mailing Address 115 N Broad Street

City Doylestown State PA Zip Code 18901

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Mr. Michael Fitzpatrick**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	4

**Transaction ID : 12496674**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**C. Kline For Congress**

Mailing Address 350 W Burnsville Pkwy  
Ste 375

City Burnsville State MN Zip Code 55337

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. John P. Kline**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MN District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	4

**Transaction ID : 12496675**

Amount of Each Disbursement this Period

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

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

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

6	5	0	0	.	0	0
---	---	---	---	---	---	---

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Insurance and Financial Advisors Political Action Comm**

Full Name (Last, First, Middle Initial)

**A. Friends Of Dennis Ross**

Mailing Address 133 South Harbor Drive

City Venice State FL Zip Code 34285

Purpose of Disbursement

011

Candidate Name

**Rep. Dennis A. Ross**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: FL District: 15

Date of Disbursement

MM / DD / YYYY  
06 / 05 / 2014

**Transaction ID : 12496676**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. Friends Of Dennis Ross**

Mailing Address 133 South Harbor Drive

City Venice State FL Zip Code 34285

Purpose of Disbursement  
Void - Friends Of Dennis Ross

011

Candidate Name

**Rep. Dennis A. Ross**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: FL District: 15

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2014

**Transaction ID : 12497540**

Amount of Each Disbursement this Period

-2000.00

Void - Friends Of Dennis Ross

Full Name (Last, First, Middle Initial)

**C. Van Hollen For Congress**

Mailing Address 10537 St. Paul St.

City Kensington State MD Zip Code 20895

Purpose of Disbursement

011

Candidate Name

**Rep. Chris Van Hollen**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MD District: 08

Date of Disbursement

MM / DD / YYYY  
06 / 09 / 2014

**Transaction ID : 12511826**

Amount of Each Disbursement this Period

5000.00

**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**

Full Name (Last, First, Middle Initial)

**A. Kirk For Senate**

Mailing Address P.O. Box 8

City Winnetka State IL Zip Code 60093

Purpose of Disbursement

011

Candidate Name

**Sen. Mark Steven Kirk**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	1	4

**Transaction ID : 12511827**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Friends Of Dennis Ross**

Mailing Address 133 South Harbor Drive

City Venice State FL Zip Code 34285

Purpose of Disbursement

011

Candidate Name

**Rep. Dennis A. Ross**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: FL District: 15

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	1	4

**Transaction ID : 12511828**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Friends Of Dennis Ross**

Mailing Address 133 South Harbor Drive

City Venice State FL Zip Code 34285

Purpose of Disbursement

011

Candidate Name

**Rep. Dennis A. Ross**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: FL District: 15

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	1	4

**Transaction ID : 12511831**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Insurance and Financial Advisors Political Action Comm**

Full Name (Last, First, Middle Initial)

**A. Friends Of Erik Paulsen**

Mailing Address P.O. Box 44369  
250 Prairie Center Drive

City Eden Prairie State MN Zip Code 55344

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Erik P. Paulsen**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MN District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	1	4

**Transaction ID : 12511832**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Ribble For Congress**

Mailing Address PO Box 7200

City Appleton State WI Zip Code 54912

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Reid J. Ribble**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WI District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	1	4

**Transaction ID : 12511833**

Amount of Each Disbursement this Period

2	6	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Randy Hultgren For Congress**

Mailing Address PO Box 717

City St Charles State IL Zip Code 60174

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Randy Hultgren**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	1	4

**Transaction ID : 12511834**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

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

6	1	0	0	0	0	0	0	0	0

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

6	1	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Insurance and Financial Advisors Political Action Comm**

Full Name (Last, First, Middle Initial)

**A. Pat Meehan For Congress**

Mailing Address 50 S. Providence Road

City State Zip Code  
Media PA 19063

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Patrick L. Meehan**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		09		2014

**Transaction ID : 12511835**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Jim Renacci For Congress**

Mailing Address 150 Smokerise Drive

City State Zip Code  
Wadsworth OH 44281

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. James B. Renacci**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OH District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		09		2014

**Transaction ID : 12511836**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**C. Citizens For Cochran**

Mailing Address PO Box 7183

City State Zip Code  
Tupelo MS 38802

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Thad Cochran**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Runoff2014

State: MS District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		11		2014

**Transaction ID : 12517590**

Amount of Each Disbursement this Period

5000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

6500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Insurance and Financial Advisors Political Action Comm**

Full Name (Last, First, Middle Initial)

**A. Friends Of Todd Young, Inc.**

Mailing Address PO Box 1053

City State Zip Code  
Bloomington IN 47402

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Todd Young**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IN District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	4

**Transaction ID : 12517591**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Bennet For Colorado**

Mailing Address PO Box 3078

City State Zip Code  
Denver CO 80201

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Michael F. Bennet**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CO District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	4

**Transaction ID : 12517592**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Ruben Hinojosa For Congress**

Mailing Address 10125 N. 10th Street, Suite E

City State Zip Code  
Mcallen TX 78504

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Ruben Hinojosa**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 15

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	4

**Transaction ID : 12517595**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

4	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

4	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Insurance and Financial Advisors Political Action Comm**

Full Name (Last, First, Middle Initial)

**A. Kyrsten Sinema For Congress**

Mailing Address PO Box 25879

City State Zip Code  
Tempe AZ 85285

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Kyrsten Sinema**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AZ District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	4

**Transaction ID : 12517596**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Alexander For Senate 2014 Inc**

Mailing Address 228 S Washington Street Suite 115

City State Zip Code  
Alexandria VA 22314

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Lamar Alexander**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TN District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	4

**Transaction ID : 12517597**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Alexander For Senate 2014 Inc**

Mailing Address 228 S Washington Street Suite 115

City State Zip Code  
Alexandria VA 22314

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Lamar Alexander**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TN District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	4

**Transaction ID : 12517598**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

3	0	0	0	0	0	0	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Insurance and Financial Advisors Political Action Comm**

Full Name (Last, First, Middle Initial)

**A. Friends Of David Jolly**

Mailing Address P. O. Box 1158

City Indian Rocks Beach State FL Zip Code 33785

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. David W. Jolly**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: FL District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	4

**Transaction ID : 12517599**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**B. Charles Boustany Jr. Md For Congress, Inc.**

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Charles W. Boustany Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: LA District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	1	4

**Transaction ID : 12518311**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**C. Friends Of Glenn Thompson**

Mailing Address PO Box 1112

City State College State PA Zip Code 16804

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Glenn W. Thompson**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	1	4

**Transaction ID : 12534597**

Amount of Each Disbursement this Period

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

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

6	0	0	0	.	0	0
---	---	---	---	---	---	---

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

6	0	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Insurance and Financial Advisors Political Action Comm**

Full Name (Last, First, Middle Initial)

**A. Friends Of Jack Kingston**

Mailing Address PO Box 2133

City Savannah State GA Zip Code 31402

Purpose of Disbursement

011

Candidate Name

**John Kingston**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Runoff2014

State: GA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	16	/	2014

**Transaction ID : 12534599**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. Sanford For Congress**

Mailing Address P. O. Box 160

City Sullivans Island State SC Zip Code 29482

Purpose of Disbursement

011

Candidate Name

**Rep. Mark Sanford Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: SC District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	16	/	2014

**Transaction ID : 12534600**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Patriots For Perry**

Mailing Address PO Box 147

City Red Lion State PA Zip Code 17356

Purpose of Disbursement

011

Candidate Name

**Rep. Scott Perry**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	16	/	2014

**Transaction ID : 12534601**

Amount of Each Disbursement this Period

1000.00
---------

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

7000.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Insurance and Financial Advisors Political Action Comm**

Full Name (Last, First, Middle Initial)

**A. Roger Williams For U S Congress Committee**

Mailing Address P.O. Box 91061

City Austin State TX Zip Code 78709

Purpose of Disbursement

011

Candidate Name

**Rep. Roger Williams**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 25

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	1	4

**Transaction ID : 12534602**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Walberg For Congress**

Mailing Address PO Box 1362

City Jackson State MI Zip Code 49204

Purpose of Disbursement

011

Candidate Name

**Rep. Tim Walberg**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	1	4

**Transaction ID : 12534603**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Citizens For Eleanor Holmes Norton**

Mailing Address 2201 Wisconsin Avenue, Nw  
Suite 320

City Washington State DC Zip Code 20007

Purpose of Disbursement

011

Candidate Name

**Rep. Eleanor Holmes Norton**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: DC District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	1	4

**Transaction ID : 12534604**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

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

3	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

3	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Insurance and Financial Advisors Political Action Comm**

Full Name (Last, First, Middle Initial)

**A. Rounds For Senate**

Mailing Address PO Box 250

City Pierre State SD Zip Code 57501

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Marion Rounds**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: SD District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	1	4

**Transaction ID : 12534605**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Rounds For Senate**

Mailing Address PO Box 250

City Pierre State SD Zip Code 57501

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Marion Rounds**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: SD District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	1	4

**Transaction ID : 12534606**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Rounds For Senate**

Mailing Address PO Box 250

City Pierre State SD Zip Code 57501

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Marion Rounds**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: SD District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	1	4

**Transaction ID : 12534607**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Insurance and Financial Advisors Political Action Comm**

Full Name (Last, First, Middle Initial)

### A. Rounds For Senate

Mailing Address PO Box 250

City Pierre State SD Zip Code 57501

Purpose of Disbursement

011

Candidate Name

**Marion Rounds**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: SD District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	1	4

Transaction ID : 12534608

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

### B. Rounds For Senate

Mailing Address PO Box 250

City Pierre State SD Zip Code 57501

Purpose of Disbursement

011

Candidate Name

**Marion Rounds**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: SD District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	1	4

Transaction ID : 12534609

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

### C. Emmer For Congress

Mailing Address PO Box 998

City Anoka State MN Zip Code 55303

Purpose of Disbursement

011

Candidate Name

**Thomas Emmer Jr**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MN District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	1	4

Transaction ID : 12534611

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0	0	0

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

4	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

4	0	0	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Insurance and Financial Advisors Political Action Comm**

Full Name (Last, First, Middle Initial)

**A. Friends Of Dave Reichert**

Mailing Address PO Box 2032

City Issaquah State WA Zip Code 98027

Purpose of Disbursement

011

Candidate Name

**Rep. David George Reichert**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: WA District: 08

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2014

**Transaction ID : 12534612**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Frederica S. Wilson For Congress**

Mailing Address 19821 Nw 2nd Avenue Box 354

City Miami Gardens State FL Zip Code 33169

Purpose of Disbursement

011

Candidate Name

**Rep. Frederica S. Wilson**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: FL District: 24

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2014

**Transaction ID : 12534732**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. Walberg For Congress**

Mailing Address PO Box 1362

City Jackson State MI Zip Code 49204

Purpose of Disbursement  
Void - Walberg For Congress

011

Candidate Name

**Rep. Tim Walberg**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: MI District: 07

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2014

**Transaction ID : 12535934**

Amount of Each Disbursement this Period

-1000.00

Void - Walberg For Congress

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

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

2000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Insurance and Financial Advisors Political Action Comm**

Full Name (Last, First, Middle Initial)

**A. Candice Miller For Congress**

Mailing Address PO Box 182152

City Shelby Township State MI Zip Code 48318

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Candice S. Miller**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District: 10

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2014

**Transaction ID : 12535956**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Walberg For Congress**

Mailing Address PO Box 1362

City Jackson State MI Zip Code 49204

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Tim Walberg**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District: 07

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2014

**Transaction ID : 12535957**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Cooper For Congress**

Mailing Address C/O Dglf Cpas & Business Advisors  
P.O. Box 198087

City Nashville State TN Zip Code 37219

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Jim Cooper**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TN District: 05

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2014

**Transaction ID : 12535958**

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Insurance and Financial Advisors Political Action Comm**

Full Name (Last, First, Middle Initial)

**A. Chuck Fleischmann For Congress Committee, Inc.**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	4

Mailing Address P.O. Box 11091

**Transaction ID : 12535959**

City State Zip Code  
Chattanooga TN 37401

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Purpose of Disbursement

011
Category/ Type

Candidate Name

**Rep. Charles J. Fleischmann**

Office Sought:  House  
 Senate  
 President  
State: TN District: 03

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. Duncan For Congress**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	4

Mailing Address PO Box 2646

**Transaction ID : 12535961**

City State Zip Code  
Knoxville TN 37901

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Purpose of Disbursement

011
Category/ Type

Candidate Name

**Rep. John J. Duncan Jr.**

Office Sought:  House  
 Senate  
 President  
State: TN District: 02

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. Steve Fincher For Congress**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	4

Mailing Address PO Box 11153

**Transaction ID : 12535962**

City State Zip Code  
Jackson TN 38308

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Purpose of Disbursement

011
Category/ Type

Candidate Name

**Rep. Stephen Lee Fincher**

Office Sought:  House  
 Senate  
 President  
State: TN District: 08

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

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

5	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

5	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Insurance and Financial Advisors Political Action Comm**

Full Name (Last, First, Middle Initial)

**A. Horsford For Congress**

Mailing Address 6100 Elton Ave, Suite 1000

City Las Vegas State NV Zip Code 89107

Purpose of Disbursement

011

Candidate Name

**Rep. Steven A. Horsford**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NV District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	4

**Transaction ID : 12535963**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**B. Terri Sewell For Congress**

Mailing Address P.O. Box 1964

City Birmingham State AL Zip Code 35201

Purpose of Disbursement

011

Candidate Name

**Rep. Terri A. Sewell**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AL District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	4

**Transaction ID : 12535966**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**C. Tom Rooney For Congress**

Mailing Address 1133 Bal Harbor Blvd. 1139 #186

City Punta Gorda State FL Zip Code 33950

Purpose of Disbursement

011

Candidate Name

**Rep. Thomas J. Rooney**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: FL District: 17

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	4

**Transaction ID : 12535967**

Amount of Each Disbursement this Period

3	0	0	0	.	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6	5	0	0	.	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

6	5	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Insurance and Financial Advisors Political Action Comm**

Full Name (Last, First, Middle Initial)

**A. Jeff Miller For Congress**

Mailing Address P. O. Box 126

City Pensacola State FL Zip Code 32591

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Jeff B. Miller**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: FL District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	4

**Transaction ID : 12535968**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Crenshaw For Congress Campaign**

Mailing Address 7235 Bonneval Road  
Suite 210

City Jacksonville State FL Zip Code 32256

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Ander Crenshaw**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: FL District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	4

**Transaction ID : 12535969**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Mica For Congress**

Mailing Address P. O. Box 181546

City Casselberry State FL Zip Code 32718

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. John L. Mica**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: FL District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	4

**Transaction ID : 12535970**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

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

4	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Insurance and Financial Advisors Political Action Comm**

Full Name (Last, First, Middle Initial)

**A. Daniel Webster For Congress**

Mailing Address 3400 Old Winter Garden Road

City Orlando State FL Zip Code 32805

Purpose of Disbursement

011

Candidate Name

**Rep. Daniel Webster**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: FL District: 10

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	4

**Transaction ID : 12535971**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Ted Deutch For Congress Committee**

Mailing Address 1050 17th St, Nw, Ste 590

City Washington State DC Zip Code 20036

Purpose of Disbursement

011

Candidate Name

**Theodore Deutch**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: FL District: 19

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	4

**Transaction ID : 12535972**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Lois Frankel For Congress**

Mailing Address PO Box 16550

City West Palm Beach State FL Zip Code 33416

Purpose of Disbursement

011

Candidate Name

**Lois Frankel**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: FL District: 23

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	4

**Transaction ID : 12535973**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

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

5	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Insurance and Financial Advisors Political Action Comm**

Full Name (Last, First, Middle Initial)

**A. Mario Diaz-Balart For Congress**

Mailing Address 8770 Sw 72nd Street  
# 420

City Miami State FL Zip Code 33173

Purpose of Disbursement

011

Candidate Name

**Rep. Mario Diaz-Balart**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: FL District: 25

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		18		2014

**Transaction ID : 12535974**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Ros-Lehtinen For Congress**

Mailing Address PO Box 522784

City Miami State FL Zip Code 33152

Purpose of Disbursement

011

Candidate Name

**Rep. Ileana Ros-Lehtinen**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: FL District: 27

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		18		2014

**Transaction ID : 12535975**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Vern Buchanan For Congress**

Mailing Address P. O. Box 48928

City Sarasota State FL Zip Code 34230

Purpose of Disbursement

011

Candidate Name

**Rep. Vern Buchanan**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: FL District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		19		2014

**Transaction ID : 12536416**

Amount of Each Disbursement this Period

1000.00
---------

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

3000.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Insurance and Financial Advisors Political Action Comm**

Full Name (Last, First, Middle Initial)

**A. Kansans For Huelskamp**

Mailing Address PO Box 410

City State Zip Code  
Fowler KS 67844

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Timothy Huelskamp**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KS District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	1	4

**Transaction ID : 12536417**

Amount of Each Disbursement this Period

4	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Tiberi For Congress**

Mailing Address 2931 E Dublin Granville Road  
Suite 190

City State Zip Code  
Columbus OH 43231

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Pat J. Tiberi**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	1	4

**Transaction ID : 12536418**

Amount of Each Disbursement this Period

2	6	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Kirkpatrick For Arizona**

Mailing Address PO Box 12011

City State Zip Code  
Casa Grande AZ 85130

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Ann Kirkpatrick**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AZ District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	1	4

**Transaction ID : 12536419**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

7	6	0	0	0	0	0	0	0	0
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7	6	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Insurance and Financial Advisors Political Action Comm**

Full Name (Last, First, Middle Initial)

**A. Ron Barber For Congress**

Mailing Address PO Box 57715

City Tucson State AZ Zip Code 85732

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Ron Barber**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AZ District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	1	4

**Transaction ID : 12536420**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. A Whole Lot Of People For Grijalva Congressional C**

Mailing Address PO Box 1242

City Tucson State AZ Zip Code 85702

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Raul M. Grijalva**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AZ District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	1	4

**Transaction ID : 12536421**

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Salmon For Congress**

Mailing Address PO Box 1290

City Mesa State AZ Zip Code 85211

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Matt Salmon**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AZ District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	1	4

**Transaction ID : 12536422**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

5	5	0	0	0	0	0	0	0	0
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5	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Insurance and Financial Advisors Political Action Comm**

Full Name (Last, First, Middle Initial)

**A. David Schweikert For Congress**

Mailing Address 15749 E El Lago Blvd

City Fountain Hills State AZ Zip Code 85268

Purpose of Disbursement

011

Candidate Name

**Mr. David Schweikert**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AZ District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		19		2014

**Transaction ID : 12536423**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Committee To Re-Elect Trent Franks To Congress**

Mailing Address PO Box 8105

City Glendale State AZ Zip Code 85312

Purpose of Disbursement

011

Candidate Name

**Rep. Trent Franks**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AZ District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		19		2014

**Transaction ID : 12536424**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Jim Renacci For Congress**

Mailing Address 150 Smokerise Drive

City Wadsworth State OH Zip Code 44281

Purpose of Disbursement

011

Candidate Name

**Rep. James B. Renacci**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OH District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		19		2014

**Transaction ID : 12536425**

Amount of Each Disbursement this Period

2000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

4000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Insurance and Financial Advisors Political Action Comm**

Full Name (Last, First, Middle Initial)

**A. Tulsi For Hawai'i**

Mailing Address PO Box 75561

City Kapolei State HI Zip Code 96707

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Tulsi Gabbard**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: HI District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	1	4

**Transaction ID : 12536427**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Larson For Congress**

Mailing Address PO Box 261172

City Hartford State CT Zip Code 06126

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. John B. Larson**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CT District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	1	4

**Transaction ID : 12536429**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Courtney For Congress**

Mailing Address PO Box 1372

City Vernon State CT Zip Code 06066

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Joseph D. Courtney**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CT District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	1	4

**Transaction ID : 12536430**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
2	5	0	0	0	0	0	0	0	0

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

6	5	0	0	0	0	0	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

6	5	0	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Insurance and Financial Advisors Political Action Comm**

Full Name (Last, First, Middle Initial)

**A. Luke Messer For Congress**

Mailing Address P.O. Box 917

City State Zip Code  
Shelbyville IN 46176

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Luke Messer**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IN District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	1	4

**Transaction ID : 12536431**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Meadows For Congress**

Mailing Address PO Box 811

City State Zip Code  
Hendersonville NC 28793

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Mark Meadows**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NC District: 11

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	4

**Transaction ID : 12546484**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Pompeo For Congress Inc**

Mailing Address PO Box 780146

City State Zip Code  
Wichita KS 67212

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Mike Pompeo**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KS District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	4

**Transaction ID : 12546486**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0	0	0

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

4	0	0	0	0	0	0	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

4	0	0	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Insurance and Financial Advisors Political Action Comm**

Full Name (Last, First, Middle Initial)

**A. Friends Of Dan Kildee**

Mailing Address P.O. Box 248

City Flint State MI Zip Code 48501

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Dan Kildee**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	4

**Transaction ID : 12546488**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Upton For All Of Us**

Mailing Address P.O. Box 490

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Frederick Stephen Upton**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	4

**Transaction ID : 12546489**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Sensenbrenner Committee**

Mailing Address PO Box 575

City Brookfield State WI Zip Code 53008

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. F. James Sensenbrenner Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WI District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	4

**Transaction ID : 12546490**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

7	0	0	0	0	0	0	0	0	0
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7	0	0	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Insurance and Financial Advisors Political Action Comm**

Full Name (Last, First, Middle Initial)

**A. Friends For Jim McDermott**

Mailing Address PO Box 21786

City State Zip Code  
Seattle WA 98111

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Jim McDermott**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		24		2014

**Transaction ID : 12549168**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. Benishek For Congress, Inc.**

Mailing Address PO Box 108

City State Zip Code  
Gladstone MI 49837

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Dan Benishek MD**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		24		2014

**Transaction ID : 12549170**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Schneider For Congress**

Mailing Address PO Box 1318

City State Zip Code  
Deerfield IL 60015

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Brad Schneider**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		24		2014

**Transaction ID : 12549171**

Amount of Each Disbursement this Period

2500.00
---------

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

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

8500.00
---------

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Insurance and Financial Advisors Political Action Comm**

Full Name (Last, First, Middle Initial)

**A. Ellison For Congress**

Mailing Address PO Box 6072

City Minneapolis State MN Zip Code 55406

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Keith Ellison**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MN District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		24		2014

**Transaction ID : 12549172**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Ellison For Congress**

Mailing Address PO Box 6072

City Minneapolis State MN Zip Code 55406

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Keith Ellison**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MN District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		24		2014

**Transaction ID : 12549173**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Ellison For Congress**

Mailing Address PO Box 6072

City Minneapolis State MN Zip Code 55406

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Keith Ellison**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MN District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		24		2014

**Transaction ID : 12549174**

Amount of Each Disbursement this Period

1000.00
---------

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

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

3000.00
---------

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Insurance and Financial Advisors Political Action Comm**

Full Name (Last, First, Middle Initial)

**A. Ellison For Congress**

Mailing Address PO Box 6072

City Minneapolis State MN Zip Code 55406

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Keith Ellison**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MN District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		24		2014

**Transaction ID : 12549175**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Ellison For Congress**

Mailing Address PO Box 6072

City Minneapolis State MN Zip Code 55406

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Keith Ellison**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MN District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		24		2014

**Transaction ID : 12549176**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Tim Walz For Us Congress**

Mailing Address PO Box 938

City Mankato State MN Zip Code 56002

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Timothy J. Walz**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MN District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		24		2014

**Transaction ID : 12549177**

Amount of Each Disbursement this Period

1000.00
---------

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

3000.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Association of Insurance and Financial Advisors Political Action Comm**

Full Name (Last, First, Middle Initial)

**A. Nolan For Congress Volunteer Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		24		2014

Mailing Address PO Box 1041

**Transaction ID : 12549181**

City Brainerd State MN Zip Code 56401

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement

011
Category/ Type

Candidate Name

**Rep. Richard Michael Nolan**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MN District: 08

Full Name (Last, First, Middle Initial)

**B. Nolan For Congress Volunteer Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		24		2014

Mailing Address PO Box 1041

**Transaction ID : 12549182**

City Brainerd State MN Zip Code 56401

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement

011
Category/ Type

Candidate Name

**Rep. Richard Michael Nolan**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MN District: 08

Full Name (Last, First, Middle Initial)

**C. Cleaver For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		26		2014

Mailing Address 4801 Main Street, Suite 1000

**Transaction ID : 12552902**

City Kansas City State MO Zip Code 64112

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement

011
Category/ Type

Candidate Name

**Rep. Emanuel Cleaver II**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MO District: 05

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

4500.00
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**TOTAL** This Period (last page this line number only)..... ▶

166200.00
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