



**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="2015"/>		835979.05
(b) Cash on Hand at Beginning of Reporting Period.....	829508.36	
(c) Total Receipts (from Line 19) .....	71702.49	158015.30
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	901210.85	993994.35
7. Total Disbursements (from Line 31).....	45924.41	138707.91
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	855286.44	855286.44
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	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

Write or Type Committee Name

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

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	13209.78	28897.41
(ii) Unitemized .....	58492.71	129117.89
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	71702.49	158015.30
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	71702.49	158015.30
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	71702.49	158015.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	71702.49	158015.30

**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 .....	329.41	329.41
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	329.41	329.41
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	45000.00	136500.00
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 .....	595.00	1878.50
(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)).....	595.00	1878.50
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)) ..	45924.41	138707.91
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	45924.41	138707.91

**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) .....	71702.49	158015.30
34. Total Contribution Refunds (from Line 28(d)) .....	595.00	1878.50
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	71107.49	156136.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	329.41	329.41
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	329.41	329.41

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

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

FOR LINE NUMBER: PAGE 6 OF 43  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. Ms. Joy T. Estes**

Mailing Address 8525 S Newberry Ln

City State Zip Code  
 Tempe AZ 85284-2428

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

Name of Employer Occupation  
 Joy Estes AGENT

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 02 / 2015  
**Transaction ID : 13132782**

Amount of Each Receipt this Period  
 260.00

Full Name (Last, First, Middle Initial)  
**B. Ms. Elizabeth A. Pate**

Mailing Address 2917 E Marshall St.

City State Zip Code  
 Richmond VA 23223-7432

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

Name of Employer Occupation  
 MetLife Financial Services Representative

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 235.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 02 / 2015  
**Transaction ID : 13132804**

Amount of Each Receipt this Period  
 235.00

Full Name (Last, First, Middle Initial)  
**C. Ms. Rhonda L. Miller**

Mailing Address 746 Briarcrest Dr

City State Zip Code  
 Orange City FL 32763-7634

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

Name of Employer Occupation  
 Mullin TBG Sr. Vice President/Sales

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  
 02 / 02 / 2015  
**Transaction ID : 13132806**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 995.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 7714 Christina Ave

City Amarillo State TX Zip Code 79121-1756

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

Name of Employer Thompson Financial Consulting Inc. Occupation Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 03 / 2015

**Transaction ID : 13132836**

Amount of Each Receipt this Period  
 250.00

**B. Miss Debbie Mason**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 448

City Rising Star State TX Zip Code 76471-0448

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

Name of Employer Southern Farm Bureau Life Insurance Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 03 / 2015

**Transaction ID : 13132840**

Amount of Each Receipt this Period  
 300.00

**C. Mr. William T. Beemer**  
Full Name (Last, First, Middle Initial)

Mailing Address 9702 Sunset Drive

City Stanwood State MI Zip Code 49346-9698

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 ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 04 / 2015

**Transaction ID : 13132847**

Amount of Each Receipt this Period  
 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 8 OF 43
	<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. Matthew S. Tassej</b>			Date of Receipt
Mailing Address 5 Reggio Ave			M M M / D D D / Y Y Y Y Y Y 02 / 10 / 2015
City	State	Zip Code	<b>Transaction ID : 13132877</b>
Old Orchard Beach	ME	04064-2709	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		105.00
Name of Employer	Occupation		
E A Scribner Insurance Agency	AGENT		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼	210.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. Randy L. Scritchfield</b>			Date of Receipt
Mailing Address 10105 Nightingale St.			M M M / D D D / Y Y Y Y Y Y 02 / 10 / 2015
City	State	Zip Code	<b>Transaction ID : 13132902</b>
Gaithersburg	MD	20882-4019	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		105.00
Name of Employer	Occupation		
Montgomery Financial Group, Inc.	Insurance Agent		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼	210.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. Edward A. Zabielski Jr.</b>			Date of Receipt
Mailing Address 104 Clay Ct			M M M / D D D / Y Y Y Y Y Y 02 / 10 / 2015
City	State	Zip Code	<b>Transaction ID : 13132910</b>
Landenberg	PA	19350-1380	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		210.00
Name of Employer	Occupation		
AIG Financial Network	Financial Advisor		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼	420.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	420.00
<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 9 OF 43  
(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. Lawrence E. Lounds**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2477 Valley Oaks Circle  
 City State Zip Code  
 Flint MI 48532-5405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Security 1st Benefits Corporation CEO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2015  
**Transaction ID : 13132935**  
 Amount of Each Receipt this Period  
 210.00

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2015  
**Transaction ID : 13132982**  
 Amount of Each Receipt this Period  
 210.00

**C. Mr. Karl E. Hansen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2068 Cynthia Way  
 City State Zip Code  
 Los Altos CA 94024-7274  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 The Vita Companies Brokerage Consultant  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2015  
**Transaction ID : 13133011**  
 Amount of Each Receipt this Period  
 125.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 545.00  
**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 43
	<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 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 ▼ **834.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 10 / 2015**

**Transaction ID : 13133140**

Amount of Each Receipt this Period  
**417.00**

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

Mailing Address 207 Cindy Lane

City Brandon State FL Zip Code 33510-3905

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

Name of Employer Bryon Holz & Associates Occupation Independent Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **209.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 10 / 2015**

**Transaction ID : 13133244**

Amount of Each Receipt this Period  
**104.50**

**C. Mr. David L. Farabee**  
Full Name (Last, First, Middle Initial)

Mailing Address 1512 Buchanan

City Wichita Falls State TX Zip Code 76309-2208

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

Name of Employer Boley-Featherston Ins. Occupation Financial Advisor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **517.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 10 / 2015**

**Transaction ID : 13133265**

Amount of Each Receipt this Period  
**508.50**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1030.00</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 11 OF 43  
(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. Vincent M. D'Addona**

Mailing Address 341 Harbor Dr

City State Zip Code  
 Lido Beach NY 11561-4906

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

Name of Employer Occupation  
 Strategies for Wealth General Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary     General  
 Other (specify) ▼ **416.66**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 10 / 2015**

**Transaction ID : 13133287**

Amount of Each Receipt this Period  
**208.33**

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

Mailing Address 1497 Rancho Ln

City State Zip Code  
 Thousand Oaks CA 91362-2651

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

Name of Employer Occupation  
 Davidson Insurance & Financial Service President

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 10 / 2015**

**Transaction ID : 13133302**

Amount of Each Receipt this Period  
**105.00**

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

Mailing Address 13115 Beach Cir

City State Zip Code  
 Anchorage AK 99515-3748

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

Name of Employer Occupation  
 StrattonTurner LLC Managing Agent

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 10 / 2015**

**Transaction ID : 13133374**

Amount of Each Receipt this Period  
**105.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **418.33**

**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: PAGE 12 OF 43  
(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. Stephen D. Estler**

Mailing Address 2177 NE 63 St.

City State Zip Code  
 Fort Lauderdale FL 33308-1330

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

Name of Employer Occupation  
 Estler Financial Insurance Agent

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 417.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2015  
**Transaction ID : 13133409**

Amount of Each Receipt this Period  
 208.50

Full Name (Last, First, Middle Initial)  
**B. Mr. Michael O. Brown**

Mailing Address 6512 NE 113th St

City State Zip Code  
 Edmond OK 73013-8351

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

Name of Employer Occupation  
 MassMutual Financial Group 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  
 02 / 10 / 2015  
**Transaction ID : 13133421**

Amount of Each Receipt this Period  
 104.00

Full Name (Last, First, Middle Initial)  
**C. Mr. H. Larry Fortenberry**

Mailing Address 123 Northshore Pt

City State Zip Code  
 Madison MS 39110-7272

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

Name of Employer Occupation  
 Executive Planning Group 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  
 02 / 10 / 2015  
**Transaction ID : 13133546**

Amount of Each Receipt this Period  
 105.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 417.50

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 OF 43
	(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. Mr. Robert A. Miller**  
Full Name (Last, First, Middle Initial)

Mailing Address 727 Smith Ridge Rd

City New Canaan State CT Zip Code 06840-3228

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

Name of Employer Miller-Pomerantz Occupation AGENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2015  
**Transaction ID : 13133564**

Amount of Each Receipt this Period  
 500.00

**B. 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 ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2015  
**Transaction ID : 13133709**

Amount of Each Receipt this Period  
 225.00

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

Mailing Address 114 S. Main Street  
PMB 301

City Fond Du Lac State WI Zip Code 54935-4229

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

Name of Employer DeGolier Insurance Services, LLC Occupation OWNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2015  
**Transaction ID : 13133722**

Amount of Each Receipt this Period  
 125.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	850.00
<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 14 OF 43  
(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. Lawrence J. Stack**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 28630 GLENBROOK DR.  
 Suite 1300  
 City Farmington Hills State MI Zip Code 48331-2318  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Michigan Financial Occupation VP - Financial Planning  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2015  
**Transaction ID : 13133831**  
 Amount of Each Receipt this Period  
 125.00

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2015  
**Transaction ID : 13133855**  
 Amount of Each Receipt this Period  
 120.00

**C. Mr. John C. Johns**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5141 Lilly Rd.  
 City Hazlehurst State MS Zip Code 39083-9490  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southern Farm Bureau Life Insurance Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2015  
**Transaction ID : 13133879**  
 Amount of Each Receipt this Period  
 210.00

**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: PAGE 15 OF 43  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

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

Mailing Address 1612 S. 152nd Street

City State Zip Code  
 Omaha NE 68144-5121

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

Name of Employer Occupation  
 Mutual of Omaha Insurance Agent

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 332.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2015  
**Transaction ID : 13133975**

Amount of Each Receipt this Period  
 166.40

Full Name (Last, First, Middle Initial)  
**B. Ms. Juli Y. McNeely**

Mailing Address S764 Hanson Rd

City State Zip Code  
 Spencer WI 54479-9579

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

Name of Employer Occupation  
 McNeely Financial Services, Inc. AGENT

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 416.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2015  
**Transaction ID : 13134203**

Amount of Each Receipt this Period  
 208.00

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

Mailing Address 8707 Standish Ln.

City State Zip Code  
 Richmond VA 23229-7922

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

Name of Employer Occupation  
 AXA Advisors, 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  
 02 / 10 / 2015  
**Transaction ID : 13134426**

Amount of Each Receipt this Period  
 125.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 499.40

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 43
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. Kevin L. Bell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 318 W Greyhound Pass  
 City Carmel State IN Zip Code 46032-7007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Guardian Occupation General Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2015  
**Transaction ID : 13134518**  
 Amount of Each Receipt this Period  
 105.00

**B. Mr. Rolando 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 ▼ 258.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2015  
**Transaction ID : 13134838**  
 Amount of Each Receipt this Period  
 104.25

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2015  
**Transaction ID : 13134954**  
 Amount of Each Receipt this Period  
 228.80

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	438.05
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 17 OF 43  
(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. 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 ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2015  
**Transaction ID : 13134964**  
 Amount of Each Receipt this Period  
 105.00

**B. Ms. Eleanor B. Blaylock**  
 Full Name (Last, First, Middle Initial)  
 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 ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2015  
**Transaction ID : 13135026**  
 Amount of Each Receipt this Period  
 112.50

**C. Mr. Terry K. Headley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20704 Meadow Ridge Drive  
 City State Zip Code  
 Springfield NE 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 ▼  
 640.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2015  
**Transaction ID : 13135070**  
 Amount of Each Receipt this Period  
 320.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 537.50  
**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 18 OF 43
	<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. 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 ▼ **210.00**

Date of Receipt **02 / 10 / 2015**

**Transaction ID : 13135187**

Amount of Each Receipt this Period **105.00**

**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 ▼ **310.00**

Date of Receipt **02 / 10 / 2015**

**Transaction ID : 13135320**

Amount of Each Receipt this Period **155.00**

**C. Mr. Gregory T. Toscano**  
Full Name (Last, First, Middle Initial)

Mailing Address 24 Snelling Ave

City Duluth State MN Zip Code 55812-1158

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

Name of Employer Johnson Insurance Consultants Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt **02 / 10 / 2015**

**Transaction ID : 13135626**

Amount of Each Receipt this Period **210.00**

**SUBTOTAL** of Receipts This Page (optional)..... **470.00**

**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 43
	<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. James J. Van Ham</b>		Date of Receipt MM / DD / YYYY 02 / 10 / 2015 <b>Transaction ID : 13135651</b>
Mailing Address 2748 Newport Drv		Amount of Each Receipt this Period 105.00
City Naperville	State IL	Zip Code 60565-6711
FEC ID number of contributing federal political committee. C		
Name of Employer Country Financial	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. John W. Wheeler Jr.</b>		Date of Receipt MM / DD / YYYY 02 / 10 / 2015 <b>Transaction ID : 13135653</b>
Mailing Address 1075 Aster Ln		Amount of Each Receipt this Period 104.50
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 Executive Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 209.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. David Russell</b>		Date of Receipt MM / DD / YYYY 02 / 10 / 2015 <b>Transaction ID : 13136115</b>
Mailing Address 8461 Eagle Preserve Way		Amount of Each Receipt this Period 105.00
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: <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).....▶	314.50
<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 20 OF 43
	<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. Cliff F. Wilson**  
Full Name (Last, First, Middle Initial)

Mailing Address 1458 W Bahia Ct

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 ▼ 252.00

Date of Receipt 02 / 10 / 2015  
**Transaction ID : 13136301**

Amount of Each Receipt this Period 126.00

**B. Mr. Tom Cothron**  
Full Name (Last, First, Middle Initial)

Mailing Address 4280 SW 20th Ave

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:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt 02 / 10 / 2015  
**Transaction ID : 13136436**

Amount of Each Receipt this Period 104.50

**C. Mr. Paul R. Dougherty**  
Full Name (Last, First, Middle Initial)

Mailing Address 10709 Croom Road

City Upper Marlboro State MD Zip Code 20772-8406

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 ▼ 225.00

Date of Receipt 02 / 10 / 2015  
**Transaction ID : 13136520**

Amount of Each Receipt this Period 112.50

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 343.00

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

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

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

FOR LINE NUMBER: PAGE 21 OF 43  
(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. Rod Whited**

Mailing Address 2344 S W 95th Ter

City State Zip Code  
 Gainesville FL 32607-3241

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 ▼  
 209.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2015  
**Transaction ID : 13136559**

Amount of Each Receipt this Period  
 104.50

Full Name (Last, First, Middle Initial)  
**B. Mr. Joseph L. Morton III**

Mailing Address 5487 N Bach

City State Zip Code  
 Meridian ID 83646-4711

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

Name of Employer Occupation  
 Intermountain Legal Group Attorney At Law

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2015  
**Transaction ID : 13136870**

Amount of Each Receipt this Period  
 126.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Trent D. Bryson**

Mailing Address 3777 Long Beach Boulevard  
 Ste 500

City State Zip Code  
 Long Beach CA 90807-3325

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

Name of Employer Occupation  
 Ameritas 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  
 02 / 10 / 2015  
**Transaction ID : 13136887**

Amount of Each Receipt this Period  
 105.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **335.50**

**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 22 OF 43
	<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. R. Stephen Surbaugh</b>		Date of Receipt MM / DD / YYYY 02 / 10 / 2015 <b>Transaction ID : 13137323</b>
Mailing Address 508 Norman Lane		Amount of Each Receipt this Period 8.50
City Virginia Beach	State VA	Zip Code 23452-5741
FEC ID number of contributing federal political committee.	C	
Name of Employer Commonwealth Planning	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 217.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Carl W. Zeidler</b>		Date of Receipt MM / DD / YYYY 02 / 10 / 2015 <b>Transaction ID : 13137744</b>
Mailing Address P O Box 706 14918 Lippold RD		Amount of Each Receipt this Period 105.00
City Carlinville	State IL	Zip Code 62626-0706
FEC ID number of contributing federal political committee.	C	
Name of Employer Wall Street Fin. Group	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. James W. Oglesby</b>		Date of Receipt MM / DD / YYYY 02 / 11 / 2015 <b>Transaction ID : 13138265</b>
Mailing Address 144 Stonecrest Drive		Amount of Each Receipt this Period 275.00
City Asheville	State NC	Zip Code 28803-8514
FEC ID number of contributing federal political committee.	C	
Name of Employer J.W. Oglesby & Associates	Occupation Senior Sales Associate	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 319.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	388.50
<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 23 OF 43
	<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. 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 ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 11 / 2015  
**Transaction ID : 13138267**

Amount of Each Receipt this Period  
1000.00

**B. Ms. Aprilyn Geissler**  
Full Name (Last, First, Middle Initial)

Mailing Address 6809 Pueblo Verde NE

City State Zip Code  
Albuquerque NM 87111

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

Name of Employer Occupation  
Chavez Geissler Agency AGENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
02 / 11 / 2015  
**Transaction ID : 13138279**

Amount of Each Receipt this Period  
300.00

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

Mailing Address 851 Adams Court

City State Zip Code  
Bloomfield Hills MI 48304-3704

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

Name of Employer Occupation  
Group Associates, Inc. General Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
625.00

Date of Receipt  
MM / DD / YYYY  
02 / 17 / 2015  
**Transaction ID : 13138343**

Amount of Each Receipt this Period  
625.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1925.00
<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 24 OF 43
	<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. Jordan David Shields</b>		Date of Receipt
Mailing Address 15 Brooke Drive		<input type="text" value="02"/> / <input type="text" value="19"/> / <input type="text" value="2015"/>
City	State	Zip Code
Novato	CA	94947-3711
FEC ID number of contributing federal political committee.		<b>Transaction ID : 13138358</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	
Jordan Shields Insurance Agency, Inc	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mr. Thomas G. Henderson</b>		Date of Receipt
Mailing Address PO Box 957		<input type="text" value="02"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City	State	Zip Code
Effingham	IL	62401-0957
FEC ID number of contributing federal political committee.		<b>Transaction ID : 13138395</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="-575.00"/>
Name of Employer	Occupation	
State Farm Insurance Companies	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="-575.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mr. Timothy H. Holladay</b>		Date of Receipt
Mailing Address 7127 US HWY 19		<input type="text" value="02"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City	State	Zip Code
New Port Richey	FL	34652-1638
FEC ID number of contributing federal political committee.		<b>Transaction ID : 13138399</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	Occupation	
State Farm Ins.	AGENT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="550.00"/>
<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 25 OF 43
	<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. Jeffrey C. Dollarhide**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9646 E Laurel Ln  
 City State Zip Code  
 Scottsdale AZ 85260-5956  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MassMutual Arizona President/CEO  
 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  
 02 / 24 / 2015  
**Transaction ID : 13138417**  
 Amount of Each Receipt this Period  
 500.00

**B. Mr. Paul S. Brawner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3672 Velda Oaks Circle  
 City State Zip Code  
 Tallahassee FL 32309-6341  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NAIFA- Florida Chief Executive Officer  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 25 / 2015  
**Transaction ID : 13138457**  
 Amount of Each Receipt this Period  
 52.50

**C. Mr. Michael W. Halloran**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1301 Riverplace Blvd, Ste 2540  
 City State Zip Code  
 Jacksonville FL 32207-9032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Northwestern Mutual Field Director  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 26 / 2015  
**Transaction ID : 13138474**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	802.50
<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 26 OF 43  
(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. Glenn Ritchie**

Mailing Address 1503 Black Bear Ct

City State Zip Code  
 Winter Springs FL 32708-3860

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

Name of Employer Occupation  
 Glenn Ritchie Agency AGENT

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 02 / 26 / 2015  
**Transaction ID : 13138480**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**B. Mr. William R. Anderson**

Mailing Address 1842 Vermont Ave NW

City State Zip Code  
 Washington VA 20001-5006

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

Name of Employer Occupation  
 NAIFA- Headquarters Sr VP Law & Govt Rel

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 187.50

Date of Receipt  
 02 / 27 / 2015  
**Transaction ID : 13138508**

Amount of Each Receipt this Period  
 62.50

Full Name (Last, First, Middle Initial)  
**C. Mr. William R. Anderson**

Mailing Address 1842 Vermont Ave NW

City State Zip Code  
 Washington VA 20001-5006

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

Name of Employer Occupation  
 NAIFA- Headquarters Sr VP Law & Govt Rel

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 02 / 27 / 2015  
**Transaction ID : 13138509**

Amount of Each Receipt this Period  
 62.50

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 375.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 43
	<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. Diane Boyle**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3419 N Emerson  
City Arlington State VA Zip Code 22207-1834  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NAIFA- Headquarters Occupation VP of Federal Government Relations  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00

Date of Receipt 02 / 27 / 2015  
**Transaction ID : 13138528**  
Amount of Each Receipt this Period 150.00

**B. Mrs. Diane Boyle**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3419 N Emerson  
City Arlington State VA Zip Code 22207-1834  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NAIFA- Headquarters Occupation VP of Federal Government Relations  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt 02 / 27 / 2015  
**Transaction ID : 13138530**  
Amount of Each Receipt this Period 150.00

**C. Mr. Clifford E. Perras**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1621 E Cedar Street  
City South Bend State IN Zip Code 46617-2533  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Perras & Associates Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ -25.00

Date of Receipt 02 / 03 / 2015  
**Transaction ID : 13176456**  
Amount of Each Receipt this Period 0.00  
**[MEMO ITEM]**  
Refund(s) on Schedule B Totaling \$20.00 This changes the YTD Total to \$-25.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 300.00  
**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 28 OF 43  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Thomas G. Henderson**

Mailing Address PO Box 957

City Effingham State IL Zip Code 62401-0957

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 ▼  
-575.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 23 / 2015

**Transaction ID : 13176457**

Amount of Each Receipt this Period  
0.00

**[MEMO ITEM]**  
Refund(s) on Schedule B Totaling \$575.00 This changes the YTD Total to -\$575.00

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

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

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

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).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	13209.78

**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 : 13143751**

Amount of Each Disbursement this Period

Bank Fees

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Tim Scott For Senate**

Mailing Address 1405 Ashley River Road

City Charleston State SC Zip Code 29407

Purpose of Disbursement  
Void - Tim Scott For Senate

011

Candidate Name

**Sen. Tim Scott**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: SC District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		04		2015

**Transaction ID : 13048999**

Amount of Each Disbursement this Period

-2500.00
----------

Void - Tim Scott For Senate

Full Name (Last, First, Middle Initial)

**B. Tim Scott For Senate**

Mailing Address 1405 Ashley River Road

City Charleston State SC Zip Code 29407

Purpose of Disbursement

011

Candidate Name

**Sen. Tim Scott**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: SC District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		04		2015

**Transaction ID : 13049000**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Rand Paul For Us Senate 2016**

Mailing Address PO Box 72928

City Newport State KY Zip Code 41072

Purpose of Disbursement

011

Candidate Name

**Sen. Rand Paul**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: KY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2015

**Transaction ID : 13049395**

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)..... ▶

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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 Schumer**

Mailing Address 192 Lexington Avenue Suite 1001

City New York State NY Zip Code 10016

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Charles E. Schumer**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District:

Date of Disbursement

MM / DD / YYYY  
02 / 05 / 2015

**Transaction ID : 13049396**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Friends Of Schumer**

Mailing Address 192 Lexington Avenue Suite 1001

City New York State NY Zip Code 10016

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Charles E. Schumer**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District:

Date of Disbursement

MM / DD / YYYY  
02 / 05 / 2015

**Transaction ID : 13049397**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. Friends Of Schumer**

Mailing Address 192 Lexington Avenue Suite 1001

City New York State NY Zip Code 10016

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Charles E. Schumer**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District:

Date of Disbursement

MM / DD / YYYY  
02 / 05 / 2015

**Transaction ID : 13049398**

Amount of Each Disbursement this Period

500.00

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

3500.00

**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. Walter Jones Committee**

Mailing Address PO Box 3962

City Greenville State NC Zip Code 27836

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Walter B. Jones Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NC District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2015

**Transaction ID : 13049399**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Hatch Election Committee Inc**

Mailing Address PO Box 3986

City Washington State DC Zip Code 20027

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Orrin Grant Hatch**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: UT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2015

**Transaction ID : 13049400**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. Donald Norcross For Congress**

Mailing Address PO Box 160

City Collingswood State NJ Zip Code 08108

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Donald Norcross**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NJ District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2015

**Transaction ID : 13049401**

Amount of Each Disbursement this Period

1000.00
---------

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

3500.00
---------

**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. David Scott For Congress**

Mailing Address P.O. Box 960821

City Riverdale State GA Zip Code 30296

Purpose of Disbursement

011

Candidate Name

**Rep. David Albert Scott**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: GA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	05	/	2015

**Transaction ID : 13049402**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. Kind For Congress Committee**

Mailing Address 205 5th Avenue South

City La Crosse State WI Zip Code 54601

Purpose of Disbursement

011

Candidate Name

**Rep. Ron Kind**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: WI District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	05	/	2015

**Transaction ID : 13049404**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Mike Kelly For Congress**

Mailing Address PO Box 476

City Lyndora State PA Zip Code 16045

Purpose of Disbursement

011

Candidate Name

**Rep. Mike Kelly**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: PA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	05	/	2015

**Transaction ID : 13049405**

Amount of Each Disbursement this Period

1000.00
---------

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

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

3500.00
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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. Brady For Congress**

Mailing Address PO Box 8277

City State Zip Code  
The Woodlands TX 77387

Purpose of Disbursement  
Void - Brady For Congress

011

Category/  
Type

Candidate Name

**Rep. Kevin Patrick Brady**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	09	/	2015

**Transaction ID : 13068282**

Amount of Each Disbursement this Period

-1000.00
----------

Void - Brady For Congress

Full Name (Last, First, Middle Initial)

**B. Pat Roberts For Us Senate Inc**

Mailing Address PO Box 433

City State Zip Code  
Great Bend KS 67530

Purpose of Disbursement  
Void - Pat Roberts For Congress

011

Category/  
Type

Candidate Name

**Sen. Pat Roberts**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KS District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	09	/	2015

**Transaction ID : 13068283**

Amount of Each Disbursement this Period

-2000.00
----------

Void - Pat Roberts For Congress

Full Name (Last, First, Middle Initial)

**C. Friends Of David Jolly**

Mailing Address P. O. Box 1158

City State Zip Code  
Indian Rocks Beach FL 33785

Purpose of Disbursement  
Void - Friends Of David Jolly

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 M	/	D D D	/	Y Y Y Y Y Y
02	/	09	/	2015

**Transaction ID : 13068287**

Amount of Each Disbursement this Period

-1000.00
----------

Void - Friends Of David Jolly

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

-4000.00
----------

**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. Hurd For Congress**

Mailing Address PO Box 761029

City San Antonio State TX Zip Code 78245

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Will Hurd**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 23

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	1		2	0	1	5

**Transaction ID : 13077991**

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. Blumenthal For Connecticut**

Mailing Address C/O Cacace Tusch & Santagata  
777 Summer St Suite 103

City Stamford State CT Zip Code 06901

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Richard Blumenthal**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CT District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	1		2	0	1	5

**Transaction ID : 13077992**

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)

**C. French Hill For Arkansas**

Mailing Address PO Box 7841

City Little Rock State AR Zip Code 72217

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. French Hill**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AR District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	1		2	0	1	5

**Transaction ID : 13077993**

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

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

4	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)..... ▶

4	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. Carlos Curbelo Congress**

Mailing Address 8724 Sw 72nd Street

City Miami State FL Zip Code 33173

Purpose of Disbursement

011

Candidate Name

**Rep. Carlos Curbelo**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: FL District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	11	/	2015

**Transaction ID : 13077994**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. Dold For Congress**

Mailing Address PO Box 6312

City Libertyville State IL Zip Code 60048

Purpose of Disbursement

011

Candidate Name

**Rep. Robert J. Dold**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	11	/	2015

**Transaction ID : 13077995**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Garret Graves For Congress**

Mailing Address PO Box 64845

City Baton Rouge State LA Zip Code 70896

Purpose of Disbursement

011

Candidate Name

**Garret Graves**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: LA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	11	/	2015

**Transaction ID : 13077996**

Amount of Each Disbursement this Period

1000.00
---------

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

4000.00
---------

**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. Mullin For Congress**

Mailing Address PO Box 2156

City State Zip Code  
Claremore OK 74018

Purpose of Disbursement  
Void - Mullin For Congress

011

Candidate Name

**Rep. Markwayne Mullin**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OK District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		13		2015

**Transaction ID : 1309801**

Amount of Each Disbursement this Period

-2500.00
----------

Void - Mullin For Congress

Full Name (Last, First, Middle Initial)

**B. Ron Desantis For Congress**

Mailing Address PO Box 405

City State Zip Code  
Pointe Vedra FL 32004

Purpose of Disbursement  
Void - Ron Desantis For Congress

011

Candidate Name

**Rep. Ron DeSantis**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: FL District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		19		2015

**Transaction ID : 13107171**

Amount of Each Disbursement this Period

-2000.00
----------

Void - Ron Desantis For Congress

Full Name (Last, First, Middle Initial)

**C. Sherman For Congress**

Mailing Address 777 S. Figueroa St., Ste. 4050

City State Zip Code  
Los Angeles CA 90017

Purpose of Disbursement

011

Candidate Name

**Rep. Brad Sherman**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 30

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		23		2015

**Transaction ID : 13111105**

Amount of Each Disbursement this Period

1000.00
---------

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

-3500.00
----------

**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. Brad Ashford For Congress**

Mailing Address PO Box 24023

City Omaha State NE Zip Code 68124

Purpose of Disbursement

011

Candidate Name

**Rep. Brad Ashford**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NE District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		23		2015

**Transaction ID : 13111106**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Montanans For Tester**

Mailing Address PO Box 1135

City Helena State MT Zip Code 59624

Purpose of Disbursement

011

Candidate Name

**Sen. Jon Tester**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: MT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		23		2015

**Transaction ID : 13111107**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Pallone For Congress**

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement

011

Candidate Name

**Rep. Frank Pallone Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		23		2015

**Transaction ID : 13111108**

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)..... ▶

--

**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. Montanans For Tester**

Mailing Address PO Box 1135

City Helena State MT Zip Code 59624

Purpose of Disbursement

011

Candidate Name

**Sen. Jon Tester**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: MT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2015

**Transaction ID : 13111109**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. Kristi For Congress**

Mailing Address PO Box 852

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement

011

Candidate Name

**Rep. Kristi Lynn Noem**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: SD District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2015

**Transaction ID : 13111110**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Poliquin For Congress**

Mailing Address PO Box 50

City Oakland State ME Zip Code 04963

Purpose of Disbursement

011

Candidate Name

**Rep. Bruce Poliquin**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: ME District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2015

**Transaction ID : 13112626**

Amount of Each Disbursement this Period

2500.00
---------

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

5500.00
---------

**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. Friends Of Jim Clyburn**

Mailing Address Post Office Box 12567

City Columbia State SC Zip Code 29211

Purpose of Disbursement

011

Candidate Name

**Rep. James E. Clyburn**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: SC District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2015

**Transaction ID : 13112627**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Friends Of John Boehner**

Mailing Address 7908 Cincinnati Dayton Road Suite I

City West Chester State OH Zip Code 45069

Purpose of Disbursement

011

Candidate Name

**Rep. John A. Boehner**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2015

**Transaction ID : 13112628**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. Friends Of John Boehner**

Mailing Address 7908 Cincinnati Dayton Road Suite I

City West Chester State OH Zip Code 45069

Purpose of Disbursement

011

Candidate Name

**Rep. John A. Boehner**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2015

**Transaction ID : 13112629**

Amount of Each Disbursement this Period

5000.00
---------

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

12500.00
----------

**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. Tom Reed For Congress**

Mailing Address PO Box 391

City Geneva State NY Zip Code 14456

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Tom Reed**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2015

**Transaction ID : 13112630**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

--

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

1000.00
---------

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

45000.00
----------

**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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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. Mr. Thomas G. Henderson**

Mailing Address PO Box 957

City Effingham State IL Zip Code 62401-0957

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 13112020**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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