

**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	

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. 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

SUBTOTAL of Receipts This Page (optional)..... ▶ 802.50
TOTAL This Period (last page this line number only)..... ▶