

**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 235 OF 303
	<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. Charles I. Daniels III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2424 Merlot Dr  
 City Napa State CA Zip Code 94558  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Harvest Financial, LLC Occupation Family Financial Coach  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 532.50

Date of Receipt 09 / 20 / 2012  
**Transaction ID : 11200380**  
 Amount of Each Receipt this Period 100.00

**B. Mr. Thomas O. Michel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16880 Avenida De Santa Ynez  
 City Pacific Palisades State CA Zip Code 90272-2127  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New York Life Insurance Company Occupation Managing Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 20 / 2012  
**Transaction ID : 11200384**  
 Amount of Each Receipt this Period 200.00

**C. Mr. John M. Williams**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 500 E Market  
 City Mc Leansboro State IL Zip Code 62859-1612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Williams Ins. Service Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 20 / 2012  
**Transaction ID : 11200404**  
 Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 800.00  
**TOTAL** This Period (last page this line number only)..... ▶