

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines National Association of Insurance and Financial Advisors Political Action Comm

ADDRESS (number and street) 2901 Telearstar Ct. Falls Church VA 22042 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00005249 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 04 01 2010 through 04 30 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Randy L. Scritchfield Signature of Treasurer Electronically Filed by Randy L. Scritchfield Date 05 17 2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
National Association of Insurance and Financial Advisors Political Action Comm

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		699737.41
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	698838.96									
(c) Total Receipts (from Line 19) .....	59158.34	260026.97								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	757997.30	959764.38								
7. Total Disbursements (from Line 31) .....	98186.79	299953.87								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	659810.51	659810.51								
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) .....	28585.53									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

National Association of Insurance and Financial Advisors Political Action Comm

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	0

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) .....	12324.95	45780.30
(ii) Unitemized .....	46833.39	208746.67
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	59158.34	254526.97
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	59158.34	259526.97
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	500.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	59158.34	260026.97
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	59158.34	260026.97

## DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	21362.29	69374.37
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	21362.29	69374.37
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	76000.00	229500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	824.50	1079.50
(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)) .....	824.50	1079.50
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	98186.79	299953.87
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	98186.79	299953.87

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	59158.34	259526.97
34. Total Contribution Refunds (from Line 28(d)) .....	824.50	1079.50
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	58333.84	258447.47
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	21362.29	69374.37
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	21362.29	69374.37

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 55  
(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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Michael L. Kerley

Mailing Address 2901 Telestar Court

City Falls Church State VA Zip Code 22042

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

Name of Employer NAIFA Occupation Senior Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.75

Date of Receipt: 04 / 09 / 2010  
**Transaction ID:** 9115425  
 Amount of Each Receipt this Period: 52.25

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

Mailing Address 1842 Vermont Ave NW

City Washington State VA Zip Code 20001-5006

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

Name of Employer NAIFA Occupation Sr VP Law & Govt Rel

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 218.75

Date of Receipt: 04 / 09 / 2010  
**Transaction ID:** 9115429  
 Amount of Each Receipt this Period: 31.25

**C.** Full Name (Last, First, Middle Initial)  
Mr. Matthew S. Tassey

Mailing Address 5 Reggio Ave.

City Old Orchard Beach State ME Zip Code 04064-2709

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

Name of Employer Burwell & Burwell Occupation Sales Manager

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 288.00

Date of Receipt: 04 / 10 / 2010  
**Transaction ID:** 9115457  
 Amount of Each Receipt this Period: 72.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 155.50

**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 7 / 55  
(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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mr. Dilip A. Jhaveri</p> <p>Mailing Address 6901 Rockledge Dr. #800</p> <p>City State Zip Code Bethesda MD 20817-1817</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation New York Life AGENT</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">-816.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 04 / 01 / 2010</p> <p><b>Transaction ID:</b> 9115469</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">-412.25</span></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Mr. Peter Fulchiron</p> <p>Mailing Address 411 San Andreas Drive</p> <p>City State Zip Code Novato CA 94945-1237</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Allstate Life Insurance Company Agency Owner</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">420.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 04 / 10 / 2010</p> <p><b>Transaction ID:</b> 9115481</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">105.00</span></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Mr. Marvin H. Feldman</p> <p>Mailing Address 2016 Eagle Pointe</p> <p>City State Zip Code Palm Harbor FL 34685-3339</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Feldman Financial Group President/Owner</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 04 / 01 / 2010</p> <p><b>Transaction ID:</b> 9115485</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">500.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">192.75</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

**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 / 55
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Emmette F. Albritton, II	Date of Receipt MM / DD / YYYY 04 / 09 / 2010
	Mailing Address 20683 Running Creek Church Road Suite A	<b>Transaction ID:</b> 9115491
	City State Zip Code Stanfield NC 28163	Amount of Each Receipt this Period 110.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Albritton Insurance Group Occupation General Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Edward A. Zabielski, Jr.	Date of Receipt MM / DD / YYYY 04 / 10 / 2010
	Mailing Address 104 Clay Ct.	<b>Transaction ID:</b> 9115495
	City State Zip Code Landenberg PA 19350	Amount of Each Receipt this Period 105.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Edward A. Zabielski Jr & Co. Occupation President/Owner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Kent A. Bennett	Date of Receipt MM / DD / YYYY 04 / 10 / 2010
	Mailing Address 280 Hollow Road	<b>Transaction ID:</b> 9115503
	City State Zip Code Muncy PA 17756-5789	Amount of Each Receipt this Period 87.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kent A. Bennett & Assoc., Inc. Occupation General Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	302.50
<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 9 / 55
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Lawrence E. Lounds	Date of Receipt MM / DD / YYYY 04 / 10 / 2010
	Mailing Address 2477 Valley Oaks Circle	<b>Transaction ID:</b> 9115575
	City State Zip Code Flint MI 48532	Amount of Each Receipt this Period 105.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Security 1st Benefits Corp. Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Carl James Maus	Date of Receipt MM / DD / YYYY 04 / 10 / 2010
	Mailing Address 432 Fort Saratoga	<b>Transaction ID:</b> 9115671
	City State Zip Code Saint Charles MO 63303-1766	Amount of Each Receipt this Period 50.40
	FEC ID number of contributing federal political committee. C	
	Name of Employer Insurance and Investment Services Occupation Career Development Supervisor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.60

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. David A. Middaugh	Date of Receipt MM / DD / YYYY 04 / 10 / 2010
	Mailing Address 3273 Evergreen Road	<b>Transaction ID:</b> 9115673
	City State Zip Code Fargo ND 58102-1214	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Middaugh & Associates, Inc. Occupation General Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1149.60

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	455.40
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 55  
(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. T. Leslie Littleton

Mailing Address 1025 E. Austin

City State Zip Code  
Nacogdoches TX 75965-2964

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

Name of Employer Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
04 / 10 / 2010

**Transaction ID:** 9115693

Amount of Each Receipt this Period  
60.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Brian R. Phares

Mailing Address 1420 Hackberry Road

City State Zip Code  
North Platte NE 69101-6841

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

Name of Employer Occupation  
Phares Financial Services Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 287.50

Date of Receipt  
MM / DD / YYYY  
04 / 10 / 2010

**Transaction ID:** 9115749

Amount of Each Receipt this Period  
75.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. J. Edward McClendon

Mailing Address 4951 State Route #60. N.

City State Zip Code  
Wakeman OH 44889-8605

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

Name of Employer Occupation  
Mc Clendon and Associates OWNER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
MM / DD / YYYY  
04 / 05 / 2010

**Transaction ID:** 9115765

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **160.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 55
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mrs. Leona B. Baldwin		Date of Receipt MM / DD / YYYY 04 / 06 / 2010		
	Mailing Address 3127 Cottonwood		Transaction ID: 9115827		
	City Anchorage	State AK	Zip Code 99508-4318	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer New York Life	Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Thomas R. Laster		Date of Receipt MM / DD / YYYY 04 / 10 / 2010		
	Mailing Address 1713 Elmhurst Ave		Transaction ID: 9115859		
	City Nichols Hills	State OK	Zip Code 73120	Amount of Each Receipt this Period 50.40	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Rogers Benefit Group	Occupation Regional Representative			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 201.60			

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Kenneth P. Gross, II		Date of Receipt MM / DD / YYYY 04 / 08 / 2010		
	Mailing Address 8201 Sharonway Ct.		Transaction ID: 9115891		
	City Glen Allen	State VA	Zip Code 23060-3264	Amount of Each Receipt this Period 125.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Capitol Financial Solution	Occupation Senior Financial Advisor			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	425.40
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 12 / 55  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Roger S. McCullough

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 AXA Equitable Occupation MANAGER

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.60

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	8	/	2	0	1	0

**Transaction ID:** 9115963

Amount of Each Receipt this Period  
2100.60

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

Mailing Address 415 38th St S Ste E

City State Zip Code  
Fargo ND 58103-1190

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

Name of Employer American Family Life Insurance Co. Occupation District Sales Manager

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 201.60

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	0	/	2	0	1	0

**Transaction ID:** 9116011

Amount of Each Receipt this Period  
50.40

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

Mailing Address 2017 Grafton Ave

City State Zip Code  
Henderson NV 89014

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

Name of Employer Assurance Ltd Occupation Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	0	/	2	0	1	0

**Transaction ID:** 9116023

Amount of Each Receipt this Period  
60.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2211.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 55
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Paul R. Decker	Date of Receipt MM / DD / YYYY 04 / 10 / 2010
	Mailing Address Box 1832	<b>Transaction ID:</b> 9116029
	City State Zip Code Idaho Falls ID 83403-1832	Amount of Each Receipt this Period 50.40
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Beneficial Life Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 201.60	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. James W. Oglesby	Date of Receipt MM / DD / YYYY 04 / 10 / 2010
	Mailing Address P. O. Box 1555	<b>Transaction ID:</b> 9116087
	City State Zip Code ENKA NC 28728-1555	Amount of Each Receipt this Period 165.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 638.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. M. Jay Einstein	Date of Receipt MM / DD / YYYY 04 / 10 / 2010
	Mailing Address 59 Margarete Dr.	<b>Transaction ID:</b> 9116089
	City State Zip Code Pittsgrove NJ 08318-3015	Amount of Each Receipt this Period 72.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer South Jersey General Office Occupation General Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 288.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>287.40</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 55
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Daniel J. Scholz	Date of Receipt MM / DD / YYYY 04 / 10 / 2010
	Mailing Address 3619 S 55th St	<b>Transaction ID:</b> 9116161
	City State Zip Code Omaha NE 68106-4415	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Ameritas Life Insurance	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Vincent M. D'Addona	Date of Receipt MM / DD / YYYY 04 / 10 / 2010
	Mailing Address 141 Greenway Road	<b>Transaction ID:</b> 9116319
	City State Zip Code Lido Beach NY 11561-4828	Amount of Each Receipt this Period 208.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer D'Addona Rosenbaum	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 832.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. H. Keith de Noble	Date of Receipt MM / DD / YYYY 04 / 10 / 2010
	Mailing Address 36308 Highway 300	<b>Transaction ID:</b> 9116377
	City State Zip Code Bigelow AR 72016	Amount of Each Receipt this Period 51.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer H. Keith de Noble Ins. Agency, Inc.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 204.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>409.00</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 15 / 55  
(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. Ken Simons

Mailing Address 808 Thoroughbred Lane

City State Zip Code  
Artesia NM 88210-9373

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

Name of Employer Occupation  
New York Life Insurance General Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.40

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 0 / 2 0 1 0

**Transaction ID:** 9116457

Amount of Each Receipt this Period  
50.10

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Aldous Kawaiiani Paalani

Mailing Address 51-316 A Kamehameha Hwy.

City State Zip Code  
Kaaawa HI 96730

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

Name of Employer Occupation  
Equity Insurance Services, Inc Representative

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 0 / 2 0 1 0

**Transaction ID:** 9116519

Amount of Each Receipt this Period  
62.50

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Lance B. Kolbet

Mailing Address 4632 Mountain Park Rd.

City State Zip Code  
Pocatello ID 83202-1702

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

Name of Employer Occupation  
University Financial Group President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 0 / 2 0 1 0

**Transaction ID:** 9116567

Amount of Each Receipt this Period  
126.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **238.60**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 55  
(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. Anthony D. Miller

Mailing Address 4502 Hi-Line Dr

City State Zip Code  
Billings MT 59106

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

Name of Employer Occupation  
Retirement Solutions Financial Advisor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 201.60

Date of Receipt  
MM / DD / YYYY  
04 / 10 / 2010

**Transaction ID:** 9116583

Amount of Each Receipt this Period  
50.40

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Robert M. Roach

Mailing Address 1287 Harrison Pond Drive

City State Zip Code  
Columbus OH 43215

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

Name of Employer Occupation  
NMFN - Kemelgor Fin. Group Wealth Management Advisor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
MM / DD / YYYY  
04 / 10 / 2010

**Transaction ID:** 9116685

Amount of Each Receipt this Period  
125.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. James A. Buchan

Mailing Address 5716 W Orlando Cir

City State Zip Code  
Broken Arrow OK 74011-1149

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

Name of Employer Occupation  
Northwestern Mutual AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
04 / 10 / 2010

**Transaction ID:** 9116687

Amount of Each Receipt this Period  
60.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **235.40**

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

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

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

FOR LINE NUMBER: PAGE 17 / 55

(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. Richard A. Koob

Mailing Address 301 Frederick Street

City

Waukesha

State

WI

Zip Code

53186-8116

FEC ID number of contributing federal political committee.

C

Name of Employer  
The Holter Financial Group

Occupation  
Financial Representative

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

201.60

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 1 0

Transaction ID: 9116697

Amount of Each Receipt this Period

50.40

**B.**

Full Name (Last, First, Middle Initial)

Mr. David B. Bianchi

Mailing Address 1125 Beldon Way

City

Reno

State

NV

Zip Code

89503-3164

FEC ID number of contributing federal political committee.

C

Name of Employer  
Northwestern Mutual

Occupation  
Financial Representative

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 1 0

Transaction ID: 9116780

Amount of Each Receipt this Period

60.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael O. Brown

Mailing Address 6512 NE 113

City

Edmond

State

OK

Zip Code

73013-8351

FEC ID number of contributing federal political committee.

C

Name of Employer  
MassMutual Financial Group

Occupation  
AGENT

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 1 0

Transaction ID: 9116782

Amount of Each Receipt this Period

60.00

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

170.40

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 55  
(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. Walter J. Scott

Mailing Address 1022 Washington Ave

City State Zip Code  
Oshkosh WI 54901-5354

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

Name of Employer Occupation  
W. F. Coe & Associates, LLC Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 201.60

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 1 0

**Transaction ID:** 9116828

Amount of Each Receipt this Period  
50.40

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Russell D. Jenkins

Mailing Address 1988 Burlingame Rd.

City State Zip Code  
Emporia KS 66801

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

Name of Employer Occupation  
Northwestern Mutual Fin. Network Financial Representative

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 201.60

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 1 0

**Transaction ID:** 9116840

Amount of Each Receipt this Period  
50.40

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Terry M. Kaltenbach

Mailing Address 1358 Ahlrich Ave

City State Zip Code  
Encintas CA 92024-4029

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

Name of Employer Occupation  
Saybrus Partners Wealth Management Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 575.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 1 0

**Transaction ID:** 9116854

Amount of Each Receipt this Period  
150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **250.80**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 55
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Byron Hyatt Erstad, Jr.	Date of Receipt MM / DD / YYYY 04 / 10 / 2010
	Mailing Address 2510 S Nantucket Way	<b>Transaction ID:</b> 9116874
	City State Zip Code Boise ID 83706-5095	Amount of Each Receipt this Period 50.40
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Erstad & Company      Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼      Aggregate Year-to-Date ▼ 201.60	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Thomas E. Fowler	Date of Receipt MM / DD / YYYY 04 / 10 / 2010
	Mailing Address 13243 SE 51st PI	<b>Transaction ID:</b> 9116884
	City State Zip Code Bellevue WA 98006	Amount of Each Receipt this Period 107.50
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Fowler Financial Services, Inc.      Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼      Aggregate Year-to-Date ▼ 430.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Larry J. Winkelhake	Date of Receipt MM / DD / YYYY 04 / 10 / 2010
	Mailing Address 18600 Longview Ct	<b>Transaction ID:</b> 9116900
	City State Zip Code Brookfield WI 53045	Amount of Each Receipt this Period 90.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Principal Financial Group      Occupation General Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼      Aggregate Year-to-Date ▼ 360.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>247.90</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 20 / 55  
(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. William T. Whitmore, Jr.

Mailing Address 3495 Winding Trail Circle

City State Zip Code  
Virginia Beach VA 23456

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

Name of Employer One America Occupation Representative

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 0 / 2 0 1 0

**Transaction ID:** 9116972

Amount of Each Receipt this Period  
65.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. April L. Howard

Mailing Address 3386 Williamsburg

City State Zip Code  
Boise ID 83706-5320

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

Name of Employer Howard Insurance Agency Occupation Agent/Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 0 / 2 0 1 0

**Transaction ID:** 9117040

Amount of Each Receipt this Period  
60.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Lawrence J. Stack

Mailing Address 28630 Glenbrook Dr

City State Zip Code  
Southfield MI 48034-5543

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

Name of Employer Michigan Financial Occupation Financial Advisor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 0 / 2 0 1 0

**Transaction ID:** 9117048

Amount of Each Receipt this Period  
105.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **230.00**

**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 / 55  
(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. Kenneth E. Knox

Mailing Address Unit 9, 10 East St

City State Zip Code  
Providence RI 02906-3069

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

Name of Employer Occupation  
Penn Mutual Regional Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 201.60

Date of Receipt  
MM / DD / YYYY  
04 / 10 / 2010

**Transaction ID:** 9117090

Amount of Each Receipt this Period  
50.40

**B.**

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

Mailing Address 22928 San Joaquin Drive East

City State Zip Code  
Canyon Lake CA 92587-7831

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 958.50

Date of Receipt  
MM / DD / YYYY  
04 / 10 / 2010

**Transaction ID:** 9117182

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. John C. Johns

Mailing Address 5141 Lilly Rd.

City State Zip Code  
Hazlehurst MS 39083

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

Name of Employer Occupation  
Southern Farm Bureau Life Insurance Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
04 / 10 / 2010

**Transaction ID:** 9117202

Amount of Each Receipt this Period  
52.50

**SUBTOTAL** of Receipts This Page (optional) ..... ► **352.90**

**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 / 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.**

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

Mailing Address 114 W. Arnold

City State Zip Code  
Bozeman MT 59715-6129

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

Name of Employer State Farm Insurance Companies  
Occupation General Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  
MM / DD / YYYY  
04 / 10 / 2010

**Transaction ID:** 9117260

Amount of Each Receipt this Period  
90.00

**B.**

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

Mailing Address 5152 Ellington Court

City State Zip Code  
Granite Bay CA 95746-7188

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
832.00

Date of Receipt  
MM / DD / YYYY  
04 / 10 / 2010

**Transaction ID:** 9117366

Amount of Each Receipt this Period  
208.00

**C.**

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

Mailing Address 1612 S. 152nd Street

City State Zip Code  
Omaha NE 68144-5121

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

Name of Employer Mutual of Omaha  
Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  
MM / DD / YYYY  
04 / 10 / 2010

**Transaction ID:** 9117372

Amount of Each Receipt this Period  
105.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **403.00**

**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 23 / 55

(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. 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 Executive Planning Group Occupation President

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 235.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 1 0

Transaction ID: 9117400

Amount of Each Receipt this Period 75.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. James R. Christensen, Jr.

Mailing Address 440 Regency Pkwy Dr #210A

City State Zip Code  
Omaha NE 68114

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

Name of Employer INSOURCE, Inc. Occupation General Agent

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 1 0

Transaction ID: 9117590

Amount of Each Receipt this Period 105.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Leonard Martin

Mailing Address 98 Tennyson Rd

City State Zip Code  
Warwick RI 02888-1818

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

Name of Employer Leonard Martin & Associates Inc Occupation OWNER

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 201.60

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 1 0

Transaction ID: 9117964

Amount of Each Receipt this Period 50.40

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

230.40

**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 24 / 55
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Keith M. Gillies	Date of Receipt MM / DD / YYYY 04 / 10 / 2010
	Mailing Address 109 W. Lakeview Dr.	<b>Transaction ID:</b> 9117974
	City State Zip Code La Place LA 70068-2427	Amount of Each Receipt this Period 208.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer River Parishes Advisors Group, LLC	Occupation Managing Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 832.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Ms. Brenda D. Doty	Date of Receipt MM / DD / YYYY 04 / 10 / 2010
	Mailing Address 107 Topaz	<b>Transaction ID:</b> 9118024
	City State Zip Code Horseshoe Bend AR 72512	Amount of Each Receipt this Period 51.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Doty Group	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 204.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Ms. Juli Y. McNeely	Date of Receipt MM / DD / YYYY 04 / 10 / 2010
	Mailing Address S764 Hanson Road	<b>Transaction ID:</b> 9118160
	City State Zip Code Spencer WI 54479	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer McNeely Financial Services Inc	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>319.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 55
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Glenn P. Deal, Jr.		Date of Receipt	
	Mailing Address 58 Golf Course Ln.		M M / D D / Y Y Y Y 04 / 10 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> 9118450
	Taylorsville	NC	28681-7847	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		74.25	
Name of Employer Thrivent Financial for Lu-therans		Occupation Financial Associate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 297.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Daniel L. Lawrence		Date of Receipt	
	Mailing Address 5553 Peters Drive		M M / D D / Y Y Y Y 04 / 10 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> 9118570
	West Bend	WI	53095-8301	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		60.00	
Name of Employer Modern Woodmen of America		Occupation Agency Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Albert T. Hurst, Jr.		Date of Receipt	
	Mailing Address 1901 S. Broadway St.		M M / D D / Y Y Y Y 04 / 10 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> 9118632
	Little Rock	AR	72206-1351	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		50.40	
Name of Employer Modern Woodmen of America		Occupation Agency Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 201.60		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	184.65
<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 / 55

(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)

Ms. Therese M. Fairbanks

Mailing Address P. O. Box 7036

City State Zip Code  
Billings MT 59103-7036

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

Name of Employer Occupation  
Payne Financial Group Account Executive

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

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 1 0

Transaction ID: 9118716

Amount of Each Receipt this Period

52.50

**B.**

Full Name (Last, First, Middle Initial)

Mr. Dilip A. Jhaveri

Mailing Address 6901 Rockledge Dr. #800

City State Zip Code  
Bethesda MD 20817-1817

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

Name of Employer Occupation  
New York Life AGENT

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ -811.75

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 1 0

Transaction ID: 9118872

Amount of Each Receipt this Period

4.25

**C.**

Full Name (Last, First, Middle Initial)

Mr. Todd G. Grantham

Mailing Address 203 Brandermill Drive

City State Zip Code  
Durham NC 27713

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

Name of Employer Occupation  
Northwestern Mutual Financial Network Financial Representative

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 462.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 1 0

Transaction ID: 9118968

Amount of Each Receipt this Period

115.50

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

172.25

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 55
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Lance P. Franczyk		Date of Receipt MM / DD / YYYY 04 / 10 / 2010		
	Mailing Address 3009 Alyssum Ct.		Transaction ID: 9119032		
	City Edmond	State OK	Zip Code 73034	Amount of Each Receipt this Period 60.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Oklahoma City Group		Occupation Managing Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. James R. Goodrich		Date of Receipt MM / DD / YYYY 04 / 10 / 2010		
	Mailing Address 1860 Beech		Transaction ID: 9119064		
	City Mt. Pleasant	State MI	Zip Code 48858-1280	Amount of Each Receipt this Period 75.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Northwestern Mutual		Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Ms. Eleanor B. Blaylock		Date of Receipt MM / DD / YYYY 04 / 10 / 2010		
	Mailing Address 9439 Gay Lane		Transaction ID: 9119122		
	City Oil City	State LA	Zip Code 71061	Amount of Each Receipt this Period 105.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Burke & Burke Insurance Mrktg, Inc.		Occupation Agency Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 420.00			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 55
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Thomas P. Cunningham		Date of Receipt
	Mailing Address 4292 Rangeview Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 10 / 2010
	City	State	Zip Code
	Billings	MT	59106-4738
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 9119458
Name of Employer Farm Bureau Financial Services		Occupation Agency Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 201.60	<input type="text"/> 50.40

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. C. Robert Brown, Sr.		Date of Receipt
	Mailing Address 8675 WestCott		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 10 / 2010
	City	State	Zip Code
	Germantown	TN	38138-7738
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 9119504
Name of Employer UCL Financial Group		Occupation President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 250.00	<input type="text"/> 62.50

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Terry K. Headley		Date of Receipt
	Mailing Address 20704 Meadow Ridge Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 10 / 2010
	City	State	Zip Code
	Springfield	NE	68059-7086
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 9119596
Name of Employer Headley Financial Group		Occupation Managing Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 916.00	<input type="text"/> 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 362.90
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 29 / 55  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. James John Silbernagel

Mailing Address W 2329 Capital Drive

City State Zip Code  
Campbellsport WI 53010-3010

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

Name of Employer: Silbernagel & Jasen Financial  
Occupation: CEO

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt: 04 / 10 / 2010  
**Transaction ID: 9119706**  
 Amount of Each Receipt this Period: 60.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Dennis P. Sunderman

Mailing Address 2325 Jeans Ct

City State Zip Code  
Signal Hill CA 90755-4047

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

Name of Employer: Eldercare Insurance Services  
Occupation: President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
237.50

Date of Receipt: 04 / 10 / 2010  
**Transaction ID: 9119844**  
 Amount of Each Receipt this Period: 62.50

**C.** Full Name (Last, First, Middle Initial)  
Mr. Joseph A. Sztapka

Mailing Address 3705 S. Judy Ave

City State Zip Code  
Sioux Falls SD 57103-7248

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

Name of Employer: Modern Woodmen of America  
Occupation: Regional Director

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt: 04 / 10 / 2010  
**Transaction ID: 9119904**  
 Amount of Each Receipt this Period: 75.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **197.50**

**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 30 / 55  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. David L. Sparks

Mailing Address PO Box 3509

City State Zip Code  
Hickory NC 28603

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

Name of Employer Capital Concepts Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 462.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 1 0

**Transaction ID:** 9119978

Amount of Each Receipt this Period  
115.50

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert A. Styrkowicz

Mailing Address 361 Pines Blvd.

City State Zip Code  
Lake Villa IL 60046-6600

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

Name of Employer Allstate Insurance Occupation Exclusive Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 297.50

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 1 0

**Transaction ID:** 9120052

Amount of Each Receipt this Period  
75.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. James E. Mitchell

Mailing Address 3990 Jones Ln

City State Zip Code  
Bellingham WA 98225-8544

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

Name of Employer Mitchell Financial Services Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 1 0

**Transaction ID:** 9120164

Amount of Each Receipt this Period  
75.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 265.50

**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 31 / 55  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address P.O. Box 7096

City State Zip Code  
Macon GA 31209-7096

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

Name of Employer Occupation  
Wilkinson & Associates Representative

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 229.50

Date of Receipt  
MM / DD / YYYY  
04 / 10 / 2010

**Transaction ID:** 9120194

Amount of Each Receipt this Period  
62.50

**B.** Full Name (Last, First, Middle Initial)  
Mr. Roger L. Owens

Mailing Address 104 Landing Lane

City State Zip Code  
Elkton MD 21921-5204

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

Name of Employer Occupation  
Rymark Financial Services Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 10 / 2010

**Transaction ID:** 9120344

Amount of Each Receipt this Period  
62.50

**C.** Full Name (Last, First, Middle Initial)  
Mr. Daniel J. Wells

Mailing Address 18830 Los Hermanos Ranch Rd

City State Zip Code  
Valley Center CA 92082-6808

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

Name of Employer Occupation  
Daniel Wells Insurance & Financial Ser Owner/Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 10 / 2010

**Transaction ID:** 9120410

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **175.00**

**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 32 / 55  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Steven M. Stratton

Mailing Address 17131 Parkview Dr

City State Zip Code  
Morgan Hill CA 95037-6606

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

Name of Employer: Financial & Insurance Services  
Occupation: PARTNER

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt: 04 / 10 / 2010  
**Transaction ID:** 9120460  
 Amount of Each Receipt this Period: 105.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Boyd Lee Williams

Mailing Address 7023 W. Williamette Ave

City State Zip Code  
Kennewick WA 99336-1280

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

Name of Employer: Kansas City Life Insurance Company  
Occupation: Sales Manager

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 832.00

Date of Receipt: 04 / 10 / 2010  
**Transaction ID:** 9120568  
 Amount of Each Receipt this Period: 208.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. James A. Shalek

Mailing Address 1706 Candleberry Lane

City State Zip Code  
Yorkville IL 60560-5810

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

Name of Employer: Principal Financial Group  
Occupation: Insurance Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 04 / 10 / 2010  
**Transaction ID:** 9120862  
 Amount of Each Receipt this Period: 75.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 388.00

**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 33 / 55  
(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. D. David Russell

Mailing Address 8461 Eagle Preserve Way

City State Zip Code  
Sarasota FL 34241-9449

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

Name of Employer: Rogers Benefit Group  
Occupation: Regional Mgr.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 1 0

**Transaction ID:** 9120890

Amount of Each Receipt this Period  
105.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Brian E. O'Brien

Mailing Address 1651 Wolf Run Dr.

City State Zip Code  
Richfield WI 53076-9686

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

Name of Employer: The Principal Financial Group  
Occupation: Managing Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 1 0

**Transaction ID:** 9120912

Amount of Each Receipt this Period  
60.00

**C.**

Full Name (Last, First, Middle Initial)  
Connie Y. Golleher

Mailing Address PO Box 255

City State Zip Code  
Mc Lean VA 22101-0255

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

Name of Employer: The Holleman Companies  
Occupation: Director of Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
204.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 1 0

**Transaction ID:** 9120962

Amount of Each Receipt this Period  
51.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **216.00**

**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 34 / 55

(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. Lester E. Westgard

Mailing Address 2714 26th Ave SW

City State Zip Code  
**Fargo ND 58103-5006**

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

Name of Employer Occupation  
 The Principal Financial Group Special Marketing Developer

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ **240.00**

Date of Receipt

M M / D D / Y Y Y Y  
**0 4 / 1 0 / 2 0 1 0**

Transaction ID: 9121026

Amount of Each Receipt this Period  
**60.00**

**B.**

Full Name (Last, First, Middle Initial)

Mr. Terry R. Thayer

Mailing Address 353 Prospector Trail

City State Zip Code  
**Bozeman MT 59718-7974**

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

Name of Employer Occupation  
 Thayer Agency Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ **201.60**

Date of Receipt

M M / D D / Y Y Y Y  
**0 4 / 1 0 / 2 0 1 0**

Transaction ID: 9121184

Amount of Each Receipt this Period  
**50.40**

**C.**

Full Name (Last, First, Middle Initial)

Mr. Cliff F. Wilson

Mailing Address 1458 W. Bahia Court

City State Zip Code  
**Gilbert AZ 85233-5600**

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

Name of Employer Occupation  
 Southeast Arizona Ins. SE-  
 rvices, LTD General Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ **504.00**

Date of Receipt

M M / D D / Y Y Y Y  
**0 4 / 1 0 / 2 0 1 0**

Transaction ID: 9121206

Amount of Each Receipt this Period  
**126.00**

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

**236.40**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 55  
(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. Earl A. Thompson

Mailing Address 21014 Pricewood Manor Ct.

City State Zip Code  
Cypress TX 77433

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 ▼  
208.00

Date of Receipt  
MM / DD / YYYY  
04 / 10 / 2010

**Transaction ID:** 9121244

Amount of Each Receipt this Period  
52.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Paul Adams

Mailing Address 5101 Missy Maric Lane

City State Zip Code  
Las Vegas NV 89130

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

Name of Employer  
Clearline Financial Group

Occupation  
Field Representative

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
MM / DD / YYYY  
04 / 10 / 2010

**Transaction ID:** 9121994

Amount of Each Receipt this Period  
150.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Brenda S. Speer

Mailing Address 126 Sunset Dr

City State Zip Code  
Pulaski TN 38478-3631

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

Name of Employer  
Professional Benefit Solutions, LLC

Occupation  
PARTNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
04 / 10 / 2010

**Transaction ID:** 9122046

Amount of Each Receipt this Period  
25.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 55
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Michael W. Grossi		Date of Receipt
	Mailing Address 119 Garfield Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 10 / 2010
	City	State	Zip Code
	North Providence	RI	02904
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 9122148
Name of Employer One America Financial Partners/ TEAM F		Occupation General Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 201.60	<input type="text"/> 50.40

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. David L. Belk		Date of Receipt
	Mailing Address 2 Bay Tree Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 10 / 2010
	City	State	Zip Code
	Greensboro	NC	27455
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 9122192
Name of Employer Belk Financial Group		Occupation President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00	<input type="text"/> 55.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Christopher Luke Simons		Date of Receipt
	Mailing Address 713 Carper Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 10 / 2010
	City	State	Zip Code
	Artesia	NM	88210-2344
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 9122194
Name of Employer Simons and Associates		Occupation Insurance Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 201.60	<input type="text"/> 50.40

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 155.80
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 55

(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. Joseph L Morton, III

Mailing Address 5487 N Bach

City State Zip Code  
Meridian ID 83642

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 ▼ 504.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 1 0

Transaction ID: 9122232

Amount of Each Receipt this Period

126.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Stephen C. Shaw

Mailing Address One Kaiser Plaza #1101

City State Zip Code  
Oakland CA 94612

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

Name of Employer Occupation  
Sitzmann, Morris and Lavis Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 1 0

Transaction ID: 9122517

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Terry R. Thayer

Mailing Address 353 Prospector Trail

City State Zip Code  
Bozeman MT 59718-7974

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

Name of Employer Occupation  
Thayer Agency Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 151.20

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 1 0

Transaction ID: 9122533

Amount of Each Receipt this Period

-50.40

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

575.60

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 55  
(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. Alan C. Kifer

Mailing Address 21500 Park Row Rd  
#1115

City State Zip Code  
Katy TX 77449-2431

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

Name of Employer American General Life & Accident Insur  
Occupation President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 9 / 2 0 1 0

**Transaction ID:** 9122565

Amount of Each Receipt this Period  
750.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Dean G. Macheras

Mailing Address 61 Oakwood Dr

City State Zip Code  
Monroe LA 71203-2776

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

Name of Employer Dean Macheras Insurance Agency  
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  
0 4 / 2 1 / 2 0 1 0

**Transaction ID:** 9122727

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Jay R. Eagan

Mailing Address 6604 Oxford Avenue

City State Zip Code  
Lubbock TX 79413-5933

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

Name of Employer MassMutual  
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  
0 4 / 2 8 / 2 0 1 0

**Transaction ID:** 9122757

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

**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 39 / 55
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. James Kageleiry		Date of Receipt	
	Mailing Address 8 Hayes Lane		M M / D D / Y Y Y Y Y 04 / 20 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> 9122759
	Dover	NH	03820-4213	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		250.00	
	Name of Employer New York Life		Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Daniel J. Wells		Date of Receipt	
	Mailing Address 18830 Los Hermanos Ranch Rd		M M / D D / Y Y Y Y Y 04 / 15 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> 9122761
	Valley Center	CA	92082-6808	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		67.50	
	Name of Employer Daniel Wells Insurance & Financial Ser		Occupation Owner/Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 317.50		

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Michael L. Kerley		Date of Receipt	
	Mailing Address 2901 Telestar Court		M M / D D / Y Y Y Y Y 04 / 30 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> 9122825
	Falls Church	VA	22042	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		52.25	
	Name of Employer NAIFA		Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 418.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	369.75
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 55  
(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. 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 NAIFA Occupation Sr VP Law & Govt Rel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

Transaction ID: 9122841

Amount of Each Receipt this Period  
31.25

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Dilip A. Jhaveri

Mailing Address 6901 Rockledge Dr. #800

City State Zip Code  
Bethesda MD 20817-1817

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

Name of Employer New York Life Occupation AGENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ -811.75

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 0 / 2 0 1 0

Transaction ID: 9144552

Amount of Each Receipt this Period  
0.00

**[MEMO ITEM]**  
Refund(s) on Schedule B  
Totaling \$824.50 This changes the YTD Total to \$-8-11.75

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	31.25
<b>TOTAL</b> This Period (last page this line number only) .....	▶	12324.95

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 41 / 55

<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

A.

Full Name (Last, First, Middle Initial)

Mr. Dilip A. Jhaveri

Mailing Address 6901 Rockledge Dr. #800

City Bethesda State MD Zip Code 20817-1817

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: 9046534

Date of Disbursement

MM / DD / YYYY  
04 / 01 / 2010

Amount of Each Disbursement this Period

824.50

010  
Category/  
Type

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

824.50

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

824.50

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Mcclintock For Congress	Transaction ID: 9065212 Date of Disbursement
	Mailing Address 2150 River Plaza Dr. #150	<input type="text" value="04"/> / <input type="text" value="06"/> / <input type="text" value="2010"/>
	City Sacramento State CA Zip Code 95833	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name Rep. Tom McClintock	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Forbes For Congress	Transaction ID: 9065214 Date of Disbursement
	Mailing Address PO Box 15100	<input type="text" value="04"/> / <input type="text" value="06"/> / <input type="text" value="2010"/>
	City Chesapeake State VA Zip Code 23328	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. J. Randy Forbes	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Roskam For Congress Committee	Transaction ID: 9079366 Date of Disbursement
	Mailing Address P. O. Box 713	<input type="text" value="04"/> / <input type="text" value="12"/> / <input type="text" value="2010"/>
	City Wheaton State IL Zip Code 60187	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. Peter Roskam	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Castle Campaign Fund	Transaction ID: 9079367 Date of Disbursement 04 / 12 / 2010
	Mailing Address PO Box 133	Amount of Each Disbursement this Period 4000.00
	City Wilmington State DE Zip Code 19899	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Michael N. Castle	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Moore For Congress	Transaction ID: 9079368 Date of Disbursement 04 / 12 / 2010
	Mailing Address PO Box 16646	Amount of Each Disbursement this Period 1000.00
	City Milwaukee State WI Zip Code 53216	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Gwen Moore	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Jo Bonner For Congress Committee	Transaction ID: 9079369 Date of Disbursement 04 / 12 / 2010
	Mailing Address P.O.Box 851232	Amount of Each Disbursement this Period 1000.00
	City Mobile State AL Zip Code 36685	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Josiah Robins Bonner, Jr.	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6000.00
<b>TOTAL</b> 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Friends Of Dennis Ross</p> <p>Mailing Address PO Box 7310</p> <p>City Lakeland State FL Zip Code 33807</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Mr. Dennis Ross</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: FL District: 12</p>	<p><b>Transaction ID:</b> 9079370 <b>Date of Disbursement</b>  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p><b>Amount of Each Disbursement this Period</b>  <div style="border: 1px solid black; text-align: center; padding: 5px;">2500.00</div> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	2		2	0	1	0												
<p><b>B.</b> Full Name (Last, First, Middle Initial) Marcia Fudge For Congress</p> <p>Mailing Address 3729 Silsby Rd</p> <p>City University Heights State OH Zip Code 44118</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Rep. Marcia L. Fudge</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: OH District: 11</p>	<p><b>Transaction ID:</b> 9079560 <b>Date of Disbursement</b>  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p><b>Amount of Each Disbursement this Period</b>  <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	2		2	0	1	0												
<p><b>C.</b> Full Name (Last, First, Middle Initial) Ted Deutch For Congress Committee</p> <p>Mailing Address 20423 Sr 7 Suite F6-383</p> <p>City Boca Raton State FL Zip Code 33498</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Mr. Theodore Deutch</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General2010</p> <p>State: FL District: 19</p>	<p><b>Transaction ID:</b> 9079685 <b>Date of Disbursement</b>  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p><b>Amount of Each Disbursement this Period</b>  <div style="border: 1px solid black; text-align: center; padding: 5px;">2000.00</div> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	2		2	0	1	0												

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div style="border: 1px solid black; padding: 5px;">5500.00</div>
<b>TOTAL</b> This Period (last page this line number only) .....	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 45 / 55

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

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

A.	Full Name (Last, First, Middle Initial) Friends Of Jim Marshall	Transaction ID: 9084762 Date of Disbursement 04 / 14 / 2010
	Mailing Address 586 Orange Street	Amount of Each Disbursement this Period 1000.00
	City Macon State GA Zip Code 31201	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Jim Marshall	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Bachus For Congress Committee	Transaction ID: 9084763 Date of Disbursement 04 / 14 / 2010
	Mailing Address P.O. Box 131134	Amount of Each Disbursement this Period 2500.00
	City Birmingham State AL Zip Code 35213	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Spencer Thomas Bachus, III	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Portman For Senate Committee	Transaction ID: 9084908 Date of Disbursement 04 / 15 / 2010
	Mailing Address 8331 Little Harbor Drive	Amount of Each Disbursement this Period 2500.00
	City Cincinnati State OH Zip Code 45244	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Mr. Rob Portman	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) David Vitter For Us Senate	Transaction ID: 9084909 Date of Disbursement
	Mailing Address PO Box 8175	<input type="text" value="04"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Metairie State LA Zip Code 70011	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name Sen. David Vitter	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Lewis For Congress Committee	Transaction ID: 9090333 Date of Disbursement
	Mailing Address P.O. Box 247	<input type="text" value="04"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Redlands State CA Zip Code 92373	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name Rep. Jerry Lewis	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 41	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends Of John Boehner	Transaction ID: 9090334 Date of Disbursement
	Mailing Address 7908 Cincinnati Dayton Road Suite I	<input type="text" value="04"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City West Chester State OH Zip Code 45069	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name Rep. John A. Boehner	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="10000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee

Mailing Address 430 South Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

Category/  
Type

Candidate Name  
Democratic Congressional Campaign Committee

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 9090335

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

Mailing Address Post Office Box 5928

City Winston-Salem State NC Zip Code 27113

Purpose of Disbursement

Category/  
Type

Candidate Name  
Sen. Richard M. Burr

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: NC District:

Transaction ID: 9090336

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
Friends Of Trey Grayson

Mailing Address PO Box 175726

City Ft Mitchell State KY Zip Code 41017

Purpose of Disbursement

Category/  
Type

Candidate Name  
Trey Grayson

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: KY District:

Transaction ID: 9090337

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)

PAGE 48 / 55

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

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

A.	Full Name (Last, First, Middle Initial) Rogers For Congress	Transaction ID: 9090338 Date of Disbursement 04 / 19 / 2010
	Mailing Address PO Box 581 Post Office Box 581	Amount of Each Disbursement this Period 1000.00
	City Brighton State MI Zip Code 48116	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Michael J. Rogers	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Tiberi For Congress	Transaction ID: 9090561 Date of Disbursement 04 / 20 / 2010
	Mailing Address 2021 E Dublin Granville Road Suite 2000	Amount of Each Disbursement this Period 2000.00
	City Columbus State OH Zip Code 43229	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Patrick J. Tiberi	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Walter Jones Committee	Transaction ID: 9092595 Date of Disbursement 04 / 22 / 2010
	Mailing Address PO Box 99667	Amount of Each Disbursement this Period 3000.00
	City Raleigh State NC Zip Code 27624	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Walter B. Jones, Jr.	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6000.00
<b>TOTAL</b> 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Frelinghuysen For Congress</p> <p>Mailing Address 19 Cattano Avenue</p> <p>City Morristown State NJ Zip Code 07960</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name Rep. Rodney P. Frelinghuysen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 11</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 9092596 <b>Date of Disbursement:</b> 04 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Pascrell For Congress Inc.</p> <p>Mailing Address Pob 640</p> <p>City Totowa State NJ Zip Code 07511</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name Rep. William J. Pascrell, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 9092597 <b>Date of Disbursement:</b> 04 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Friends Of John Boehner</p> <p>Mailing Address 7908 Cincinnati Dayton Road Suite I</p> <p>City West Chester State OH Zip Code 45069</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name Rep. John A. Boehner</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 9092604 <b>Date of Disbursement:</b> 04 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Schmidt For Congress Committee	Transaction ID: 9099906 Date of Disbursement
	Mailing Address 771 Wards Corner Rd	<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	City Loveland State OH Zip Code 45140	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. Jean Schmidt	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Whitfield For Congress Committee	Transaction ID: 9101850 Date of Disbursement
	Mailing Address P.O. Box 391	<input type="text" value="04"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>
	City Hopkinsville State KY Zip Code 42241	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. Edward Whitfield	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Issa For Congress	Transaction ID: 9101865 Date of Disbursement
	Mailing Address P O Box 760	<input type="text" value="04"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>
	City Vista State CA Zip Code 92085	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. Darrell E. Issa	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 49	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Perlmutter For Congress	Transaction ID: 9101976 Date of Disbursement 04 / 27 / 2010
	Mailing Address 3440 Youngfield Street #264	Amount of Each Disbursement this Period 1000.00
	City Wheat Ridge State CO Zip Code 80033	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Edwin Perlmutter	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 07	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Cathy McMorris For Congress	Transaction ID: 9102065 Date of Disbursement 04 / 27 / 2010
	Mailing Address Box 137	Amount of Each Disbursement this Period 2500.00
	City Spokane State WA Zip Code 99210	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Cathy McMorris Rodgers	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) John Thune for South Dakota	Transaction ID: 9102212 Date of Disbursement 04 / 27 / 2010
	Mailing Address PO Box 516 PO Box 516	Amount of Each Disbursement this Period 1000.00
	City Sioux Falls State SD Zip Code 57101	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name John Thune	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 52 / 55

<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Freedom Fund <hr/> Mailing Address 128 North Columbus Street <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 9102310 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 1 0	<b>Amount of Each Disbursement this Period</b> 5000.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Portman For Senate Committee <hr/> Mailing Address 8331 Little Harbor Drive <hr/> City Cincinnati State OH Zip Code 45244 <hr/> Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 9102749 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 1 0	<b>Amount of Each Disbursement this Period</b> 2500.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Oliverio For Congress <hr/> Mailing Address 1199 Van Voorhis Rd Suite 6 <hr/> City Morgantown State WV Zip Code 26505 <hr/> Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 9104329 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 1 0	<b>Amount of Each Disbursement this Period</b> 5000.00

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

12500.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

A.

Full Name (Last, First, Middle Initial)

Schock For Congress

Mailing Address PO Box 10555

City Peoria State IL Zip Code 61612

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Aaron Schock

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: IL District: 18

Transaction ID: 9104330

Date of Disbursement

04 / 30 / 2010

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Brad Miller For United States Congress

Mailing Address PO Box 10322

City Raleigh State NC Zip Code 27605

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Bradley Miller

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: NC District: 13

Transaction ID: 9104331

Date of Disbursement

04 / 30 / 2010

Amount of Each Disbursement this Period

1000.00

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

2000.00

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

76000.00

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

**A.**

Full Name (Last, First, Middle Initial)

Wachovia

Mailing Address P.O. box 40031

City State Zip Code  
Roanoke VA 24022-0031

Purpose of Disbursement

bank fees

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Transaction ID: 9142791

Date of Disbursement

/  /

Amount of Each Disbursement this Period

bank fees

**B.**

Full Name (Last, First, Middle Initial)

NAIFA

Mailing Address 2901 Telestar Ct

City State Zip Code  
Falls Church VA 22042

Purpose of Disbursement  
salaries, benefits, copies, supplies

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Transaction ID: 9142792

Date of Disbursement

/  /

Amount of Each Disbursement this Period

salaries, benefits, copie-  
s, supplies

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

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 55 / 55
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> National Association of Insurance and Financial Advisors Political Action Comm			Nature of Debt (Purpose): Payroll, Benefits, Supplies, Copies
Mailing Address 2901 Telestar Ct			
City Falls Church	State VA	ZIP Code 22042	

Outstanding Balance Beginning This Period		<b>Transaction ID: 9144553</b>	
48133.30			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	19547.77	28585.53	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	28585.53
2) <b>TOTALS</b> This Period (last page this line number only).....	28585.53
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	28585.53