



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

National Association of Insurance and Financial Advisors Political Action Committee

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">138478.22</td></tr></table>	138478.22
Y	Y	Y	Y									
2	0	0	7									
138478.22												
(b) Cash on Hand at Beginning of Reporting Period .....	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">157832.83</td></tr></table>	157832.83	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td></tr></table>									
157832.83												
(c) Total Receipts (from Line 19) .....	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">77581.68</td></tr></table>	77581.68	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">217461.74</td></tr></table>	217461.74								
77581.68												
217461.74												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">235414.51</td></tr></table>	235414.51	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">355939.96</td></tr></table>	355939.96								
235414.51												
355939.96												
7. Total Disbursements (from Line 31) .....	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">138760.15</td></tr></table>	138760.15	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">259285.60</td></tr></table>	259285.60								
138760.15												
259285.60												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">96654.36</td></tr></table>	96654.36	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">96654.36</td></tr></table>	96654.36								
96654.36												
96654.36												
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">0.00</td></tr></table>	0.00	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td></tr></table>									
0.00												
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">34814.69</td></tr></table>	34814.69	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td></tr></table>									
34814.69												

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 Committee

Report Covering the Period: From:    To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	18032.25	40556.75
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	59549.43	176904.99
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	77581.68	217461.74
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	77581.68	217461.74
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total 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)) .....	77581.68	217461.74
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	77581.68	217461.74

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	3794.15	67644.10
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	3794.15	67644.10
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	135000.00	191500.00
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 .....	-34.00	141.50
(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)) .....	-34.00	141.50
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))..	138760.15	259285.60
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	138760.15	259285.60

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	77581.68	217461.74
34. Total Contribution Refunds (from Line 28(d)) .....	-34.00	141.50
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	77615.68	217320.24
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	3794.15	67644.10
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	3794.15	67644.10

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 51
	<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	

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 Committee

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

Mailing Address PO Box 2205

City State Zip Code  
Avila Beach CA 93424-2205

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 10 / 2007

Transaction ID: R1669190

Amount of Each Receipt this Period  
105.00

Payroll Deduction

**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 Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 10 / 2007

Transaction ID: R1666692

Amount of Each Receipt this Period  
72.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Thom E. Beasley

Mailing Address 1103 Dove Rd.

City State Zip Code  
Jonesboro AR 72401-5270

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 243.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 10 / 2007

Transaction ID: R1669297

Amount of Each Receipt this Period  
81.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	258.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 51
	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Kent A. Bennett

Mailing Address 280 Hollow Road

City Muncy State PA Zip Code 17756-5789

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 10 / 2007

Transaction ID: R1670234

Amount of Each Receipt this Period  
87.50

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Martin Berger, CLU

Mailing Address 111 - 5th Ave SW PO Box 69

City Epworth State IA Zip Code 52045

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 12 / 2007

Transaction ID: R1670305

Amount of Each Receipt this Period  
1200.00

Check

**C.** Full Name (Last, First, Middle Initial)  
Mr. Norman H. Bevan

Mailing Address 22 East Bend Lane

City Houston State TX Zip Code 77007-7024

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 12 / 2007

Transaction ID: R1670298

Amount of Each Receipt this Period  
500.00

Check

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1787.50
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 51
	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. John P. Border, LUTCF,LTCP

Mailing Address 309 Truxtun Avenue

City Bakersfield State CA Zip Code 93301-5313

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2007

Transaction ID: R1670335

Amount of Each Receipt this Period  
250.00

Check

**B.** Full Name (Last, First, Middle Initial)  
Mr. Jerry Borrowman, CLU,ChFC,M

Mailing Address 11882 S. Oakridge Rd.

City Sandy State UT Zip Code 84094

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2007

Transaction ID: R1670612

Amount of Each Receipt this Period  
500.00

Credit Card

**C.** Full Name (Last, First, Middle Initial)  
Mr. Wayne W. Bradshaw, CEP, CSA

Mailing Address 608 Agate St

City Redondo Beach State CA Zip Code 90277-2205

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2007

Transaction ID: R1670454

Amount of Each Receipt this Period  
250.00

Credit Card

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 51
	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Ronald D. Brant, CLU, LUTCF

Mailing Address 10234 Hoffman

City State Zip Code  
Maybee MI 48159-9777

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 624.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 10 / 2007

Transaction ID: R1669969

Amount of Each Receipt this Period  
208.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Marc A. Bregman

Mailing Address 2063 Providence Way

City State Zip Code  
Lodi CA 95242

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 16 / 2007

Transaction ID: R1670456

Amount of Each Receipt this Period  
500.00

Credit Card

**C.** Full Name (Last, First, Middle Initial)  
Mr. Scott R. Bunkers, LUTCF

Mailing Address 1320 Magnolia Bay Ct.

City State Zip Code  
Maitland FL 32751

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 14 / 2007

Transaction ID: R1670466

Amount of Each Receipt this Period  
625.00

Credit Card

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1333.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 51
	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Vincent M. D'Addona, CLU, ChFC

Mailing Address 141 Greenway Road

City State Zip Code  
Lido Beach NY 11561-4828

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 10 / 2007

Transaction ID: R1669854

Amount of Each Receipt this Period  
85.00

Payroll Deduction

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

Mailing Address 1497 Rancho Lane

City State Zip Code  
Thousand Oaks CA 91362

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 10 / 2007

Transaction ID: R1669839

Amount of Each Receipt this Period  
105.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. William James DeBruin, LUTCF

Mailing Address 106 Edgewood Ln

City State Zip Code  
Combined Locks WI 54113

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 10 / 2007

Transaction ID: R1669374

Amount of Each Receipt this Period  
72.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	262.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 51
	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Robert F. Decker, CLU, FLMI

Mailing Address 9290 West Dodge Road #102

City State Zip Code  
Omaha NE 68114-3320

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

Name of Employer Self-employed Occupation  
Self-employed 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  
03 / 12 / 2007

Transaction ID: R1670307

Amount of Each Receipt this Period  
500.00

Check

**B.** Full Name (Last, First, Middle Initial)  
Mr. Kenneth H. Dinklage, CLU, ChFC

Mailing Address PO Box 533709

City State Zip Code  
Orlando FL 32853-3709

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 14 / 2007

Transaction ID: R1670464

Amount of Each Receipt this Period  
250.00

Credit Card

**C.** Full Name (Last, First, Middle Initial)  
Mr. M. Jay Einstein, CLU

Mailing Address 59 Margarete Dr.

City State Zip Code  
Pittsgrove NJ 08318-3015

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 10 / 2007

Transaction ID: R1669571

Amount of Each Receipt this Period  
72.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	822.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Lawrence J. Fowler, Jr.

Mailing Address 481 Route 82

City State Zip Code  
Oakdale CT 06370-1149

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2007

Transaction ID: R1669610

Amount of Each Receipt this Period  
110.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Thomas E. Fowler, CLU, LUTCF

Mailing Address 13243 S.E. 51st Place

City State Zip Code  
Bellevue WA 98006

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 322.50

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2007

Transaction ID: R1669372

Amount of Each Receipt this Period  
107.50

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Peter Fulchiron, CLU, LUTCF

Mailing Address 411 San Andreas Drive

City State Zip Code  
Novato CA 94945-1237

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 624.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2007

Transaction ID: R1670242

Amount of Each Receipt this Period  
208.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	425.50
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 51
	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Colin M. Govan, CLU

Mailing Address 4106 Chippendale Court

City State Zip Code  
Hampton VA 23666-3602

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 19 / 2007

Transaction ID: R1670413

Amount of Each Receipt this Period  
500.00

Check

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

Mailing Address 20704 Meadow Ridge Dr.

City State Zip Code  
Springfield NE 68059

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 624.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 10 / 2007

Transaction ID: R1668225

Amount of Each Receipt this Period  
208.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Timothy H. Holladay

Mailing Address 8926 Ross Ln.

City State Zip Code  
New Port Richey FL 34654

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 21 / 2007

Transaction ID: R1670599

Amount of Each Receipt this Period  
150.00

Credit Card

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	858.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 51
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Robert J. Hollander, LUTCF

Mailing Address 904 Rockhurst Dr.

City Lincoln State NE Zip Code 68510-4114

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 10 / 2007

Transaction ID: R1668781

Amount of Each Receipt this Period  
 105.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Will S. Hornsby, III, CLU, C

Mailing Address Heritage Plz., 111 Vertans Blvd St

City Metairie State LA Zip Code 70005

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 06 / 2007

Transaction ID: R1666095

Amount of Each Receipt this Period  
 250.00

Check

**C.** Full Name (Last, First, Middle Initial)  
Mr. Terry M. Kaltenbach, CLU, ChFC

Mailing Address 1358 Ahlrich Ave

City Encintas State CA Zip Code 92024-4029

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 10 / 2007

Transaction ID: R1669404

Amount of Each Receipt this Period  
 125.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	480.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 51
	<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 Committee

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

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 Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 261.25

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 23 / 2007

Transaction ID: R1670528

Amount of Each Receipt this Period  
52.25

Check

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

Mailing Address 4632 Mountain Park Rd.

City Pocatello State ID Zip Code 83202

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 378.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 10 / 2007

Transaction ID: R1669788

Amount of Each Receipt this Period  
126.00

Payroll Deduction

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

Mailing Address 1612 S. 152nd Street

City Omaha State NE Zip Code 68144-5121

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 10 / 2007

Transaction ID: R1669210

Amount of Each Receipt this Period  
105.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	283.25
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 51
	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. David George Kreeft, CLU, ChFC

Mailing Address 630 S. Rancho Drive, #F

City State Zip Code  
Las Vegas NV 89106

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 12 / 2007

Transaction ID: R1670312

Amount of Each Receipt this Period  
300.00

Check

**B.** Full Name (Last, First, Middle Initial)  
Ms. Marilyn Lewis, CLU, ChFC, C

Mailing Address 321 West Winnie Lane #106

City State Zip Code  
Carson City NV 89703-2154

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 23 / 2007

Transaction ID: R1670616

Amount of Each Receipt this Period  
720.00

Credit Card

**C.** Full Name (Last, First, Middle Initial)  
Mr. Lawrence E. Lounds

Mailing Address 2477 Valley Oaks Circle

City State Zip Code  
Flint MI 48532

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 10 / 2007

Transaction ID: R1670199

Amount of Each Receipt this Period  
105.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1125.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 51
	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Paul J. McGoldrick, CLU, ChFC,  
Mailing Address P. O. Box 439  
106 Main St  
City Littleton State NH Zip Code 03561-0439  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-employed Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 27 / 2007  
Transaction ID: R1670722  
Amount of Each Receipt this Period  
150.00  
Check

**B.** Full Name (Last, First, Middle Initial)  
Mr. David A. Middaugh, CLU, AEP  
Mailing Address 3273 Evergreen Road  
City Fargo State ND Zip Code 58102-1214  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-employed Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 378.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 10 / 2007  
Transaction ID: R1670157  
Amount of Each Receipt this Period  
126.00  
Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Martin Montefel, CLU  
Mailing Address 16932 SW 5th Way  
City Weston State FL Zip Code 33326-1564  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-employed 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  
03 / 10 / 2007  
Transaction ID: R1669783  
Amount of Each Receipt this Period  
50.00  
Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) ..... **326.00**  
**TOTAL** This Period (last page this line number only) .....

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 5487 N. Bach

City State Zip Code  
Meridian ID 83642

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 378.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 10 / 2007

Transaction ID: R1666664

Amount of Each Receipt this Period  
126.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Ron Mullen, CLU, ChFC

Mailing Address 6902 Mesa Drive

City State Zip Code  
Austin TX 78731

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 26 / 2007

Transaction ID: R1670686

Amount of Each Receipt this Period  
250.00

Check

**C.** Full Name (Last, First, Middle Initial)  
Mr. Alan P. Niemann, CLU, ChFC

Mailing Address 700 Cedarlake Blvd.

City State Zip Code  
Oklahoma City OK 73114

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

Name of Employer Self-employed 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  
03 / 06 / 2007

Transaction ID: R1666114

Amount of Each Receipt this Period  
120.00

Check

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	496.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 51
	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. James W. Oglesby, LUTCF

Mailing Address P. O. Box 7156

City State Zip Code  
Asheville NC 28802-7156

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 429.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2007

**Transaction ID:** R1669985

Amount of Each Receipt this Period  
143.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Mike Peters, CLU,ChFC,L

Mailing Address 11702 Golden Valley Dr

City State Zip Code  
New Port Richey FL 34654-3650

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2007

**Transaction ID:** R1670600

Amount of Each Receipt this Period  
250.00

Credit Card

**C.** Full Name (Last, First, Middle Initial)  
Mr. Brian R. Phares, LIC, RFC

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 Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 242.50

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2007

**Transaction ID:** R1670151

Amount of Each Receipt this Period  
47.50

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>440.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 51
	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. R. Jan Pinney, CLU, ChFC,  
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 Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 624.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 10 / 2007

Transaction ID: R1669221

Amount of Each Receipt this Period  
208.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Reginald N. Rabjohns, CLU, ChFC,  
Mailing Address 8700 West Bryn Mawr Ave Ste 600 S.

City State Zip Code  
Chicago IL 60631-3507

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

Name of Employer Self-employed Occupation  
Insurance Agent

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 07 / 2007

Transaction ID: R1666126

Amount of Each Receipt this Period  
500.00

Check

**C.** Full Name (Last, First, Middle Initial)  
Ms. Linda Ray, RHU, LUTCF  
Mailing Address 944 Sena Drive

City State Zip Code  
Metairie LA 70005

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 16 / 2007

Transaction ID: R1670392

Amount of Each Receipt this Period  
1500.00

Check

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2208.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 51
	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Robert M. Roach, CLU, ChFC

Mailing Address 1287 Harrison Pond Drive

City State Zip Code  
New Albany OH 43054

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 352.50

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2007

Transaction ID: R1669452

Amount of Each Receipt this Period  
117.50

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. John M. Root, LUTCF

Mailing Address 1759 NW Riverview Dr

City State Zip Code  
Roseburg OR 97470-6104

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2007

Transaction ID: R1670282

Amount of Each Receipt this Period  
250.00

Check

**C.** Full Name (Last, First, Middle Initial)  
Mr. Richard J. Rosenthal, LUTCF

Mailing Address 8912 SW 81 Terr

City State Zip Code  
Miami FL 33173-4189

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2007

Transaction ID: R1666063

Amount of Each Receipt this Period  
500.00

Credit Card

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>867.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 51
	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Rodney D. Sager, CLU

Mailing Address 3745 Stanford

City State Zip Code  
Dallas TX 75225-7204

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2007

Transaction ID: R1670291

Amount of Each Receipt this Period  
250.00

Check

**B.** Full Name (Last, First, Middle Initial)  
Mr. Joel A. Shapiro, CLU, ChFC,

Mailing Address 200 E. 66th Street #D-302

City State Zip Code  
New York NY 10021-6728

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 15 / 2007

Transaction ID: R1670385

Amount of Each Receipt this Period  
500.00

Check

**C.** Full Name (Last, First, Middle Initial)  
Mr. Stephen C. Shaw, CLU

Mailing Address One Kaiser Plaza Ste. 1101

City State Zip Code  
Oakland CA 94612

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2007

Transaction ID: R1666089

Amount of Each Receipt this Period  
500.00

Credit Card

**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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Alan J. Silver, CLU

Mailing Address 12150 Blythen Way

City State Zip Code  
Oakland CA 94619

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 26 / 2007

Transaction ID: R1670700

Amount of Each Receipt this Period  
500.00

Credit Card

**B.** Full Name (Last, First, Middle Initial)  
Mr. Simon Singer, CFP(r)

Mailing Address 4266 Valley Meadow Road

City State Zip Code  
Encino CA 91436

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 08 / 2007

Transaction ID: R1670333

Amount of Each Receipt this Period  
150.00

Credit Card

**C.** Full Name (Last, First, Middle Initial)  
Mr. H. Dan Smith, CLU, LUTCF

Mailing Address 1616 Rio Vista

City State Zip Code  
Dallas TX 75208-2338

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 10 / 2007

Transaction ID: R1669263

Amount of Each Receipt this Period  
210.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	860.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 51
	<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 Committee

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

Mailing Address 22928 San Joaquin Drive East

City Canyon Lake State CA Zip Code 92587-7831

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 624.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 10 / 2007

**Transaction ID:** R1669287

Amount of Each Receipt this Period  
 208.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. David E. Smithkey, CLU, RFC

Mailing Address 9451 Heddy Drive

City Flushing State MI Zip Code 48433

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 624.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 10 / 2007

**Transaction ID:** R1669309

Amount of Each Receipt this Period  
 208.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Nicholas John Stosic

Mailing Address 9820 Dixon Lane

City Reno State NV Zip Code 89511-9455

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 378.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 10 / 2007

**Transaction ID:** R1669908

Amount of Each Receipt this Period  
 126.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	542.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 51
	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. David L. Stratton, CLU, ChFC,  
Mailing Address 13115 Beach Cir.  
City Anchorage State AK Zip Code 99515-3748  
FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 315.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 10 / 2007  
Transaction ID: R1669768  
Amount of Each Receipt this Period 105.00  
Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Steven M. Stratton, LUTCF,CSA  
Mailing Address 17131 Parkview Dr  
City Morgan Hill State CA Zip Code 95037-6606  
FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 315.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 10 / 2007  
Transaction ID: R1667635  
Amount of Each Receipt this Period 105.00  
Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. James F. Summers, CSA  
Mailing Address 15316 Pine  
City Omaha State NE Zip Code 68144-5117  
FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 01 / 2007  
Transaction ID: R1666036  
Amount of Each Receipt this Period 250.00  
Check

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	460.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 51
	<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 Committee

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

Mailing Address 2325 Jeans Ct

City State Zip Code  
Signal Hill CA 90755

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 10 / 2007

**Transaction ID:** R1667520

Amount of Each Receipt this Period  
105.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Matthew S. Tassej

Mailing Address 5 Reggio Ave.

City State Zip Code  
Old Orchard Beach ME 04064-2709

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 10 / 2007

**Transaction ID:** R1670254

Amount of Each Receipt this Period  
72.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Raymond J. Triplett

Mailing Address 16171 Hillvale Ave

City State Zip Code  
Monte Sereno CA 95030-4159

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 29 / 2007

**Transaction ID:** R1670750

Amount of Each Receipt this Period  
250.00

Check

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **427.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 51
	<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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Robert L. Weigner, CLU, LUTCF

Mailing Address 422 Upland St Apt G-5

City State Zip Code  
Pottstown PA 19464

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

Name of Employer Self-employed Occupation  
Self-employed 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  
03 / 09 / 2007

Transaction ID: R1670283

Amount of Each Receipt this Period  
500.00

Check

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

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 Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 10 / 2007

Transaction ID: R1667681

Amount of Each Receipt this Period  
45.00

Payroll Deduction

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

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 Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 16 / 2007

Transaction ID: R1670452

Amount of Each Receipt this Period  
50.00

Credit Card

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	595.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 51
	<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 Committee

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

Mailing Address 7023 W. Willamette Ave

City State Zip Code  
Kennewick WA 99336-1280

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 10 / 2007

Transaction ID: R1667596

Amount of Each Receipt this Period  
105.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Cliff F. Wilson, CLU, ChFC,

Mailing Address 1458 W. Bahia Court

City State Zip Code  
Gilbert AZ 85233

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 378.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 10 / 2007

Transaction ID: R1667124

Amount of Each Receipt this Period  
126.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Larry J. Winkelhake, CLU, ChFC

Mailing Address 18600 Longview Ct

City State Zip Code  
Brookfield WI 53045

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

Name of Employer Self-employed Occupation  
Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 10 / 2007

Transaction ID: R1669376

Amount of Each Receipt this Period  
90.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>321.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 / 51
	(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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Thomas J. Wolff, CLU, ChFC

Mailing Address 10738 Spicewood Trail

City State Zip Code  
Boynnton Beach FL 33436-5058

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2007

Transaction ID: R1670518

Amount of Each Receipt this Period  
500.00

Check

**B.** Full Name (Last, First, Middle Initial)  
Mr. Edward A. Zabielski, Jr.

Mailing Address 104 Clay Ct.

City State Zip Code  
Landenberg PA 19350

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

Name of Employer Self-employed Occupation  
Self-employed Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2007

Transaction ID: R1670228

Amount of Each Receipt this Period  
105.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	605.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	18032.25

**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 30 / 51

<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 Committee

Full Name (Last, First, Middle Initial)

**A.** First Union Bank

Mailing Address One First Union Center

City Charlotte State NC Zip Code 28288-1164

Purpose of Disbursement

Bank Charges

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: D9261

Date of Disbursement

03 / 29 / 2007

Amount of Each Disbursement this Period

496.17

Full Name (Last, First, Middle Initial)

**B.** NAIFA

Mailing Address 2901 Telestar Court

City Falls Church State VA Zip Code 22042-1205

Purpose of Disbursement  
Payroll, Benefits, Supplies, Copies,

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: D9260

Date of Disbursement

03 / 29 / 2007

Amount of Each Disbursement this Period

3297.98

etc.

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

3794.15

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

3794.15

**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 Committee

Full Name (Last, First, Middle Initial)

**A.** Arcuri for Congress

Mailing Address PO Box 8508

City Utica State NY Zip Code 13505

Purpose of Disbursement  
Contr. Michael Arcuri (NY-24-D-US House)

Candidate Name  
Michael Arcuri

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: NY District: 24

Transaction ID: D9237

Date of Disbursement

03 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

**B.** Bachmann for Congress

Mailing Address PO Box 49756

City Blaine State MN Zip Code 55449

Purpose of Disbursement  
Contr. Michele Bachmann (MN-6-R-US)

Candidate Name  
Michele Bachmann

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: MN District: 06

Transaction ID: D9212

Date of Disbursement

03 / 15 / 2007

Amount of Each Disbursement this Period

1000.00

House)

**C.** Baker for Congress Committee

Mailing Address Post Office Box 1694

City Baton Rouge State LA Zip Code 70821

Purpose of Disbursement  
Contr. Richard H. Baker (LA-6-R-US)

Candidate Name  
Richard H. Baker

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: LA District: 06

Transaction ID: D9210

Date of Disbursement

03 / 13 / 2007

Amount of Each Disbursement this Period

1000.00

House)

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Barney Frank for Congress Committee

Mailing Address P O Box 260

City State Zip Code  
Newtonville MA 02460

Purpose of Disbursement  
Contr. Barney Frank (MA-4-D-US House)

Candidate Name  
Barney Frank

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: MA District: 04

Transaction ID: D9208

Date of Disbursement

03 / 13 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Bluegrass Committee

Mailing Address 7500 Adler Way

City State Zip Code  
Louisville KY 40222

Purpose of Disbursement  
Contr. Bluegrass Committee (PAC to PAC)

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2007  
 Primary  General  
 Other (specify) ▼

State: District:

Annual

Transaction ID: D9206

Date of Disbursement

03 / 09 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Boren For Congress

Mailing Address PO Box 149

City State Zip Code  
Okemah OK 74859

Purpose of Disbursement  
Contr. Daniel Boren (OK-2-D-US House)

Candidate Name  
Daniel Boren

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: OK District: 02

Transaction ID: D9234

Date of Disbursement

03 / 23 / 2007

Amount of Each Disbursement this Period

2500.00

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

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 33 / 51

<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 Committee

Full Name (Last, First, Middle Initial)

**A.** Boswell for Congress

Mailing Address PO Box 6220

City Des Moines State IA Zip Code 50309

Purpose of Disbursement  
Contr. Leonard L. Boswell (IA-3-D-US)

Candidate Name  
Leonard L. Boswell

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: IA District: 03

Transaction ID: D9239

Date of Disbursement

03 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

House)

**B.** Campbell for Congress

Mailing Address 18004 Sky Park Circle, Suite 155

City Irvine State CA Zip Code 92660

Purpose of Disbursement  
Contr. John Campbell (CA-48-R-US House)

Candidate Name  
John Campbell

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: CA District: 48

Transaction ID: D9231

Date of Disbursement

03 / 22 / 2007

Amount of Each Disbursement this Period

1000.00

**C.** Charlie Melancon Campaign Committee, Inc.

Mailing Address 511 Congress Street/PO Box 549

City Napoleonville State LA Zip Code 70390

Purpose of Disbursement  
Contr. Charles Melancon (LA-3-D-US)

Candidate Name  
Charles Melancon

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: LA District: 03

Transaction ID: D9194

Date of Disbursement

03 / 06 / 2007

Amount of Each Disbursement this Period

1000.00

House)

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

3000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Charlie Melancon Campaign Committee, Inc.

Mailing Address 511 Congress Street/PO Box 549

City Napoleonville State LA Zip Code 70390

Purpose of Disbursement  
Contr. Charles Melancon (LA-3-D-US)

Candidate Name  
Charles Melancon

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: LA District: 03

Transaction ID: D9228

Date of Disbursement

03 / 21 / 2007

Amount of Each Disbursement this Period

1000.00

House)

**B.** Christopher Shays for Congress Committee

Mailing Address 98 East Avenue Rear Building

City Norwalk State CT Zip Code 06851

Purpose of Disbursement  
Contr. Christopher Shays (CT-4-R-US)

Candidate Name  
Christopher Shays

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: CT District: 04

Transaction ID: D9211

Date of Disbursement

03 / 13 / 2007

Amount of Each Disbursement this Period

2500.00

House)

**C.** Citizens for Bunning

Mailing Address 1717 Dixie Highway Suite 180

City Ft Wright State KY Zip Code 41011

Purpose of Disbursement  
Contr. Jim Bunning (KY-R-US Senate)

Candidate Name  
Jim Bunning

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: KY District:

Transaction ID: D9225

Date of Disbursement

03 / 21 / 2007

Amount of Each Disbursement this Period

2500.00

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

6000.00

**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)

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<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 Committee

Full Name (Last, First, Middle Initial)

**A.** Committee to Bring Back Baron

Mailing Address PO Box 1071

City Seymour State IN Zip Code 47274

Purpose of Disbursement  
Contr. Baron Hill (IN-9-D-US House)

Candidate Name  
Baron Hill

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: IN District: 09

Transaction ID: D9207

Date of Disbursement

03 / 09 / 2007

Amount of Each Disbursement this Period

1000.00

**B.** Committee to Bring Back Baron

Mailing Address PO Box 1071

City Seymour State IN Zip Code 47274

Purpose of Disbursement  
Contr. Baron Hill (IN-9-D-US House)

Candidate Name  
Baron Hill

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: IN District: 09

Transaction ID: D9242

Date of Disbursement

03 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

**C.** Committee to Elect Chris Murphy

Mailing Address PO Box 127

City Cheshire State CT Zip Code 06410

Purpose of Disbursement  
Contr. Chris Murphy (CT-5-D-US House)

Candidate Name  
Chris Murphy

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: CT District: 05

Transaction ID: D9236

Date of Disbursement

03 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Courtney for Congress

Mailing Address 38 Risley Road

City State Zip Code  
Vernon CT 06066

Purpose of Disbursement  
Contr. Joseph Courtney (CT-2-D-US House)

Candidate Name  
Joseph Courtney

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: CT District: 02

Transaction ID: D9240

Date of Disbursement

03 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Crowley for Congress

Mailing Address 84-56 Grand Avenue

City State Zip Code  
Elmhurst NY 11373

Purpose of Disbursement  
Contr. Joseph Crowley (NY-7-D-US House)

Candidate Name  
Joseph Crowley

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: NY District: 07

Transaction ID: D9226

Date of Disbursement

03 / 21 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C.** DAKPAC

Mailing Address 420 C Street, NE/Lower Level

City State Zip Code  
Washington DC 20002

Purpose of Disbursement  
Contr. DAKPAC (PAC to PAC)

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2007  
 Primary  General  
 Other (specify) ▼

State: District: Annual

Transaction ID: D9224

Date of Disbursement

03 / 21 / 2007

Amount of Each Disbursement this Period

5000.00

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

8500.00

**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)

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<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 Committee

Full Name (Last, First, Middle Initial)

**A.** Democratic Congressional Campaign Committee

Mailing Address 430 South Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contr. DCCC (national party committee)

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2007  
 Primary  General  
 Other (specify) ▼

State: District:

Annual

Transaction ID: D9227

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	1		2	0	0	7

Amount of Each Disbursement this Period

15000.00
----------

**B.** Democratic Senatorial Campaign Committee

Mailing Address 430 South Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contr. Democratic Senatorial Cam

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2007  
 Primary  General  
 Other (specify) ▼

State: District:

Annual

Transaction ID: D9252

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	0	7

Amount of Each Disbursement this Period

15000.00
----------

(national party committee)

**C.** Earl Pomeroy for Congress

Mailing Address PO Box 746

City Bismarck State ND Zip Code 58502

Purpose of Disbursement  
Contr. Earl Pomeroy (ND-1-D-US House)

Candidate Name  
Earl Pomeroy

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: ND District: 01

Transaction ID: D9222

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	1		2	0	0	7

Amount of Each Disbursement this Period

5000.00
---------

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

**35000.00**

**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)

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<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 Committee

Full Name (Last, First, Middle Initial)

**A.** Ellen Tauscher for Congress

Mailing Address 20 Park Road, Suite E

City Burlingame State CA Zip Code 94010

Purpose of Disbursement  
Contr. Ellen O. Tauscher (CA-10-D-US)

Candidate Name  
Ellen O. Tauscher

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: CA District: 10

Transaction ID: D9221

Date of Disbursement

03 / 21 / 2007

Amount of Each Disbursement this Period

1000.00

House)

Full Name (Last, First, Middle Initial)

**B.** Frelinghuysen for Congress

Mailing Address 19 Cattano Avenue

City Morristown State NJ Zip Code 07960

Purpose of Disbursement  
Contr. Rodney P. Frelinghuysen

Candidate Name  
Rodney P. Frelinghuysen

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: NJ District: 11

Transaction ID: D9233

Date of Disbursement

03 / 22 / 2007

Amount of Each Disbursement this Period

1000.00

(NJ-11-R-US House)

Full Name (Last, First, Middle Initial)

**C.** Friends of Jim Inhofe

Mailing Address P. O. Box 13300

City Oklahoma City State OK Zip Code 73113-1300

Purpose of Disbursement  
Returned Check #11719 dated 8/21/2006

Candidate Name  
James M. Inhofe

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: OK District:

Transaction ID: D9192

Date of Disbursement

03 / 06 / 2007

Amount of Each Disbursement this Period

-2000.00

for James M. Inhofe (OK-R-  
).

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

0.00

**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 Committee

Full Name (Last, First, Middle Initial)

**A.** Friends of Jim Marshall

Mailing Address P.O. Box 125

City Macon State GA Zip Code 31201

Purpose of Disbursement  
Contr. Jim Marshall (GA-8-D-US House)

Candidate Name  
Jim Marshall

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: GA District: 08

Transaction ID: D9248

Date of Disbursement

03 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Friends of John Barrow

Mailing Address 2141 B West Broad St

City Athens State GA Zip Code 30606

Purpose of Disbursement  
Returned Check #11725 dated 9/6/2006 for

Candidate Name  
John Barrow

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: GA District: 12

Transaction ID: D9189

Date of Disbursement

03 / 05 / 2007

Amount of Each Disbursement this Period

-1000.00

John Barrow (GA-12-D).

Full Name (Last, First, Middle Initial)

**C.** Friends of John Boehner

Mailing Address 7908-I Cincinnati Dayton Road

City West Chester State OH Zip Code 45069

Purpose of Disbursement  
Contr. John A. Boehner (OH-8-R-US House)

Candidate Name  
John A. Boehner

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: OH District: 08

Transaction ID: D9229

Date of Disbursement

03 / 22 / 2007

Amount of Each Disbursement this Period

5000.00

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

5000.00

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

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

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

FOR LINE NUMBER: (check only one)

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<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 Committee

Full Name (Last, First, Middle Initial)

**A.** Gillibrand for Congress

Mailing Address PO Box 1279

City Hudson State NY Zip Code 12534

Purpose of Disbursement  
Contr. Kirsten Gillibrand (NY-20-D-US)

Candidate Name  
Kirsten Gillibrand

Office Sought:  House  
 Senate  
 President

State: NY District: 20

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: D9243

Date of Disbursement

03 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

House)

Full Name (Last, First, Middle Initial)

**B.** Holden for Congress

Mailing Address 502 Walnut Street

City Reading State PA Zip Code 19601

Purpose of Disbursement  
Contr. Tim Holden (PA-17-D-US House)

Candidate Name  
Tim Holden

Office Sought:  House  
 Senate  
 President

State: PA District: 17

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: D9199

Date of Disbursement

03 / 09 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Joe Donnelly for Congress

Mailing Address PO Box 1961, Century Building

City South Bend State IN Zip Code 46634

Purpose of Disbursement  
Contr. Joseph Donnelly (IN-2-D-US House)

Candidate Name  
Joseph Donnelly

Office Sought:  House  
 Senate  
 President

State: IN District: 02

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: D9241

Date of Disbursement

03 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<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 Committee

Full Name (Last, First, Middle Initial)

**A.** John D. Dingell for Congress Comm.

Mailing Address 5467 Schaefer Road

City Dearborn State MI Zip Code 48126

Purpose of Disbursement  
Contr. John D. Dingell (MI-15-D-US)

Candidate Name  
John D. Dingell

Office Sought:  House  
 Senate  
 President

State: MI District: 15

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: D9218

Date of Disbursement

03 / 19 / 2007

Amount of Each Disbursement this Period

2000.00

House)

Full Name (Last, First, Middle Initial)

**B.** John Hall for Congress

Mailing Address PO Box 377

City Dover Plains State NY Zip Code 12522

Purpose of Disbursement  
Contr. John Hall (NY-19-D-US House)

Candidate Name  
John Hall

Office Sought:  House  
 Senate  
 President

State: NY District: 19

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: D9244

Date of Disbursement

03 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Judy Biggert for Congress

Mailing Address P.O. Box 637

City Hinsdale State IL Zip Code 60522

Purpose of Disbursement  
Contr. Judy Biggert (IL-13-R-US House)

Candidate Name  
Judy Biggert

Office Sought:  House  
 Senate  
 President

State: IL District: 13

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: D9220

Date of Disbursement

03 / 21 / 2007

Amount of Each Disbursement this Period

2500.00

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

5500.00

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

# 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)

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<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 Committee

Full Name (Last, First, Middle Initial)

**A.** Kagen 4 Congress

Mailing Address 100 West Lawrence St.

City Appleton State WI Zip Code 54911

Purpose of Disbursement  
Contr. Steve Kagen (WI-8-D-US House)

Candidate Name  
Steve Kagen

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: WI District: 08

Transaction ID: D9246

Date of Disbursement

03 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Kerry Committee

Mailing Address 511 C Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Contr. John F. Kerry (MA-D-US Senate)

Candidate Name  
John F. Kerry

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: MA District:

Transaction ID: D9217

Date of Disbursement

03 / 19 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Klein for Congress

Mailing Address 21301 Powerline Road, Suite 204

City Boca Raton State FL Zip Code 33433

Purpose of Disbursement  
Contr. Ronald Klein (FL-22-D-US House)

Candidate Name  
Ronald Klein

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: FL District: 22

Transaction ID: D9247

Date of Disbursement

03 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<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 Committee

Full Name (Last, First, Middle Initial)

**A.** Knollenberg for Congress

Mailing Address 30701 Woodward Avenue, Suite 300

City State Zip Code  
Royal Oak MI 48073

Purpose of Disbursement  
Contr. Joe Knollenberg (MI-9-R-US House)

Candidate Name  
Joe Knollenberg

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: MI District: 09

Transaction ID: D9232

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B.** Larson for Congress

Mailing Address 29 Ruff Circle

City State Zip Code  
Glastonbury CT 06033

Purpose of Disbursement  
Contr. John B. Larson (CT-1-D-US House)

Candidate Name  
John B. Larson

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: CT District: 01

Transaction ID: D9251

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**C.** Lewis for Congress Committee

Mailing Address P.O. Box 247

City State Zip Code  
Redlands CA 92373

Purpose of Disbursement  
Contr. Jerry Lewis (CA-41-R-US House)

Candidate Name  
Jerry Lewis

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: CA District: 41

Transaction ID: D9202

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

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

8000.00

**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 Committee

Full Name (Last, First, Middle Initial)

**A.** McNulty For Congress

Mailing Address PO Box 1560

City Green Island State NY Zip Code 12183

Purpose of Disbursement  
Contr. Michael R. McNulty (NY-21-D-US)

Candidate Name  
Michael R. McNulty

Office Sought:  House  
 Senate  
 President

State: NY District: 21

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: D9201

Date of Disbursement

03 / 09 / 2007

Amount of Each Disbursement this Period

2500.00

House)

**B.** Melissa Bean for Congress

Mailing Address PO Box 3068

City Barrington State IL Zip Code 60011

Purpose of Disbursement  
Contr. Melissa L. Bean (IL-8-D-US House)

Candidate Name  
Melissa L. Bean

Office Sought:  House  
 Senate  
 President

State: IL District: 08

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: D9238

Date of Disbursement

03 / 23 / 2007

Amount of Each Disbursement this Period

2500.00

**C.** Mike Thompson for Congress

Mailing Address 5435 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement  
Contr. Michael Thompson (CA-1-D-US)

Candidate Name  
Michael Thompson

Office Sought:  House  
 Senate  
 President

State: CA District: 01

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: D9203

Date of Disbursement

03 / 09 / 2007

Amount of Each Disbursement this Period

2500.00

House)

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

7500.00

**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)

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<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 Committee

Full Name (Last, First, Middle Initial)

**A.** Moore For Congress

Mailing Address P.O. Box 16646

City Milwaukee State WI Zip Code 53216-0646

Purpose of Disbursement  
Contr. Gwen Moore (WI-4-D-US House)

Candidate Name  
Gwen Moore

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: WI District: 04

Transaction ID: D9230

Date of Disbursement

03 / 22 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** National Republican Congressional Committee

Mailing Address 320 First Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contr. National Republican Congr

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2007  
 Primary  General  
 Other (specify) ▼

State: District:

Annual

Transaction ID: D9197

Date of Disbursement

03 / 06 / 2007

Amount of Each Disbursement this Period

15000.00

(national party committee)

Full Name (Last, First, Middle Initial)

**C.** NoDak PAC

Mailing Address PO Box 75214

City Washington State DC Zip Code 20013-5214

Purpose of Disbursement  
Contr. NoDak PAC (PAC to PAC)

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2007  
 Primary  General  
 Other (specify) ▼

State: District:

Annual

Transaction ID: D9223

Date of Disbursement

03 / 21 / 2007

Amount of Each Disbursement this Period

5000.00

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

21000.00

**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 Committee

Full Name (Last, First, Middle Initial) <b>A. Pallone for Congress Committee</b>		Transaction ID: D9209 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address PO Box 3176		Amount of Each Disbursement this Period 2000.00
City Long Branch State NJ Zip Code 07740	Category/ Type  House)	
Purpose of Disbursement Contr. Frank Pallone, Jr. (NJ-6-D-US)		
Candidate Name Frank Pallone, Jr.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Pascrell for Congress</b>		Transaction ID: D9198 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7
Mailing Address PO Box 640		Amount of Each Disbursement this Period 1000.00
City Totowa State NJ Zip Code 07511	Category/ Type  (NJ-8-D-US House)	
Purpose of Disbursement Contr. William J. Pascrell, Jr.		
Candidate Name William J. Pascrell, Jr.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 08	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Patrick Murphy for Congress</b>		Transaction ID: D9249 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7
Mailing Address PO Box 868		Amount of Each Disbursement this Period 1000.00
City Levittown State PA Zip Code 19058	Category/ Type	
Purpose of Disbursement Contr. Patrick Murphy (PA-8-D-US House)		
Candidate Name Patrick Murphy		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 08	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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)

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<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 Committee

Full Name (Last, First, Middle Initial)

**A.** Paul Hodes for Congress

Mailing Address 26 South Main Street, Suite 253

City Concord State NH Zip Code 03301

Purpose of Disbursement  
Contr. Paul Hodes (NH-2-D-US House)

Candidate Name  
Paul Hodes

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: NH District: 02

Transaction ID: D9245

Date of Disbursement

03 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** People for English

Mailing Address PO Box 1940

City Erie State PA Zip Code 16507

Purpose of Disbursement  
Contr. Phil English (PA-3-R-US House)

Candidate Name  
Phil English

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: PA District: 03

Transaction ID: D9200

Date of Disbursement

03 / 09 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Porter for Congress

Mailing Address PO Box 26087

City Las Vegas State NV Zip Code 89126

Purpose of Disbursement  
Contr. Jon C. Porter (NV-3-R-US House)

Candidate Name  
Jon C. Porter

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: NV District: 03

Transaction ID: D9188

Date of Disbursement

03 / 05 / 2007

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<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 Committee

Full Name (Last, First, Middle Initial)

**A.** Porter for Congress

Mailing Address PO Box 26087

City Las Vegas State NV Zip Code 89126

Purpose of Disbursement  
Contr. Jon C. Porter (NV-3-R-US House)

Candidate Name  
Jon C. Porter

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: NV District: 03

Transaction ID: D9219

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B.** Pryce for Congress

Mailing Address 145 E. Rich Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement  
Contr. Deborah Pryce (OH-15-R-US House)

Candidate Name  
Deborah Pryce

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: OH District: 15

Transaction ID: D9195

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C.** R.O.Y.B. PAC

Mailing Address PO Box 5412

City Alexandria State VA Zip Code 22205

Purpose of Disbursement  
Contr. R.O.Y.B. PAC (PAC to PAC)

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2007  
 Primary  General  
 Other (specify) ▼

State: District: Annual

Transaction ID: D9193

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

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

10000.00

**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)

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<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 Committee

Full Name (Last, First, Middle Initial) <b>A. Richard E. Neal For Congress</b>		<b>Transaction ID: D9190</b> Date of Disbursement																					
Mailing Address 76 Magnolia Terrace #718		<table border="1"> <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>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		0	5		2	0	0	7														
City Springfield	State MA	Zip Code 01108	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contr. Richard E. Neal (MA-2-D-US House)		<input type="text"/>	<input type="text" value="1000.00"/>																				
Candidate Name Richard E. Neal		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: MA	District: 02																						

Full Name (Last, First, Middle Initial) <b>B. Schakowsky for Congress</b>		<b>Transaction ID: D9250</b> Date of Disbursement																					
Mailing Address P.O. Box 5130		<table border="1"> <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>3</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	7		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	7		2	0	0	7														
City Evanston	State IL	Zip Code 60204	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contr. Janice D. Schakowsky (IL-9-D-US)		<input type="text"/>	<input type="text" value="1000.00"/>																				
Candidate Name Janice D. Schakowsky		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: IL	District: 09																						

House)

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="135000.00"/>

**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)

PAGE 50 / 51

<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 Committee

Full Name (Last, First, Middle Initial)

**A.** Ms. Mary F. Debaun

Mailing Address 2925 Maurice Ave

City North Pole State AK Zip Code 99705

Purpose of Disbursement  
Returned Check #11506 dated 3/15/2006

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D9191

Date of Disbursement

03 / 05 / 2007

Amount of Each Disbursement this Period

-34.00

for Mary Debaun.

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

-34.00

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

-34.00

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 51 / 51	
	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 Committee

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor NAIFA	Nature of Debt (Purpose): Payroll, Benefits, Supplies, Copies, etc
Mailing Address 2901 Telestar Court	
City State ZIP Code Falls Church VA 22042-1205	

Outstanding Balance Beginning This Period	<b>Transaction ID: DD#7711</b>	
38112.67		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	3297.98	34814.69

1) <b>SUBTOTALS</b> This Period This Page (optional).....	34814.69
2) <b>TOTALS</b> This Period (last page this line number only).....	34814.69
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	