

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 04 01 2009 through 04 30 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Peter C. Brown

Signature of Treasurer Electronically Filed by Peter C. Brown Date 06 15 2009

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		256835.75
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	274319.87									
(c) Total Receipts (from Line 19)	69424.22	268322.41								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	343744.09	525158.16								
7. Total Disbursements (from Line 31)	58723.87	240137.94								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	285020.22	285020.22								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	29467.40									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

National Association of Insurance and Financial Advisors Political Action Comm

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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	16262.45	48512.40
(i) Itemized (use Schedule A)		
(ii) Unitemized	53161.77	219810.01
(iii) TOTAL (add Lines 11(a)(i) and (ii)	69424.22	268322.41
(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)	69424.22	268322.41
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))	69424.22	268322.41
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	69424.22	268322.41

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) 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.....	18648.87	25525.94
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	18648.87	25525.94
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	40000.00	214100.00
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	75.00	512.00
(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))	75.00	512.00
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))..	58723.87	240137.94
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	58723.87	240137.94

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)	69424.22	268322.41
34. Total Contribution Refunds (from Line 28(d))	75.00	512.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	69349.22	267810.41
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	18648.87	25525.94
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	18648.87	25525.94

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) Mr. David B. Malkin	Date of Receipt MM / DD / YYYY 04 / 01 / 2009
	Mailing Address 15 Canoe Brook Drive	Transaction ID: 7849310
	City State Zip Code Livingston NJ 07039-6121	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation NJ Life & Casualty Associates, LLC General Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 500.00	

B.	Full Name (Last, First, Middle Initial) Mr. Emmette F. Albritton, II	Date of Receipt MM / DD / YYYY 04 / 01 / 2009
	Mailing Address 20683 Running Creek Church Road Suite A	Transaction ID: 7849312
	City State Zip Code Stanfield NC 28163	Amount of Each Receipt this Period 110.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Albritton Insurance Group General Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 275.00	

C.	Full Name (Last, First, Middle Initial) Mr. Ronald D. Brant	Date of Receipt MM / DD / YYYY 04 / 10 / 2009
	Mailing Address 10234 Hoffman	Transaction ID: 7849340
	City State Zip Code Maybee MI 48159-9777	Amount of Each Receipt this Period 208.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Lincoln Financial Network AGENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 832.00	

SUBTOTAL of Receipts This Page (optional)	818.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Martin Berger

Mailing Address 111 - 5th Ave SW PO Box 69

City State Zip Code
Epworth IA 52045

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Berger Benefit Connections AGENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

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

Transaction ID: 7849360

Amount of Each Receipt this Period 600.00

B. Full Name (Last, First, Middle Initial)
Mr. Todd S. Healy

Mailing Address 3624 University

City State Zip Code
Dallas TX 75205

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
IPS Advisors, Inc. PRINCIPAL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y
0 4 / 0 3 / 2 0 0 9

Transaction ID: 7849370

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Mr. Alexander A. Chernoff

Mailing Address 351 Ridge Lane

City State Zip Code
Mill Neck NY 11765-1201

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Chernoff Diamond & Co., LLC President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: 7849438

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) 1350.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Mr. Roderick P. Hansen	Date of Receipt MM / DD / YYYY 04 / 06 / 2009
	Mailing Address 21612 Marigot Dr.	Transaction ID: 7849508
	City State Zip Code Boca Raton FL 33428	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pacific Life Insurance Company Occupation Regional Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

B.	Full Name (Last, First, Middle Initial) Mr. Edward R. Clink	Date of Receipt MM / DD / YYYY 04 / 06 / 2009
	Mailing Address 1263 W. Square Lake Rd.	Transaction ID: 7849526
	City State Zip Code Bloomfield Hills MI 48302-0845	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Ed Clink & Associates Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

C.	Full Name (Last, First, Middle Initial) Mr. Vincent M. D'Addona	Date of Receipt MM / DD / YYYY 04 / 10 / 2009
	Mailing Address 141 Greenway Road	Transaction ID: 7849568
	City State Zip Code Lido Beach NY 11561-4828	Amount of Each Receipt this Period 105.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer D'Addona Rosenbaum Occupation General Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00

SUBTOTAL of Receipts This Page (optional)	▶	1105.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.

Full Name (Last, First, Middle Initial)
Mr. Barton C. Pasco

Mailing Address 309 Running Cedar Lane

City Richmond State VA Zip Code 23229

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

Name of Employer Pasco Financial Group, LLC Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 04 / 10 / 2009

Transaction ID: 7849700

Amount of Each Receipt this Period 55.00

B.

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

Mailing Address 4632 Mountain Park Rd.

City Pocatello State ID Zip Code 83202-1702

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

Name of Employer University Financial Group Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt: 04 / 10 / 2009

Transaction ID: 7849752

Amount of Each Receipt this Period 126.00

C.

Full Name (Last, First, Middle Initial)
Mr. Henry J. Pfleger, Jr.

Mailing Address 520 Hardee Rd.

City Coral Gables State FL Zip Code 33146

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

Name of Employer Pfleger Financial Group, Inc. Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 06 / 2009

Transaction ID: 7849862

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ▶ **681.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Mr. Lonnie L. Tutsch		Date of Receipt	
	Mailing Address 520 Lion Dr		M M / D D / Y Y Y Y Y 0 4 / 0 8 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: 7849933
	Rapid City	SD	57701-9701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Modern Woodmen of America		Occupation Agency Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

B.	Full Name (Last, First, Middle Initial) Mr. Albert Moriarty		Date of Receipt	
	Mailing Address 245 N 14th Street		M M / D D / Y Y Y Y Y 0 4 / 0 6 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: 7849997
	Grover Beach	CA	93433-2253	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Moriarty Enterprises		Occupation General Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

C.	Full Name (Last, First, Middle Initial) Mr. Edward A. Zabielski, Jr.		Date of Receipt	
	Mailing Address 104 Clay Ct.		M M / D D / Y Y Y Y Y 0 4 / 1 0 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: 7850017
	Landenberg	PA	19350	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		105.00	
Name of Employer Edward A. Zabielski Jr & Co.		Occupation President/Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 420.00		

SUBTOTAL of Receipts This Page (optional)	▶	605.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Mr. Michael O. Brown	Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 0 / 2 0 0 9
	Mailing Address 6512 NE 113	Transaction ID: 7850041
	City State Zip Code Edmond OK 73013-8351	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MassMutual Financial Group AGENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

B.	Full Name (Last, First, Middle Initial) Mr. Thomas R. Clark	Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 0 / 2 0 0 9
	Mailing Address 1603 22nd St Ste 202	Transaction ID: 7850067
	City State Zip Code West Des Moines IA 50266-1410	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Compensation Designs General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

C.	Full Name (Last, First, Middle Initial) Mr. Byron Hyatt Erstad, Jr.	Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 0 / 2 0 0 9
	Mailing Address 2510 S Nantucket Way	Transaction ID: 7850069
	City State Zip Code Boise ID 83706-5095	Amount of Each Receipt this Period 50.40
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Erstad & Company President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.60	

SUBTOTAL of Receipts This Page (optional)	170.40
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mr. Matthew S. Tassey	Date of Receipt MM / DD / YYYY 04 / 10 / 2009
	Mailing Address 5 Reggio Ave.	Transaction ID: 7850091
	City State Zip Code Old Orchard Beach ME 04064-2709	Amount of Each Receipt this Period 72.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Burwell & Burwell Sales Manager	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 288.00

B.	Full Name (Last, First, Middle Initial) Mr. Peter Fulchiron	Date of Receipt MM / DD / YYYY 04 / 10 / 2009
	Mailing Address 411 San Andreas Drive	Transaction ID: 7850093
	City State Zip Code Novato CA 94945-1237	Amount of Each Receipt this Period 105.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Allstate Life Insurance Company Agency Owner	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00

C.	Full Name (Last, First, Middle Initial) Mr. Kent A. Bennett	Date of Receipt MM / DD / YYYY 04 / 10 / 2009
	Mailing Address 280 Hollow Road	Transaction ID: 7850135
	City State Zip Code Muncy PA 17756-5789	Amount of Each Receipt this Period 87.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Kent A. Bennett & Assoc., Inc. General Agent	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00

SUBTOTAL of Receipts This Page (optional)	264.50
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 50
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
National Association of Insurance and Financial Advisors Political Action Comm

A.

Full Name (Last, First, Middle Initial)
Mr. 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 Security 1st Benefits Corp.
Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt
MM / DD / YYYY
04 / 10 / 2009

Transaction ID: 7850195

Amount of Each Receipt this Period
105.00

B.

Full Name (Last, First, Middle Initial)
Mr. Carl James Maus

Mailing Address 432 Fort Saratoga

City State Zip Code
Saint Charles MO 63303-1766

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

Name of Employer Insurance and Investment Services
Occupation Career Development Supervisor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
201.60

Date of Receipt
MM / DD / YYYY
04 / 10 / 2009

Transaction ID: 7850275

Amount of Each Receipt this Period
50.40

C.

Full Name (Last, First, Middle Initial)
Mr. David A. Middaugh

Mailing Address 3273 Evergreen Road

City State Zip Code
Fargo ND 58102-1214

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

Name of Employer Middaugh & Associates, Inc.
Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
998.40

Date of Receipt
MM / DD / YYYY
04 / 10 / 2009

Transaction ID: 7850277

Amount of Each Receipt this Period
249.60

SUBTOTAL of Receipts This Page (optional) ► **405.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 50
(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

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

A.

Full Name (Last, First, Middle Initial)
Mr. T. Leslie Littleton

Mailing Address 1025 E. Austin

City State Zip Code
Nacogdoches TX 75965-2964

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

Name of Employer Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 232.50

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

Transaction ID: 7850337

Amount of Each Receipt this Period
60.00

B.

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

Mailing Address 1420 Hackberry Road

City State Zip Code
North Platte NE 69101-6841

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

Name of Employer Occupation
Phares Financial Services Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 7850353

Amount of Each Receipt this Period
62.50

C.

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

Mailing Address 2017 Grafton Ave

City State Zip Code
Henderson NV 89014

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

Name of Employer Occupation
Assurance Ltd Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

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

Transaction ID: 7850415

Amount of Each Receipt this Period
60.00

SUBTOTAL of Receipts This Page (optional) ► **182.50**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 50
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mr. Thomas R. Laster

Mailing Address 1713 Elmhurst Ave

City Nichols Hills State OK Zip Code 73120

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

Name of Employer Rogers Benefit Group Occupation Regional Representative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 201.60

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

Transaction ID: 7850427

Amount of Each Receipt this Period
50.40

B.

Full Name (Last, First, Middle Initial)
Mr. Kenneth E. Knox

Mailing Address Unit 9, 10 East St

City Providence State RI Zip Code 02906-3069

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

Name of Employer Penn Mutual Occupation Regional Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 201.60

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

Transaction ID: 7850459

Amount of Each Receipt this Period
50.40

C.

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

Mailing Address 123 Northshore Pt

City Madison State MS Zip Code 39110-7272

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

Name of Employer Executive Planning Group Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

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

Transaction ID: 7850597

Amount of Each Receipt this Period
65.00

SUBTOTAL of Receipts This Page (optional) ► **165.80**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.

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

Mailing Address 59 Margarete Dr.

City Pittsgrove State NJ Zip Code 08318-3015

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

Name of Employer New York Life Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 288.00

Date of Receipt: 04 / 10 / 2009
Transaction ID: 7850627
Amount of Each Receipt this Period: 72.00

B.

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

Mailing Address 415 38th St S Ste E

City Fargo State ND Zip Code 58103-1190

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 297.60

Date of Receipt: 04 / 10 / 2009
Transaction ID: 7850783
Amount of Each Receipt this Period: 50.40

C.

Full Name (Last, First, Middle Initial)
Mr. Daniel J. Scholz

Mailing Address 3619 S 55th St

City Omaha State NE Zip Code 68106-4415

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

Name of Employer Ameritas Life Insurance Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 10 / 2009
Transaction ID: 7850795
Amount of Each Receipt this Period: 125.00

SUBTOTAL of Receipts This Page (optional) ▶ **247.40**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 50

(check only one)

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

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

A.

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

Mailing Address 2219 Kaululaau Street

City Honolulu State HI Zip Code 96813-1230

FEC ID number of contributing federal political committee. C

Name of Employer: Equity Insurance Services, Inc
Occupation: Representative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 10 / 2009

Transaction ID: 7850847

Amount of Each Receipt this Period 62.50

B.

Full Name (Last, First, Middle Initial)
Mr. John W. Collier

Mailing Address 4600 Kietzke Ln Ste D134

City Reno State NV Zip Code 89502

FEC ID number of contributing federal political committee. C

Name of Employer: American General Financial Group
Occupation: General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 201.60

Date of Receipt 04 / 10 / 2009

Transaction ID: 7850855

Amount of Each Receipt this Period 50.40

C.

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

Mailing Address Box 1832

City Idaho Falls State ID Zip Code 83403-1832

FEC ID number of contributing federal political committee. C

Name of Employer: Beneficial Life
Occupation: Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 201.60

Date of Receipt 04 / 10 / 2009

Transaction ID: 7850863

Amount of Each Receipt this Period 50.40

SUBTOTAL of Receipts This Page (optional) 163.30

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial) Mr. Larry J. Winkelhake	Date of Receipt MM / DD / YYYY 04 / 10 / 2009
Mailing Address 18600 Longview Ct	Transaction ID: 7850881
City State Zip Code Brookfield WI 53045-2513	Amount of Each Receipt this Period 90.00
FEC ID number of contributing federal political committee. C	
Name of Employer Occupation Mortensen-Winkelhake General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00

B.

Full Name (Last, First, Middle Initial) Mr. Ken Simons	Date of Receipt MM / DD / YYYY 04 / 10 / 2009
Mailing Address 808 Thoroughbred Lane	Transaction ID: 7850893
City State Zip Code Artesia NM 88210-2232	Amount of Each Receipt this Period 50.10
FEC ID number of contributing federal political committee. C	
Name of Employer Occupation New York Life Insurance General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.40

C.

Full Name (Last, First, Middle Initial) Mr. Roy W. Kern	Date of Receipt MM / DD / YYYY 04 / 10 / 2009
Mailing Address 642 S. Rilynn Ave.	Transaction ID: 7850913
City State Zip Code Republic MO 65738-7540	Amount of Each Receipt this Period 60.00
FEC ID number of contributing federal political committee. C	
Name of Employer Occupation Roy W. Kern & Associate OWNER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00

SUBTOTAL of Receipts This Page (optional)	200.10
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 50
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Mr. Anthony D. Miller

Mailing Address 4502 Hi-Line Dr

City State Zip Code
Billings MT 59106

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

Name of Employer Retirement Solutions Occupation Financial Advisor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 201.60

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

Transaction ID: 7850917

Amount of Each Receipt this Period
50.40

B. Full Name (Last, First, Middle Initial)
Mr. William James DeBruin

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 William J. DeBruin Financial Services Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 288.00

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

Transaction ID: 7850931

Amount of Each Receipt this Period
72.00

C. Full Name (Last, First, Middle Initial)
Mr. James W. Oglesby

Mailing Address P. O. Box 1555

City State Zip Code
ENKA NC 28728

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

Name of Employer J.W. Oglesby & Associates Occupation Senior Sales Associate

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 572.00

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

Transaction ID: 7850949

Amount of Each Receipt this Period
143.00

SUBTOTAL of Receipts This Page (optional) ► **265.40**

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

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

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

FOR LINE NUMBER: PAGE 20 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Thomas E. Fowler

Mailing Address 13243 SE 51st PI

City State Zip Code
Bellevue WA 98006

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

Name of Employer: Fowler Financial Services, Inc. Occupation: President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 430.00

Date of Receipt: 04 / 10 / 2009
Transaction ID: 7850953
Amount of Each Receipt this Period: 107.50

B. Full Name (Last, First, Middle Initial)
Mr. William T. Whitmore, Jr.

Mailing Address 3495 Winding Trail Circle

City State Zip Code
Virginia Beach VA 23456

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

Name of Employer: Nationwide Financial Network Occupation: Representative

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 10 / 2009
Transaction ID: 7851021
Amount of Each Receipt this Period: 62.50

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

Mailing Address 5716 W. Orlando Circle

City State Zip Code
Broken Arrow OK 74011-1149

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

Name of Employer: Northwestern Mutual Occupation: AGENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 04 / 10 / 2009
Transaction ID: 7851051
Amount of Each Receipt this Period: 60.00

SUBTOTAL of Receipts This Page (optional) ► 230.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mr. Robert M. Roach	Date of Receipt MM / DD / YYYY 04 / 10 / 2009
	Mailing Address 1287 Harrison Pond Drive	Transaction ID: 7851095
	City State Zip Code Columbus OH 43215	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation NMFN - Kemelgor Fin. Group General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Mr. Richard A. Koob	Date of Receipt MM / DD / YYYY 04 / 10 / 2009
	Mailing Address 301 Frederick Street	Transaction ID: 7851097
	City State Zip Code Waukesha WI 53186-8116	Amount of Each Receipt this Period 50.40
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation The Holter Financial Group Financial Representative	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.60	

C.	Full Name (Last, First, Middle Initial) Ms. April L. Howard	Date of Receipt MM / DD / YYYY 04 / 10 / 2009
	Mailing Address 3386 Williamsburg	Transaction ID: 7851107
	City State Zip Code Boise ID 83706-5320	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Howard Insurance Agency Agent/Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	▶	235.40
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 50
(check only one)

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

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

A.

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

Mailing Address 28630 Glenbrook Dr

City State Zip Code
Southfield MI 48034-5543

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

Name of Employer Occupation
Michigan Financial Financial Advisor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
MM / DD / YYYY
04 / 10 / 2009

Transaction ID: 7851151

Amount of Each Receipt this Period
75.00

B.

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

Mailing Address 22928 San Joaquin Drive East

City State Zip Code
Canyon Lake CA 92587-7831

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 834.00

Date of Receipt
MM / DD / YYYY
04 / 10 / 2009

Transaction ID: 7851195

Amount of Each Receipt this Period
208.50

C.

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

Mailing Address 5152 Ellington Court

City State Zip Code
Granite Bay CA 95746-7188

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 832.00

Date of Receipt
MM / DD / YYYY
04 / 10 / 2009

Transaction ID: 7851251

Amount of Each Receipt this Period
208.00

SUBTOTAL of Receipts This Page (optional) ► **491.50**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 50
(check only one)

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

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

A.

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

Mailing Address 114 W. Arnold

City State Zip Code
Bozeman MT 59715-6129

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

Name of Employer State Farm Insurance Companies
Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
MM / DD / YYYY
04 / 10 / 2009

Transaction ID: 7851285

Amount of Each Receipt this Period
90.00

B.

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

Mailing Address 1612 S. 152nd Street

City State Zip Code
Omaha NE 68144-5121

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

Name of Employer Mutual of Omaha
Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt
MM / DD / YYYY
04 / 10 / 2009

Transaction ID: 7851321

Amount of Each Receipt this Period
105.00

C.

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

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 Michael Ables Insurance Services
Occupation AGENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.50

Date of Receipt
MM / DD / YYYY
04 / 10 / 2009

Transaction ID: 7851331

Amount of Each Receipt this Period
42.50

SUBTOTAL of Receipts This Page (optional) ► **237.50**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Mr. Russell D. Jenkins		Date of Receipt	
	Mailing Address 1988 Burlingame Rd.		M M / D D / Y Y Y Y Y 04 / 10 / 2009	
	City	State	Zip Code	Transaction ID: 7851381
	Emporia	KS	66801	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		50.40	
Name of Employer Northwestern Mutual Fin. Network		Occupation Financial Representative		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 201.60		

B.	Full Name (Last, First, Middle Initial) Mr. David B. Bianchi		Date of Receipt	
	Mailing Address 1125 Beldon Way		M M / D D / Y Y Y Y Y 04 / 10 / 2009	
	City	State	Zip Code	Transaction ID: 7851393
	Reno	NV	89503-3164	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		60.00	
Name of Employer Northwestern Mutual		Occupation Financial Representative		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00		

C.	Full Name (Last, First, Middle Initial) Mr. Terry M. Kaltenbach		Date of Receipt	
	Mailing Address 1358 Ahlrich Ave		M M / D D / Y Y Y Y Y 04 / 10 / 2009	
	City	State	Zip Code	Transaction ID: 7851415
	Encintas	CA	92024-4029	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		125.00	
Name of Employer Phoenix Life		Occupation Wealth Management Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)	▶	235.40
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 25 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Mr. Walter J. Scott

Mailing Address 1022 Washington Ave

City State Zip Code
Oshkosh WI 54901-5354

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

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

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

Date of Receipt
M M / D D / Y Y Y Y
04 / 10 / 2009

Transaction ID: 7851449

Amount of Each Receipt this Period
50.40

B. Full Name (Last, First, Middle Initial)
Mr. Leonard Martin

Mailing Address 98 Tennyson Rd

City State Zip Code
Warwick RI 02888-1818

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

Name of Employer Occupation
Martin & Associates OWNER

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

Date of Receipt
M M / D D / Y Y Y Y
04 / 10 / 2009

Transaction ID: 7851803

Amount of Each Receipt this Period
50.40

C. Full Name (Last, First, Middle Initial)
Mr. Keith M. Gillies

Mailing Address 109 W. Lakeview Dr.

City State Zip Code
La Place LA 70068-2427

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

Name of Employer Occupation
River Parishes Advisors Managing Director
Group, LLC

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

Date of Receipt
M M / D D / Y Y Y Y
04 / 10 / 2009

Transaction ID: 7851907

Amount of Each Receipt this Period
105.00

SUBTOTAL of Receipts This Page (optional) ► 205.80

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 50
	<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 Comm

A.

Full Name (Last, First, Middle Initial)
Mr. Harlynn N. Bjerke

Mailing Address P. O. Box 144

City Adams State ND Zip Code 58210-0144

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

Name of Employer Mutual of Omaha Companies Occupation AGENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 294.00

Date of Receipt 04 / 10 / 2009

Transaction ID: 7852239

Amount of Each Receipt this Period 30.00

B.

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

Mailing Address 5553 Peters Drive

City West Bend State WI Zip Code 53095

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

Name of Employer Modern Woodmen of America Occupation Agency Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

Date of Receipt 04 / 10 / 2009

Transaction ID: 7852255

Amount of Each Receipt this Period 51.00

C.

Full Name (Last, First, Middle Initial)
Mr. Jerry E. Jensen

Mailing Address 190 So. 800 W.

City Blackfoot State ID Zip Code 83221-6132

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

Name of Employer Jensco, Inc. Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 201.60

Date of Receipt 04 / 10 / 2009

Transaction ID: 7852291

Amount of Each Receipt this Period 50.40

SUBTOTAL of Receipts This Page (optional) ► 131.40

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Full Name (Last, First, Middle Initial)
Mr. Jaford D. Burgad

Mailing Address 3842 N. 10th St.

City Fargo State ND Zip Code 58102-1044

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

Name of Employer Mutual of Omaha Companies Occupation Representative

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 04 / 10 / 2009

Transaction ID: 7852347

Amount of Each Receipt this Period 30.00

B. Full Name (Last, First, Middle Initial)
Mr. Alan C. Kifer

Mailing Address 21500 Park Row Rd #1115

City Katy State TX Zip Code 77449-2431

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

Name of Employer AIG American General Occupation President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt 04 / 10 / 2009

Transaction ID: 7852353

Amount of Each Receipt this Period 210.00

C. Full Name (Last, First, Middle Initial)
Mr. Glenn P. Deal, Jr.

Mailing Address 58 Golf Course Ln.

City Taylorsville State NC Zip Code 28681-7847

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

Name of Employer Thrivent Financial for Lutherans Occupation Financial Associate

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 04 / 10 / 2009

Transaction ID: 7852373

Amount of Each Receipt this Period 68.75

SUBTOTAL of Receipts This Page (optional) ► **308.75**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Ms. Juli Y. McNeely	Date of Receipt MM / DD / YYYY 04 / 10 / 2009
	Mailing Address S764 Hanson Road	Transaction ID: 7852387
	City State Zip Code Spencer WI 54479	Amount of Each Receipt this Period 51.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer McNeely Financial Services Inc Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 204.00	

B.	Full Name (Last, First, Middle Initial) Mr. Michael L. Kerley	Date of Receipt MM / DD / YYYY 04 / 10 / 2009
	Mailing Address 2901 Telestar Court	Transaction ID: 7852617
	City State Zip Code Falls Church VA 22042	Amount of Each Receipt this Period 52.25
	FEC ID number of contributing federal political committee. C	
	Name of Employer NAIFA Occupation Senior Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.75	

C.	Full Name (Last, First, Middle Initial) Mr. James R. Goodrich	Date of Receipt MM / DD / YYYY 04 / 10 / 2009
	Mailing Address 1860 Beech	Transaction ID: 7852797
	City State Zip Code Mt. Pleasant MI 48858-1280	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Northwestern Mutual Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	▶	163.25
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 50
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mr. James R. Christensen, Jr.

Mailing Address 440 Regency Pkwy Dr #210A

City State Zip Code
Omaha NE 68114

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

Name of Employer Occupation
INSOURCE, Inc. General Agent

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

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

Transaction ID: 7852827

Amount of Each Receipt this Period
105.00

B.

Full Name (Last, First, Middle Initial)
Mr. Lance P. Franczyk

Mailing Address 3009 Alyssum Ct.

City State Zip Code
Edmond OK 73034-6644

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

Name of Employer Occupation
Oklahoma City Group Managing Director

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

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

Transaction ID: 7852833

Amount of Each Receipt this Period
60.00

C.

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

Mailing Address 9439 Gay Lane

City State Zip Code
Oil City LA 71061

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

Name of Employer Occupation
Burke & Burke Insurance Mrktg, Inc. Agency Owner

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

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

Transaction ID: 7853007

Amount of Each Receipt this Period
105.00

SUBTOTAL of Receipts This Page (optional) ► **270.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 50
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mr. Terry K. Headley

Mailing Address 20704 Meadow Ridge Dr

City State Zip Code
Springfield NE 68059-7086

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

Name of Employer: Headley / Scott & Associates
Occupation: Managing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
832.00

Date of Receipt: 04 / 10 / 2009
Transaction ID: 7853321
Amount of Each Receipt this Period: 208.00

B.

Full Name (Last, First, Middle Initial)
Mr. Robert J. Morales

Mailing Address 1125 Wyoming Avenue

City State Zip Code
Reno NV 89503-3342

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

Name of Employer: Brecek & Young Advisors, Inc.
Occupation: General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt: 04 / 10 / 2009
Transaction ID: 7853325
Amount of Each Receipt this Period: 60.00

C.

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

Mailing Address 104 Landing Lane

City State Zip Code
Elkton MD 21921-5204

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

Name of Employer: Rymark Financial Services
Occupation: Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt: 04 / 10 / 2009
Transaction ID: 7853347
Amount of Each Receipt this Period: 62.50

SUBTOTAL of Receipts This Page (optional) ► **330.50**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 50
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial)
Ms. Carolyn R. Watson

Mailing Address 2032 Hollis

City State Zip Code
Abilene TX 79605-5726

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

Name of Employer: Ohio National Financial Services
Occupation: Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 04 / 10 / 2009
Transaction ID: 7853379
Amount of Each Receipt this Period: 55.00

B.

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

Mailing Address 17131 Parkview Dr

City State Zip Code
Morgan Hill CA 95037-6606

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

Name of Employer: Financial & Insurance Services
Occupation: PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt: 04 / 10 / 2009
Transaction ID: 7853401
Amount of Each Receipt this Period: 105.00

C.

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: Kansas City Life Insurance Company
Occupation: Sales Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 832.00

Date of Receipt: 04 / 10 / 2009
Transaction ID: 7853591
Amount of Each Receipt this Period: 208.00

SUBTOTAL of Receipts This Page (optional) ► **368.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 50
(check only one)

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

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

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

Mailing Address 3705 S. Judy Ave

City State Zip Code
Sioux Falls SD 57103-7248

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

Name of Employer Occupation
Modern Woodmen of America Agency Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
04 / 10 / 2009

Transaction ID: 7853735

Amount of Each Receipt this Period
75.00

B. Full Name (Last, First, Middle Initial)
Mr. A. Ainslie Stanford

Mailing Address 10024 S. Louisville Ave

City State Zip Code
Tulsa OK 74137-5221

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

Name of Employer Occupation
Northwestern Mutual Financial Network Financial Representative

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 201.60

Date of Receipt
MM / DD / YYYY
04 / 10 / 2009

Transaction ID: 7854029

Amount of Each Receipt this Period
50.40

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

Mailing Address 1706 Candleberry Lane

City State Zip Code
Yorkville IL 60560-5810

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

Name of Employer Occupation
Principal Financial Group Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
04 / 10 / 2009

Transaction ID: 7854351

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional) ► **200.40**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 50
(check only one)

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

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

A.

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

Mailing Address 1651 Wolf Run Dr.

City State Zip Code
Richfield WI 53076-9686

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

Name of Employer
The Principal Financial Group

Occupation
Managing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 10 / 2009

Transaction ID: 7854389

Amount of Each Receipt this Period
60.00

B.

Full Name (Last, First, Middle Initial)
Mr. Lester E. Westgard

Mailing Address 2714 26th Ave SW

City State Zip Code
Fargo ND 58103-5006

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

Name of Employer
The Principal Financial Group

Occupation
Special Marketing Developer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 10 / 2009

Transaction ID: 7854545

Amount of Each Receipt this Period
60.00

C.

Full Name (Last, First, Middle Initial)
Mr. Earl A. Thompson

Mailing Address 21014 Pricewood Manor Ct.

City State Zip Code
Cypress TX 77433

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

Name of Employer
State Farm Insurance Companies

Occupation
AGENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 10 / 2009

Transaction ID: 7854557

Amount of Each Receipt this Period
52.00

SUBTOTAL of Receipts This Page (optional) ► **172.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 50
	<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 Comm

A.	Full Name (Last, First, Middle Initial) Mr. C. Robert Brown, Sr.	Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 0 / 2 0 0 9
	Mailing Address 8675 WestCott	Transaction ID: 7854627
	City State Zip Code Germantown TN 38138-7738	Amount of Each Receipt this Period 62.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UCL Financial Group President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Mr. James John Silbernagel	Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 0 / 2 0 0 9
	Mailing Address W 2329 Capital Drive	Transaction ID: 7854887
	City State Zip Code Campbellsport WI 53010-3010	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Silbernagel & Jäsen Financial CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

C.	Full Name (Last, First, Middle Initial) Mr. Cliff F. Wilson	Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 0 / 2 0 0 9
	Mailing Address 1458 W. Bahia Court	Transaction ID: 7855237
	City State Zip Code Gilbert AZ 85233-5600	Amount of Each Receipt this Period 126.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Southeast Arizona Ins. Services, LTD General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 504.00	

SUBTOTAL of Receipts This Page (optional)	248.50
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 50
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mr. James W. Simons

Mailing Address 1712 13th Street NW

City State Zip Code
Minot ND 58703

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

Name of Employer
First Command Financial Planning

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 Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: 7856073

Amount of Each Receipt this Period
15.00

B.

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

Mailing Address 361 Pines Blvd.

City State Zip Code
Lake Villa IL 60046-6600

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

Name of Employer
Allstate Insurance

Occupation
Exclusive Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
268.00

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

Transaction ID: 7856326

Amount of Each Receipt this Period
67.00

C.

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

Mailing Address 3990 Jones Ln

City State Zip Code
Bellingham WA 98225-8544

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

Name of Employer
Mitchell Financial Services

Occupation
OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

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

Transaction ID: 7856772

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional) ► **157.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 50
(check only one)

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

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

A.

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

Mailing Address 5101 Missy Maric Lane

City State Zip Code
Las Vegas NV 89130

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

Name of Employer Clearline Financial Group Occupation Field Representative

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

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

Transaction ID: 7856782

Amount of Each Receipt this Period
150.00

B.

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

Mailing Address 5487 N. Bach

City State Zip Code
Meridian ID 83642

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

Name of Employer Intermountain Legal Group Occupation Attorney At Law

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

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

Transaction ID: 7856934

Amount of Each Receipt this Period
126.00

C.

Full Name (Last, First, Middle Initial)
Mr. Ron Mullen

Mailing Address 6902 Mesa Drive

City State Zip Code
Austin TX 78731-2822

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

Name of Employer Small Employer Benefits, L.P. 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
0 4 / 0 7 / 2 0 0 9

Transaction ID: 7858268

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **526.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial) Mr. George J. Geldin		Date of Receipt
Mailing Address 243 Park View Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City	State	Zip Code
Oak Park	CA	91377-1124
FEC ID number of contributing federal political committee.		Transaction ID: 7858300
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 125.00
Name of Employer Geldin Insurance Services	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 250.00	

B.

Full Name (Last, First, Middle Initial) Mr. W. Gary Langenhahn		Date of Receipt
Mailing Address 2 Briars Corners		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City	State	Zip Code
Briarcliff Manor	NY	10510-7350
FEC ID number of contributing federal political committee.		Transaction ID: 7858338
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 250.00
Name of Employer Private Client Group, LLC	Occupation Senior Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 250.00	

C.

Full Name (Last, First, Middle Initial) Mr. Christopher Luke Simons		Date of Receipt
Mailing Address 713 Carper Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City	State	Zip Code
Artesia	NM	88210-2344
FEC ID number of contributing federal political committee.		Transaction ID: 7858396
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 50.40
Name of Employer Simons and Associates	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 201.60	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 425.40
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 50
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mr. Dermot T. Healey

Mailing Address 193 East Grand Ave, Unit #5

City State Zip Code
Old Orchard Beach ME 04064

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

Name of Employer
E.A. Scribner Insurance Agency, Inc.

Occupation
Executive V.P.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
04 / 17 / 2009

Transaction ID: 7858412

Amount of Each Receipt this Period
600.00

B.

Full Name (Last, First, Middle Initial)
Mr. Michael Rosenzweig

Mailing Address 13 Augusta Lane

City State Zip Code
Manhasset NY 11030-3909

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

Name of Employer
Rosenzweig Financial Services

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
04 / 16 / 2009

Transaction ID: 7858426

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Mr. Royall R. Brown, Jr.

Mailing Address 2617 Audubon Dr

City State Zip Code
Winston Salem NC 27106

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

Name of Employer
Northwestern Mutual

Occupation
District Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
MM / DD / YYYY
04 / 20 / 2009

Transaction ID: 7858617

Amount of Each Receipt this Period
550.00

SUBTOTAL of Receipts This Page (optional) ► **1650.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mr. Gene H. Storms	Date of Receipt MM / DD / YYYY 04 / 20 / 2009
	Mailing Address 18663 St. Mellion Place	Transaction ID: 7858619
	City State Zip Code Eden Prairie MN 55347-3484	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Mr. James C. Clabuesch	Date of Receipt MM / DD / YYYY 04 / 10 / 2009
	Mailing Address 11375 Fairway Dr	Transaction ID: 7858959
	City State Zip Code Roscommon MI 48653	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Clabuesch Financial Services Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Mr. Carl H. Aronson	Date of Receipt MM / DD / YYYY 04 / 20 / 2009
	Mailing Address 8541 N.W. Reed Dr.	Transaction ID: 7859001
	City State Zip Code Portland OR 97229	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation State Farm Insurance Companies Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	650.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 50
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial)
Mr. Warren Buster West

Mailing Address 46451 Evergreen Lane

City Cleveland State MN Zip Code 56017-9707

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

Name of Employer Minnesota Business Center Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 04 / 14 / 2009

Transaction ID: 7859151

Amount of Each Receipt this Period 100.00

B.

Full Name (Last, First, Middle Initial)
Mr. Herbert Leibel

Mailing Address 1276 50th Street

City Brooklyn State NY Zip Code 11219-3540

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

Name of Employer Innovative Brokers Corp Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 23 / 2009

Transaction ID: 7859153

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Mr. Kenneth W. Head

Mailing Address 203 Burning Brush Rd

City Greenville State SC Zip Code 29607-5825

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

Name of Employer Head Financial Group, Inc Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 21 / 2009

Transaction ID: 7859179

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 850.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Mr. Randhir Singh Judge	Date of Receipt MM / DD / YYYY 04 / 24 / 2009
	Mailing Address 45790 Cayuga Ct	Transaction ID: 7859239
	City State Zip Code Fremont CA 94539-6815	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Judge for Yourself Inc Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Mr. Michael J. Bussard	Date of Receipt MM / DD / YYYY 04 / 27 / 2009
	Mailing Address 5256 Lysander Lane	Transaction ID: 7859675
	City State Zip Code Brentwood TN 37027-3110	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pacific Life Insurance Company Occupation Regional Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Mr. Michael L. Kerley	Date of Receipt MM / DD / YYYY 04 / 30 / 2009
	Mailing Address 2901 Telestar Court	Transaction ID: 7859719
	City State Zip Code Falls Church VA 22042	Amount of Each Receipt this Period 52.25
	FEC ID number of contributing federal political committee. C	
	Name of Employer NAIFA Occupation Senior Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 418.00	

SUBTOTAL of Receipts This Page (optional)	802.25
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mr. Robert G. Sher	Date of Receipt MM / DD / YYYY 04 / 29 / 2009
	Mailing Address 285 Bayberry Dr	Transaction ID: 7859745
	City State Zip Code Hewlett Harbor NY 11557-2721	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation John Hancock Mutual Life Managing Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Mr. Mike Van Pelt	Date of Receipt MM / DD / YYYY 04 / 29 / 2009
	Mailing Address 916 Tradition Lane	Transaction ID: 7859793
	City State Zip Code Inman SC 29349	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Advantage Insurance Agency Sales Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Mr. Roberto H. Bruce	Date of Receipt MM / DD / YYYY 04 / 27 / 2009
	Mailing Address 4178 Lauren Ct	Transaction ID: 7930633
	City State Zip Code Rancho Cordova CA 95742	Amount of Each Receipt this Period 0.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Alliance1, Inc. Regional Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ -37.50	[MEMO ITEM] Refund(s) on Schedule B Totaling \$75.00 This changes the YTD Total to \$-37.50

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	16262.45

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Friends Of Charlie Wilson	Transaction ID: 7772961 Date of Disbursement
	Mailing Address P.O. Box 61	<input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City St. Clairsville State OH Zip Code 43950	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. Charles Wilson	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Bill Cassidy For Congress	Transaction ID: 7822582 Date of Disbursement
	Mailing Address 3482 Drusilla Lane Suite 1	<input type="text" value="04"/> / <input type="text" value="16"/> / <input type="text" value="2009"/>
	City Baton Rouge State LA Zip Code 70809	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. William Cassidy, MD	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) AMERIPAC	Transaction ID: 7829391 Date of Disbursement
	Mailing Address 499 South Capitol St, SW #414	<input type="text" value="04"/> / <input type="text" value="21"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Rangel for Congress Committee	Transaction ID: 7829430 Date of Disbursement
	Mailing Address PO Box 5577 - Manhattanville Stati	<input type="text" value="04"/> / <input type="text" value="21"/> / <input type="text" value="2009"/>
	City New York State NY Zip Code 10027	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="3500.00"/>
	Candidate Name Charles Rangel	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Bachus For Congress Committee	Transaction ID: 7829431 Date of Disbursement
	Mailing Address P.O. Box 131134	<input type="text" value="04"/> / <input type="text" value="21"/> / <input type="text" value="2009"/>
	City Birmingham State AL Zip Code 35213	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. Spencer Thomas Bachus, III	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Richard E Neal For Congress Committee	Transaction ID: 7829432 Date of Disbursement
	Mailing Address 76 Magnolia Terrace	<input type="text" value="04"/> / <input type="text" value="21"/> / <input type="text" value="2009"/>
	City Springfield State MA Zip Code 01108	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. Richard E. Neal	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 45 / 50

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

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

A.	Full Name (Last, First, Middle Initial) Charlie Melancon Campaign Committee Inc	Transaction ID: 7829433 Date of Disbursement 04 / 21 / 2009
	Mailing Address PO Box 549	Amount of Each Disbursement this Period 2500.00
	City Napoleonville State LA Zip Code 70390	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Charles Melancon	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Latourette For Congress Committee	Transaction ID: 7829748 Date of Disbursement 04 / 23 / 2009
	Mailing Address 320 Kenarden Dr.	Amount of Each Disbursement this Period 1500.00
	City Highland Hts. State OH Zip Code 44143	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Steven C. LaTourette	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 14	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Mike Crapo For Us Senate	Transaction ID: 7832171 Date of Disbursement 04 / 24 / 2009
	Mailing Address P.O. Box 1948	Amount of Each Disbursement this Period 2500.00
	City Boise State ID Zip Code 83701	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Sen. Mike Crapo	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ID District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	6500.00
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 Comm

A.	Full Name (Last, First, Middle Initial) Senate Majority Fund	Transaction ID: 7832177 Date of Disbursement
	Mailing Address 507 Capitol Court, NE #100	<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name Senate Majority Fund	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Robert Aderholt For Congress	Transaction ID: 7832181 Date of Disbursement
	Mailing Address P. O. Box 1158 940 Hwy 13	<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City Haleyville State AL Zip Code 35565	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. Robert B. Aderholt	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends Of Dan Maffei	Transaction ID: 7833143 Date of Disbursement
	Mailing Address PO Box 74	<input type="text" value="04"/> / <input type="text" value="27"/> / <input type="text" value="2009"/>
	City Syracuse State NY Zip Code 13214	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name Rep. Daniel B. Maffei	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Geoff Davis For Congress	Transaction ID: 7833158 Date of Disbursement 04 / 27 / 2009
	Mailing Address 3161 Dixie Highway Suite F	Amount of Each Disbursement this Period 2500.00
	City Erlanger State KY Zip Code 41018	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Geoffrey Davis	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Price For Congress	Transaction ID: 7833159 Date of Disbursement 04 / 27 / 2009
	Mailing Address P.O. Box 425	Amount of Each Disbursement this Period 1000.00
	City Roswell State GA Zip Code 30077	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Thomas E. Price, M.D.	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committee	Transaction ID: 7833160 Date of Disbursement 04 / 27 / 2009
	Mailing Address 430 South Capitol Street, SE	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Democratic Senatorial Campaign Committee	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)

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

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

<p>A. Full Name (Last, First, Middle Initial) Shelby For U S Senate</p> <p>Mailing Address Post Office Box 1091</p> <p>City Tuscaloosa State AL Zip Code 35403</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Sen. Richard C. Shelby</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: AL District:</p>	<p>Transaction ID: 7833161 Date of Disbursement 04 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) Clay Jr. For Congress</p> <p>Mailing Address P.O. Box 4544 Suite 300</p> <p>City St. Louis State MO Zip Code 63108</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. William Lacy Clay, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MO District: 01</p>	<p>Transaction ID: 7833162 Date of Disbursement 04 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p>C. Full Name (Last, First, Middle Initial) Bob Etheridge For Congress Committee</p> <p>Mailing Address Post Office Box 28001 PO Box 28001</p> <p>City Raleigh State NC Zip Code 27611</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Bob Etheridge</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NC District: 02</p>	<p>Transaction ID: 7833163 Date of Disbursement 04 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>

SUBTOTAL of Disbursements This Page (optional)	6500.00
TOTAL This Period (last page this line number only)	4000.00

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)

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

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

A.

Full Name (Last, First, Middle Initial)

Wachovia

Mailing Address P.O. box 40031

City State Zip Code
Roanoke VA 24022-0031

Purpose of Disbursement
bank fees

Candidate Name

001
Category/
Type

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

State: District:

Transaction ID: 7876074

Date of Disbursement

04 / 20 / 2009

Amount of Each Disbursement this Period

338.20

bank fees

B.

Full Name (Last, First, Middle Initial)

NAIFA

Mailing Address 2901 Telestar Ct

City State Zip Code
Falls Church VA 22042

Purpose of Disbursement
Salary, Benefits, supplies, copies

Candidate Name

001
Category/
Type

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

State: District:

Transaction ID: 7876075

Date of Disbursement

04 / 20 / 2009

Amount of Each Disbursement this Period

18310.67

Salary, Benefits, supplies, copies

SUBTOTAL of Disbursements This Page (optional)

18648.87

TOTAL This Period (last page this line number only)

18648.87

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 50 / 50	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor National Association of Insurance and Financial Advisors Political Action Committee			Nature of Debt (Purpose): salary, benefits, supplies, copies, etc
Mailing Address 2901 Telestar Court			
City Falls Church	State VA	ZIP Code 22042	

Outstanding Balance Beginning This Period		Transaction ID: 7930634	
47778.07			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	18310.67	29467.40	

1) SUBTOTALS This Period This Page (optional).....	▶	29467.40
2) TOTALS This Period (last page this line number only).....	▶	29467.40
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	29467.40