

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 Committee

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

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

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

5. Covering Period 09 01 2006 through 09 30 2006

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. Browne

Signature of Treasurer Electronically Filed by Peter C. Browne Date 10 19 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

National Association of Insurance and Financial Advisors Political Action Committee

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		537428.48
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	359442.38									
(c) Total Receipts (from Line 19)	125123.81	760739.09								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	484566.19	1298167.57								
7. Total Disbursements (from Line 31)	244212.03	1057813.41								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	240354.16	240354.16								
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)	133667.69									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

National Association of Insurance and Financial Advisors Political Action Committee

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	55058.11	239047.66
(i) Itemized (use Schedule A)	70065.70	519191.43
(ii) Unitemized	125123.81	758239.09
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(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)	125123.81	758239.09
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	2500.00
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))	125123.81	760739.09
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	125123.81	760739.09

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.....	417.03	174383.41
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	417.03	174383.41
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	243000.00	882250.00
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	795.00	1180.00
(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))	795.00	1180.00
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))..	244212.03	1057813.41
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	244212.03	1057813.41

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)	125123.81	758239.09
34. Total Contribution Refunds (from Line 28(d))	795.00	1180.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	124328.81	757059.09
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	417.03	174383.41
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	417.03	174383.41

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 190
	<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 Committee

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

Mailing Address PO Box 2205

City Avila Beach State CA Zip Code 93424-2205

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 735.00

Date of Receipt
09 / 25 / 2006

Transaction ID: R1638519

Amount of Each Receipt this Period
105.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Ms. Pamela Ables

Mailing Address PO Box 2205

City Avila Beach State CA Zip Code 93424

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt
09 / 11 / 2006

Transaction ID: R1637942

Amount of Each Receipt this Period
105.00

Check

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

Mailing Address 5101 Missy Maric Lane

City Las Vegas State NV Zip Code 89130

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 648.00

Date of Receipt
09 / 10 / 2006

Transaction ID: R1634532

Amount of Each Receipt this Period
72.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	282.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Mr Emmette F. Albritton, II, LUTCF

Mailing Address 20683 Running Creek Church Road
Suite A

City Stanfield State NC Zip Code 28163

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 13 / 2006

Transaction ID: R1638408

Amount of Each Receipt this Period
110.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Mr. J. Rockwell Allen, CLU, ChFC

Mailing Address The Mill at Crane Pond
77 Mill Street, Suite 310

City Westfield State MA Zip Code 01085

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 13 / 2006

Transaction ID: R1638200

Amount of Each Receipt this Period
250.00

Check

C. Full Name (Last, First, Middle Initial)
Mr. James M. Allen

Mailing Address 414 McCall Street

City Waukesha State WI Zip Code 53186-6009

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: R1636034

Amount of Each Receipt this Period
30.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	390.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Ms. Susan Jane Allen, LUTCF

Mailing Address 331 S. Brookfield Road

City State Zip Code
Brookfield WI 53045

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 226.80

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637650

Amount of Each Receipt this Period
25.20

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Stephen D. Andersen, RHU

Mailing Address 1621 Dixie Trail

City State Zip Code
Lincoln NE 68527-9431

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 18 / 2006

Transaction ID: R1638237

Amount of Each Receipt this Period
500.00

Check

C. Full Name (Last, First, Middle Initial)
Ms. Carol A. Anderson, LUTCF, CFP

Mailing Address 717 N. 87th St.

City State Zip Code
Omaha NE 68114

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637489

Amount of Each Receipt this Period
50.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	575.20
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 / 190						
	(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

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

A. Full Name (Last, First, Middle Initial)
Mr. Robert B. Anderson, CLU

Mailing Address 1456 Old Boones Creek Road

City State Zip Code
Jonesborough TN 37659

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637483

Amount of Each Receipt this Period
50.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Robert B. Anderson, CLU

Mailing Address 1456 Old Boones Creek Road

City State Zip Code
Jonesborough TN 37659

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2006

Transaction ID: R1638987

Amount of Each Receipt this Period
100.00

Check

C. Full Name (Last, First, Middle Initial)
Mr. William C. Anderson, LUTCF

Mailing Address 205 Whippoorwill Lane

City State Zip Code
Altamonte Spgs FL 32701-7827

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637822

Amount of Each Receipt this Period
25.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	175.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 1842 Vermont Ave NW

City State Zip Code
Washington DC 20001-5006

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 374.94

Date of Receipt
M M / D D / Y Y Y Y
09 / 29 / 2006

Transaction ID: R1638913

Amount of Each Receipt this Period
20.83

Check

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

Mailing Address 1842 Vermont Ave NW

City State Zip Code
Washington DC 20001-5006

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 374.94

Date of Receipt
M M / D D / Y Y Y Y
09 / 29 / 2006

Transaction ID: R1638916

Amount of Each Receipt this Period
20.83

Check

C. Full Name (Last, First, Middle Initial)
Mr. Russell S. Andrews, CLU, ChFC

Mailing Address 106 W Jefferson St #601

City State Zip Code
Syracuse NY 13202

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637113

Amount of Each Receipt this Period
50.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	91.66
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Mr. Douglas Austin, CLU

Mailing Address Suite 9 Kite Hill Rd

City State Zip Code
Santa Cruz CA 95060-1418

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 202.50

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: R1636728

Amount of Each Receipt this Period
22.50

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. William H. Barbee, III

Mailing Address 258 Mesa Avenue

City State Zip Code
Newbury Park CA 91320-4547

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 212.50

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: R1634616

Amount of Each Receipt this Period
12.50

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. James T. Bardin, CLU, ChFC

Mailing Address 4226 Fairway Circle

City State Zip Code
Tampa FL 33624-4640

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 202.50

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: R1635945

Amount of Each Receipt this Period
22.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ► 57.50

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1103 Dove Rd.

City Jonesboro State AR Zip Code 72401-5270

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 702.00

Date of Receipt
09 / 10 / 2006

Transaction ID: R1636953

Amount of Each Receipt this Period
81.00

Payroll Deduction

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

Mailing Address 1908 Greenbriar Drive

City Portage State MI Zip Code 49024-5787

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 378.00

Date of Receipt
09 / 10 / 2006

Transaction ID: R1637256

Amount of Each Receipt this Period
42.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Michael E. Behar

Mailing Address 2319 Cheshire Woods Rd

City Toledo State OH Zip Code 43617-1202

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 202.50

Date of Receipt
09 / 10 / 2006

Transaction ID: R1636766

Amount of Each Receipt this Period
22.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	145.50
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 / 190
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Daniel C. Bell

Mailing Address P. O. Box 1747

City Cleveland State MS Zip Code 38732-1747

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: R1635788

Amount of Each Receipt this Period
25.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Kent A. Bennett, LUTCF, CEP

Mailing Address 280 Hollow Road

City Muncy State PA Zip Code 17756

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3287.50

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637846

Amount of Each Receipt this Period
87.50

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Kent A. Bennett, LUTCF, CEP

Mailing Address 280 Hollow Road

City Muncy State PA Zip Code 17756

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3287.50

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 11 / 2006

Transaction ID: R1637929

Amount of Each Receipt this Period
2500.00

Check

SUBTOTAL of Receipts This Page (optional)	2612.50
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Michael D. Bennetti, LUTCF

Mailing Address 202 Pebble Valley Dr.

City State Zip Code
Dover DE 19904-9462

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 06 / 2006

Transaction ID: R1638098

Amount of Each Receipt this Period
0.50

Cash

B. Full Name (Last, First, Middle Initial)
Mr. Michael D. Bennetti, LUTCF

Mailing Address 202 Pebble Valley Dr.

City State Zip Code
Dover DE 19904-9462

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 13 / 2006

Transaction ID: R1638283

Amount of Each Receipt this Period
249.50

Credit Card

C. Full Name (Last, First, Middle Initial)
Mr. Robert A. Berg, CLU, LUTCF

Mailing Address 1405 Blackberry Lane

City State Zip Code
Stevens Point WI 54481-9140

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: R1636582

Amount of Each Receipt this Period
30.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	280.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Mr. James R. Bertine, FIC, LUTCF

Mailing Address 2935 S. Columbus St.

City State Zip Code
Arlington VA 22206-1412

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 202.50

Date of Receipt
09 / 10 / 2006

Transaction ID: R1634634

Amount of Each Receipt this Period
22.50

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Thomas C. Besselman

Mailing Address 6421 Perkins Rd # 2b

City State Zip Code
Baton Rouge LA 70808-4125

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
09 / 10 / 2006

Transaction ID: R1636406

Amount of Each Receipt this Period
50.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. George A. Beutter, LUTCF

Mailing Address 2520 Miami St

City State Zip Code
South Bend IN 46614

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
09 / 13 / 2006

Transaction ID: R1638367

Amount of Each Receipt this Period
250.00

Credit Card

SUBTOTAL of Receipts This Page (optional)	322.50
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Mr. David B. Bianchi, CLU

Mailing Address 1125 Beldon Way

City State Zip Code
Reno NV 89503-3164

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637071

Amount of Each Receipt this Period
60.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Ms. Susan C. Bianco, CLU

Mailing Address 11850 Edgewater Drive #712

City State Zip Code
Lakewood OH 44107

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 13 / 2006

Transaction ID: R1638428

Amount of Each Receipt this Period
150.00

Credit Card

C. Full Name (Last, First, Middle Initial)
Mr. J. Blayne Bird

Mailing Address 315 Willow Drive

City State Zip Code
Blackfoot ID 83221

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1635751

Amount of Each Receipt this Period
30.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	240.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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 Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 241.80

Date of Receipt
MM / DD / YYYY
09 / 10 / 2006

Transaction ID: R1636172

Amount of Each Receipt this Period
25.20

Payroll Deduction

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

Mailing Address 9439 Gay Lane

City Oil City State LA Zip Code 71061

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 434.00

Date of Receipt
MM / DD / YYYY
09 / 10 / 2006

Transaction ID: R1635979

Amount of Each Receipt this Period
50.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Brian D. Boesiger, CSA, LUTC

Mailing Address 7021 S. 33rd Street

City Lincoln State NE Zip Code 68516-4886

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt
MM / DD / YYYY
09 / 10 / 2006

Transaction ID: R1634752

Amount of Each Receipt this Period
30.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	105.20
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Mr. John J. Bradley, CLU

Mailing Address 148 Grove Street

City State Zip Code
Westwood MA 02090

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 374.94

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1636904

Amount of Each Receipt this Period
41.66

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Gary A. Bramon, CLU, ChFC

Mailing Address 269 San Felipe Way

City State Zip Code
Novato CA 94945-1687

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637442

Amount of Each Receipt this Period
50.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. John G. Brandt, LUTCF, FIC

Mailing Address 2103 Sunset Lane

City State Zip Code
La Crosse WI 54601

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 231.60

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1636665

Amount of Each Receipt this Period
30.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	121.66
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 190
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Mr. William J. Brannon, CLU, GPCU

Mailing Address 5215 Mockingbird Road

City Greensboro State NC Zip Code 27406

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 207.90

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 10 / 2006

Transaction ID: R1637508

Amount of Each Receipt this Period
 23.10

Payroll Deduction

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

Mailing Address 10234 Hoffman

City Maybee State MI Zip Code 48159-9777

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1198.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 10 / 2006

Transaction ID: R1637598

Amount of Each Receipt this Period
 208.00

Payroll Deduction

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

Mailing Address 2063 Providence Way

City Lodi State CA Zip Code 95242

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 512.50

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 13 / 2006

Transaction ID: R1638443

Amount of Each Receipt this Period
 12.50

Credit Card

SUBTOTAL of Receipts This Page (optional)	243.60
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Mr. Frank H. Briggs, Jr., CLU, C

Mailing Address 2610 Bohler Rd NW

City Atlanta State GA Zip Code 30327-1418

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
09 / 10 / 2006

Transaction ID: R1637581

Amount of Each Receipt this Period
50.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Henry S. Brock, CLU, MBA, CP

Mailing Address 544 E 600 S

City Saint George State UT Zip Code 84770

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
09 / 13 / 2006

Transaction ID: R1638496

Amount of Each Receipt this Period
500.00

Credit Card

C. Full Name (Last, First, Middle Initial)
Mr. Albert B. Brodbeck, CLU

Mailing Address 56 Dundee Road

City Stamford State CT Zip Code 06903-3623

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 212.50

Date of Receipt
09 / 10 / 2006

Transaction ID: R1637001

Amount of Each Receipt this Period
12.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	562.50
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Mr. Albert B. Brodbeck, CLU

Mailing Address 56 Dundee Road

City State Zip Code
Stamford CT 06903-3623

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 212.50

Date of Receipt
M M / D D / Y Y Y Y
09 / 11 / 2006

Transaction ID: R1637983

Amount of Each Receipt this Period
100.00

Check

B. Full Name (Last, First, Middle Initial)
Mr. John J. Brooking, CFP

Mailing Address 8905 S. Heather Dr.

City State Zip Code
Tempe AZ 85284

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 13 / 2006

Transaction ID: R1638385

Amount of Each Receipt this Period
120.00

Credit Card

C. Full Name (Last, First, Middle Initial)
Mr. C. Robert Brown, Sr., CLU, L

Mailing Address 8675 WestCott

City State Zip Code
Germantown TN 38138-7738

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 562.50

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1635747

Amount of Each Receipt this Period
62.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	282.50
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Mr. James Walter Brown, LUTCF

Mailing Address 6334 Deveron Drive

City State Zip Code
Charlotte NC 28211-4612

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 207.90

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1635818

Amount of Each Receipt this Period
23.10

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Michael O. Brown, LUTCF

Mailing Address 6512 Nell 3

City State Zip Code
Edmond OK 73013

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637361

Amount of Each Receipt this Period
60.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Peter C. Browne, LUTCF

Mailing Address 10 Old Jackson Ave.
14 Tenby Court

City State Zip Code
Hasting-Hdsn NY 10706-3203

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 13 / 2006

Transaction ID: R1638412

Amount of Each Receipt this Period
250.00

Credit Card

SUBTOTAL of Receipts This Page (optional) ▶ **333.10**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Mr. Dennis A. Brumbaugh, LUTCF

Mailing Address 17 Conley Lane

City Elma State WA Zip Code 98541

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 222.50

Date of Receipt
09 / 10 / 2006

Transaction ID: R1637166

Amount of Each Receipt this Period
42.50

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Timothy J. Brungardt, LUTCF

Mailing Address 314 N. 5th.

City Norfolk State NE Zip Code 68701-4093

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
09 / 10 / 2006

Transaction ID: R1636211

Amount of Each Receipt this Period
25.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. George B. Bryce, CLU, ChFC

Mailing Address 2730 Ardon Ln

City Casper State WY Zip Code 82609-3902

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 378.00

Date of Receipt
09 / 10 / 2006

Transaction ID: R1637410

Amount of Each Receipt this Period
42.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	109.50
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 5716 W. Orlando Circle

City State Zip Code
Broken Arrow OK 74011

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 561.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637083

Amount of Each Receipt this Period
60.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Jafard D. Burgad, LUTCF

Mailing Address 3842 N. 10th St.

City State Zip Code
Fargo ND 58102-1044

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: R1636171

Amount of Each Receipt this Period
30.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. William D. Burke, CLU, CFP(r)

Mailing Address 2216 Nelda Way

City State Zip Code
Alamo CA 94507

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 289.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: R1636858

Amount of Each Receipt this Period
21.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	111.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 190
	<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 Committee

A. Full Name (Last, First, Middle Initial)
Ms. Donna J. Burrill, CLU, ChFC,
Mailing Address P.O.BOX 143

City State Zip Code
FORT COLLINS CO 80522-0143

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 430.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637617

Amount of Each Receipt this Period
60.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mrs. Evelyn Butler, CLTC, LUTC
Mailing Address 10 Lincoln Ave.

City State Zip Code
Vernon NJ 07462

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 226.80

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1635902

Amount of Each Receipt this Period
25.20

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Joe D. Byars, CLU, LUTCF
Mailing Address 5916 Park Ave

City State Zip Code
Fort Smith AR 72903-1509

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 226.80

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1636740

Amount of Each Receipt this Period
25.20

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	110.40
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 190
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Ms. Amy K. Byrne

Mailing Address 419 N Shoreline Blvd

City State Zip Code
Mountain View CA 94043-4605

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: R1636779

Amount of Each Receipt this Period
25.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. David D. Cameron, LUTCF

Mailing Address 1142 FAIRVIEW AVE.

City State Zip Code
Rupert ID 83350

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637557

Amount of Each Receipt this Period
30.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Christopher D. Campbell, CLU, ChFC

Mailing Address 2511 Brandon Road

City State Zip Code
Upper Arlington OH 43221

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 382.50

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: R1636419

Amount of Each Receipt this Period
42.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	97.50
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Ms. Mary A. Cannady, LUTCF

Mailing Address P. O. Box 799

City State Zip Code
Walterboro SC 29488-0799

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 11 / 2006

Transaction ID: R1637958

Amount of Each Receipt this Period
500.00

Check

B. Full Name (Last, First, Middle Initial)
Ms. Cecilia H. Carlton, LUTCF

Mailing Address 257 Pineview Dr

City State Zip Code
Hazlehurst MS 39083-2105

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
09 / 06 / 2006

Transaction ID: R1638083

Amount of Each Receipt this Period
10.00

Cash

C. Full Name (Last, First, Middle Initial)
Ms. Cecilia H. Carlton, LUTCF

Mailing Address 257 Pineview Dr

City State Zip Code
Hazlehurst MS 39083-2105

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
09 / 10 / 2006

Transaction ID: R1636949

Amount of Each Receipt this Period
27.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	537.50
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Ms. Kelli J. Carmichael, CLU, LUTCF

Mailing Address 2914 S Coffman

City Casper State WY Zip Code 82604-4733

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 392.50

Date of Receipt
09 / 10 / 2006

Transaction ID: R1637769

Amount of Each Receipt this Period
22.50

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Ms. Kelli J. Carmichael, CLU, LUTCF

Mailing Address 2914 S Coffman

City Casper State WY Zip Code 82604-4733

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 392.50

Date of Receipt
09 / 11 / 2006

Transaction ID: R1637982

Amount of Each Receipt this Period
100.00

Check

C. Full Name (Last, First, Middle Initial)
Mr. Jeffrey P. Case, LUTCF

Mailing Address 1311 33rd Avenue S.W.

City Minot State ND Zip Code 58701-7266

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 461.40

Date of Receipt
09 / 10 / 2006

Transaction ID: R1636838

Amount of Each Receipt this Period
27.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	149.50
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Mr. Jeffrey P. Case, LUTCF

Mailing Address 1311 33rd Avenue S.W.

City State Zip Code
Minot ND 58701-7266

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 461.40

Date of Receipt
M M / D D / Y Y Y Y
09 / 13 / 2006

Transaction ID: R1638506

Amount of Each Receipt this Period
240.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Mr. James M. Cavasar

Mailing Address 6 Chapel Hill Court

City State Zip Code
Mansfield TX 76063-3318

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 324.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1634657

Amount of Each Receipt this Period
36.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Richard J. Chandik, MBA

Mailing Address 1332 Shorebird Ln

City State Zip Code
Carlsbad CA 92009

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.50

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1636392

Amount of Each Receipt this Period
42.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ► **318.50**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Ms. Queenie M. Chee, CLU, LUTCF

Mailing Address 833 Waika Place

City Honolulu State HI Zip Code 96825-1061

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 378.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1636275

Amount of Each Receipt this Period
42.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Tai Yau Chung, CLU, ChFC

Mailing Address 40 Dowsett Ave.

City Honolulu State HI Zip Code 96817

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 11 / 2006

Transaction ID: R1637899

Amount of Each Receipt this Period
225.00

Check

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

Mailing Address 11375 Fairway Dr

City Roscommon State MI Zip Code 48653

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 217.50

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637474

Amount of Each Receipt this Period
42.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	309.50
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 190
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Ms. Katharine F. Clark		Date of Receipt M M / D D / Y Y Y Y 09 / 10 / 2006	
Mailing Address 110 Cross Creek Circle		Transaction ID: R1636748	
City State Zip Code Macon GA 31210	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer Self-employed Occupation Insurance Agent	Aggregate Year-to-Date ▼ 225.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Mr. Thomas R. Clark, CLU, ChFC		Date of Receipt M M / D D / Y Y Y Y 09 / 10 / 2006	
Mailing Address 1603 22nd St Ste 202		Transaction ID: R1637353	
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	Payroll Deduction		
Name of Employer Self-employed Occupation Insurance Agent	Aggregate Year-to-Date ▼ 540.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Mr. Edward R. Clink		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006	
Mailing Address 1263 W. Square Lake Rd.		Transaction ID: R1638398	
City State Zip Code Bloomfield Hills MI 48302-0845	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Credit Card		
Name of Employer Self-employed Occupation Insurance Agent	Aggregate Year-to-Date ▼ 600.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	185.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 3525 Tilford Cir

City State Zip Code
Monroe LA 71201

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 232.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: R1634437

Amount of Each Receipt this Period
42.50

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Milton H. Cohn, Jr., CLU,

Mailing Address 4444 E. Camelback Rd #21

City State Zip Code
Phoenix AZ 85018-2831

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 12 / 2006

Transaction ID: R1637994

Amount of Each Receipt this Period
540.00

Check

C. Full Name (Last, First, Middle Initial)
Mr. Gordon T. Colburn

Mailing Address 126 Crystal Springs Road

City State Zip Code
San Dimas CA 91773

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 382.50

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637152

Amount of Each Receipt this Period
42.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	625.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 190
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Mr. Norman A. Coltrane, LUTCF

Mailing Address 1607 Hatherleigh Drive

City State Zip Code
Fayetteville NC 28304-3643

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 272.25

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637462

Amount of Each Receipt this Period
30.25

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Donald L. Compton

Mailing Address 712 Forrest Dr South

City State Zip Code
Sellersburg IN 47172-1717

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 13 / 2006

Transaction ID: R1638487

Amount of Each Receipt this Period
100.00

Credit Card

C. Full Name (Last, First, Middle Initial)
Mrs. Melissa T. Copeland, LUTCF

Mailing Address 236 Hobbs Landing Road

City State Zip Code
Elizabeth City NC 27909

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1634458

Amount of Each Receipt this Period
55.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	185.25
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 34 / 190
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Steven R. Craig, CLU, ChFC,
Mailing Address 15808 Valley Vista Blvd
City Encino State CA Zip Code 91436
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-employed Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 422.50

Date of Receipt
M M / D D / Y Y Y Y
09 / 12 / 2006
Transaction ID: R1638188
Amount of Each Receipt this Period
422.50
Credit Card

B. Full Name (Last, First, Middle Initial)
Mr. David A. Culley, CLU, ChFC,
Mailing Address 4187 Club Drive N.E.
City Atlanta State GA Zip Code 30319-1115
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-employed Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 378.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006
Transaction ID: R1637813
Amount of Each Receipt this Period
42.00
Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Jack H. Curtis
Mailing Address 1508 Morning Glory Cr.
City Tupelo State MS Zip Code 38801
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-employed Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 447.50

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006
Transaction ID: R1637739
Amount of Each Receipt this Period
50.00
Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ► 514.50
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 35 / 190
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Mr. Jack H. Curtis		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006
Mailing Address 1508 Morning Glory Cr.		Transaction ID: R1638490
City State Zip Code Tupelo MS 38801	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C	Credit Card	
Name of Employer Self-employed Self-employed	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 447.50	

Full Name (Last, First, Middle Initial) B. Mr. Vincent M. D'Addona, CLU, ChFC		Date of Receipt M M / D D / Y Y Y Y 09 / 10 / 2006
Mailing Address 141 Greenway Road		Transaction ID: R1637485
City State Zip Code Lido Beach NY 11561-4828	Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. C	Payroll Deduction	
Name of Employer Self-employed Self-employed	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 765.00	

Full Name (Last, First, Middle Initial) C. Mr. Steven M. Daniel, CLU, ChFC,		Date of Receipt M M / D D / Y Y Y Y 09 / 10 / 2006
Mailing Address 2600 Meadowbrook Dr		Transaction ID: R1637518
City State Zip Code Butte MT 59701-4028	Amount of Each Receipt this Period 25.20	
FEC ID number of contributing federal political committee. C	Payroll Deduction	
Name of Employer Self-employed Self-employed	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 226.80	

SUBTOTAL of Receipts This Page (optional) ▶	160.20
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Full Name (Last, First, Middle Initial)
Mr. George Danusis, CLU, CFP,
Mailing Address 14233 Sugar Creek Rd.
City State Zip Code
Fort Wayne IN 46814
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-employed Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 13 / 2006
Transaction ID: R1638465
Amount of Each Receipt this Period
250.00
Credit Card

B. Full Name (Last, First, Middle Initial)
Mr. Joseph L. Davis, CLU, ChFC,
Mailing Address 1420 Primrose Road N.W.
City State Zip Code
Washington DC 20012-1224
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-employed Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1215.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006
Transaction ID: R1637388
Amount of Each Receipt this Period
135.00
Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. William James DeBruin, LUTCF
Mailing Address 106 Edgewood Ln
City State Zip Code
Combined Locks WI 54113
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-employed Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 243.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006
Transaction ID: R1637026
Amount of Each Receipt this Period
27.00
Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	412.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 190
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Mr. Troy D. DeLair, LUTCF

Mailing Address 841 E 3550 N

City State Zip Code
North Ogden UT 84414-7596

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637548

Amount of Each Receipt this Period
25.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. John R. Dean, LUTCF,CLU,

Mailing Address 1700 S.W. 15th Ave.

City State Zip Code
Willmar MN 56201

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 386.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637785

Amount of Each Receipt this Period
50.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Lawrence P. Decker, ChFC

Mailing Address 11944 Treat Hwy

City State Zip Code
Jasper MI 49248-9724

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: R1636477

Amount of Each Receipt this Period
25.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	100.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 190
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address Box 1832

City State Zip Code
Idaho Falls ID 83403-1832

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 453.60

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637620

Amount of Each Receipt this Period
50.40

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. David V. Dellinger

Mailing Address 3052 Stanton Circle

City State Zip Code
Carmichael CA 95608

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637761

Amount of Each Receipt this Period
42.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. David S. Dickenson, II, CLU, Ch

Mailing Address 7535 Brigham Road

City State Zip Code
Gates Mills OH 44040

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 378.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637242

Amount of Each Receipt this Period
42.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	134.40
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Mr. Brian D. Dixon, LUTCF

Mailing Address 1610 Caleb Court

City Springfield State MO Zip Code 65810-1525

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 18 / 2006

Transaction ID: R1638261

Amount of Each Receipt this Period
30.00

Check

B. Full Name (Last, First, Middle Initial)
Mr. Brian D. Dixon, LUTCF

Mailing Address 1610 Caleb Court

City Springfield State MO Zip Code 65810-1525

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 26 / 2006

Transaction ID: R1639063

Amount of Each Receipt this Period
180.00

Credit Card

C. Full Name (Last, First, Middle Initial)
Mr. Lyle Domenitz

Mailing Address 8720 Maggie Ave

City Las Vegas State NV Zip Code 89143

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 453.60

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: R1634737

Amount of Each Receipt this Period
50.40

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	260.40
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Ms. Rosa K. Dominy

Mailing Address 4015-J Washington Rd

City State Zip Code
Martinez GA 30907-5183

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 229.50

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1636623

Amount of Each Receipt this Period
25.50

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Henry Donaghy, CLU, ChFC

Mailing Address 400 North Church Street # 208

City State Zip Code
Charlotte NC 28202

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 207.90

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1636299

Amount of Each Receipt this Period
23.10

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Ms. Jill M. Douglass, LUTCF

Mailing Address 1824 Villa Vista Way

City State Zip Code
Las Vegas NV 89128-3053

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 243.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1636453

Amount of Each Receipt this Period
27.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ► 75.60

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 41 / 190						
	(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

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

A. Full Name (Last, First, Middle Initial)
Mr. Gregory P. Dunton, CIC, LUTCF

Mailing Address 207 Riveview Terrace

City Benicia State CA Zip Code 94510

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 13 / 2006

Transaction ID: R1638486

Amount of Each Receipt this Period
 1250.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Mr. Daniel D. Duren, CLU,ChFC,L

Mailing Address 6537 S. 34th Street

City Lincoln State NE Zip Code 68516-5428

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 432.50

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 10 / 2006

Transaction ID: R1636272

Amount of Each Receipt this Period
 42.50

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Daniel D. Duren, CLU,ChFC,L

Mailing Address 6537 S. 34th Street

City Lincoln State NE Zip Code 68516-5428

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 432.50

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 13 / 2006

Transaction ID: R1638467

Amount of Each Receipt this Period
 50.00

Credit Card

SUBTOTAL of Receipts This Page (optional)	▶	1342.50
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Mr. Thomas W. Dzik, CLU, ChFC

Mailing Address 530 Dodge Lane

City State Zip Code
St. Paul MN 55118-4802

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: R1636208

Amount of Each Receipt this Period
25.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Robert Eddy, Jr., CLU, C

Mailing Address 203 Autumn Oak Bend

City State Zip Code
Lafayette LA 70508-8004

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 382.50

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: R1636984

Amount of Each Receipt this Period
42.50

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Matthew Edelstein, CLU, ChFC

Mailing Address 1550 Penstemon Ct

City State Zip Code
Grayslake IL 60030-3515

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 351.50

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: R1634613

Amount of Each Receipt this Period
8.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	76.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Mr. Donald A. Eichelberger

Mailing Address 3217 Highway D65

City State Zip Code
Dysart IA 52224-9750

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 453.60

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637782

Amount of Each Receipt this Period
50.40

Payroll Deduction

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

Mailing Address 59 Margarete Dr.

City State Zip Code
Pittsgrove NJ 08318

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 648.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637215

Amount of Each Receipt this Period
72.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Scott Engell, LUTCF

Mailing Address 757 Armadillo Drive

City State Zip Code
Deltona FL 32725-2651

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 25 / 2006

Transaction ID: R1638815

Amount of Each Receipt this Period
125.00

Credit Card

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) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 44 / 190
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Mr. A. Christopher Engle, LUTCF

Mailing Address 4485 Orchard Creek Ct S E

City State Zip Code
Kentwood MI 49546

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: R1635978

Amount of Each Receipt this Period
25.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Ronald W. Erickson, CLU, AEP,

Mailing Address 3002 St. Regis Rd

City State Zip Code
Greensboro NC 27408-4407

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 302.50

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637358

Amount of Each Receipt this Period
41.25

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Byron Hyatt Erstad, Jr.

Mailing Address 2510 S Nantucket Way

City State Zip Code
Boise ID 83706-5095

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 453.60

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637349

Amount of Each Receipt this Period
50.40

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	116.65
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Mr. Stephen D. Estler, CLU, ChFC

Mailing Address 2177 NE 63 St.

City State Zip Code
Fort Lauderdale FL 33308

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 382.50

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637372

Amount of Each Receipt this Period
42.50

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. David J. Evenson

Mailing Address 3111 South Washington

City State Zip Code
Grand Forks ND 58201-6715

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 22 / 2006

Transaction ID: R1638591

Amount of Each Receipt this Period
600.00

Check

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

Mailing Address 531 Daniel

City State Zip Code
Santa Maria CA 93454

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 378.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1636622

Amount of Each Receipt this Period
42.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ► **684.50**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Mr. Paul L. Farr, CLU, ChFC

Mailing Address 102 Scoggin Ct

City State Zip Code
Coinjock NC 27923

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1375.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 13 / 2006

Transaction ID: R1638445

Amount of Each Receipt this Period
1375.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Mr. Edward J. Feiman, CLU, ChFC

Mailing Address 11015 Random Valley Circle

City State Zip Code
Parker CO 80134-6010

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 05 / 2006

Transaction ID: R1638006

Amount of Each Receipt this Period
1000.00

Check

C. Full Name (Last, First, Middle Initial)
Mr. Lines Robert Ferguson, Jr.

Mailing Address 500 Virginia St E Ste 1100

City State Zip Code
Charleston WV 25301-2151

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1636085

Amount of Each Receipt this Period
25.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	2400.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 47 / 190
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

A. Full Name (Last, First, Middle Initial)
Mr. Gerald E. Ferrier, LUTCF, CTP

Mailing Address 4949 Samish Way #5

City Bellingham State WA Zip Code 98226-4812

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637651

Amount of Each Receipt this Period
12.50

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Douglas K. Flink, CLU ChFC

Mailing Address 8171 Red Oak Court

City Mounds View State MN Zip Code 55112-5843

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 13 / 2006

Transaction ID: R1638382

Amount of Each Receipt this Period
250.00

Credit Card

C. Full Name (Last, First, Middle Initial)
Mr. Thomas F. Flournoy, Jr., CLU

Mailing Address 2651 Stanislaus Circle

City Macon State GA Zip Code 31204-2849

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 378.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637203

Amount of Each Receipt this Period
42.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	304.50
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Mr. H. Larry Fortenberry, CPA,CLU,Ch

Mailing Address 603 Gordon PI

City State Zip Code
Madison MS 39110-9799

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 472.50

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637234

Amount of Each Receipt this Period
52.50

Payroll Deduction

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

Mailing Address 481 Route 82

City State Zip Code
Oakdale CT 06370-1149

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637252

Amount of Each Receipt this Period
110.00

Payroll Deduction

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

Mailing Address 13243 S.E. 51st Place

City State Zip Code
Bellevue WA 98006

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 967.50

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637024

Amount of Each Receipt this Period
107.50

Payroll Deduction

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 190		
	<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

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

A. Full Name (Last, First, Middle Initial)
Ms. Debra L. Franklin-Schatzki

Mailing Address 380 W 12th St

City State Zip Code
New York NY 10014

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 378.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637479

Amount of Each Receipt this Period
42.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Robert P. Freed

Mailing Address 976 Landings Ct

City State Zip Code
Westerville OH 43082-7429

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 289.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637238

Amount of Each Receipt this Period
21.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Robert P. Freed

Mailing Address 976 Landings Ct

City State Zip Code
Westerville OH 43082-7429

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 289.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 11 / 2006

Transaction ID: R1637964

Amount of Each Receipt this Period
100.00

Check

SUBTOTAL of Receipts This Page (optional)	163.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 50 / 190
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Ms. Elaine J. Fremling, CLU

Mailing Address 1208 42nd Ave., N

City State Zip Code
Fargo ND 58102-5316

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 366.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 13 / 2006

Transaction ID: R1638482

Amount of Each Receipt this Period
60.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Mr. Robert L. French, LUTCF

Mailing Address 4105 Sheridan Lake Road

City State Zip Code
Rapid City SD 57702

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1636886

Amount of Each Receipt this Period
30.00

Payroll Deduction

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

Mailing Address 411 San Andreas Drive

City State Zip Code
Novato CA 94945-1237

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1872.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637853

Amount of Each Receipt this Period
208.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	298.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Mr. James M. Fuller, LUTCF

Mailing Address 467 Richland Ave

City Athens State OH Zip Code 45701

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.50

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 11 / 2006

Transaction ID: R1637928

Amount of Each Receipt this Period
125.50

Check

B. Full Name (Last, First, Middle Initial)
Mr. Adger Lamar Gaines, LUTCF

Mailing Address 106 Smith Circle

City Belton State SC Zip Code 29627

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 265.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: R1636340

Amount of Each Receipt this Period
10.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Jason M. Garman

Mailing Address 1103 Bear Cub Ct.

City Henderson State NV Zip Code 89012

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 453.60

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: R1634593

Amount of Each Receipt this Period
50.40

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	185.90
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Roger W. Garrett

Mailing Address 2201 Woodlawn Road
P O Box 370

City Lincoln State IL Zip Code 62656

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1636756

Amount of Each Receipt this Period
25.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Michael J. Gates, LUTCF

Mailing Address 94 Pine Glen Rd.

City Langhorne State PA Zip Code 19047

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1635893

Amount of Each Receipt this Period
25.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. James O. Geitgey, LUTCF, FIC

Mailing Address 279 Glenmore Dr.

City Springfield State OH Zip Code 45503

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 282.50

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637289

Amount of Each Receipt this Period
32.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	82.50
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 53 / 190
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Gregory Gianakis

Mailing Address 5315 S Conquistador St

City State Zip Code
Las Vegas NV 89148

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 286.80

Date of Receipt
MM / DD / YYYY
09 / 10 / 2006

Transaction ID: R1634346

Amount of Each Receipt this Period
25.20

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Joseph R. Giangola, CEBS

Mailing Address 1925 Pleasantview

City State Zip Code
Ashtabula OH 44004-9719

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt
MM / DD / YYYY
09 / 10 / 2006

Transaction ID: R1637064

Amount of Each Receipt this Period
25.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Joseph R. Giangola, CEBS

Mailing Address 1925 Pleasantview

City State Zip Code
Ashtabula OH 44004-9719

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt
MM / DD / YYYY
09 / 13 / 2006

Transaction ID: R1638476

Amount of Each Receipt this Period
200.00

Credit Card

SUBTOTAL of Receipts This Page (optional)	▶	250.20
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Mr. Harold A. Gillet, LUTCF

Mailing Address 2402 Garland

City State Zip Code
Missoula MT 59803-1437

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 582.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1636963

Amount of Each Receipt this Period
18.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Harold A. Gillet, LUTCF

Mailing Address 2402 Garland

City State Zip Code
Missoula MT 59803-1437

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 582.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 21 / 2006

Transaction ID: R1638581

Amount of Each Receipt this Period
360.00

Check

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

Mailing Address 109 W. Lakeview Dr.

City State Zip Code
La Place LA 70068

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 603.75

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1636735

Amount of Each Receipt this Period
50.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	428.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Mr. Keith M. Gillies, CLU, ChFC,
Mailing Address 109 W. Lakeview Dr.
City State Zip Code
La Place LA 70068
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-employed Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 603.75

Date of Receipt
M M / D D / Y Y Y Y
09 / 11 / 2006
Transaction ID: R1637959
Amount of Each Receipt this Period
153.75
Check

B. Full Name (Last, First, Middle Initial)
Constance Y. Golleher
Mailing Address PO Box 255
City State Zip Code
Mc Lean VA 22101
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-employed Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 270.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006
Transaction ID: R1634644
Amount of Each Receipt this Period
30.00
Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Joel A. Goodhart, LUTCF, RFC
Mailing Address 777 Maple Hill Dr.
City State Zip Code
Blue Bell PA 19422
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-employed Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 13 / 2006
Transaction ID: R1638483
Amount of Each Receipt this Period
250.00
Credit Card

SUBTOTAL of Receipts This Page (optional)	▶	433.75
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Mr. James R. Goodrich, CLU, ChFC

Mailing Address 1860 Beech

City State Zip Code
Mt. Pleasant MI 48858-1280

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt
MM / DD / YYYY
09 / 10 / 2006

Transaction ID: R1636022

Amount of Each Receipt this Period
42.50

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Todd G. Grantham

Mailing Address 203 Brandermill Drive

City State Zip Code
Durham NC 27713

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 431.75

Date of Receipt
MM / DD / YYYY
09 / 10 / 2006

Transaction ID: R1636028

Amount of Each Receipt this Period
46.75

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Todd G. Grantham

Mailing Address 203 Brandermill Drive

City State Zip Code
Durham NC 27713

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 431.75

Date of Receipt
MM / DD / YYYY
09 / 13 / 2006

Transaction ID: R1638377

Amount of Each Receipt this Period
11.00

Credit Card

SUBTOTAL of Receipts This Page (optional)	▶	100.25
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 190
	<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 Committee

A. Full Name (Last, First, Middle Initial)
Mr. Curtis G. Green, Jr., CLU

Mailing Address 836 E 15th Ave #1

City Anchorage State AK Zip Code 99501-5404

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 13 / 2006

Transaction ID: R1638386

Amount of Each Receipt this Period
 300.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Mr. Ronald W. Grubbs, LUTCF

Mailing Address 5416 36th Street E.

City Bradenton State FL Zip Code 34203

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 13 / 2006

Transaction ID: R1638438

Amount of Each Receipt this Period
 150.00

Credit Card

C. Full Name (Last, First, Middle Initial)
Mr. Angelo Assad Haddad

Mailing Address 354 Garnsey Ave

City Bakersfield State CA Zip Code 93309

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 10 / 2006

Transaction ID: R1637150

Amount of Each Receipt this Period
 25.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	475.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 58 / 190						
	(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

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

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

A. Full Name (Last, First, Middle Initial)
Mr. William V. Hall, ChFC

Mailing Address 148 Seminole Circle

City State Zip Code
Jerome ID 83338-6484

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 29 / 2006

Transaction ID: R1639185

Amount of Each Receipt this Period
300.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Mr. Karl Erik Hansen, CLU, ChFC,

Mailing Address 900 North Shoreline Boulevard

City State Zip Code
Mountain View CA 94043-1933

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 382.50

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637746

Amount of Each Receipt this Period
42.50

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Ms. Sharon L. Hansen

Mailing Address P. O. Box 2305
1224 Cleveland Street

City State Zip Code
Mt Vernon WA 98273-7305

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 247.50

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637033

Amount of Each Receipt this Period
27.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	370.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Mr. Alex Hanson, CLU, ChFC

Mailing Address 7888 Glen Finnan Cir

City State Zip Code
Ft Myers FL 33912

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 378.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637714

Amount of Each Receipt this Period
42.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. William N. Haraway

Mailing Address 2250 Bear Den Rd Unit 409

City State Zip Code
Frederick MD 21701

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 378.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637765

Amount of Each Receipt this Period
42.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Ms. Linda S. Harris

Mailing Address PO Box 261669

City State Zip Code
San Diego CA 92196-1669

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 202.50

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: R1635966

Amount of Each Receipt this Period
22.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	106.50
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 60 / 190
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Thomas M. Hawco, CLU, ChFC

Mailing Address 900 Rockhurst Drive

City Lincoln State NE Zip Code 68510-4114

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 562.50

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637491

Amount of Each Receipt this Period
62.50

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Jonathan David Haymes, LUTCF

Mailing Address 708 n. Fairway

City Nixa State MO Zip Code 65714

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 226.80

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: R1636571

Amount of Each Receipt this Period
25.20

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Samuel H. Hazleton, IV

Mailing Address 4220 Lakeshore Drive

City Diamond Point State NY Zip Code 12824

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 378.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: R1636037

Amount of Each Receipt this Period
42.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	129.70
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 61 / 190
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 20704 Meadow Ridge Dr.

City State Zip Code
Springfield NE 68059

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1872.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1635949

Amount of Each Receipt this Period
208.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Sharon G. Heierman, CAE

Mailing Address 2990 Kemp Rd

City State Zip Code
Havana FL 32333

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 378.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1634565

Amount of Each Receipt this Period
42.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Dennis L. Helgeson, CLU,ChFC,L

Mailing Address 2601 Bel Air Drive

City State Zip Code
Minot ND 58703-1749

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 226.80

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1636198

Amount of Each Receipt this Period
25.20

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	275.20
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Mr. Richard C. Hemphill

Mailing Address 312 Greentrails Drive So.

City State Zip Code
Chesterfield MO 63017

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 13 / 2006

Transaction ID: R1638323

Amount of Each Receipt this Period
300.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Mr. Marcus T. Henderson, Sr.,LUTCF

Mailing Address 109 Barrington Court East

City State Zip Code
Franklin TN 37067

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637440

Amount of Each Receipt this Period
42.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Timothy J. Hendricks, CLU

Mailing Address 1601 S Nyssa PI

City State Zip Code
Broken Arrow OK 74012

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 18 / 2006

Transaction ID: R1638249

Amount of Each Receipt this Period
300.00

Check

SUBTOTAL of Receipts This Page (optional)	▶	642.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Mr. Michael C. Herring

Mailing Address 9550 N 150th Ct

City State Zip Code
Waverly NE 68462-1569

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 202.50

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1635804

Amount of Each Receipt this Period
22.50

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Ronald G. Hester, CLU, ChFC

Mailing Address 261 New River Heights Rd.

City State Zip Code
Boone NC 28607

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.75

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637456

Amount of Each Receipt this Period
46.75

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Richard L. Hill, CLU, ChFC,

Mailing Address 2611 Alvo Road

City State Zip Code
Seward NE 68434

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 378.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637773

Amount of Each Receipt this Period
42.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	111.25
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 190
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Mr. Michael J. Hiller, ChFC

Mailing Address W267 S7930 Stony Pt. Ct.

City State Zip Code
Mukwonago WI 53149-9687

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 226.80

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1636583

Amount of Each Receipt this Period
25.20

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Steven P. Hogg, CLU, ChFC

Mailing Address 1658 NE Sawdust Hill Rd.

City State Zip Code
Poulsbo WA 98370

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637756

Amount of Each Receipt this Period
25.00

Payroll Deduction

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

Mailing Address 8926 Ross Ln.

City State Zip Code
New Port Richey FL 34654

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 13 / 2006

Transaction ID: R1638324

Amount of Each Receipt this Period
375.00

Credit Card

SUBTOTAL of Receipts This Page (optional)	▶	425.20
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 904 Rockhurst Dr.

City Lincoln State NE Zip Code 68510-4114

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 945.00

Date of Receipt
09 / 10 / 2006

Transaction ID: R1636473

Amount of Each Receipt this Period
105.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Bryon A. Holz, CLU, ChFC,

Mailing Address 207 Cindy Lane

City Brandon State FL Zip Code 33510-3905

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
09 / 13 / 2006

Transaction ID: R1638312

Amount of Each Receipt this Period
250.00

Credit Card

C. Full Name (Last, First, Middle Initial)
Mr. Richard L. Hoover, LUTCF, RIA

Mailing Address 2920 S. Jones Blvd., #110

City Las Vegas State NV Zip Code 89146

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 482.40

Date of Receipt
09 / 10 / 2006

Transaction ID: R1636435

Amount of Each Receipt this Period
60.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ► **415.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 66 / 190
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Darrel V. Hovde

Mailing Address PO Box 1806

City State Zip Code
Minot ND 58702-1806

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 231.60

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1635796

Amount of Each Receipt this Period
30.00

Payroll Deduction

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

Mailing Address 3386 Williamsburg

City State Zip Code
Boise ID 83706-5320

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 513.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1636968

Amount of Each Receipt this Period
57.00

Payroll Deduction

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

Mailing Address 3386 Williamsburg

City State Zip Code
Boise ID 83706-5320

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 513.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 11 / 2006

Transaction ID: R1637965

Amount of Each Receipt this Period
30.00

Check

SUBTOTAL of Receipts This Page (optional)	▶	117.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Peter K. Howard, LUTCF, ChFC

Mailing Address 326 Rosemary Lane

City State Zip Code
Danville VA 24541-4526

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
09 / 10 / 2006

Transaction ID: R1636855

Amount of Each Receipt this Period
15.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Jack C. Howley

Mailing Address 178 Rumson Road

City State Zip Code
Rumson NJ 07760

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
09 / 06 / 2006

Transaction ID: R1638022

Amount of Each Receipt this Period
120.00

Check

C. Full Name (Last, First, Middle Initial)
Mr. Jack C. Howley

Mailing Address 178 Rumson Road

City State Zip Code
Rumson NJ 07760

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
09 / 29 / 2006

Transaction ID: R1639044

Amount of Each Receipt this Period
120.00

Check

SUBTOTAL of Receipts This Page (optional)	▶	255.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 190
	<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 Committee

A. Full Name (Last, First, Middle Initial)
Mr. Carl Jim Hughes, CLU, LUTCF

Mailing Address 17244 S W 112th Place

City State Zip Code
Miami FL 33157

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 25 / 2006

Transaction ID: R1638746

Amount of Each Receipt this Period
250.00

Check

B. Full Name (Last, First, Middle Initial)
Mr. William A. Hume, LUTCF

Mailing Address 1075 Woodfield Lane

City State Zip Code
Libertyville IL 60048

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 297.50

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1635823

Amount of Each Receipt this Period
32.50

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Albert T. Hurst, Jr., FICF, C

Mailing Address 1422 Spring Street

City State Zip Code
Little Rock AR 72202

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 226.80

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1636201

Amount of Each Receipt this Period
25.20

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	307.70
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Michael Stephen Immel, LUTCF

Mailing Address 1150 South Park Ave

City State Zip Code
Fond Du Lac WI 54935-8033

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 13 / 2006

Transaction ID: R1638418

Amount of Each Receipt this Period
300.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Mr. Hollis O. Inglett, Jr., LUTCF

Mailing Address 31 Cone Rd

City State Zip Code
Ormond Beach FL 32174-7903

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 378.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637723

Amount of Each Receipt this Period
42.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. William V. Irons, CLU, LUTCF

Mailing Address 325 Newman Ave

City State Zip Code
Rumford RI 02916-1255

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 226.80

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637453

Amount of Each Receipt this Period
25.20

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	367.20
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Ms. Magenta Ishak

Mailing Address 2901 Telestar Court

City Falls Church State VA Zip Code 22042-1205

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 11 / 2006

Transaction ID: R1637927

Amount of Each Receipt this Period
 1000.00

Check

B. Full Name (Last, First, Middle Initial)
Mr. Greg W. Jacobs

Mailing Address 1350 Grand Summitt Drive #116

City Reno State NV Zip Code 89523

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 226.80

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 10 / 2006

Transaction ID: R1634604

Amount of Each Receipt this Period
 25.20

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Michael R. James

Mailing Address 107 Ingleside East Dr.

City Madison State MS Zip Code 39110

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 202.50

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 10 / 2006

Transaction ID: R1635983

Amount of Each Receipt this Period
 22.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	1047.70
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Mr. Donald C. Jayne, CLU, ChFC

Mailing Address 20402 Tulsa Street

City State Zip Code
Chatsworth CA 91311-1723

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637389

Amount of Each Receipt this Period
25.00

Payroll Deduction

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

Mailing Address 190 So. 800 W.

City State Zip Code
Blackfoot ID 83221-6132

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 456.60

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1636210

Amount of Each Receipt this Period
50.40

Payroll Deduction

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

Mailing Address 5141 Lilly Rd.

City State Zip Code
Hazlehurst MS 39083

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1636951

Amount of Each Receipt this Period
30.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	105.40
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Mr. Mark D. Johnson, CLU, ChFC,
Mailing Address 199 Billings Dr
City Superior State WI Zip Code 54880-4467
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-employed Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 25 / 2006
Transaction ID: R1638770
Amount of Each Receipt this Period
250.00
Check

B. Full Name (Last, First, Middle Initial)
Mr. Melville D.K. Jones
Mailing Address P.O. Box 1391
City Puunene State HI Zip Code 96784
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-employed Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006
Transaction ID: R1635764
Amount of Each Receipt this Period
25.00
Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Ms. Jill M. Judd
Mailing Address 7551 Arden Way
City Aptos State CA Zip Code 95003
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-employed Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.50

Date of Receipt
M M / D D / Y Y Y Y
09 / 13 / 2006
Transaction ID: R1638421
Amount of Each Receipt this Period
100.50
Credit Card

SUBTOTAL of Receipts This Page (optional)	375.50
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Mr. Kent S. Kallander

Mailing Address PO Box 771071

City State Zip Code
Eagle River AK 99577

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 13 / 2006

Transaction ID: R1638507

Amount of Each Receipt this Period
250.00

Credit Card

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

Mailing Address 1358 Ahlrich Ave

City State Zip Code
Encintas CA 92024-4029

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1125.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637053

Amount of Each Receipt this Period
125.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Bruce H. Kantor, CLU, LUTCF

Mailing Address 2901 Cross Country Rd

City State Zip Code
Charlotte NC 28270-0600

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 207.90

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637764

Amount of Each Receipt this Period
23.10

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	398.10
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 / 190
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 1802 First Ave

City State Zip Code
Scottsbluff NE 69361

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 382.50

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1635881

Amount of Each Receipt this Period
42.50

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. F. Nicholas Kelley, CLU

Mailing Address 5905 S. 151 Ave Circle

City State Zip Code
Omaha NE 68137

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 202.50

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1636274

Amount of Each Receipt this Period
22.50

Payroll Deduction

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

Mailing Address 2901 Telestar Court

City State Zip Code
Falls Church VA 22042

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 940.50

Date of Receipt
M M / D D / Y Y Y Y
09 / 29 / 2006

Transaction ID: R1638914

Amount of Each Receipt this Period
52.25

Check

SUBTOTAL of Receipts This Page (optional)	▶	117.25
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2901 Telestar Court

City Falls Church State VA Zip Code 22042

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 940.50

Date of Receipt
09 / 29 / 2006

Transaction ID: R1638917

Amount of Each Receipt this Period
52.25

Check

B. Full Name (Last, First, Middle Initial)
Mr. Roy W. Kern, LUTCF,CLTC

Mailing Address 3775 West Randall Road

City Springfield State MO Zip Code 65810

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
09 / 10 / 2006

Transaction ID: R1637600

Amount of Each Receipt this Period
60.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Roy W. Kern, LUTCF,CLTC

Mailing Address 3775 West Randall Road

City Springfield State MO Zip Code 65810

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
09 / 13 / 2006

Transaction ID: R1638466

Amount of Each Receipt this Period
60.00

Credit Card

SUBTOTAL of Receipts This Page (optional)	▶	172.25
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Mr. Robert H. Kerrigan, Jr., CLU, Ch

Mailing Address 1457 North Beverly Drive

City State Zip Code
Beverly Hills CA 90210-2326

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 26 / 2006

Transaction ID: R1638847

Amount of Each Receipt this Period
500.00

Check

B. Full Name (Last, First, Middle Initial)
Mr. Marvin R. Keys, LUTCF

Mailing Address 8785 Inverness Place

City State Zip Code
Tuscaloosa AL 35405

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 202.50

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637701

Amount of Each Receipt this Period
22.50

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Randy R. Kilgore, CLU, LUTCF

Mailing Address 4004 San Felice Pt.

City State Zip Code
Colorado Springs CO 80906

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 11 / 2006

Transaction ID: R1637970

Amount of Each Receipt this Period
1000.00

Check

SUBTOTAL of Receipts This Page (optional)	▶	1522.50
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Mr. Ronald L. King

Mailing Address 3906 Wake Forest Rd

City Raleigh State NC Zip Code 27609

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 222.75

Date of Receipt
09 / 10 / 2006

Transaction ID: R1634592

Amount of Each Receipt this Period
24.75

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. David G. Klemisch, LUTCF

Mailing Address 2801 26th Ave SW

City Fargo State ND Zip Code 58103

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 354.00

Date of Receipt
09 / 10 / 2006

Transaction ID: R1636429

Amount of Each Receipt this Period
51.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Casey C. Knake, CLU, ChFC

Mailing Address 2902 Mach I Dr.

City Norfolk State NE Zip Code 68701-3238

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 378.00

Date of Receipt
09 / 10 / 2006

Transaction ID: R1636207

Amount of Each Receipt this Period
42.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ► 117.75

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address Unit 9, 10 East St

City State Zip Code
Providence RI 02906-3069

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 453.60

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637301

Amount of Each Receipt this Period
50.40

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Ms. Johanna Margaret-Mary Kockritz

Mailing Address 7864 Highlander Dr

City State Zip Code
Anchorage AK 99518

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637722

Amount of Each Receipt this Period
25.00

Payroll Deduction

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

Mailing Address 4632 Mountain Park Rd.

City State Zip Code
Pocatello ID 83202

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 879.60

Date of Receipt
M M / D D / Y Y Y Y
09 / 06 / 2006

Transaction ID: R1638069

Amount of Each Receipt this Period
15.60

Cash

SUBTOTAL of Receipts This Page (optional)	▶	91.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 / 190
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

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

Mailing Address 4632 Mountain Park Rd.

City Pocatello	State ID	Zip Code 83202
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 879.60

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 10 / 2006

Transaction ID: R1637420

Amount of Each Receipt this Period
 126.00

Payroll Deduction

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

Mailing Address 1612 S. 152nd Street

City Omaha	State NE	Zip Code 68144-5121
---------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 855.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 10 / 2006

Transaction ID: R1636872

Amount of Each Receipt this Period
 105.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Richard A. Koob, CLU, ChFC,

Mailing Address 301 Frederick Street

City Waukesha	State WI	Zip Code 53186-8116
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 453.60

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 10 / 2006

Transaction ID: R1637093

Amount of Each Receipt this Period
 50.40

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	281.40
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Mr. David T. Koppa, CLU, LUTCF

Mailing Address 1105 Via Bolzano

City State Zip Code
Santa Barbara CA 93111

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 382.50

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1636850

Amount of Each Receipt this Period
42.50

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Dean Raymond Kortge, CLU

Mailing Address 5330 Nectar Way

City State Zip Code
Eugene OR 97405-4647

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2006

Transaction ID: R1638970

Amount of Each Receipt this Period
200.00

Check

C. Full Name (Last, First, Middle Initial)
Mr. Ben Kronish, CLU, ChFC

Mailing Address 205 W 89th St #2H

City State Zip Code
New York NY 10024

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637245

Amount of Each Receipt this Period
25.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ► **267.50**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Jon P. Kubler, LUTCF

Mailing Address 1620 N. 127th St

City State Zip Code
Omaha NE 68154-3637

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 202.50

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: R1636175

Amount of Each Receipt this Period
22.50

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Larry M. Lambert, CLU, CFP,

Mailing Address 6915 Steeplechase Cir

City State Zip Code
Huntington Beach CA 92648

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 13 / 2006

Transaction ID: R1638298

Amount of Each Receipt this Period
1250.00

Credit Card

C. Full Name (Last, First, Middle Initial)
Mr. Gary M. Lane, CLU

Mailing Address 925 Highland Terrance NE

City State Zip Code
Atlanta GA 30306

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 202.50

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637836

Amount of Each Receipt this Period
22.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	1295.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Mr. W Gary Langenhahn, CLU, ChFC,
Mailing Address 2 Briars Corners

City State Zip Code
Briarcliff Manor NY 10510-7350

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

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

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

Date of Receipt
M M / D D / Y Y Y Y
09 / 15 / 2006

Transaction ID: R1638226

Amount of Each Receipt this Period
250.00

Check

B. Full Name (Last, First, Middle Initial)
Mr. Thomas R. Laster, RHU
Mailing Address 1713 Elmhurst Ave

City State Zip Code
Nichols Hills OK 73120

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
453.60

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637720

Amount of Each Receipt this Period
50.40

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. David F. Lau, ChFC
Mailing Address 5215 Winlane Dr

City State Zip Code
Bloomfield Hills MI 48302-2961

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

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

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

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2006

Transaction ID: R1638981

Amount of Each Receipt this Period
500.00

Check

SUBTOTAL of Receipts This Page (optional) ► **800.40**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 5553 Peters Drive

City State Zip Code
West Bend WI 53095

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 459.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1636206

Amount of Each Receipt this Period
51.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Leslie W. Lee, CLU, ChFC

Mailing Address 7522 E Hampstead Ct.

City State Zip Code
Middleton WI 53562

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 226.80

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637786

Amount of Each Receipt this Period
25.20

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Edward E. Leisher

Mailing Address 10104 S. Glen

City State Zip Code
Potomac MD 20854

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 15 / 2006

Transaction ID: R1638234

Amount of Each Receipt this Period
600.00

Check

SUBTOTAL of Receipts This Page (optional)	▶	676.20
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Lanny D. Levin, CLU, ChFC

Mailing Address 313 Laurel

City State Zip Code
Highland Park IL 60035-2619

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 378.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637475

Amount of Each Receipt this Period
42.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Bruce C. Lichtenberg, LUTCF

Mailing Address 2265 Cypress Point

City State Zip Code
Discovery Bay CA 94514

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 386.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637747

Amount of Each Receipt this Period
50.00

Payroll Deduction

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

Mailing Address 2477 Valley Oaks Circle

City State Zip Code
Flint MI 48532

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 945.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637811

Amount of Each Receipt this Period
105.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	197.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Mrs. Patricia S. Lucas, CLU,CLTC,L

Mailing Address 8375 Starlight Lane

City Boones Mill State VA Zip Code 24065-1909

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 378.00

Date of Receipt
09 / 10 / 2006

Transaction ID: R1636628

Amount of Each Receipt this Period
42.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. William J. Lynch, LUTCF

Mailing Address 5075 SW Griffith Dr. #200

City Beaverton State OR Zip Code 97005

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
09 / 10 / 2006

Transaction ID: R1637540

Amount of Each Receipt this Period
37.50

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Robert T. MacDonald

Mailing Address 1931 N 73rd St.

City Wauwatosa State WI Zip Code 53213

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 243.00

Date of Receipt
09 / 10 / 2006

Transaction ID: R1636807

Amount of Each Receipt this Period
27.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	106.50
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Mr. Glenford B. Malcolm, Sr.

Mailing Address P. O. Box 822315

City State Zip Code
South Florida FL 33082

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 378.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637823

Amount of Each Receipt this Period
42.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Joseph J. Maltese, CFP

Mailing Address 4176 Arikakee Court

City State Zip Code
Jacksonville FL 32223

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 378.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1636370

Amount of Each Receipt this Period
42.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Dale F. Mamele, CLU

Mailing Address 111 Old Home Pl.

City State Zip Code
Columbia SC 29212-2051

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1636892

Amount of Each Receipt this Period
25.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	109.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 87 / 190
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
	<input type="checkbox"/> 16
	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Steven R. Markham, LUTCF

Mailing Address 4 Alae St.

City State Zip Code
Hilo HI 96720

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 212.50

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1636900

Amount of Each Receipt this Period
12.50

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Robert D. Markwalter, II

Mailing Address 244 Sweetbrier Branch Lane

City State Zip Code
Jacksonville FL 32259-4407

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 29 / 2006

Transaction ID: R1639181

Amount of Each Receipt this Period
250.00

Credit Card

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

Mailing Address 98 Tennyson Rd

City State Zip Code
Warwick RI 02888

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 453.60

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1636799

Amount of Each Receipt this Period
50.40

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	312.90
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Ms. Patricia G. Martin, LUTCF,RHU

Mailing Address 2125 Cypress Drive

City State Zip Code
Culpeper VA 22701-4025

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 20 / 2006

Transaction ID: R1638681

Amount of Each Receipt this Period
250.00

Check

B. Full Name (Last, First, Middle Initial)
Mr. Roosevelt Maske, LUTCF

Mailing Address 5515 Fairvista Drive

City State Zip Code
Charlotte NC 28269-0633

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 370.70

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1636889

Amount of Each Receipt this Period
46.20

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Darren Scott Mason, CLU, ChFC

Mailing Address 178 Shorecliff Rd

City State Zip Code
Corona Del Mar CA 92625-2648

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 374.94

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637291

Amount of Each Receipt this Period
41.66

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	337.86
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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 Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 453.60

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637780

Amount of Each Receipt this Period
50.40

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Michael V. May, CLU, ChFC,

Mailing Address P O Box 910

City State Zip Code
Port Richey FL 34673-0910

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 208.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: R1636159

Amount of Each Receipt this Period
25.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Vincent S. Mazzurco, CSA

Mailing Address Po Box 1060

City State Zip Code
Ocala FL 34478-1060

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 13 / 2006

Transaction ID: R1638366

Amount of Each Receipt this Period
250.00

Credit Card

SUBTOTAL of Receipts This Page (optional) ► **325.40**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 / 190
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 4951 State Route #60. N.

City State Zip Code
Wakeman OH 44889-8605

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 362.50

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 11 / 2006

Transaction ID: R1637951

Amount of Each Receipt this Period
112.50

Check

B. Full Name (Last, First, Middle Initial)
Mr. James L. McConathy, Jr.

Mailing Address 706 Trenton St., Apt. 6

City State Zip Code
West Monroe LA 71291

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 394.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: R1636079

Amount of Each Receipt this Period
50.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Roger S. McCullough, CLU

Mailing Address 2759 19th Ave N

City State Zip Code
Fort Dodge IA 50501-7838

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 690.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 13 / 2006

Transaction ID: R1638396

Amount of Each Receipt this Period
60.00

Credit Card

SUBTOTAL of Receipts This Page (optional)	▶	222.50
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Clyde P. McFadden, LUTCF

Mailing Address 3401 West End Ave.
Ste. 650 W

City Nashville State TN Zip Code 37203

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 378.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: R1635970

Amount of Each Receipt this Period
42.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Bruce F. McGuirk, CLU, ChFC,

Mailing Address 6002 Armfield Court

City Summerfield State NC Zip Code 27358-9128

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 14 / 2006

Transaction ID: R1638218

Amount of Each Receipt this Period
330.00

Check

C. Full Name (Last, First, Middle Initial)
Ms. Juli Y. McNeely, LUTCF,CFP

Mailing Address S764 Hanson Road

City Spencer State WI Zip Code 54479

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: R1636693

Amount of Each Receipt this Period
30.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	402.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 92 / 190						
	(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

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

A. Full Name (Last, First, Middle Initial)
Ms. Juli Y. McNeely, LUTCF,CFP

Mailing Address S764 Hanson Road

City State Zip Code
Spencer WI 54479

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 13 / 2006

Transaction ID: R1638292

Amount of Each Receipt this Period
60.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Mr. Thomas D. McNeil

Mailing Address 49 Hagen Oaks Ct

City State Zip Code
Alamo CA 94507

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1636742

Amount of Each Receipt this Period
25.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Dennis R. Merideth, CLU, ChFC

Mailing Address 6210 N. Camino Pimeria Alta

City State Zip Code
Tucson AZ 85718

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 594.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637019

Amount of Each Receipt this Period
66.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	151.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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 Self-employed Occupation
Self-employed Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 972.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637778

Amount of Each Receipt this Period
126.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. John R. Milam, CLU

Mailing Address 426 Heathermoor

City State Zip Code
Knoxville TN 37922

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 13 / 2006

Transaction ID: R1638504

Amount of Each Receipt this Period
500.00

Credit Card

C. Full Name (Last, First, Middle Initial)
Mr. Michael J. Milburn, LUTCF

Mailing Address 2332 Flagstaff Dr.

City State Zip Code
Longmont CO 80501

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 202.50

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: R1636182

Amount of Each Receipt this Period
22.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	648.50
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 / 190
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Ms. Carolyn S. Miller, LUTCF		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2006	
Mailing Address 2469 W. Rosebush Rd		Transaction ID: R1638073	
City Weidman State MI Zip Code 48893-9791	Amount of Each Receipt this Period 2.50		
FEC ID number of contributing federal political committee. C		Cash	
Name of Employer Self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Insurance Agent Aggregate Year-to-Date ▼ 241.50		

Full Name (Last, First, Middle Initial) B. Ms. Carolyn S. Miller, LUTCF		Date of Receipt M M / D D / Y Y Y Y 09 / 10 / 2006	
Mailing Address 2469 W. Rosebush Rd		Transaction ID: R1636616	
City Weidman State MI Zip Code 48893-9791	Amount of Each Receipt this Period 21.00		
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer Self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Insurance Agent Aggregate Year-to-Date ▼ 241.50		

Full Name (Last, First, Middle Initial) C. Mr. Dennis L. Miller, LUTCF, CLU		Date of Receipt M M / D D / Y Y Y Y 09 / 10 / 2006	
Mailing Address 649 State Road P.O. Box 186		Transaction ID: R1636462	
City Vassar State MI Zip Code 48768	Amount of Each Receipt this Period 42.50		
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer Self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Insurance Agent Aggregate Year-to-Date ▼ 382.50		

SUBTOTAL of Receipts This Page (optional) ▶	66.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Robert A. Miller, M.S., M.A.

Mailing Address 88 Lukes Wood Rd

City State Zip Code
New Canaan CT 06840

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 13 / 2006

Transaction ID: R1638433

Amount of Each Receipt this Period
500.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Mr. Michael A. Mingolelli

Mailing Address 6 McCarthy Drive

City State Zip Code
Framingham MA 01702-5573

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 07 / 2006

Transaction ID: R1638051

Amount of Each Receipt this Period
150.00

Check

C. Full Name (Last, First, Middle Initial)
Ms. Josephine Minor, LUTCF

Mailing Address 1605 Red Oak Ln

City State Zip Code
Rockford IL 61107-2764

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 293.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 13 / 2006

Transaction ID: R1638307

Amount of Each Receipt this Period
150.00

Credit Card

SUBTOTAL of Receipts This Page (optional) ▶ **800.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Ms. Dianne C. Mitchell

Mailing Address 2209 Ontario Street

City Bellingham State WA Zip Code 98226

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
09 / 10 / 2006

Transaction ID: R1634774

Amount of Each Receipt this Period
25.00

Payroll Deduction

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

Mailing Address 2209 Ontario

City Bellingham State WA Zip Code 98226

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt
09 / 10 / 2006

Transaction ID: R1635541

Amount of Each Receipt this Period
60.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Martin Montefel, CLU

Mailing Address 16932 SW 5th Way

City Weston State FL Zip Code 33326-1564

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
09 / 10 / 2006

Transaction ID: R1637415

Amount of Each Receipt this Period
50.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ► 135.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address WaterWorks Road

City State Zip Code
Sewickley PA 15143

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637841

Amount of Each Receipt this Period
50.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. George E. Moore

Mailing Address 516 Woodland Hills

City State Zip Code
Carthage MS 39051-3608

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1635023

Amount of Each Receipt this Period
25.00

Payroll Deduction

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

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 Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1635436

Amount of Each Receipt this Period
60.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	135.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 98 / 190
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Raymond H. Moran, CLU, ChFC

Mailing Address 5463 Irvin Park Cove

City State Zip Code
Memphis TN 38119

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 378.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637604

Amount of Each Receipt this Period
42.00

Payroll Deduction

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

Mailing Address 5487 N. Bach

City State Zip Code
Meridian ID 83642

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1634509

Amount of Each Receipt this Period
126.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Van E. Mueller, LUTCF

Mailing Address 929 N. Astor St. #2008

City State Zip Code
Milwaukee WI 53202

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 13 / 2006

Transaction ID: R1638437

Amount of Each Receipt this Period
1500.00

Credit Card

SUBTOTAL of Receipts This Page (optional)	▶	1668.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Mr. Mark Booth Murphy, CLU, ChFC

Mailing Address 37 Gloucester Rd

City State Zip Code
Summit NJ 07901

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 21 / 2006

Transaction ID: R1638542

Amount of Each Receipt this Period
180.00

Check

B. Full Name (Last, First, Middle Initial)
Mr. Michael G. Murphy

Mailing Address 1014 S. 54th St.

City State Zip Code
Omaha NE 68106

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1635526

Amount of Each Receipt this Period
28.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Robert M. Nelson, CLU, LUTCF

Mailing Address 14712 Shirley Street

City State Zip Code
Omaha NE 68144-2144

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637783

Amount of Each Receipt this Period
50.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	258.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Mr. Marcus B. Newman

Mailing Address 544 Castlewood Lane

City State Zip Code
Deerfield IL 60015

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 29 / 2006

Transaction ID: R1639179

Amount of Each Receipt this Period
250.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Mr. John F. Nichols, CLU, DIA

Mailing Address 1331 W Norwood Avenue

City State Zip Code
Chicago IL 60660

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 434.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1635298

Amount of Each Receipt this Period
42.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Ms. Shirley A. Nielsen, LUTCF, CLU

Mailing Address 2817 Circle Drive

City State Zip Code
Grand Island NE 68801

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637775

Amount of Each Receipt this Period
50.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	342.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Frank R. Nolimal, CLU, ChFC,
Mailing Address 2017 Grafton Ave
City Henderson State NV Zip Code 89014
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-employed Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 540.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006
Transaction ID: R1637694
Amount of Each Receipt this Period 60.00
Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Brian E. O'Brien, CLU, ChFC, L
Mailing Address 1651 Wolf Run Dr.
City Richfield State WI Zip Code 53076
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-employed Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 459.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006
Transaction ID: R1635078
Amount of Each Receipt this Period 51.00
Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Jay A. Ochanpaugh
Mailing Address PO Box 2485
City Ames State IA Zip Code 50010-2485
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-employed Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 13 / 2006
Transaction ID: R1638499
Amount of Each Receipt this Period 300.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ▶ 411.00
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address P. O. Box 7156

City State Zip Code
Asheville NC 28802-7156

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1562.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637615

Amount of Each Receipt this Period
143.00

Payroll Deduction

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

Mailing Address P. O. Box 7156

City State Zip Code
Asheville NC 28802-7156

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1562.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 11 / 2006

Transaction ID: R1637952

Amount of Each Receipt this Period
275.00

Check

C. Full Name (Last, First, Middle Initial)
Ms. Martha N. Olmstead, CLU, ChFC

Mailing Address 56 Divisadero St

City State Zip Code
San Francisco CA 94117-3211

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1635158

Amount of Each Receipt this Period
25.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	443.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Ms. Rae Lee Olson

Mailing Address 218 N El Monte Ave

City State Zip Code
Los Altos CA 94022-2354

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 382.50

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637755

Amount of Each Receipt this Period
42.50

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Mitchell W. Ostrove, CLU, ChFC

Mailing Address 4 New King Street

City State Zip Code
White Plains NY 10604-1202

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 378.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1636876

Amount of Each Receipt this Period
42.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Gary M. Owens, LUTCF

Mailing Address PO Box 835

City State Zip Code
Sultan WA 98294

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 295.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1635494

Amount of Each Receipt this Period
42.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	127.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 51 Lance Ct

City State Zip Code
Elkton MD 21921-7219

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.50

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1635437

Amount of Each Receipt this Period
42.00

Payroll Deduction

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

Mailing Address 2219 Kaululaau Street

City State Zip Code
Honolulu HI 96813-1230

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637143

Amount of Each Receipt this Period
50.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. John Palladino, Jr., CLU, C

Mailing Address 14670 Quito Rd

City State Zip Code
Saratoga CA 95070

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 294.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1635636

Amount of Each Receipt this Period
42.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	134.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 / 190
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Mr. Joseph S. Pantozzi, CLU, ChFC

Mailing Address PO Box 95063

City State Zip Code
Las Vegas NV 89193

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637381

Amount of Each Receipt this Period
60.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Ms. Cheryl R. Parker, CLU, ChFC,

Mailing Address 4120 Rainbow Drive

City State Zip Code
Virginia Beach VA 23456

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 212.50

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1635052

Amount of Each Receipt this Period
25.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Ms. Cheryl R. Parker, CLU, ChFC,

Mailing Address 4120 Rainbow Drive

City State Zip Code
Virginia Beach VA 23456

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 212.50

Date of Receipt
M M / D D / Y Y Y Y
09 / 11 / 2006

Transaction ID: R1637956

Amount of Each Receipt this Period
25.00

Check

SUBTOTAL of Receipts This Page (optional) ► **110.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Mr. Clinton J. Parks

Mailing Address 4848 Rivervale St Rt

City State Zip Code
Soquel CA 95073-9727

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 202.50

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1635638

Amount of Each Receipt this Period
22.50

Payroll Deduction

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

Mailing Address 309 Running Cedar Lane

City State Zip Code
Richmond VA 23229

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 505.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637446

Amount of Each Receipt this Period
50.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Ms. Debbie K. Paul, CLU, ChFC

Mailing Address 4001 MacArthur Blvd Suite 300

City State Zip Code
Newport Beach CA 92660-2510

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 382.50

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637294

Amount of Each Receipt this Period
42.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ► **115.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Mr. Gary H. Pendleton, CLU, ChFC

Mailing Address 2601 Oberlin Rd

City Raleigh State NC Zip Code 27608-1319

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 412.47

Date of Receipt
09 / 10 / 2006

Transaction ID: R1637014

Amount of Each Receipt this Period
45.83

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Kenneth H. Pendley

Mailing Address 722 Kenwood Road

City Fayetteville State GA Zip Code 30214

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
09 / 13 / 2006

Transaction ID: R1638488

Amount of Each Receipt this Period
250.00

Credit Card

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

Mailing Address 11702 Golden Valley Dr

City New Port Richey State FL Zip Code 34654-5431

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
09 / 13 / 2006

Transaction ID: R1638502

Amount of Each Receipt this Period
50.00

Credit Card

SUBTOTAL of Receipts This Page (optional)	345.83
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1420 Hackberry Road

City State Zip Code
North Platte NE 69101-6841

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 427.50

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637772

Amount of Each Receipt this Period
47.50

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. A. Duer Pierce, Jr.

Mailing Address 5818 Kennett Pike

City State Zip Code
Wilmington DE 19807-1116

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 725.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1635501

Amount of Each Receipt this Period
25.00

Payroll Deduction

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

Mailing Address 5152 Ellington Court

City State Zip Code
Granite Bay CA 95746-7188

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1872.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1636883

Amount of Each Receipt this Period
208.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ► **280.50**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 109 / 190	
	(check only one)			
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 395 Del Monte Ctr Suite 202

City Monterey	State CA	Zip Code 93940
-------------------------	--------------------	--------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	0	/	2	0	0	6

Transaction ID: R1635182

Amount of Each Receipt this Period

25.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. William Poe, Jr., CLU

Mailing Address 2397 Samuelson Rd

City Portage	State IN	Zip Code 46368-2531
------------------------	--------------------	-------------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	0	/	2	0	0	6

Transaction ID: R1635413

Amount of Each Receipt this Period

25.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Charles W. Potts, CLU, RHU,

Mailing Address 12725 St. Andrews Ter

City Oklahoma City	State OK	Zip Code 73120-8807
------------------------------	--------------------	-------------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	0	/	2	0	0	6

Transaction ID: R1637355

Amount of Each Receipt this Period

30.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	80.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Mr. Bradley W. Pratt, CLU, LUTCF

Mailing Address 2118 Peregrine Lane

City Mankato State MN Zip Code 56003

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
09 / 10 / 2006

Transaction ID: R1635626

Amount of Each Receipt this Period
25.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Ms. Laurene B. Prevette, LUTCF, RHU

Mailing Address 741 Romany Road

City Charlotte State NC Zip Code 28203-4849

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.50

Date of Receipt
09 / 10 / 2006

Transaction ID: R1637831

Amount of Each Receipt this Period
27.50

Payroll Deduction

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

Mailing Address 1121 Westrac Dr. Ste. 206

City Fargo State ND Zip Code 58103-2385

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
09 / 10 / 2006

Transaction ID: R1637667

Amount of Each Receipt this Period
51.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	103.50
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Mr. Barry K. Rake, LUTCF

Mailing Address 1004 Dawne Drive

City State Zip Code
Williamsport PA 17701

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637624

Amount of Each Receipt this Period
25.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Edward F. Randolph

Mailing Address 1515 Mill Bay Road

City State Zip Code
Kodiak AK 99615-6233

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 378.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1634995

Amount of Each Receipt this Period
42.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Ms. Jeri L. Regan, CLU, ChFC,

Mailing Address 2616 No. 100th Avenue

City State Zip Code
Omaha NE 68134-5510

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1636273

Amount of Each Receipt this Period
25.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ► **92.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 112 / 190
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Kevin J. Reinke, LUTCF, CIC

Mailing Address 3418 43rd Street

City State Zip Code
Metairie LA 70001

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 13 / 2006

Transaction ID: R1638326

Amount of Each Receipt this Period
150.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Mr. Robert W. Rensing, LUTCF

Mailing Address 2515 S. 105th Ave

City State Zip Code
Omaha NE 68124-1825

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 378.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1635565

Amount of Each Receipt this Period
42.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Stephen M. Rice

Mailing Address 54 Alpine Ave

City State Zip Code
Los Gatos CA 95030

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 13 / 2006

Transaction ID: R1638400

Amount of Each Receipt this Period
2500.00

Credit Card

SUBTOTAL of Receipts This Page (optional)	▶	2692.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Scott H. Richards, CLU ChFC

Mailing Address 603 Lake St. #304

City State Zip Code
Excelsior MN 55331-1949

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 413.25

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: R1635265

Amount of Each Receipt this Period
4.25

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Scott H. Richards, CLU ChFC

Mailing Address 603 Lake St. #304

City State Zip Code
Excelsior MN 55331-1949

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 413.25

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 25 / 2006

Transaction ID: R1638788

Amount of Each Receipt this Period
250.00

Check

C. Full Name (Last, First, Middle Initial)
Mr. August P. Richter, IV, LUTCF,

Mailing Address 401 Wild Oak Drive

City State Zip Code
Manitowoc WI 54220-9054

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 453.60

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: R1635146

Amount of Each Receipt this Period
50.40

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	304.65
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Mr. Robert Danny Riley, LUTCF

Mailing Address 3605 Shiloh Ridge Rd

City State Zip Code
Corinth MS 38835

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637430

Amount of Each Receipt this Period
25.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. William E. Riley

Mailing Address 715 N. Washington Blvd., Suite D

City State Zip Code
Sarasota FL 34236

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1635472

Amount of Each Receipt this Period
25.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. William E. Riley

Mailing Address 715 N. Washington Blvd., Suite D

City State Zip Code
Sarasota FL 34236

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 13 / 2006

Transaction ID: R1638503

Amount of Each Receipt this Period
25.00

Credit Card

SUBTOTAL of Receipts This Page (optional)	▶	75.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 / 190
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Mr. Adi Ringer, LUTCF, CFP

Mailing Address 888 Vista Brisa

City State Zip Code
San Luis Obispo CA 93405

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 202.50

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1634660

Amount of Each Receipt this Period
22.50

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Richard R. Rios, CLU, ChFC

Mailing Address 8720 El Chapul Way

City State Zip Code
Fair Oaks CA 95628-5454

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1634964

Amount of Each Receipt this Period
50.00

Payroll Deduction

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

Mailing Address 1287 Harrison Pond Drive

City State Zip Code
New Albany OH 43054

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 957.50

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637098

Amount of Each Receipt this Period
117.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	190.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Mr. Edwin G. Robinson, Jr., CLU

Mailing Address 3777 Parkwood Way

City State Zip Code
West Linn OR 97068-1045

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 13 / 2006

Transaction ID: R1638300

Amount of Each Receipt this Period
250.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Mr. David B. Romero, ChFC

Mailing Address 6909 Oak Hill Cir.

City State Zip Code
Shreveport LA 71106

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 13 / 2006

Transaction ID: R1638461

Amount of Each Receipt this Period
50.00

Credit Card

C. Full Name (Last, First, Middle Initial)
Mr. Harry S. Rosnick, LUTCF

Mailing Address 3435 Jefferson Davis Hwy
P.O. Box 360

City State Zip Code
Fredericksburg VA 22404

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 06 / 2006

Transaction ID: R1638085

Amount of Each Receipt this Period
10.00

Cash

SUBTOTAL of Receipts This Page (optional)	310.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 / 190		
	<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

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

A. Full Name (Last, First, Middle Initial)
Mr. Harry S. Rosnick, LUTCF

Mailing Address 3435 Jefferson Davis Hwy
P.O. Box 360

City Fredericksburg State VA Zip Code 22404

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1634931

Amount of Each Receipt this Period
25.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Franklin W. Roth, LUTCF

Mailing Address 608 Buckwood Dr.

City Orlando State FL Zip Code 32806-7023

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 13 / 2006

Transaction ID: R1638364

Amount of Each Receipt this Period
250.00

Credit Card

C. Full Name (Last, First, Middle Initial)
Ms. Shelley M. Rowe, LUTCF

Mailing Address 5908 E. Conservation Dr.

City Longmont State CO Zip Code 80504

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 237.50

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1635380

Amount of Each Receipt this Period
37.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	312.50
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Ms. Sherri A. Rush, LUTCF

Mailing Address 2140 Jefferson St Suite C

City State Zip Code
Napa CA 94559

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1635602

Amount of Each Receipt this Period
25.00

Payroll Deduction

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

Mailing Address 8461 Eagle Preserve Way

City State Zip Code
Sarasota FL 34241-9449

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1635068

Amount of Each Receipt this Period
50.00

Payroll Deduction

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

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 Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 980.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1636921

Amount of Each Receipt this Period
60.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	135.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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 Self-employed Occupation
Self-employed Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 980.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 13 / 2006

Transaction ID: R1638391

Amount of Each Receipt this Period
200.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Mr. William R. Sapers, CLU

Mailing Address 10 Rows Wharf #1201

City State Zip Code
Boston MA 02110-3317

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 18 / 2006

Transaction ID: R1638252

Amount of Each Receipt this Period
250.00

Check

C. Full Name (Last, First, Middle Initial)
Mr. Gregory B. Schaeffer

Mailing Address 3627 - 22nd St.

City State Zip Code
Kenosha WI 53144

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 243.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1635226

Amount of Each Receipt this Period
27.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	477.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 / 190
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Mr. Walter M. Schieffer, Jr., LUTCF

Mailing Address 17501 John Wayne

City State Zip Code
Perry OK 73077-9513

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 226.80

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: R1635462

Amount of Each Receipt this Period
25.20

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mrs. Peggy D. Schneider, LUTCF

Mailing Address 630 Black Diamond Rd.

City State Zip Code
Billings MT 59105

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 13 / 2006

Transaction ID: R1638422

Amount of Each Receipt this Period
210.00

Credit Card

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

Mailing Address 1510 So. 183 Circle

City State Zip Code
Omaha NE 68130

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 924.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637627

Amount of Each Receipt this Period
62.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	297.70
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 121 / 190 (check only one) <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
National Association of Insurance and Financial Advisors Political Action Committee

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

Mailing Address 1510 So. 183 Circle

City Omaha	State NE	Zip Code 68130
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **924.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	3	/	2	0	0	6

Transaction ID: R1638472

Amount of Each Receipt this Period

100.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Mr. Mark B. Schwendeman

Mailing Address 427 4th St

City Marietta	State OH	Zip Code 45750-2004
-------------------------	--------------------	-------------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	0	/	2	0	0	6

Transaction ID: R1637820

Amount of Each Receipt this Period

30.00

Payroll Deduction

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

Mailing Address 1022 WASHINGTON AVE.

City OSHKOSH	State WI	Zip Code 54901-5354
------------------------	--------------------	-------------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **453.60**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	0	/	2	0	0	6

Transaction ID: R1637045

Amount of Each Receipt this Period

50.40

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	180.40
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 / 190
	<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 Committee

A. Full Name (Last, First, Middle Initial)
Mr. Harry E. Sechman

Mailing Address 13 Beechwood Dr

City State Zip Code
Rutland MA 01543-1751

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1635473

Amount of Each Receipt this Period
30.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Harry E. Sechman

Mailing Address 13 Beechwood Dr

City State Zip Code
Rutland MA 01543-1751

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 13 / 2006

Transaction ID: R1638429

Amount of Each Receipt this Period
50.00

Credit Card

C. Full Name (Last, First, Middle Initial)
Mr. Dale J. Seymour

Mailing Address 2401 Wealdstone Rd.

City State Zip Code
Toledo OH 43617

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637369

Amount of Each Receipt this Period
10.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	90.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Mr. James A. Shalek, Jr., CLU, Ch

Mailing Address 1706 Candleberry Lane

City Yorkville State IL Zip Code 60560-5810

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: R1635074

Amount of Each Receipt this Period
25.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Troy J. Shreve, CLU

Mailing Address 7100 S 45th Street

City Lincoln State NE Zip Code 68516-3016

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 378.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637231

Amount of Each Receipt this Period
42.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. James John Silbernagel, LUTCF

Mailing Address W 2329 Capital Drive

City Campbellsport State WI Zip Code 53010-3010

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: R1635651

Amount of Each Receipt this Period
60.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	127.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Mr. Joseph J. Simon, LUTCF

Mailing Address 2509 HILLSIDE DR.

City GREENBAY State WI Zip Code 54302-4828

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 243.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1635622

Amount of Each Receipt this Period
27.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Ken Simons, CLU, ChFC,

Mailing Address 808 Thoroughbred Lane

City Artesia State NM Zip Code 88210-2232

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.90

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637140

Amount of Each Receipt this Period
50.10

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Gary R. Sitzmann, CLU

Mailing Address 29 Sierra Ave

City Piedmont State CA Zip Code 94611

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 06 / 2006

Transaction ID: R1638038

Amount of Each Receipt this Period
500.00

Check

SUBTOTAL of Receipts This Page (optional)	▶	577.10
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Ms. Debra N. Smith

Mailing Address 1345 Cedar Park Pl

City State Zip Code
Stone Mountain GA 30083

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
09 / 10 / 2006

Transaction ID: R1635649

Amount of Each Receipt this Period
25.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Michael T. Smith, LUTCF

Mailing Address 2217 Stony Ridge Dr.

City State Zip Code
Waukesha WI 53186

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt
MM / DD / YYYY
09 / 13 / 2006

Transaction ID: R1638291

Amount of Each Receipt this Period
60.00

Credit Card

C. Full Name (Last, First, Middle Initial)
Mr. Robert O. Smith, CLU, ChFC,

Mailing Address 242 Greenbrier Dr SE

City State Zip Code
Grand Rapids MI 49546-2232

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
09 / 13 / 2006

Transaction ID: R1638403

Amount of Each Receipt this Period
50.00

Credit Card

SUBTOTAL of Receipts This Page (optional)	▶	135.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 22928 San Joaquin Drive East

City Canyon Lake State CA Zip Code 92587-7831

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1922.00

Date of Receipt
09 / 06 / 2006

Transaction ID: R1638096

Amount of Each Receipt this Period
50.00

Cash

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

Mailing Address 22928 San Joaquin Drive East

City Canyon Lake State CA Zip Code 92587-7831

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1922.00

Date of Receipt
09 / 10 / 2006

Transaction ID: R1636947

Amount of Each Receipt this Period
208.00

Payroll Deduction

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

Mailing Address 9451 Heddy Drive

City Flushing State MI Zip Code 48433

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1048.00

Date of Receipt
09 / 10 / 2006

Transaction ID: R1636965

Amount of Each Receipt this Period
208.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	466.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 / 190
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Mr. Mark V. Snider, ChFC

Mailing Address 44 Elmwood Place

City Athens State OH Zip Code 45701-1904

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 378.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637476

Amount of Each Receipt this Period
42.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Ms. Sharon L. Sparling, CIC

Mailing Address 1100 E. College Way

City Mount Vernon State WA Zip Code 98273

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 355.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1635699

Amount of Each Receipt this Period
45.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Preston R. Speece, LUTCF

Mailing Address 14620 Fowler Ave

City Omaha State NE Zip Code 68116

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 247.50

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1635042

Amount of Each Receipt this Period
27.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	114.50
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Noel Courtney Spencer

Mailing Address 3 Valerie Drive

City State Zip Code
Chester NY 10918-1428

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 668.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: R1635033

Amount of Each Receipt this Period
104.50

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Walter C. Sprye, Jr., CLU, C

Mailing Address 101 Stoney Brook Rd.

City State Zip Code
Rocky Mount NC 27804

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 415.80

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637576

Amount of Each Receipt this Period
46.20

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Lawrence Stack, CLU, ChFC

Mailing Address 28411 Northwestern Hwy Ste 1300

City State Zip Code
Southfield MI 48034-5543

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: R1636990

Amount of Each Receipt this Period
50.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	200.70
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 / 190
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Mr. Angelo T. Stath

Mailing Address 7821 Massachusetts

City State Zip Code
Merrville IN 46410-5531

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
09 / 10 / 2006

Transaction ID: R1637816

Amount of Each Receipt this Period
50.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Angelo T. Stath

Mailing Address 7821 Massachusetts

City State Zip Code
Merrville IN 46410-5531

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
09 / 14 / 2006

Transaction ID: R1638633

Amount of Each Receipt this Period
-50.00

RT

C. Full Name (Last, First, Middle Initial)
Mr. John P. Steele, LUTCF

Mailing Address 122 West Main

City State Zip Code
Manhattan MT 59741

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
MM / DD / YYYY
09 / 10 / 2006

Transaction ID: R1635186

Amount of Each Receipt this Period
30.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	30.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Mr. Matthew J. Steger

Mailing Address P. O. Box 11348

City State Zip Code
Casa Grande AZ 85230-1348

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
09 / 13 / 2006

Transaction ID: R1638321

Amount of Each Receipt this Period
180.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Mr. Matthew J. Steger

Mailing Address P. O. Box 11348

City State Zip Code
Casa Grande AZ 85230-1348

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
09 / 13 / 2006

Transaction ID: R1638350

Amount of Each Receipt this Period
30.00

Credit Card

C. Full Name (Last, First, Middle Initial)
Mr. Jerry Lynn Stephens, LUTCF

Mailing Address 130 Tarheel Rd

City State Zip Code
Lumberton NC 28358

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 207.90

Date of Receipt
MM / DD / YYYY
09 / 10 / 2006

Transaction ID: R1635109

Amount of Each Receipt this Period
23.10

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	233.10
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Glenn C. Stocker, CLU, LUTCF

Mailing Address 913 Goodlander Circle

City State Zip Code
Selah WA 98942-9405

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 13 / 2006

Transaction ID: R1638380

Amount of Each Receipt this Period
500.00

Credit Card

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

Mailing Address 9820 Dixon Lane

City State Zip Code
Reno NV 89511-9455

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1134.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637534

Amount of Each Receipt this Period
126.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. David L. Stratton, CLU, ChFC,

Mailing Address 13115 Beach Cir.

City State Zip Code
Anchorage AK 99515-3748

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 945.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637403

Amount of Each Receipt this Period
105.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	731.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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 Self-employed Occupation
Self-employed Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 995.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: R1635419

Amount of Each Receipt this Period
105.00

Payroll Deduction

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

Mailing Address 17131 Parkview Dr

City State Zip Code
Morgan Hill CA 95037-6606

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 995.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 11 / 2006

Transaction ID: R1637974

Amount of Each Receipt this Period
50.00

Check

C. Full Name (Last, First, Middle Initial)
Mr. Michael W. Struebing, LUTCF, CLU

Mailing Address 16112 Parker Street

City State Zip Code
Omaha NE 68118-2429

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 305.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 13 / 2006

Transaction ID: R1638469

Amount of Each Receipt this Period
50.00

Credit Card

SUBTOTAL of Receipts This Page (optional)	▶	205.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 / 190
	<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 Committee

A. Full Name (Last, First, Middle Initial)
Mr. Michael W. Struebing, LUTCF, CLU

Mailing Address 16112 Parker Street

City State Zip Code
Omaha NE 68118-2429

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 305.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 25 / 2006

Transaction ID: R1638517

Amount of Each Receipt this Period
42.50

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Arlen C. Stuber, LUTCF

Mailing Address 3980 Lila Lane

City State Zip Code
Eau Claire WI 54701

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 243.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1635242

Amount of Each Receipt this Period
27.00

Payroll Deduction

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

Mailing Address 25 Monterey Drive

City State Zip Code
Vernon Hills IL 60061-2332

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

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 448.50

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1635571

Amount of Each Receipt this Period
56.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	126.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 2001 W. Warner Unit 1

City State Zip Code
Chicago IL 60618

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 202.50

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1634514

Amount of Each Receipt this Period
22.50

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Stephen G. Summerlin, CFP

Mailing Address 4014 N. W. 15th Street

City State Zip Code
Gainesville FL 32605-1912

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 378.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637465

Amount of Each Receipt this Period
42.00

Payroll Deduction

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

Mailing Address 2325 Jeans Ct

City State Zip Code
Signal Hill CA 90755

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1635303

Amount of Each Receipt this Period
105.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	169.50
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Mr. Arthur Ivan Swanson, LUTCF

Mailing Address 2270 E. 24TH PL

City YUMA State AZ Zip Code 85365-3245

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 226.80

Date of Receipt
09 / 10 / 2006

Transaction ID: R1637216

Amount of Each Receipt this Period
25.20

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Elwood B. Syverson, LUTCF

Mailing Address 509 Loomis Drive

City Mauston State WI Zip Code 53948-1522

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 246.00

Date of Receipt
09 / 10 / 2006

Transaction ID: R1637546

Amount of Each Receipt this Period
30.00

Payroll Deduction

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

Mailing Address 3705 S. Judy Ave

City Sioux Falls State SD Zip Code 57103-7248

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

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 312.50

Date of Receipt
09 / 10 / 2006

Transaction ID: R1635263

Amount of Each Receipt this Period
50.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	105.20
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 136 / 190
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Jeffrey J. Taggart

Mailing Address 1107 Cedar Ln.
P.O. Box 2433

City State Zip Code
Cody WY 82414-2433

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
1325.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637498

Amount of Each Receipt this Period
50.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Jeffrey J. Taggart

Mailing Address 1107 Cedar Ln.
P.O. Box 2433

City State Zip Code
Cody WY 82414-2433

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
1325.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 11 / 2006

Transaction ID: R1637979

Amount of Each Receipt this Period
850.00

Check

C. Full Name (Last, First, Middle Initial)
Mr. Matthew S. Tassey

Mailing Address 5 Reggio Ave.

City State Zip Code
Old Orchard Beach ME 04064-2709

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
648.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637864

Amount of Each Receipt this Period
72.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	972.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 137 / 190
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. B. Jason Taylor

Mailing Address 9841 Meadow Ln

City State Zip Code
Denham Springs LA 70706

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 13 / 2006

Transaction ID: R1638290

Amount of Each Receipt this Period
25.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Mr. B. Jason Taylor

Mailing Address 9841 Meadow Ln

City State Zip Code
Denham Springs LA 70706

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 13 / 2006

Transaction ID: R1638333

Amount of Each Receipt this Period
250.00

Credit Card

C. Full Name (Last, First, Middle Initial)
Mr. Roger G. Taylor, CLU, ChFC,

Mailing Address 3622 Wind Briar Ct.

City State Zip Code
Battleboro NC 27809

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 13 / 2006

Transaction ID: R1638424

Amount of Each Receipt this Period
1375.00

Credit Card

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 / 190
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Neal A. Thomas, CLU, ChFC Mailing Address 4435 E. Eden City Lincoln State NE Zip Code 68506-2541 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006 Transaction ID: R1638214 Amount of Each Receipt this Period 300.00 Check
Name of Employer Self-employed Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00

B. Full Name (Last, First, Middle Initial) Mr. Joseph A. Thompson, CLU, ChFC, Mailing Address 24905 Marsh Landing Pkwy City Ponte Vedra Beach State FL Zip Code 32082 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2006 Transaction ID: R1638031 Amount of Each Receipt this Period 250.00 Check
Name of Employer Self-employed Occupation 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. J. Edward Tippetts, JD, CLU, ChF Mailing Address 10506 N Ironwood Corcle City Mequon State WI Zip Code 53092 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2006 Transaction ID: R1638848 Amount of Each Receipt this Period 300.00 Check
Name of Employer Self-employed Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 / 190
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Brad Tison, CLU, ChFC,
Mailing Address 3216 Southern Woods Drive
City State Zip Code
Des Moines IA 50321
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-employed Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 453.60

Date of Receipt
MM / DD / YYYY
09 / 10 / 2006
Transaction ID: R1634967
Amount of Each Receipt this Period
50.40
Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Gregory T. Toscano, LUTCF
Mailing Address 24 Snelling Ave
City State Zip Code
Duluth MN 55812
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-employed Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
09 / 06 / 2006
Transaction ID: R1638081
Amount of Each Receipt this Period
25.00
Cash

C. Full Name (Last, First, Middle Initial)
Mr. B. Douglas Trainer, LUTCF
Mailing Address P. O. Box 270
113 Glendale Road
City State Zip Code
Pine Forge PA 19548-0270
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-employed Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 13 / 2006
Transaction ID: R1638317
Amount of Each Receipt this Period
250.00
Credit Card

SUBTOTAL of Receipts This Page (optional)	325.40
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. John D. Traynham, LUTCF

Mailing Address 210 Timber Lane

City Anderson State SC Zip Code 29621-1126

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 202.50

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 10 / 2006

Transaction ID: R1635266

Amount of Each Receipt this Period
 22.50

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Robert W. Tull, CLU, ChFC

Mailing Address 7815 Eagle Rock, N.E.

City Albuquerque State NM Zip Code 87122

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 334.50

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 10 / 2006

Transaction ID: R1635124

Amount of Each Receipt this Period
 25.50

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Robert W. Tull, CLU, ChFC

Mailing Address 7815 Eagle Rock, N.E.

City Albuquerque State NM Zip Code 87122

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 334.50

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 13 / 2006

Transaction ID: R1638493

Amount of Each Receipt this Period
 105.00

Credit Card

SUBTOTAL of Receipts This Page (optional)	▶	153.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mrs. Lynda D. Turner, LUTCF

Mailing Address 1070 South Bosque Loop

City State Zip Code
Bosque Farms NM 87068-9063

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 333.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637562

Amount of Each Receipt this Period
45.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Ms. Charmaine Uhrig, LUTCF

Mailing Address RR 1 Box 273A

City State Zip Code
Minatare NE 69356

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 415.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: R1635831

Amount of Each Receipt this Period
42.50

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Ms. Charmaine Uhrig, LUTCF

Mailing Address RR 1 Box 273A

City State Zip Code
Minatare NE 69356

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 415.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 13 / 2006

Transaction ID: R1638375

Amount of Each Receipt this Period
50.00

Credit Card

SUBTOTAL of Receipts This Page (optional)	▶	137.50
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Howard Raymond Utz, LUTCF

Mailing Address PO Box 480

City Mars State PA Zip Code 16046

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 382.50

Date of Receipt
09 / 10 / 2006

Transaction ID: R1637438

Amount of Each Receipt this Period
42.50

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. James J. Van Ham, CLU,LUTCF,

Mailing Address 2748 Newport Drv

City Naperville State IL Zip Code 60565-6711

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
09 / 13 / 2006

Transaction ID: R1638494

Amount of Each Receipt this Period
500.00

Credit Card

C. Full Name (Last, First, Middle Initial)
Mr. Michael P. Victorino

Mailing Address 840 Alua St., #103

City Wailuku State HI Zip Code 96793

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 237.50

Date of Receipt
09 / 10 / 2006

Transaction ID: R1637744

Amount of Each Receipt this Period
12.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	555.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. F. Joseph Vlock, CLU, ChFC

Mailing Address 1729 S 167th Circle

City State Zip Code
Omaha NE 68130-1548

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation
Self-employed Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 11 / 2006

Transaction ID: R1637973

Amount of Each Receipt this Period
250.00

Check

B. Full Name (Last, First, Middle Initial)
Mr. Richard D. Vonderlage, CSA, LUTCF

Mailing Address 15202 Sprague St

City State Zip Code
Omaha NE 68116

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation
Self-employed Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637267

Amount of Each Receipt this Period
42.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Richard D. Vonderlage, CSA, LUTCF

Mailing Address 15202 Sprague St

City State Zip Code
Omaha NE 68116

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation
Self-employed Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 14 / 2006

Transaction ID: R1638634

Amount of Each Receipt this Period
-42.00

RT

SUBTOTAL of Receipts This Page (optional) ► 250.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 / 190
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. Ruth K. Wassinger, LUTCF

Mailing Address 1213 Cambridge Ct

City State Zip Code
Plattsmouth NE 68048-1375

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation
Self-employed Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 13 / 2006

Transaction ID: R1638318

Amount of Each Receipt this Period
500.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Mr. Charles A. Webb

Mailing Address 2516 Longview Ave.

City State Zip Code
Roanoke VA 24014

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation
Self-employed Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 382.50

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: R1634852

Amount of Each Receipt this Period
42.50

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. S. Mark Weeks, LUTCF, CLU

Mailing Address 1389 South 500 East

City State Zip Code
Salt Lake City UT 84105-2043

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation
Self-employed Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 487.50

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637622

Amount of Each Receipt this Period
50.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	592.50
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Matthew C. Weider, CLU,ChFC

Mailing Address 6855 Compton Heights Circle

City State Zip Code
Clifton VA 20124

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation
Self-employed Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 453.60

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1634731

Amount of Each Receipt this Period
50.40

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Daniel J. Wells, LUTCF

Mailing Address 18830 Los Hermanos Ranch Rd

City State Zip Code
Valley Center CA 92082-6808

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation
Self-employed Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 492.50

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1635459

Amount of Each Receipt this Period
45.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Marlin D. Wells, CLU, ChFC,

Mailing Address 2201 N. Washington

City State Zip Code
Roswell NM 88201-3377

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation
Self-employed Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1635251

Amount of Each Receipt this Period
30.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	125.40
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 146 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Lester E. Westgard, CLU

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 Self-employed Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt
MM / DD / YYYY
09 / 10 / 2006

Transaction ID: R1635067

Amount of Each Receipt this Period
60.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. John W. Wheeler, Jr.

Mailing Address 1075 Aster Ln.

City State Zip Code
West Chicago IL 60185-1750

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 13 / 2006

Transaction ID: R1638374

Amount of Each Receipt this Period
250.00

Credit Card

C. Full Name (Last, First, Middle Initial)
Mr. William T. Whitmore, Jr., LUTCF

Mailing Address P. O. Box 4748

City State Zip Code
Virginia Beach VA 23454-0748

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
435.00

Date of Receipt
MM / DD / YYYY
09 / 10 / 2006

Transaction ID: R1637006

Amount of Each Receipt this Period
50.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	360.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 147 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mrs. Susan Diane Wier, CFP, ChFC

Mailing Address 8023 South Zikes Rd

City Bloomington State IN Zip Code 47401-9178

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 13 / 2006

Transaction ID: R1638432

Amount of Each Receipt this Period
600.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Mr. Irv Wiese, CLU, ChFC,

Mailing Address 318 Stamford Bridge Rd

City Columbia State SC Zip Code 29212

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 378.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1635628

Amount of Each Receipt this Period
42.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. W. Howard Wight, Jr., CLU, C

Mailing Address 1330 Jones Suite 404

City San Francisco State CA Zip Code 94109-4107

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 13 / 2006

Transaction ID: R1638306

Amount of Each Receipt this Period
250.00

Credit Card

SUBTOTAL of Receipts This Page (optional)	▶	892.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 148 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Leroy L. Wilbers, Jr.

Mailing Address 309 Deerfield Pl

City Jefferson City State MO Zip Code 65109

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1134.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: R1635608

Amount of Each Receipt this Period
126.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Ian C. Wilkinson, LUTCF

Mailing Address PO Box 7096

City Macon State GA Zip Code 31209-7896

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: R1635528

Amount of Each Receipt this Period
25.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Boyd Lee Williams

Mailing Address 7023 W. Willamette Ave

City Kennewick State WA Zip Code 99336-1280

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 945.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: R1635382

Amount of Each Receipt this Period
105.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	256.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Cliff F. Wilson, CLU, ChFC,
Mailing Address 1458 W. Bahia Court
City State Zip Code
Gilbert AZ 85233
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-employed Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1134.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006
Transaction ID: R1634940
Amount of Each Receipt this Period 126.00
Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Randall C. Wimsatt, LUTCF
Mailing Address 2501 E 20th, #10
City State Zip Code
Farmington NM 87401
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-employed Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 226.80

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006
Transaction ID: R1637510
Amount of Each Receipt this Period 25.20
Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. L. Nelson Wingert, CLU
Mailing Address 418 Gettysburg Pike
City State Zip Code
Mechanicsburg PA 17055-5170
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-employed Occupation Insurance Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 205.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006
Transaction ID: R1635502
Amount of Each Receipt this Period 25.00
Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	176.20
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 / 190
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Larry J. Winkelhake, CLU, ChFC

Mailing Address 18600 Longview Ct

City State Zip Code
Brookfield WI 53045

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation
Self-employed Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 810.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637028

Amount of Each Receipt this Period
90.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Michael J. Wolfe, CLU, ChFC, M

Mailing Address 555 Saddle Mountain Road

City State Zip Code
Colorado Springs CO 80919-2031

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation
Self-employed Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 11 / 2006

Transaction ID: R1637978

Amount of Each Receipt this Period
50.00

Check

C. Full Name (Last, First, Middle Initial)
Mr. Benjamin Bunn Woodard, Jr.

Mailing Address 109 Bristol Court

City State Zip Code
Rocky Mount NC 27803-1203

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation
Self-employed Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 302.50

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: R1635479

Amount of Each Receipt this Period
46.75

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	186.75
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 151 / 190
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Brian E. Worrell, LUTCF, CSA

Mailing Address 202-J Mansion Drive

City State Zip Code
Shillington PA 19607

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation
Self-employed Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 13 / 2006

Transaction ID: R1638409

Amount of Each Receipt this Period
150.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Mr. Edward A. Zabielski, Jr.

Mailing Address 104 Clay Ct.

City State Zip Code
Landenberg PA 19350

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation
Self-employed Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 995.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637839

Amount of Each Receipt this Period
105.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Edward A. Zabielski, Jr.

Mailing Address 104 Clay Ct.

City State Zip Code
Landenberg PA 19350

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation
Self-employed Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 995.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 13 / 2006

Transaction ID: R1638372

Amount of Each Receipt this Period
50.00

Credit Card

SUBTOTAL of Receipts This Page (optional)	▶	305.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 / 190
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Charles D. Zaleski, CLU, ChFC

Mailing Address 28400 Ridgethorne Ct

City Rancho Palos Verde State CA Zip Code 90275-3258

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 378.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637102

Amount of Each Receipt this Period
42.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. Alan R. Zalewski, CLU, ChFC,

Mailing Address 6908 North 27th Street

City Tacoma State WA Zip Code 98407-1002

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1635694

Amount of Each Receipt this Period
50.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Theodore J. Zouzounis, CLU

Mailing Address 820 Mariposa Rd

City Lafayette State CA Zip Code 94549

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 382.50

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: R1637005

Amount of Each Receipt this Period
42.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	▶	134.50
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 153 / 190
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Jeffrey Zuzolo, CLU, ChFC

Mailing Address 29 S. Main St., Ste 201

City State Zip Code
W Hartford CT 06107

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 06 / 2006

Transaction ID: R1638041

Amount of Each Receipt this Period
500.00

Check

B. Full Name (Last, First, Middle Initial)
Mr. H. Keith de Noble, LUTCF, CLU

Mailing Address 13200 W Markham Street, Suite 105

City State Zip Code
Little Rock AR 72211-3285

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 246.00

Date of Receipt
MM / DD / YYYY
09 / 10 / 2006

Transaction ID: R1637528

Amount of Each Receipt this Period
30.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	530.00
TOTAL This Period (last page this line number only)	55058.11

**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 154 / 190

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. First Union Bank

Mailing Address One First Union Center

City Charlotte State NC Zip Code 28288-1164

Purpose of Disbursement
Bank Charges

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D9082

Date of Disbursement

09 / 29 / 2006

Amount of Each Disbursement this Period

417.03

SUBTOTAL of Disbursements This Page (optional)

417.03

TOTAL This Period (last page this line number only)

417.03

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Adrian Smith for Congress

Mailing Address 3321 Avenue I, Suite 6

City State Zip Code
Scottsbluff NE 69361

Purpose of Disbursement
Contr. Adrian Smith (NE-3-R-US House)

Candidate Name
Adrian Smith

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: NE District: 03

Transaction ID: D8921

Date of Disbursement

09 / 08 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Anne Northup for Congress

Mailing Address PO Box 7313

City State Zip Code
Louisville KY 40257

Purpose of Disbursement
Contr. Anne M. Northup (KY-3-R-US House)

Candidate Name
Anne M. Northup

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: KY District: 03

Transaction ID: D8899

Date of Disbursement

09 / 06 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Baker for Congress Committee

Mailing Address Post Office Box 1694

City State Zip Code
Baton Rouge LA 70821

Purpose of Disbursement
Contr. Richard H. Baker (LA-6-R-US

Candidate Name
Richard H. Baker

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: LA District: 06

Transaction ID: D8944

Date of Disbursement

09 / 18 / 2006

Amount of Each Disbursement this Period

2000.00

House)

SUBTOTAL of Disbursements This Page (optional)

9500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Barney Frank for Congress Committee

Mailing Address P O Box 260

City State Zip Code
Newtonville MA 02460

Purpose of Disbursement
Contr. Barney Frank (MA-4-D-US House)

Candidate Name
Barney Frank

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: MA District: 04

Transaction ID: D8909

Date of Disbursement

09 / 06 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Barney Frank for Congress Committee

Mailing Address P O Box 260

City State Zip Code
Newtonville MA 02460

Purpose of Disbursement
Contr. Barney Frank (MA-4-D-US House)

Candidate Name
Barney Frank

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: MA District: 04

Transaction ID: D8923

Date of Disbursement

09 / 08 / 2006

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Bass Victory Committee

Mailing Address PO Box 3451

City State Zip Code
Concord NH 03302

Purpose of Disbursement
Returned Check #11576 dated 5/17/2006

Candidate Name
Charles F. Bass

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: NH District: 02

Transaction ID: D8968

Date of Disbursement

09 / 21 / 2006

Amount of Each Disbursement this Period

-1000.00

for Charles F. Bass (NH-2-R).

SUBTOTAL of Disbursements This Page (optional) ►

3000.00

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bass Victory Committee

Mailing Address PO Box 3451

City Concord State NH Zip Code 03302

Purpose of Disbursement
Contr. Charles F. Bass (NH-2-R-US House)

Candidate Name
Charles F. Bass

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: NH District: 02

Transaction ID: D8977

Date of Disbursement

09 / 21 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Ben Cardin for Senate

Mailing Address PO Box 65056

City Baltimore State MD Zip Code 21209

Purpose of Disbursement
Contr. Benjamin L. Cardin (MD-3-D-US

Candidate Name
Benjamin L. Cardin

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: MD District: 03

Transaction ID: D8947

Date of Disbursement

09 / 18 / 2006

Amount of Each Disbursement this Period

2500.00

Senate)

Full Name (Last, First, Middle Initial)

C. Boyd For Congress

Mailing Address PO Box 15703

City Tallahassee State FL Zip Code 32317

Purpose of Disbursement
Contr. Allen Boyd (FL-2-D-US House)

Candidate Name
Allen Boyd

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: FL District: 02

Transaction ID: D8962

Date of Disbursement

09 / 19 / 2006

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Brian Bilbray for Congress

Mailing Address 2466 Unicornio St.

City Carlsbad State CA Zip Code 92009

Purpose of Disbursement
Contr. Brian Bilbray (CA-50-R-US House)

Candidate Name
Brian Bilbray

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: CA District: 50

Transaction ID: D8994

Date of Disbursement

09 / 27 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Campbell for Congress

Mailing Address 18004 Sky Park Circle, Suite 155

City Irvine State CA Zip Code 92660

Purpose of Disbursement
Contr. John Campbell (CA-48-R-US House)

Candidate Name
John Campbell

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: CA District: 48

Transaction ID: D8946

Date of Disbursement

09 / 18 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Castle Campaign Fund

Mailing Address P.O Box 133

City Wilmington State DE Zip Code 19899

Purpose of Disbursement
Returned Check #11721 dated 8/22/2006

Candidate Name
Michael N. Castle

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: DE District: 01

Transaction ID: D8978

Date of Disbursement

09 / 21 / 2006

Amount of Each Disbursement this Period

-500.00

for Michael N. Castle (DE-1-R).

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Castle Campaign Fund

Mailing Address P.O Box 133

City Wilmington State DE Zip Code 19899

Purpose of Disbursement
Contr. Michael N. Castle (DE-1-R-US)

Candidate Name
Michael N. Castle

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: DE District: 01

Transaction ID: D8979

Date of Disbursement

09 / 21 / 2006

Amount of Each Disbursement this Period

500.00

House)

B. Chabot for Congress

Full Name (Last, First, Middle Initial)

Mailing Address 105 West Fourth Street, Room 1133

City Cincinnati State OH Zip Code 45202

Purpose of Disbursement
Contr. Steve Chabot (OH-1-R-US House)

Candidate Name
Steve Chabot

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: OH District: 01

Transaction ID: D8894

Date of Disbursement

09 / 06 / 2006

Amount of Each Disbursement this Period

2000.00

C. Charlie Melancon Campaign Committee, Inc.

Full Name (Last, First, Middle Initial)

Mailing Address 511 Congress Street/PO Box 549

City Napoleonville State LA Zip Code 70390

Purpose of Disbursement
Contr. Charles Melancon (LA-3-D-US)

Candidate Name
Charles Melancon

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: LA District: 03

Transaction ID: D8967

Date of Disbursement

09 / 20 / 2006

Amount of Each Disbursement this Period

1500.00

House)

SUBTOTAL of Disbursements This Page (optional) ►

4000.00

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Christopher Shays for Congress Committee

Mailing Address 98 East Avenue Rear Building

City Norwalk State CT Zip Code 06851

Purpose of Disbursement
Contr. Christopher Shays (CT-4-R-US)

Candidate Name
Christopher Shays

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: CT District: 04

Transaction ID: D8914

Date of Disbursement

09 / 07 / 2006

Amount of Each Disbursement this Period

3000.00

House)

B. Coloradans for Rick Odonnell

Mailing Address PO Box 260693

City Lakewood State CO Zip Code 80226

Purpose of Disbursement
Contr. Rick Odonnell (CO-7-R-US House)

Candidate Name
Rick Odonnell

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: CO District: 07

Transaction ID: D8920

Date of Disbursement

09 / 08 / 2006

Amount of Each Disbursement this Period

1500.00

C. Committee to Re-Elect Congressman Duncan Hunter

Mailing Address 9340 Fuerte Drive, Suite 302

City La Mesa State CA Zip Code 91941

Purpose of Disbursement
Contr. Duncan L. Hunter (CA-52-R-US)

Candidate Name
Duncan L. Hunter

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: CA District: 52

Transaction ID: D8887

Date of Disbursement

09 / 06 / 2006

Amount of Each Disbursement this Period

1500.00

House)

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Crowley for Congress

Mailing Address 84-56 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement
Contr. Joseph Crowley (NY-7-D-US House)

Candidate Name
Joseph Crowley

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: NY District: 07

Transaction ID: D8990

Date of Disbursement

09 / 25 / 2006

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. Darlene Hooley for Congress

Mailing Address PO Box 2050

City Salem State OR Zip Code 97308

Purpose of Disbursement
Contr. Darlene Hooley (OR-5-D-US House)

Candidate Name
Darlene Hooley

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: OR District: 05

Transaction ID: D8907

Date of Disbursement

09 / 06 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. David Davis Victory Fund

Mailing Address 2016 Northwood Drive

City Johnson City State TN Zip Code 37601

Purpose of Disbursement
Contr. David Davis (TN-1-R-US House)

Candidate Name
David Davis

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: TN District: 01

Transaction ID: D8925

Date of Disbursement

09 / 08 / 2006

Amount of Each Disbursement this Period

1000.00

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 Committee

Full Name (Last, First, Middle Initial)

A. David Scott for Congress

Mailing Address 162 Hurt Street NE

City Atlanta State GA Zip Code 30307

Purpose of Disbursement
Contr. David A. Scott (GA-13-D-US House)

Candidate Name
David A. Scott

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: GA District: 13

Transaction ID: D8974

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. DeLauro for Congress

Mailing Address 49 Huntington Street

City New Haven State CT Zip Code 06511

Purpose of Disbursement
Contr. Rosa L. DeLauro (CT-3-D-US House)

Candidate Name
Rosa L. DeLauro

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: CT District: 03

Transaction ID: D8992

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Debbie Wasserman Schultz for Congress

Mailing Address 4479 Foxglove Lane

City Weston State FL Zip Code 33331

Purpose of Disbursement
Contr. Debbie Wasserman-Schultz

Candidate Name
Debbie Wasserman-Schultz

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: FL District: 20

Transaction ID: D8988

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3500.00

(FL-20-D-US House)

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Defend America PAC

Mailing Address PO Box 2626

City Tuscaloosa State AL Zip Code 35403

Purpose of Disbursement
Contr. Defend America PAC (PAC to PAC)

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼
Annual

State: District:

Transaction ID: D8948

Date of Disbursement

09 / 18 / 2006

Amount of Each Disbursement this Period

5000.00

B. Dennis Moore for US Congress

Mailing Address PO Box 14631

City Shawnee Mission State KS Zip Code 66285

Purpose of Disbursement
Contr. Dennis Moore (KS-3-D-US House)

Candidate Name
Dennis Moore

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: KS District: 03

Transaction ID: D8952

Date of Disbursement

09 / 18 / 2006

Amount of Each Disbursement this Period

2500.00

C. Diana DeGette for Congress

Mailing Address 770 Grant Street, Suite 218

City Denver State CO Zip Code 80203

Purpose of Disbursement
Contr. Diana DeGette (CO-1-D-US House)

Candidate Name
Diana DeGette

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: CO District: 01

Transaction ID: D8886

Date of Disbursement

09 / 06 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Donald Manzullo for Congress

Mailing Address PO Box 7783

City Rockford State IL Zip Code 61126

Purpose of Disbursement
Contr. Donald A. Manzullo (IL-16-R-US)

Candidate Name
Donald A. Manzullo

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: IL District: 16

Transaction ID: D8989

Date of Disbursement

09 / 25 / 2006

Amount of Each Disbursement this Period

4000.00

House)

Full Name (Last, First, Middle Initial)

B. Doolittle for Congress

Mailing Address 2150 River Plaza Drive #150

City Sacramento State CA Zip Code 95833

Purpose of Disbursement
Contr. John T. Doolittle (CA-4-R-US)

Candidate Name
John T. Doolittle

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: CA District: 04

Transaction ID: D8892

Date of Disbursement

09 / 06 / 2006

Amount of Each Disbursement this Period

1000.00

House)

Full Name (Last, First, Middle Initial)

C. Dutch Ruppertsberger for Congress

Mailing Address 22 West Padonia Road Suite A307

City Timonium State MD Zip Code 21093

Purpose of Disbursement
Contr. C.A. Dutch Ruppertsberger

Candidate Name
C.A. Dutch Ruppertsberger

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: MD District: 02

Transaction ID: D8908

Date of Disbursement

09 / 06 / 2006

Amount of Each Disbursement this Period

2500.00

(MD-2-D-US House)

SUBTOTAL of Disbursements This Page (optional) ►

7500.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ed Royce for Congress

Mailing Address P.O. Box 2525

City Orange State CA Zip Code 92859

Purpose of Disbursement
Contr. Edward R. Royce (CA-40-R-US)

Candidate Name
Edward R. Royce

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: CA District: 40

Transaction ID: D8950

Date of Disbursement

09 / 18 / 2006

Amount of Each Disbursement this Period

5000.00

House)

Full Name (Last, First, Middle Initial)

B. Ensign For Senate

Mailing Address PO Box 26568

City Las Vegas State NV Zip Code 89126

Purpose of Disbursement
Contr. John E. Ensign (NV-R-US Senate)

Candidate Name
John E. Ensign

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: NV District:

Transaction ID: D8995

Date of Disbursement

09 / 27 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Fossella for Congress

Mailing Address PO Box 060248
New Dorp Station

City Staten Island State NY Zip Code 10306

Purpose of Disbursement
Contr. Vito J. Fossella (NY-13-R-US)

Candidate Name
Vito J. Fossella

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: NY District: 13

Transaction ID: D8915

Date of Disbursement

09 / 07 / 2006

Amount of Each Disbursement this Period

1000.00

House)

SUBTOTAL of Disbursements This Page (optional) ►

11000.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends for Menor

Mailing Address 220 South King Street, Suite 1770

City Honolulu State HI Zip Code 96813

Purpose of Disbursement
Contr. Ron Menor (HI-2-D-US House)

Candidate Name
Ron Menor

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: HI District: 02

Transaction ID: D8918

Date of Disbursement

09 / 08 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Friends of Clay Shaw

Mailing Address 2600 NE 14th. Street Causeway

City Pompano Beach State FL Zip Code 33062

Purpose of Disbursement
Contr. E. Clay Shaw, Jr. (FL-22-R-US)

Candidate Name
E. Clay Shaw, Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: FL District: 22

Transaction ID: D8902

Date of Disbursement

09 / 06 / 2006

Amount of Each Disbursement this Period

5000.00

House)

Full Name (Last, First, Middle Initial)

C. Friends of George Allen

Mailing Address Post Office Box 87

City Alexandria State VA Zip Code 22313

Purpose of Disbursement
Contr. George F. Allen (VA-R-US Senate)

Candidate Name
George F. Allen

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: VA District:

Transaction ID: D8987

Date of Disbursement

09 / 25 / 2006

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

12500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of Hillary

Mailing Address 509 2nd Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contr. Hillary Rodham Clinton (NY-D-US)

Candidate Name
Hillary Rodham Clinton

Office Sought: House
 Senate
 President

State: NY District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: D8945

Date of Disbursement

09 / 18 / 2006

Amount of Each Disbursement this Period

5000.00

Senate)

B. Friends of Joe Baca

Mailing Address 555 Capitol Mall Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Contr. Joseph Baca (CA-43-D-US House)

Candidate Name
Joseph Baca

Office Sought: House
 Senate
 President

State: CA District: 43

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: D8972

Date of Disbursement

09 / 21 / 2006

Amount of Each Disbursement this Period

2500.00

C. Friends of John Barrow

Mailing Address 2141 B West Broad St

City Athens State GA Zip Code 30606

Purpose of Disbursement
Contr. John Barrow (GA-12-D-US House)

Candidate Name
John Barrow

Office Sought: House
 Senate
 President

State: GA District: 12

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: D8885

Date of Disbursement

09 / 06 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of John Boehner

Mailing Address 7908-I Cincinnati Dayton Road

City West Chester State OH Zip Code 45069

Purpose of Disbursement
Contr. John A. Boehner (OH-8-R-US House)

Candidate Name
John A. Boehner

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: OH District: 08

Transaction ID: D8911

Date of Disbursement

09 / 06 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Friends of John Tanner

Mailing Address Post Office Box 1994

City Union City State TN Zip Code 38281

Purpose of Disbursement
Contr. John S. Tanner (TN-8-D-US House)

Candidate Name
John S. Tanner

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: TN District: 08

Transaction ID: D8890

Date of Disbursement

09 / 06 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Friends of Mike Ferguson

Mailing Address 16 Mount Bethel Road Suite 353

City Warren State NJ Zip Code 07059

Purpose of Disbursement
Contr. Mike Ferguson (NJ-7-R-US House)

Candidate Name
Mike Ferguson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: NJ District: 07

Transaction ID: D8955

Date of Disbursement

09 / 18 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ►

6000.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of Rahm Emanuel

Mailing Address 1059 West Belmont Avenue

City Chicago State IL Zip Code 60657

Purpose of Disbursement
Contr. Rahm Emanuel (IL-5-D-US House)

Candidate Name
Rahm Emanuel

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: IL District: 05

Transaction ID: D8957

Date of Disbursement

09 / 18 / 2006

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. Friends of Roy Blunt

Mailing Address PO Box 50100

City Springfield State MO Zip Code 65805

Purpose of Disbursement
Contr. Roy Blunt (MO-7-R-US House)

Candidate Name
Roy Blunt

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: MO District: 07

Transaction ID: D8939

Date of Disbursement

09 / 18 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Friends of Senator Rockefeller

Mailing Address PO Box 1909

City Charleston State WV Zip Code 25327

Purpose of Disbursement
Contr. John D. Rockefeller, IV (WV-D-US)

Candidate Name
John D. Rockefeller, IV

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: WV District:

Transaction ID: D8904

Date of Disbursement

09 / 06 / 2006

Amount of Each Disbursement this Period

1500.00

Senate)

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 Committee

Full Name (Last, First, Middle Initial)

A. Garrett for Congress

Mailing Address PO Box 905

City Newton State NJ Zip Code 07860

Purpose of Disbursement
Contr. Scott Garrett (NJ-5-R-US House)

Candidate Name
Scott Garrett

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: NJ District: 05

Transaction ID: D8891

Date of Disbursement

09 / 06 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Hawkeye PAC

Mailing Address PO Box 7255

City Des Moines State IA Zip Code 50309

Purpose of Disbursement
Contr. Hawkeye PAC (PAC to PAC)

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Annual

Transaction ID: D8941

Date of Disbursement

09 / 18 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Heather Wilson for Congress

Mailing Address P.O. Box 14070

City Albuquerque State NM Zip Code 87191

Purpose of Disbursement
Contr. Heather A. Wilson (NM-1-R-US)

Candidate Name
Heather A. Wilson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: NM District: 01

Transaction ID: D8901

Date of Disbursement

09 / 06 / 2006

Amount of Each Disbursement this Period

1000.00

House)

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Holden for Congress

Mailing Address 502 Walnut Street

City Reading State PA Zip Code 19601

Purpose of Disbursement
Contr. Tim Holden (PA-17-D-US House)

Candidate Name
Tim Holden

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: PA District: 17

Transaction ID: D8929

Date of Disbursement

09 / 08 / 2006

Amount of Each Disbursement this Period

3000.00

B. Holding Onto Oregons Priorities PAC

Mailing Address PO Box 3314

City Portland State OR Zip Code 97208

Purpose of Disbursement
Contr. HOOPSPAC (PAC to PAC)

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Annual

Transaction ID: D8982

Date of Disbursement

09 / 25 / 2006

Amount of Each Disbursement this Period

5000.00

C. Hoyer for Congress

Full Name (Last, First, Middle Initial)

Mailing Address 7905 Malcolm Road Suite 102

City Clinton State MD Zip Code 20735

Purpose of Disbursement
Contr. Steny H. Hoyer (MD-5-D-US House)

Candidate Name
Steny H. Hoyer

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: MD District: 05

Transaction ID: D8934

Date of Disbursement

09 / 08 / 2006

Amount of Each Disbursement this Period

4000.00

SUBTOTAL of Disbursements This Page (optional)

12000.00

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
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Issa for Congress

Mailing Address P O Box 760

City Vista State CA Zip Code 92085

Purpose of Disbursement
Contr. Darrell E. Issa (CA-49-R-US)

Candidate Name
Darrell E. Issa

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: CA District: 49

Transaction ID: D8976

Date of Disbursement

09 / 21 / 2006

Amount of Each Disbursement this Period

500.00

House)

B. J.D. Hayworth for Congress

Mailing Address 14300 N. Northsight Blvd./Suite 10

City Scottsdale State AZ Zip Code 85260

Purpose of Disbursement
Contr. J.D. Hayworth (AZ-5-R-US House)

Candidate Name
J.D. Hayworth

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: AZ District: 05

Transaction ID: D8895

Date of Disbursement

09 / 06 / 2006

Amount of Each Disbursement this Period

1500.00

C. Jim Gerlach for Congress Committee

Mailing Address 911 Welsh Ayres Way

City Downingtown State PA Zip Code 19335

Purpose of Disbursement
Contr. James W. Gerlach (PA-6-R-US)

Candidate Name
James W. Gerlach

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: PA District: 06

Transaction ID: D8954

Date of Disbursement

09 / 18 / 2006

Amount of Each Disbursement this Period

4000.00

House)

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Judy Biggert for Congress

Mailing Address P.O. Box 637

City Hinsdale State IL Zip Code 60522

Purpose of Disbursement
Contr. Judy Biggert (IL-13-R-US House)

Candidate Name
Judy Biggert

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: IL District: 13

Transaction ID: D8936

Date of Disbursement

09 / 18 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Kaptur for Congress

Mailing Address P.O. Box 899

City Toledo State OH Zip Code 43697

Purpose of Disbursement
Contr. Marcy Kaptur (OH-9-D-US House)

Candidate Name
Marcy Kaptur

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: OH District: 09

Transaction ID: D8888

Date of Disbursement

09 / 06 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Kevin McCarthy for Congress

Mailing Address 455 Capitol Mall, Suite 801

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Contr. Kevin McCarthy (CA-22-R-US House)

Candidate Name
Kevin McCarthy

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: CA District: 22

Transaction ID: D8924

Date of Disbursement

09 / 08 / 2006

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ►

4500.00

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lamborn for Congress

Mailing Address 5170 North Union Blvd

City Colorado Springs State CO Zip Code 80918

Purpose of Disbursement
Contr. Douglas L. Lamborn (CO-5-R-US)

Candidate Name
Douglas L. Lamborn

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: CO District: 05

Transaction ID: D8919

Date of Disbursement

09 / 08 / 2006

Amount of Each Disbursement this Period

2500.00

House)

Full Name (Last, First, Middle Initial)

B. Larson for Congress

Mailing Address 29 Ruff Circle

City Glastonbury State CT Zip Code 06033

Purpose of Disbursement
Contr. John B. Larson (CT-1-D-US House)

Candidate Name
John B. Larson

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: CT District: 01

Transaction ID: D8951

Date of Disbursement

09 / 18 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Lee Terry for Congress

Mailing Address P.O. Box 540098

City Omaha State NE Zip Code 68154

Purpose of Disbursement
Contr. Lee Terry (NE-2-R-US House)

Candidate Name
Lee Terry

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: NE District: 02

Transaction ID: D8940

Date of Disbursement

09 / 18 / 2006

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lincoln Chafee U.S. Senate

Mailing Address 1800 Post Road
Airport Plaza/Suite 13

City Warwick State RI Zip Code

Purpose of Disbursement
Contr. Lincoln Chafee (RI-R-US Senate)

Candidate Name
Lincoln Chafee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: RI District:

Transaction ID: D8963

Date of Disbursement

09 / 19 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Maloney for Congress

Mailing Address 49 East 92nd Street

City New York State NY Zip Code 10128

Purpose of Disbursement
Contr. Carolyn B. Maloney (NY-14-D-US)

Candidate Name
Carolyn B. Maloney

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: NY District: 14

Transaction ID: D8935

Date of Disbursement

09 / 08 / 2006

Amount of Each Disbursement this Period

2500.00

House)

Full Name (Last, First, Middle Initial)

C. Marion Berry for Congress

Mailing Address P.O. Box 8084

City Jonesboro State AR Zip Code 72403

Purpose of Disbursement
Contr. Marion Berry (AR-1-D-US House)

Candidate Name
Marion Berry

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: AR District: 01

Transaction ID: D8956

Date of Disbursement

09 / 18 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. McConnell Senate Committee

Mailing Address PO Box 1496

City Louisville State KY Zip Code 40201

Purpose of Disbursement
Contr. Mitch McConnell (KY-R-US Senate)

Candidate Name
Mitch McConnell

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: KY District:

Transaction ID: D8930

Date of Disbursement

09 / 08 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. McCotter Congressional Committee

Mailing Address P. O. Box 530788

City Livonia State MI Zip Code 48153

Purpose of Disbursement
Contr. Thaddeus G. McCotter (MI-11-R-US)

Candidate Name
Thaddeus G. McCotter

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: MI District: 11

Transaction ID: D8916

Date of Disbursement

09 / 08 / 2006

Amount of Each Disbursement this Period

2500.00

House)

Full Name (Last, First, Middle Initial)

C. Michael Burgess for Congress

Mailing Address P.O. Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement
Contr. Michael C. Burgess, M.D.

Candidate Name
Michael C. Burgess, M.D.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: TX District: 26

Transaction ID: D8889

Date of Disbursement

09 / 06 / 2006

Amount of Each Disbursement this Period

1000.00

(TX-26-R-US House)

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mike Dewine for US Senate

Mailing Address PO Box 340188

City Columbus State OH Zip Code 43234

Purpose of Disbursement
Contr. Mike DeWine (OH-R-US Senate)

Candidate Name
Mike DeWine

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: OH District:

Transaction ID: D8971

Date of Disbursement

09 / 21 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Mike McIntyre for Congress

Mailing Address P.O. Box 1

City Lumberton State NC Zip Code 28359

Purpose of Disbursement
Contr. Mike McIntyre (NC-7-D-US House)

Candidate Name
Mike McIntyre

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: NC District: 07

Transaction ID: D8928

Date of Disbursement

09 / 08 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Mike Pence Committee

Mailing Address P. O. Box 408

City Anderson State IN Zip Code 46015

Purpose of Disbursement
Contr. Michael R. Pence (IN-6-R-US

Candidate Name
Michael R. Pence

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: IN District: 06

Transaction ID: D8985

Date of Disbursement

09 / 25 / 2006

Amount of Each Disbursement this Period

1000.00

House)

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mike Ross for Congress Committee

Mailing Address PO Box 360

City Prescott State AR Zip Code 71857

Purpose of Disbursement
Contr. Michael A. Ross (AR-4-D-US House)

Candidate Name
Michael A. Ross

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: AR District: 04

Transaction ID: D8973

Date of Disbursement

09 / 21 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Musgrave for Congress

Mailing Address 5401 Stone Creek Circle Suite 777

City Loveland State CO Zip Code 80538

Purpose of Disbursement
Contr. Marilyn N. Musgrave (CO-4-R-US)

Candidate Name
Marilyn N. Musgrave

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: CO District: 04

Transaction ID: D8896

Date of Disbursement

09 / 06 / 2006

Amount of Each Disbursement this Period

2500.00

House)

Full Name (Last, First, Middle Initial)

C. New Republican Majority Fund

Mailing Address 3001 Park Center Drive, Suite 1105

City Alexandria State VA Zip Code 22302

Purpose of Disbursement
Contr. New Republican Majority F (PAC to

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District: Annual

Transaction ID: D8913

Date of Disbursement

09 / 06 / 2006

Amount of Each Disbursement this Period

5000.00

PAC)

SUBTOTAL of Disbursements This Page (optional) ▶

10000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Pennsylvanians for Kanjorski

Mailing Address 103 South Hanover Street

City Nanticoke State PA Zip Code 18634

Purpose of Disbursement
Contr. Paul E. Kanjorski (PA-11-D-US)

Candidate Name
Paul E. Kanjorski

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: PA District: 11

Transaction ID: D8983

Date of Disbursement

09 / 25 / 2006

Amount of Each Disbursement this Period

5000.00

House)

B. People for English

Mailing Address PO Box 1940

City Erie State PA Zip Code 16507

Purpose of Disbursement
Contr. Phil English (PA-3-R-US House)

Candidate Name
Phil English

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: PA District: 03

Transaction ID: D8993

Date of Disbursement

09 / 26 / 2006

Amount of Each Disbursement this Period

2500.00

C. Pete Sessions for Congress

Mailing Address PO Box 38585

City Dallas State TX Zip Code 75238

Purpose of Disbursement
Contr. Pete Sessions (TX-32-R-US House)

Candidate Name
Pete Sessions

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: TX District: 32

Transaction ID: D8958

Date of Disbursement

09 / 18 / 2006

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Price for Congress

Mailing Address P.O. Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement
Contr. Thomas E. Price, M.D. (GA-6-R-US)

Candidate Name
Thomas E. Price, M.D.

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: GA District: 06

Transaction ID: D8991

Date of Disbursement

09 / 25 / 2006

Amount of Each Disbursement this Period

2500.00

House)

B. Renzi for Congress

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 219

City Flagstaff State AZ Zip Code 86002

Purpose of Disbursement
Contr. Rick Renzi (AZ-1-R-US House)

Candidate Name
Rick Renzi

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: AZ District: 01

Transaction ID: D8910

Date of Disbursement

09 / 06 / 2006

Amount of Each Disbursement this Period

2500.00

C. Rodney Alexander for Congress

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 367
319 Nancy Road

City Quitman State LA Zip Code 71268

Purpose of Disbursement
Contr. Rodney Alexander (LA-5-R-US)

Candidate Name
Rodney Alexander

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: LA District: 05

Transaction ID: D8903

Date of Disbursement

09 / 06 / 2006

Amount of Each Disbursement this Period

1000.00

House)

SUBTOTAL of Disbursements This Page (optional) ►

6000.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Roskam for Congress Committee

Mailing Address 1919 Briarcliffe Blvd.

City Wheaton State IL Zip Code 60187

Purpose of Disbursement
Contr. Peter Roskam (IL-6-R-US House)

Candidate Name
Peter Roskam

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: IL District: 06

Transaction ID: D8938

Date of Disbursement

09 / 18 / 2006

Amount of Each Disbursement this Period

2500.00

B. Ruben Hinojosa for Congress

Mailing Address 502 North 11th Street

City McAllen State TX Zip Code 78501

Purpose of Disbursement
Contr. Ruben Hinojosa (TX-15-D-US House)

Candidate Name
Ruben Hinojosa

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: TX District: 15

Transaction ID: D8984

Date of Disbursement

09 / 25 / 2006

Amount of Each Disbursement this Period

1000.00

C. Sam Farr for Congress

Mailing Address 555 Capitol Mall Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Contr. Sam Farr (CA-17-D-US House)

Candidate Name
Sam Farr

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: CA District: 17

Transaction ID: D8943

Date of Disbursement

09 / 18 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ►

4500.00

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Schiff for Congress

Mailing Address 725 S. Figueroa St. Ste. 3200

City Los Angeles State CA Zip Code 90017

Purpose of Disbursement
Contr. Adam B. Schiff (CA-29-D-US House)

Candidate Name
Adam B. Schiff

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: CA District: 29

Transaction ID: D8965

Date of Disbursement

09 / 19 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Schmidt for Congress Committee

Mailing Address 771 Wards Corner Road

City Loveland State OH Zip Code 45140

Purpose of Disbursement
Contr. Jean Schmidt (OH-2-R-US House)

Candidate Name
Jean Schmidt

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: OH District: 02

Transaction ID: D8900

Date of Disbursement

09 / 06 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Shelley Moore Capito for Congress

Mailing Address P.O. Box 11519

City Charleston State WV Zip Code 25339

Purpose of Disbursement
Contr. Shelley Moore Capito (WV-2-R-US

Candidate Name
Shelley Moore Capito

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: WV District: 02

Transaction ID: D8980

Date of Disbursement

09 / 22 / 2006

Amount of Each Disbursement this Period

2500.00

House)

SUBTOTAL of Disbursements This Page (optional)

7000.00

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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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sherman for Congress

Mailing Address 555 South Flower Street, Suite 451

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement
Contr. Brad Sherman (CA-27-D-US House)

Candidate Name
Brad Sherman

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: CA District: 27

Transaction ID: D8966

Date of Disbursement

09 / 19 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Steve Cohen For Congress

Mailing Address 349 Kenilworth

City Memphis State TN Zip Code 38112

Purpose of Disbursement
Contr. Steve Cohen (TN-9-D-US House)

Candidate Name
Steve Cohen

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: TN District: 09

Transaction ID: D8926

Date of Disbursement

09 / 08 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Steve Israel for Congress Committee

Mailing Address PO Box 777

City Deer Park State NY Zip Code 11729

Purpose of Disbursement
Contr. Steve J. Israel (NY-2-D-US House)

Candidate Name
Steve J. Israel

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: NY District: 02

Transaction ID: D8893

Date of Disbursement

09 / 06 / 2006

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ►

5500.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sue Kelly For Congress

Mailing Address 17107 Prince Street/Suite 7

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Contr. Sue W. Kelly (NY-19-R-US House)

Candidate Name
Sue W. Kelly

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: NY District: 19

Transaction ID: D8898

Date of Disbursement

09 / 06 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Sweeney for Congress

Mailing Address PO Box 1465

City Clifton Park State NY Zip Code 12065

Purpose of Disbursement
Contr. John E. Sweeney (NY-20-R-US)

Candidate Name
John E. Sweeney

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: NY District: 20

Transaction ID: D8897

Date of Disbursement

09 / 06 / 2006

Amount of Each Disbursement this Period

1000.00

House)

Full Name (Last, First, Middle Initial)

C. Taylor for Congress

Mailing Address PO Box 2355
22 South Pack Square/Suite 201

City Asheville State NC Zip Code 28802

Purpose of Disbursement
Contr. Charles H. Taylor (NC-11-R-US)

Candidate Name
Charles H. Taylor

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: NC District: 11

Transaction ID: D8933

Date of Disbursement

09 / 08 / 2006

Amount of Each Disbursement this Period

4000.00

House)

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Team Emerson for Jo Ann Emerson

Mailing Address P.O. Box 822

City State Zip Code
Cape Girardeau MO 63702

Purpose of Disbursement
Contr. Jo Ann Emerson (MO-8-R-US House)

Candidate Name
Jo Ann Emerson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: MO District: 08

Transaction ID: D8986

Date of Disbursement

09 / 25 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Tiberi for Congress

Mailing Address 2021 East Dublin Granville Rd/Suit

City State Zip Code
Columbus OH 43229

Purpose of Disbursement
Contr. Patrick J. Tiberi (OH-12-R-US)

Candidate Name
Patrick J. Tiberi

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: OH District: 12

Transaction ID: D8937

Date of Disbursement

09 / 18 / 2006

Amount of Each Disbursement this Period

3000.00

House)

Full Name (Last, First, Middle Initial)

C. Tom Davis For Congress

Mailing Address P.O. Box 483

City State Zip Code
Dunn Loring VA 22027

Purpose of Disbursement
Contr. Thomas M. Davis, III (VA-11-R-US)

Candidate Name
Thomas M. Davis, III

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: VA District: 11

Transaction ID: D8953

Date of Disbursement

09 / 18 / 2006

Amount of Each Disbursement this Period

2500.00

House)

SUBTOTAL of Disbursements This Page (optional) ►

8000.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tom Feeney for Congress

Mailing Address 1420 Alafaya Trail #103

City Oviedo State FL Zip Code 32765

Purpose of Disbursement
Contr. Tom Feeney (FL-24-R-US House)

Candidate Name
Tom Feeney

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: FL District: 24

Transaction ID: D8975

Date of Disbursement

09 / 21 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Tom Tancredo For Congress

Mailing Address 200 West Hampden

City Englewood State CO Zip Code 80110

Purpose of Disbursement
Contr. Thomas G. Tancredo (CO-6-R-US

Candidate Name
Thomas G. Tancredo

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: CO District: 06

Transaction ID: D8927

Date of Disbursement

09 / 08 / 2006

Amount of Each Disbursement this Period

2500.00

House)

Full Name (Last, First, Middle Initial)

C. Upton for All of Us

Mailing Address P.O. Box 490

City Stevensville State MI Zip Code 49127

Purpose of Disbursement
Contr. Fred Upton (MI-6-R-US House)

Candidate Name
Fred Upton

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: MI District: 06

Transaction ID: D8949

Date of Disbursement

09 / 18 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Virginia Foxx for Congress

Mailing Address 11468 HWY 105

City Banner Elk State NC Zip Code 28604

Purpose of Disbursement
Contr. Virginia Foxx (NC-5-R-US House)

Candidate Name
Virginia Foxx

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: NC District: 05

Transaction ID: D8932

Date of Disbursement

09 / 08 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Walberg for Congress

Mailing Address 6769 Teachout Road

City Tipton State MI Zip Code 49287

Purpose of Disbursement
Contr. Timothy Walberg (MI-7-R-US House)

Candidate Name
Timothy Walberg

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: MI District: 07

Transaction ID: D8917

Date of Disbursement

09 / 08 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Woolsey for Congress

Mailing Address P.O. Box 750176

City Petaluma State CA Zip Code 94975

Purpose of Disbursement
Contr. Lynn C. Woolsey (CA-6-D-US House)

Candidate Name
Lynn C. Woolsey

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: CA District: 06

Transaction ID: D8964

Date of Disbursement

09 / 19 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ►

4500.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Wyden for Senate

Mailing Address 123 NE 3rd Suite 321

City State Zip Code
Portland OR 97232

Purpose of Disbursement
Contr. Ron Wyden (OR-D-US Senate)

Candidate Name
Ron Wyden

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: OR District:

Transaction ID: D8931

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

243000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 189 / 190

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Sil L. Arata

Mailing Address P. O. Box 820365

City Vancouver State WA Zip Code 98682-0007

Purpose of Disbursement
Refund to Individual

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8981

Date of Disbursement

09 / 25 / 2006

Amount of Each Disbursement this Period

375.00

Full Name (Last, First, Middle Initial)

B. Mr. Michael B. Hendley

Mailing Address 3939 Roswell Road
Ste. 240

City Marietta State GA Zip Code 30062

Purpose of Disbursement
Refund to Individual

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8969

Date of Disbursement

09 / 21 / 2006

Amount of Each Disbursement this Period

420.00

SUBTOTAL of Disbursements This Page (optional)

795.00

TOTAL This Period (last page this line number only)

795.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 190 / 190
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor NAIFA	Nature of Debt (Purpose): Payroll, Benefits, Supplies, Copies, etc
Mailing Address 2901 Telestar Court	
City State ZIP Code Falls Church VA 22042-1205	

Outstanding Balance Beginning This Period		Transaction ID: DD#7711	
	78217.62		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
55450.07	0.00	133667.69	

1) SUBTOTALS This Period This Page (optional).....	▶	133667.69
2) TOTALS This Period (last page this line number only).....	▶	133667.69
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	