

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 02 01 2010 through 02 28 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Randy L. Scritchfield

Signature of Treasurer Electronically Filed by Randy L. Scritchfield Date 03 15 2010

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" 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>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		699737.41
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	739612.97									
(c) Total Receipts (from Line 19)	57640.91	124738.28								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	797253.88	824475.69								
7. Total Disbursements (from Line 31)	56582.48	83804.29								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	740671.40	740671.40								
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)	88626.53									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

National Association of Insurance and Financial Advisors Political Action Comm

Report Covering the Period: From: 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		
(i) Itemized (use Schedule A)	12377.00	17555.10
(ii) Unitemized	45263.91	102183.18
(iii) TOTAL (add Lines 11(a)(i) and (ii)	57640.91	119738.28
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	57640.91	124738.28
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	57640.91	124738.28
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	57640.91	124738.28

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1298.43	6089.29
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1298.43	6089.29
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	55269.05	77500.00
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	15.00	215.00
(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))	15.00	215.00
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))..	56582.48	83804.29
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	56582.48	83804.29

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	57640.91	124738.28
34. Total Contribution Refunds (from Line 28(d))	15.00	215.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	57625.91	124523.28
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1298.43	6089.29
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1298.43	6089.29

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) Mr. Kevin J. Halloran	Date of Receipt MM / DD / YYYY 02 / 03 / 2010
	Mailing Address One Indian Head Plaza Ste. 515	Transaction ID: 8984409
	City State Zip Code Nashua MA 03060-1227	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Weisman, Tessier, Lambert & Halloran Occupation Sales Manager/Equity Coordinator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Ms. Lisa M. Broadbent-DiOssi	Date of Receipt MM / DD / YYYY 02 / 03 / 2010
	Mailing Address 20 Polly Drummond Hill Rd.	Transaction ID: 8984441
	City State Zip Code Newark DE 19711-5703	Amount of Each Receipt this Period 750.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Nationwide - Lisa Broadbent Ins., Inc. Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00	

C.	Full Name (Last, First, Middle Initial) Mr. Roger S. McCullough	Date of Receipt MM / DD / YYYY 02 / 01 / 2010
	Mailing Address 2759 19th Ave N	Transaction ID: 8984453
	City State Zip Code Fort Dodge IA 50501-7838	Amount of Each Receipt this Period 900.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AXA Equitable Occupation MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00	

SUBTOTAL of Receipts This Page (optional)	2150.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.

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

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 Nationwide Insurance Co. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 8984469

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Ronald E. Simmons

Mailing Address 22 Taylor Mill Lane

City State Zip Code
Wilmington DE 19808

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

Name of Employer The Benefit Group Occupation OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 8984501

Amount of Each Receipt this Period
250.00

C.

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

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 Allstate Life Insurance Company Occupation Agency Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

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

Transaction ID: 8984652

Amount of Each Receipt this Period
105.00

SUBTOTAL of Receipts This Page (optional) ► **605.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Mr. Lawrence E. Lounds	Date of Receipt MM / DD / YYYY 02 / 10 / 2010
	Mailing Address 2477 Valley Oaks Circle	Transaction ID: 8984684
	City State Zip Code Flint MI 48532	Amount of Each Receipt this Period 105.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Security 1st Benefits Corp. Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00

B.	Full Name (Last, First, Middle Initial) Mr. Edward A. Zabielski, Jr.	Date of Receipt MM / DD / YYYY 02 / 10 / 2010
	Mailing Address 104 Clay Ct.	Transaction ID: 8984700
	City State Zip Code Landenberg PA 19350	Amount of Each Receipt this Period 105.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Edward A. Zabielski Jr & Co. Occupation President/Owner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00

C.	Full Name (Last, First, Middle Initial) Mr. David A. Middaugh	Date of Receipt MM / DD / YYYY 02 / 10 / 2010
	Mailing Address 3273 Evergreen Road	Transaction ID: 8984874
	City State Zip Code Fargo ND 58102-1214	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Middaugh & Associates, Inc. Occupation General Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 549.60

SUBTOTAL of Receipts This Page (optional)	510.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mr. Daniel J. Scholz	Date of Receipt MM / DD / YYYY 02 / 10 / 2010
	Mailing Address 3619 S 55th St	Transaction ID: 8985052
	City State Zip Code Omaha NE 68106-4415	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Ameritas Life Insurance Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

B.	Full Name (Last, First, Middle Initial) Mr. James W. Oglesby	Date of Receipt MM / DD / YYYY 02 / 10 / 2010
	Mailing Address P. O. Box 1555	Transaction ID: 8985078
	City State Zip Code ENKA NC 28728-1555	Amount of Each Receipt this Period 165.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation J.W. Oglesby & Associates Senior Sales Associate	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 308.00	

C.	Full Name (Last, First, Middle Initial) Mr. Vincent M. D'Addona	Date of Receipt MM / DD / YYYY 02 / 10 / 2010
	Mailing Address 141 Greenway Road	Transaction ID: 8985410
	City State Zip Code Lido Beach NY 11561-4828	Amount of Each Receipt this Period 208.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation D'Addona Rosenbaum General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.00	

SUBTOTAL of Receipts This Page (optional)	523.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 28
(check only one)

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

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

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

Mailing Address 4632 Mountain Park Rd.

City	State	Zip Code
Pocatello	ID	83202-1702

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

Name of Employer University Financial Group	Occupation President
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt

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

Transaction ID: 8985870

Amount of Each Receipt this Period
126.00

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

Mailing Address 109 W. Lakeview Dr.

City	State	Zip Code
La Place	LA	70068-2427

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.00

Date of Receipt

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

Transaction ID: 8985906

Amount of Each Receipt this Period
208.00

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

Mailing Address 13243 SE 51st Pl

City	State	Zip Code
Bellevue	WA	98006

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
215.00

Date of Receipt

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

Transaction ID: 8986006

Amount of Each Receipt this Period
107.50

SUBTOTAL of Receipts This Page (optional)	▶	441.50
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 11 / 28
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1358 Ahlrich Ave

City State Zip Code
Encintas CA 92024-4029

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

Name of Employer Saybrus Partners Occupation Wealth Management Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

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

Transaction ID: 8986154

Amount of Each Receipt this Period
150.00

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

Mailing Address 22928 San Joaquin Drive East

City State Zip Code
Canyon Lake CA 92587-7831

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 458.50

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

Transaction ID: 8986254

Amount of Each Receipt this Period
250.00

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

Mailing Address 5152 Ellington Court

City State Zip Code
Granite Bay CA 95746-7188

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 416.00

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

Transaction ID: 8986406

Amount of Each Receipt this Period
208.00

SUBTOTAL of Receipts This Page (optional) ► **608.00**

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

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

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

FOR LINE NUMBER: PAGE 12 / 28
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1612 S. 152nd Street

City State Zip Code
Omaha NE 68144-5121

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

Name of Employer Occupation
Mutual of Omaha Insurance Agent

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

Date of Receipt
MM / DD / YYYY
02 / 10 / 2010

Transaction ID: 8986454

Amount of Each Receipt this Period
105.00

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

Mailing Address 440 Regency Pkwy Dr #210A

City State Zip Code
Omaha NE 68114

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

Name of Employer Occupation
INSOURCE, Inc. General Agent

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

Date of Receipt
MM / DD / YYYY
02 / 10 / 2010

Transaction ID: 8986832

Amount of Each Receipt this Period
105.00

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

Mailing Address 203 Brandermill Drive

City State Zip Code
Durham NC 27713

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

Name of Employer Occupation
Northwestern Mutual Financial Network Financial Representative

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 231.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2010

Transaction ID: 8987740

Amount of Each Receipt this Period
115.50

SUBTOTAL of Receipts This Page (optional) ► **325.50**

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

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

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

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

A.	Full Name (Last, First, Middle Initial) Mr. David L. Sparks	Date of Receipt MM / DD / YYYY 02 / 10 / 2010
	Mailing Address PO Box 3509	Transaction ID: 8987962
	City State Zip Code Hickory NC 28603	Amount of Each Receipt this Period 115.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer Capital Concepts Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 231.00	

B.	Full Name (Last, First, Middle Initial) Mr. Terry K. Headley	Date of Receipt MM / DD / YYYY 02 / 10 / 2010
	Mailing Address 20704 Meadow Ridge Dr	Transaction ID: 8988020
	City State Zip Code Springfield NE 68059-7086	Amount of Each Receipt this Period 208.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Headley Financial Group Occupation Managing Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 416.00	

C.	Full Name (Last, First, Middle Initial) Ms. Eleanor B. Blaylock	Date of Receipt MM / DD / YYYY 02 / 10 / 2010
	Mailing Address 9439 Gay Lane	Transaction ID: 8988052
	City State Zip Code Oil City LA 71061	Amount of Each Receipt this Period 105.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Burke & Burke Insurance Mrktg, Inc. Occupation Agency Owner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	428.50
TOTAL This Period (last page this line number only)	

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

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

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

A.	Full Name (Last, First, Middle Initial) Mr. Steven M. Stratton		Date of Receipt MM / DD / YYYY 02 / 10 / 2010		
	Mailing Address 17131 Parkview Dr		Transaction ID: 8988832		
	City Morgan Hill	State CA	Zip Code 95037-6606	Amount of Each Receipt this Period 105.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Financial & Insurance Services Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation PARTNER Aggregate Year-to-Date ▼ 210.00			

B.	Full Name (Last, First, Middle Initial) Mr. Boyd Lee Williams		Date of Receipt MM / DD / YYYY 02 / 10 / 2010		
	Mailing Address 7023 W. Williamette Ave		Transaction ID: 8989156		
	City Kennewick	State WA	Zip Code 99336-1280	Amount of Each Receipt this Period 208.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Kansas City Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Sales Manager Aggregate Year-to-Date ▼ 416.00			

C.	Full Name (Last, First, Middle Initial) Mr. D. David Russell		Date of Receipt MM / DD / YYYY 02 / 10 / 2010		
	Mailing Address 8461 Eagle Preserve Way		Transaction ID: 8989990		
	City Sarasota	State FL	Zip Code 34241-9449	Amount of Each Receipt this Period 105.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Rogers Benefit Group Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Regional Mgr. Aggregate Year-to-Date ▼ 210.00			

SUBTOTAL of Receipts This Page (optional)	▶	418.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 28
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mr. Cliff F. Wilson

Mailing Address 1458 W. Bahia Court

City State Zip Code
Gilbert AZ 85233-5600

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

Name of Employer Southeast Arizona Ins. Services, LTD
Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2010

Transaction ID: 8990278

Amount of Each Receipt this Period
126.00

B.

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

Mailing Address 5101 Missy Maric Lane

City State Zip Code
Las Vegas NV 89130

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

Name of Employer Clearline Financial Group
Occupation Field Representative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2010

Transaction ID: 8990762

Amount of Each Receipt this Period
150.00

C.

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

Mailing Address 5487 N Bach

City State Zip Code
Meridian ID 83642

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

Name of Employer Intermountain Legal Group
Occupation Attorney At Law

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2010

Transaction ID: 8990848

Amount of Each Receipt this Period
126.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 28
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1417 North 190th Street

City State Zip Code
Elkhorn NE 68022-2931

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

Name of Employer Senior Market Sales Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 16 / 2010

Transaction ID: 8991916

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. Gary D. Unruh

Mailing Address 4639 N Mac Arthur

City State Zip Code
Oklahoma City OK 73122

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

Name of Employer State Farm Insurance Companies Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 288.00

Date of Receipt
MM / DD / YYYY
02 / 12 / 2010

Transaction ID: 8991922

Amount of Each Receipt this Period
144.00

C. Full Name (Last, First, Middle Initial)
Mr. Scott E. Ashline

Mailing Address 4735 Dunhan Court

City State Zip Code
San Diego CA 92130

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

Name of Employer Northwestern Mutual Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 16 / 2010

Transaction ID: 8991926

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **894.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 28
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mr. David G. Zick

Mailing Address 851 Adams Court

City State Zip Code
Bloomfield Hills MI 48304-3704

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

Name of Employer Group Associates, Inc. Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt
MM / DD / YYYY
02 / 16 / 2010

Transaction ID: 8991930

Amount of Each Receipt this Period
625.00

B.

Full Name (Last, First, Middle Initial)
Mr. Scott D. Colby

Mailing Address 7077 E. Central #8

City State Zip Code
Wichita KS 67206-1929

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

Name of Employer New England Financial A Met Life Compa Occupation Financial Representative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 22 / 2010

Transaction ID: 8992004

Amount of Each Receipt this Period
300.00

C.

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

Mailing Address 6901 Rockledge Dr. #800

City State Zip Code
Bethesda MD 20817-1817

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

Name of Employer New York Life Occupation AGENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 416.50

Date of Receipt
MM / DD / YYYY
02 / 25 / 2010

Transaction ID: 8992046

Amount of Each Receipt this Period
416.50

SUBTOTAL of Receipts This Page (optional) ► **1341.50**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 28
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Mr. John F. Nichols

Mailing Address 1331 W Norwood Avenue

City State Zip Code
Chicago IL 60660-2509

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

Name of Employer Disability Resource Group, Inc. Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2010

Transaction ID: 8992094

Amount of Each Receipt this Period
2500.00

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

Mailing Address 4951 State Route #60. N.

City State Zip Code
Wakeman OH 44889-8605

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

Name of Employer Mc Clendon and Associates Occupation OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2010

Transaction ID: 8992100

Amount of Each Receipt this Period
250.00

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

Mailing Address 5612 Eendenly Rd

City State Zip Code
Baltimore MD 21212

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

Name of Employer Northwestern Mutual Financial Network- Occupation Managing Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 17 / 2010

Transaction ID: 8992112

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **3250.00**

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

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

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

FOR LINE NUMBER: PAGE 19 / 28
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Terrence P. Frett

Mailing Address W227 N2650 Meadowood Ln

City State Zip Code
Waukesha WI 53186

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

Name of Employer Occupation
Frett/Barrington President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2010

Transaction ID: 8992153

Amount of Each Receipt this Period
480.00

B. Full Name (Last, First, Middle Initial)
Ms. Phyllis C. Foster

Mailing Address 13 Burgundy Drive

City State Zip Code
Greenville SC 29615

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

Name of Employer Occupation
The Turner Agency, Inc AGENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ -7.50

Date of Receipt
MM / DD / YYYY
02 / 23 / 2010

Transaction ID: 9013667

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B
Totaling \$15.00 This changes the YTD Total to \$-7.50

SUBTOTAL of Receipts This Page (optional)	▶	480.00
TOTAL This Period (last page this line number only)	▶	12377.00

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

A.	Full Name (Last, First, Middle Initial) John Davidson for Congress Mailing Address 1710 N. MoorPark Road Suite 18 City Thousand Oaks State CA Zip Code 91360 Purpose of Disbursement Candidate Name John Davidson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 8908754 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 1 0	Amount of Each Disbursement this Period 3269.05
B.	Full Name (Last, First, Middle Initial) Duncan D. Hunter For Congress Mailing Address 9340 Fuerte Drive Suite 302 City La Mesa State CA Zip Code 91941 Purpose of Disbursement Candidate Name Rep. Duncan L. Hunter Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 52 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 8909289 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 1 0	Amount of Each Disbursement this Period 500.00
C.	Full Name (Last, First, Middle Initial) Jeff Merkley For Oregon Mailing Address 2236 Se 10th Ave City Portland State OR Zip Code 97214 Purpose of Disbursement 2008 primary debt retirement Candidate Name Jeff Merkley For Oregon Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Primary Debt 2008	Transaction ID: 8909291 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 1 0	Amount of Each Disbursement this Period 5000.00 2008 primary debt retirem- ent

SUBTOTAL of Disbursements This Page (optional)	8769.05
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Lamborn For Congress</p> <p>Mailing Address P.O. Box 64107</p> <p>City Colorado Springs State CO Zip Code 80962</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Doug Lamborn</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CO District: 05</p>	<p>Transaction ID: 8919226 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td>/</td><td>1</td><td>2</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	1	2	/	2	0	1	0	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	2	/	1	2	/	2	0	1	0													
1000.00																						
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Feinstein For Senate</p> <p>Mailing Address 1212 S Victory Blvd</p> <p>City Burbank State CA Zip Code 91502</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Sen. Dianne Feinstein</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District:</p>	<p>Transaction ID: 8919227 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td>/</td><td>1</td><td>2</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">2500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	1	2	/	2	0	1	0	2500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	2	/	1	2	/	2	0	1	0													
2500.00																						
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Hastings for Congress Comm.</p> <p>Mailing Address P.O. Box 2926</p> <p>City Pasco State WA Zip Code 99302</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Richard Hastings</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WA District: 04</p>	<p>Transaction ID: 8919228 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td>/</td><td>1</td><td>2</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	1	2	/	2	0	1	0	1500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	2	/	1	2	/	2	0	1	0													
1500.00																						

SUBTOTAL of Disbursements This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) John Lewis For Congress	Transaction ID: 8919229 Date of Disbursement 02 / 12 / 2010
	Mailing Address PO Box 2323 Suite 5300	Amount of Each Disbursement this Period 2500.00
	City Atlanta State GA Zip Code 30301	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. John Lewis	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) South Dakota First PAC	Transaction ID: 8919230 Date of Disbursement 02 / 12 / 2010
	Mailing Address PO Box 155	Amount of Each Disbursement this Period 5000.00
	City Sioux Falls State SD Zip Code 57101	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name South Dakota First PAC	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Walter Jones Committee	Transaction ID: 8934069 Date of Disbursement 02 / 16 / 2010
	Mailing Address PO Box 99667	Amount of Each Disbursement this Period 1000.00
	City Raleigh State NC Zip Code 27624	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Walter B. Jones, Jr.	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	8500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committee	Transaction ID: 8962481 Date of Disbursement
	Mailing Address 430 South Capitol Street, SE	<input type="text" value="02"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="15000.00"/>
	Candidate Name Democratic Senatorial Campaign Committee	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Pallone For Congress	Transaction ID: 8962482 Date of Disbursement
	Mailing Address PO Box 3176	<input type="text" value="02"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Long Branch State NJ Zip Code 07740	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name Rep. Frank Pallone, Jr.	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Gary Miller For Congress	Transaction ID: 8962483 Date of Disbursement
	Mailing Address 721 S. Brea Canyon Road, Suite 7	<input type="text" value="02"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Diamond Bar State CA Zip Code 91789	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name Rep. Gary G. Miller	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 42	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Friends Of Congressman Tim Holden	Transaction ID: 8962484 Date of Disbursement
	Mailing Address 18 N. Second St., Box 37 PO Box 37	<input type="text" value="02"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Saint Clair State PA Zip Code 17970	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name Rep. Tim Holden	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 17	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Rodney Alexander For Congress Inc.	Transaction ID: 8962485 Date of Disbursement
	Mailing Address 319 Nancy'S Road 319 Nancy Road	<input type="text" value="02"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Quitman State LA Zip Code 71268	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2000.00"/>
	Candidate Name Rep. Rodney Alexander	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends Of Max Baucus	Transaction ID: 8962486 Date of Disbursement
	Mailing Address PO Box 586	<input type="text" value="02"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Helena State MT Zip Code 59624	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2000.00"/>
	Candidate Name Sen. Max Baucus	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District:	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Ruben Hinojosa For Congress</p> <p>Mailing Address 502 North 11th Street</p> <p>City Mcallen State TX Zip Code 78501</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Ruben Hinojosa</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: TX District: 15</p>	<p>Transaction ID: 8967403</p> <p>Date of Disbursement 02 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Neugebauer Congressional Committee</p> <p>Mailing Address PO Box 54175</p> <p>City Lubbock State TX Zip Code 79453</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Robert R. Neugebauer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: TX District: 19</p>	<p>Transaction ID: 8967405</p> <p>Date of Disbursement 02 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Pete Sessions For Congress</p> <p>Mailing Address PO Box 823047</p> <p>City Dallas State TX Zip Code 75382</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Pete Sessions</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: TX District: 32</p>	<p>Transaction ID: 8967407</p> <p>Date of Disbursement 02 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>

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 Comm

A.	Full Name (Last, First, Middle Initial) Brady For Congress		Transaction ID: 8967409	
	Mailing Address P.O. Box 8277		Date of Disbursement MM / DD / YYYY 02 / 24 / 2010	
	City The Woodlands	State TX	Zip Code 77387	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement		011 Category/ Type	
	Candidate Name Rep. Kevin Brady			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State: TX	District: 08		

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

55269.05

**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 27 / 28

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

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

A.

Full Name (Last, First, Middle Initial)

Wachovia

Mailing Address P.O. box 40031

City
Roanoke

State
VA

Zip Code
24022-0031

Purpose of Disbursement
bank fees

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 9013658

Date of Disbursement

02 / 24 / 2010

Amount of Each Disbursement this Period

1298.43

bank fees

SUBTOTAL of Disbursements This Page (optional)

1298.43

TOTAL This Period (last page this line number only)

1298.43

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 28 / 28
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

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

Outstanding Balance Beginning This Period <div style="border: 1px solid black; padding: 2px; text-align: center;">53571.26</div>	Transaction ID: 9013668
Amount Incurred This Period <div style="border: 1px solid black; padding: 2px; text-align: center;">35055.27</div>	Payment This Period <div style="border: 1px solid black; padding: 2px; text-align: center;">0.00</div>
Outstanding Balance at Close of This Period <div style="border: 1px solid black; padding: 2px; text-align: center;">88626.53</div>	

1) SUBTOTALS This Period This Page (optional).....	<div style="border: 1px solid black; padding: 2px;">88626.53</div>
2) TOTALS This Period (last page this line number only).....	<div style="border: 1px solid black; padding: 2px;">88626.53</div>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<div style="border: 1px solid black; padding: 2px;">0.00</div>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<div style="border: 1px solid black; padding: 2px;">88626.53</div>