

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 02 01 2011 through 02 28 2011

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 2011

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	1

 To:

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	Y	Y	Y	Y	2	0	1	1		536889.88
Y	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	571530.96									
(c) Total Receipts (from Line 19)	70569.21	132351.58								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	642100.17	669241.46								
7. Total Disbursements (from Line 31)	91760.15	118901.44								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	550340.02	550340.02								
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)	40738.61									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

National Association of Insurance and Financial Advisors Political Action Comm

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	1	1

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)	14873.33	21269.16
(ii) Unitemized	51195.88	101582.42
(iii) TOTAL (add Lines 11(a)(i) and (ii)	66069.21	122851.58
(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)	66069.21	127851.58
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	4500.00	4500.00
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))	70569.21	132351.58
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	70569.21	132351.58

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.....	1260.15	12401.44
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1260.15	12401.44
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	90500.00	106500.00
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	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 Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
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))..	91760.15	118901.44
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	91760.15	118901.44

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	66069.21	127851.58
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	66069.21	127851.58
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1260.15	12401.44
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1260.15	12401.44

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 43
	(check only one)
<input 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 checked="" 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) Jim Himes For Congress		Date of Receipt																				
Mailing Address 857 Post Road, #312 Box 456		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		0	4		2	0	1	1													
City State Zip Code Fairfield CT 06824		Transaction ID: 9838054																				
FEC ID number of contributing federal political committee. C C00434191		Amount of Each Receipt this Period 2000.00																				
Name of Employer	Occupation																					
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00																					

B.

Full Name (Last, First, Middle Initial) Steve Fincher For Congress		Date of Receipt																				
Mailing Address PO Box 11153		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		2	3		2	0	1	1													
City State Zip Code Jackson TN 38308		Transaction ID: 9849928																				
FEC ID number of contributing federal political committee. C C00466854		Amount of Each Receipt this Period 2500.00																				
Name of Employer	Occupation																					
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00																					

SUBTOTAL of Receipts This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	4500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 43
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Mr. William H. Brockman

Mailing Address 6308 Queens Chapel Rd.

City State Zip Code
University Park MD 20872

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

Name of Employer Early, Cassidy & Schilling Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
02 / 01 / 2011

Transaction ID: 9854950

Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Mr. James J. Van Ham

Mailing Address 2748 Newport Drv

City State Zip Code
Naperville IL 60565-6711

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

Name of Employer Country Insurance and Financial Service Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt MM / DD / YYYY
02 / 04 / 2011

Transaction ID: 9854958

Amount of Each Receipt this Period 625.00

C. 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 ▼ 2500.00

Date of Receipt MM / DD / YYYY
02 / 07 / 2011

Transaction ID: 9854984

Amount of Each Receipt this Period 2500.00

SUBTOTAL of Receipts This Page (optional) ► **3625.00**

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 8 / 43
(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. Jules O. Gaudreau, Jr.

Mailing Address 23 Briarcliff Drive

City Wilbraham State MA Zip Code 01095-2614

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

Name of Employer The Gaudreau Group, Inc. Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 09 / 2011
Transaction ID: 9855114
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Mr. Brian S. Salonen

Mailing Address 410 E. Kent Ave.

City Missoula State MT Zip Code 59801

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

Name of Employer Guardian Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 02 / 09 / 2011
Transaction ID: 9855156
Amount of Each Receipt this Period: 210.00

C. Full Name (Last, First, Middle Initial)
Mr. Calvin Don Welling

Mailing Address 2867 No 5100 E

City Eden State UT Zip Code 84310-9116

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

Name of Employer Securian Financial Services Occupation General Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 09 / 2011
Transaction ID: 9855160
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► **960.00**

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 / 43
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.

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

Mailing Address 114 W. Arnold

City State Zip Code
Bozeman MT 59715-6129

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

Name of Employer State Farm Insurance Companies
Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2011

Transaction ID: 9855168

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
Mr. Randy L. Scritchfield

Mailing Address 10105 Nightingale St.

City State Zip Code
Gaithersburg MD 20882-4019

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

Name of Employer Montgomery Financial Group, Inc.
Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2011

Transaction ID: 9855350

Amount of Each Receipt this Period
105.00

C.

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

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 Grace-Mayer Ins. Agency
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2011

Transaction ID: 9855378

Amount of Each Receipt this Period
105.00

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: PAGE 10 / 43
(check only one)

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

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

A.

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

Mailing Address 3273 Evergreen Road

City State Zip Code
Fargo ND 58102-1214

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2011

Transaction ID: 9855390

Amount of Each Receipt this Period
300.00

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: Edward A. Zabielski Jr & Co.
Occupation: President/Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2011

Transaction ID: 9855436

Amount of Each Receipt this Period
105.00

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: Security 1st Benefits Corp.
Occupation: CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2011

Transaction ID: 9855466

Amount of Each Receipt this Period
105.00

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: PAGE 11 / 43
(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. Robert M. Roach

Mailing Address 1287 Harrison Pond Drive

City Columbus State OH Zip Code 43215

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 10 / 2011
Transaction ID: 9855922
Amount of Each Receipt this Period 125.00

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

Mailing Address 1358 Ahlrich Ave

City Encintas State CA Zip Code 92024-4029

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

Name of Employer Best Practices of America Occupation VP of Recruiting and Life Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 10 / 2011
Transaction ID: 9855990
Amount of Each Receipt this Period 150.00

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

Mailing Address 3619 S 55th St

City Omaha State NE Zip Code 68106-4415

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

Name of Employer Ameritas Life Insurance Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 10 / 2011
Transaction ID: 9856060
Amount of Each Receipt this Period 150.00

SUBTOTAL of Receipts This Page (optional) ▶ 425.00

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 12 / 43
	<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. Thomas E. Fowler		Date of Receipt
	Mailing Address 13243 SE 51st PI		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 1 0 / 2 0 1 1
	City	State	Zip Code
	Bellevue	WA	98006
	FEC ID number of contributing federal political committee. C		Transaction ID: 9856070
Name of Employer Fowler Financial Services, Inc.		Occupation President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 107.50
		<input type="text"/> 215.00	

B.	Full Name (Last, First, Middle Initial) Mr. Russell A. Smith		Date of Receipt
	Mailing Address 22928 San Joaquin Drive East		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 1 0 / 2 0 1 1
	City	State	Zip Code
	Canyon Lake	CA	92587-7831
	FEC ID number of contributing federal political committee. C		Transaction ID: 9856300
Name of Employer Torimax Financial Group, Inc.		Occupation President & CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 300.00	

C.	Full Name (Last, First, Middle Initial) Mr. Vincent M. D'Addona		Date of Receipt
	Mailing Address 141 Greenway Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 1 0 / 2 0 1 1
	City	State	Zip Code
	Lido Beach	NY	11561-4828
	FEC ID number of contributing federal political committee. C		Transaction ID: 9856430
Name of Employer D'Addona Rosenbaum		Occupation General Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 208.00
		<input type="text"/> 416.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 365.50
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 43
(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. 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: 02 / 10 / 2011

Transaction ID: 9856636

Amount of Each Receipt this Period: 208.00

B.

Full Name (Last, First, Middle Initial)
Mr. David L. Stratton

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 StrattonTurner LLC Occupation Managing Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 02 / 10 / 2011

Transaction ID: 9856676

Amount of Each Receipt this Period: 105.00

C.

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

Mailing Address 114 W. Arnold

City State Zip Code
Bozeman MT 59715-6129

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

Name of Employer State Farm Insurance Companies Occupation General Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt: 02 / 10 / 2011

Transaction ID: 9856688

Amount of Each Receipt this Period: 90.00

SUBTOTAL of Receipts This Page (optional) ► **403.00**

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

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

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

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

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

A.	Full Name (Last, First, Middle Initial) Mr. David M. Koll	Date of Receipt MM / DD / YYYY 02 / 10 / 2011
	Mailing Address 1612 S. 152nd Street	Transaction ID: 9856861
	City State Zip Code Omaha NE 68144-5121	Amount of Each Receipt this Period 208.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Mutual of Omaha Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 416.00	

B.	Full Name (Last, First, Middle Initial) Mr. Keith M. Gillies	Date of Receipt MM / DD / YYYY 02 / 10 / 2011
	Mailing Address 109 W. Lakeview Dr.	Transaction ID: 9857093
	City State Zip Code La Place LA 70068-2427	Amount of Each Receipt this Period 208.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer River Parishes Advisors Group, LLC Occupation Managing Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 416.00	

C.	Full Name (Last, First, Middle Initial) Mr. James R. Christensen, Jr.	Date of Receipt MM / DD / YYYY 02 / 10 / 2011
	Mailing Address 440 Regency Pkwy Dr #210A	Transaction ID: 9857415
	City State Zip Code Omaha NE 68114	Amount of Each Receipt this Period 105.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer INSOURCE, Inc. Occupation General Agent 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)	521.00
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 / 43
(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. 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
Northwestern Mutual Financial Network

Occupation
Financial Representative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
231.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2011

Transaction ID: 9857835

Amount of Each Receipt this Period
115.50

B.

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

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
Northwestern Mutual

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2011

Transaction ID: 9857839

Amount of Each Receipt this Period
105.00

C.

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

Mailing Address 20704 Meadow Ridge Dr

City State Zip Code
Springfield NE 68059-7086

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

Name of Employer
Headley Financial Group

Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2011

Transaction ID: 9858025

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **470.50**

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 16 / 43
(check only one)

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

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

A.

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

Mailing Address 9439 Gay Lane

City State Zip Code
Oil City LA 71061

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

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

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

Date of Receipt
MM / DD / YYYY
02 / 10 / 2011

Transaction ID: 9858101

Amount of Each Receipt this Period
105.00

B.

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

Mailing Address 7023 W. Williamette Ave

City State Zip Code
Kennewick WA 99336-1280

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

Name of Employer Occupation
Kansas City Life Insurance Sales Manager
Company

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 416.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2011

Transaction ID: 9858801

Amount of Each Receipt this Period
208.00

C.

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

Mailing Address 8675 WestCott

City State Zip Code
Germantown TN 38138-7738

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

Name of Employer Occupation
UCL Financial Group President

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

Date of Receipt
MM / DD / YYYY
02 / 10 / 2011

Transaction ID: 9858963

Amount of Each Receipt this Period
105.00

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: (check only one)	PAGE 17 / 43
	<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. David L. Sparks	Date of Receipt MM / DD / YYYY 02 / 10 / 2011
	Mailing Address PO Box 3509	Transaction ID: 9859277
	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 Occupation Capital Concepts 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. James D. Schulz	Date of Receipt MM / DD / YYYY 02 / 10 / 2011
	Mailing Address 6601 South 66th. St.	Transaction ID: 9859523
	City State Zip Code Lincoln NE 68516-3657	Amount of Each Receipt this Period 208.33
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Ameritas Life Insurance Corp. Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.66	

C.	Full Name (Last, First, Middle Initial) Mr. Steven M. Stratton	Date of Receipt MM / DD / YYYY 02 / 10 / 2011
	Mailing Address 17131 Parkview Dr	Transaction ID: 9859883
	City State Zip Code Morgan Hill CA 95037-6606	Amount of Each Receipt this Period 105.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Financial & Insurance Services PARTNER	
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)	428.83
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 / 43

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

A.

Full Name (Last, First, Middle Initial)

Mr. D. David Russell

Mailing Address 8461 Eagle Preserve Way

City State Zip Code
Sarasota FL 34241-9449

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

Name of Employer Occupation
Rogers Benefit Group Regional Mgr.

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

Date of Receipt

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

Transaction ID: 9860161

Amount of Each Receipt this Period

105.00

B.

Full Name (Last, First, Middle Initial)

Mr. Cliff F. Wilson

Mailing Address 1458 W. Bahia Court

City State Zip Code
Gilbert AZ 85233-5600

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 282.00

Date of Receipt

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

Transaction ID: 9860725

Amount of Each Receipt this Period

126.00

C.

Full Name (Last, First, Middle Initial)

Mr. Cale Paul Smith

Mailing Address 376 Riverlon Ave

City State Zip Code
Baton Rouge LA 70806

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

Name of Employer Occupation
Smith Financial Group Financial Representative

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

Date of Receipt

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

Transaction ID: 9861287

Amount of Each Receipt this Period

105.00

SUBTOTAL of Receipts This Page (optional) ▶

336.00

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 / 43
(check only one)

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

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

A.

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

Mailing Address 5487 N Bach

City State Zip Code
Meridian ID 83642

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

Name of Employer Occupation
Intermountain Legal Group Attorney At Law

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

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

Transaction ID: 9861821

Amount of Each Receipt this Period
126.00

B.

Full Name (Last, First, Middle Initial)
Mrs. Diane Boyle

Mailing Address 3419 N Emerson

City State Zip Code
Arlington VA 22207

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

Name of Employer Occupation
NAIFA H.O. VP of Federal Government Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

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

Transaction ID: 9862341

Amount of Each Receipt this Period
105.00

C.

Full Name (Last, First, Middle Initial)
Ms. Jeri K. D'Lugin

Mailing Address 201 Staunton Drive

City State Zip Code
Greensboro NC 27410-6066

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

Name of Employer Occupation
The Principal Financial Group Registered Representative

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 1 / 2 0 1 1

Transaction ID: 9862433

Amount of Each Receipt this Period
275.00

SUBTOTAL of Receipts This Page (optional) ► **506.00**

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 20 / 43
(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 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 / 14 / 2011

Transaction ID: 9862453

Amount of Each Receipt this Period 625.00

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 ▼ 500.00

Date of Receipt MM / DD / YYYY
02 / 14 / 2011

Transaction ID: 9862481

Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Mr. Jason D. Middaugh

Mailing Address 3307 Maple Street

City State Zip Code
Fargo ND 58102-1230

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

Name of Employer Middaugh & Associates, Inc. Occupation AGENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt MM / DD / YYYY
02 / 14 / 2011

Transaction ID: 9862499

Amount of Each Receipt this Period 600.00

SUBTOTAL of Receipts This Page (optional) ► 1725.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 43
(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. Jaford D. Burgad

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 Mutual of Omaha Companies
Occupation Investment Representative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

Date of Receipt
MM / DD / YYYY
02 / 22 / 2011

Transaction ID: 9862525

Amount of Each Receipt this Period
42.00

B.

Full Name (Last, First, Middle Initial)
Mr. Christopher P. O'Connell

Mailing Address 2211 S 185th St

City State Zip Code
Omaha NE 68130

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

Name of Employer Mutual of Omaha
Occupation General Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 22 / 2011

Transaction ID: 9862551

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 4951 State Route #60. N.

City State Zip Code
Wakeman OH 44889-8605

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

Name of Employer Mc Clendon and Associates
Occupation OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
02 / 22 / 2011

Transaction ID: 9862561

Amount of Each Receipt this Period
50.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 43
(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. Donald P. Speakman

Mailing Address Two Penn Center West
Suite 325

City Pittsburgh State PA Zip Code 15276-0102

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

Name of Employer Speakman Financial Group Occupation Financial Planner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 22 / 2011
Transaction ID: 9862565
Amount of Each Receipt this Period 250.00

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

Mailing Address 61 Oakwood Dr

City Monroe State LA Zip Code 71203-2776

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

Name of Employer Dean Macheras Insurance Agency Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 24 / 2011
Transaction ID: 9862635
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Mr. David B. Romero

Mailing Address 6909 Oak Hill Cir.

City Shreveport State LA Zip Code 71106-3415

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

Name of Employer Executive Financial Group Occupation General Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 24 / 2011
Transaction ID: 9862639
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 43
(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. Robert A. Miller

Mailing Address 727 Smithridge Rd.

City State Zip Code
New Canaan CT 06840-2201

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

Name of Employer Occupation
Miller-Pomerantz Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
MM / DD / YYYY
02 / 24 / 2011

Transaction ID: 9862665

Amount of Each Receipt this Period
750.00

B.

Full Name (Last, First, Middle Initial)
Mr. James J. Van Ham

Mailing Address 2748 Newport Drv

City State Zip Code
Naperville IL 60565-6711

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

Name of Employer Occupation
Country Insurance and Financial Service Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
677.50

Date of Receipt
MM / DD / YYYY
02 / 25 / 2011

Transaction ID: 9862703

Amount of Each Receipt this Period
52.50

C.

Full Name (Last, First, Middle Initial)
Mr. Van E. Mueller

Mailing Address 929 N Astor St #2008

City State Zip Code
Milwaukee WI 53202-3488

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

Name of Employer Occupation
New England Financial Financial Representative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2011

Transaction ID: 9862723

Amount of Each Receipt this Period
900.00

SUBTOTAL of Receipts This Page (optional) ► **1702.50**

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 24 / 43
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial) Ms. Karen G. Easterling		Date of Receipt
Mailing Address 2711 W. Anderson Lane #201		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 4 / 2 0 1 1
City State Zip Code Austin TX 78757-1121		Transaction ID: 9862789
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer State Farm Insurance Companies	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. Robert F. Decker		Date of Receipt
Mailing Address 9290 West Dodge Road #102		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 8 / 2 0 1 1
City State Zip Code Omaha NE 68114-3320		Transaction ID: 9862819
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 625.00
Name of Employer John Hancock Life Ins.	Occupation Brokerage Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	

SUBTOTAL of Receipts This Page (optional)	875.00
TOTAL This Period (last page this line number only)	14873.33

**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) Kansans For Huelskamp Mailing Address PO Box 410 City Fowler State KS Zip Code 67844 Purpose of Disbursement Void - Kansans For Huelskamp Candidate Name Mr. Timothy Huelskamp Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9813345 Date of Disbursement 02 / 08 / 2011 Amount of Each Disbursement this Period -1500.00 Void - Kansans For Huelskamp
	Category/Type 011

B. Full Name (Last, First, Middle Initial) Citizens For Harkin Mailing Address P O Box 811 City Des Moines State IA Zip Code 50304 Purpose of Disbursement Candidate Name Sen. Tom Harkin Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9813346 Date of Disbursement 02 / 08 / 2011 Amount of Each Disbursement this Period 2500.00
	Category/Type 011

C. Full Name (Last, First, Middle Initial) Vern Buchanan For Congress Mailing Address P. O. Box 48928 City Sarasota State FL Zip Code 34230 Purpose of Disbursement Candidate Name Rep. Vern Buchanan Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 13 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9813347 Date of Disbursement 02 / 08 / 2011 Amount of Each Disbursement this Period 2500.00
	Category/Type 011

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶	(Empty)

**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) Berg For Congress	Transaction ID: 9813348 Date of Disbursement
	Mailing Address PO Box 9394	<input type="text" value="02"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Fargo State ND Zip Code 58106	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name Mr. Richard Berg	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 01	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Moore For Congress	Transaction ID: 9813349 Date of Disbursement
	Mailing Address PO Box 16646	<input type="text" value="02"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Milwaukee State WI Zip Code 53216	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. Gwen Moore	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 04	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Fleming For Congress	Transaction ID: 9813350 Date of Disbursement
	Mailing Address P.O. Box 1236 Box 281	<input type="text" value="02"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Minden State LA Zip Code 71058	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. John C. Fleming, MD	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 04	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Michael Grimm for Congress	Transaction ID: 9813351 Date of Disbursement 02 / 08 / 2011
	Mailing Address 560 9th Street	Amount of Each Disbursement this Period 1000.00
	City Brooklyn State NY Zip Code 11215	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Michael Grimm	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 13	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Becerra For Congress	Transaction ID: 9813352 Date of Disbursement 02 / 08 / 2011
	Mailing Address P.O. Box 261060	Amount of Each Disbursement this Period 1000.00
	City Los Angeles State CA Zip Code 90026	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Xavier Becerra	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) We the People PAC	Transaction ID: 9813353 Date of Disbursement 02 / 08 / 2011
	Mailing Address PO Box 2232	Amount of Each Disbursement this Period 2500.00
	City Jenkintown State PA Zip Code 19046	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name We the People 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) ▼

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)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Scott Brown For Us Senate Committee	Transaction ID: 9813354 Date of Disbursement 02 / 08 / 2011
	Mailing Address PO Box 395	Amount of Each Disbursement this Period 1000.00
	City Wrentham State MA Zip Code 02093	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Mr. Scott Brown	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Ryan For Congress	Transaction ID: 9813355 Date of Disbursement 02 / 08 / 2011
	Mailing Address P. O. Box 1919	Amount of Each Disbursement this Period 1500.00
	City Janesville State WI Zip Code 53547	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Paul Ryan	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 01	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Mike Thompson For Congress	Transaction ID: 9813356 Date of Disbursement 02 / 08 / 2011
	Mailing Address 5429 Madison Avenue	Amount of Each Disbursement this Period 2000.00
	City Sacramento State CA Zip Code 95841	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Michael Thompson	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 01	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)

<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)
Charles Boustany Jr Md For Congress, Inc

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement

Category/
Type

Candidate Name
Rep. Charles W. Boustany, Jr.

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: LA District: 07

Transaction ID: 9838012

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
Friends Of John Boehner

Mailing Address 7908 Cincinnati Dayton Road Suite I

City West Chester State OH Zip Code 45069

Purpose of Disbursement

Category/
Type

Candidate Name
Rep. John A. Boehner

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: OH District: 08

Transaction ID: 9838013

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
The Freedom Project

Mailing Address 111 C Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

Category/
Type

Candidate Name

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

Transaction ID: 9838014

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

<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) Volunteers For Shimkus	Transaction ID: 9838015 Date of Disbursement 02 / 12 / 2011
	Mailing Address PO Box 5458	Amount of Each Disbursement this Period 1500.00
	City Springfield State IL Zip Code 62705	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. John M. Shimkus	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 19	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends Of Joe Pitts	Transaction ID: 9838016 Date of Disbursement 02 / 12 / 2011
	Mailing Address PO Box 775	Amount of Each Disbursement this Period 2000.00
	City Unionville State PA Zip Code 19375	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Joseph R. Pitts	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Rogers For Congress	Transaction ID: 9838017 Date of Disbursement 02 / 12 / 2011
	Mailing Address PO Box 581 Post Office Box 581	Amount of Each Disbursement this Period 2500.00
	City Brighton State MI Zip Code 48116	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Michael J. Rogers	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)

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

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

A.	Full Name (Last, First, Middle Initial) Rangel for Congress Committee	Transaction ID: 9838018 Date of Disbursement
	Mailing Address PO Box 5577 - Manhattanville Stati	<input type="text" value="02"/> / <input type="text" value="12"/> / <input type="text" value="2011"/>
	City New York State NY Zip Code 10027	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name Charles Rangel	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Nelson 2012	Transaction ID: 9838019 Date of Disbursement
	Mailing Address PO Box 8666	<input type="text" value="02"/> / <input type="text" value="12"/> / <input type="text" value="2011"/>
	City Omaha State NE Zip Code 68108	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Ben Nelson	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Cantor For Congress	Transaction ID: 9838020 Date of Disbursement
	Mailing Address P. O. Box 17813	<input type="text" value="02"/> / <input type="text" value="12"/> / <input type="text" value="2011"/>
	City Richmond State VA Zip Code 23226	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. Eric I. Cantor	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

A.

Full Name (Last, First, Middle Initial)

Ben Cardin For Senate

Mailing Address P.O. Box 21093

City State Zip Code
Catonsville MD 21228

Purpose of Disbursement

011
Category/
Type

Candidate Name
Sen. Benjamin Cardin

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: MD District:

Transaction ID: 9838021

Date of Disbursement

02 / 12 / 2011

Amount of Each Disbursement this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

Tim Scott For Congress

Mailing Address 1405 Ashley River Road

City State Zip Code
Charleston SC 29407

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. Timothy Scott

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: SC District: 01

Transaction ID: 9838022

Date of Disbursement

02 / 12 / 2011

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Kansans For Huelskamp

Mailing Address PO Box 410

City State Zip Code
Fowler KS 67844

Purpose of Disbursement
debt retirement

011
Category/
Type

Candidate Name
Mr. Timothy Huelskamp

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: KS District: 01
Primary Debt 2010

Transaction ID: 9838023

Date of Disbursement

02 / 12 / 2011

Amount of Each Disbursement this Period

1500.00

debt retirement

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)

<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) Ribble For Congress	Transaction ID: 9838024 Date of Disbursement 02 / 12 / 2011
	Mailing Address PO Box 7200	Amount of Each Disbursement this Period 1000.00
	City Appleton State WI Zip Code 54912	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Mr. Reid Ribble	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Prosperity PAC	Transaction ID: 9838025 Date of Disbursement 02 / 12 / 2011
	Mailing Address 1006 Pendleton Street	Amount of Each Disbursement this Period 5000.00
	City Alexandria State VA Zip Code 22314	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Prosperity 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) Guthrie For Congress	Transaction ID: 9838026 Date of Disbursement 02 / 12 / 2011
	Mailing Address PO Box 9639	Amount of Each Disbursement this Period 1000.00
	City Bowling Green State KY Zip Code 42102	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Brett Guthrie	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)

<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) Kristi For Congress	Transaction ID: 9838027
	Mailing Address PO Box 852	Date of Disbursement 02 / 12 / 2011
	City Sioux Falls State SD Zip Code 57101	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement	011 Category/Type
	Candidate Name Kristi Noem	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Garrett for Congress	Transaction ID: 9838028
	Mailing Address PO Box 905	Date of Disbursement 02 / 12 / 2011
	City Newton State NJ Zip Code 07860	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement	011 Category/Type
	Candidate Name Scott Garrett	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 05	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Westmoreland For Congress	Transaction ID: 9838029
	Mailing Address P.O. Box 458	Date of Disbursement 02 / 12 / 2011
	City Sharpsburg State GA Zip Code 30277	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Lynn A. Westmoreland	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 03	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	8000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) John Campbell For Congress	Transaction ID: 9838030 Date of Disbursement 02 / 12 / 2011
	Mailing Address 4590 Macarthur Boulevard Suite 500	Amount of Each Disbursement this Period 1000.00
	City Newport Beach State CA Zip Code 92660	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. John Campbell	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 48	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Jim Gerlach For Congress Committee	Transaction ID: 9838031 Date of Disbursement 02 / 12 / 2011
	Mailing Address PO Box 87	Amount of Each Disbursement this Period 1000.00
	City Uwchland State PA Zip Code 19480	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. James W. Gerlach	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Allyson Schwartz For Congress	Transaction ID: 9838032 Date of Disbursement 02 / 12 / 2011
	Mailing Address P.O. Box 2232	Amount of Each Disbursement this Period 5000.00
	City Jenkintown State PA Zip Code 19046	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Allyson Y. Schwartz	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)

<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) Growth & Prosperity PAC</p> <p>Mailing Address 1155 21st Street, NW/Suite 300</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement</p> <p>Candidate Name Growth & Prosperity PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9840490</p> <p>Date of Disbursement 02 / 15 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Defend America PAC</p> <p>Mailing Address PO Box 2626</p> <p>City Tuscaloosa State AL Zip Code 35403</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9840491</p> <p>Date of Disbursement 02 / 15 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Diane Black For Congress</p> <p>Mailing Address 819 Plantation Blvd</p> <p>City Gallatin State TN Zip Code 37066</p> <p>Purpose of Disbursement debt retirement</p> <p>Candidate Name Ms. Diane Black</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ General Debt 2010</p>	<p>Transaction ID: 9840493</p> <p>Date of Disbursement 02 / 15 / 2011</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>debt retirement</p>

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)

<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) Gillibrand For Senate	Transaction ID: 9840494 Date of Disbursement 02 / 15 / 2011
	Mailing Address P.O. Box 15734	Amount of Each Disbursement this Period 2500.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Kirsten Gillibrand	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Cathy McMorris For Congress	Transaction ID: 9840495 Date of Disbursement 02 / 15 / 2011
	Mailing Address Box 137	Amount of Each Disbursement this Period 500.00
	City Spokane State WA Zip Code 99210	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Cathy McMorris Rodgers	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 05	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Bill Nelson For U S Senate	Transaction ID: 9842973 Date of Disbursement 02 / 17 / 2011
	Mailing Address 500 Red Sail Way	Amount of Each Disbursement this Period 1000.00
	City Satellite Beach State FL Zip Code 32937	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Sen. Bill Nelson	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)

<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) Vicky Hartzler For Congress	Transaction ID: 9842974 Date of Disbursement 02 / 17 / 2011
	Mailing Address PO Box 531	Amount of Each Disbursement this Period 2000.00
	City Harrisonville State MO Zip Code 64701	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Ms. Vicky Hartzler	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 04	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Robert Hurt For Congress	Transaction ID: 9842975 Date of Disbursement 02 / 17 / 2011
	Mailing Address PO Box 2	Amount of Each Disbursement this Period 2000.00
	City Chatham State VA Zip Code 24531	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Mr. Robert Hurt	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends Of Jeb Hensarling	Transaction ID: 9845419 Date of Disbursement 02 / 24 / 2011
	Mailing Address PO Box 820504	Amount of Each Disbursement this Period 2500.00
	City Dallas State TX Zip Code 75382	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Jeb Hensarling	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 05	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Roskam For Congress Committee	Transaction ID: 9845420 Date of Disbursement																			
	Mailing Address P. O. Box 713	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	4		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	4		2	0	1	1												
	City Wheaton State IL Zip Code 60187	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name Rep. Peter Roskam	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 06	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) Wicker For Senate	Transaction ID: 9845421 Date of Disbursement																			
	Mailing Address PO Box 64	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	4		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	4		2	0	1	1												
	City Jackson State MS Zip Code 39205	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>2500.00</td></tr></table>	2500.00																		
2500.00																					
	Candidate Name Wicker For Senate	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) Rodney Alexander For Congress Inc.	Transaction ID: 9845422 Date of Disbursement																			
	Mailing Address 319 Nancy'S Road 319 Nancy Road	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	4		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	4		2	0	1	1												
	City Quitman State LA Zip Code 71268	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name Rep. Rodney Alexander	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 05	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>4500.00</td></tr></table>	4500.00
4500.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

**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) Walberg For Congress Mailing Address 6769 Teachout Rd. City Tipton State MI Zip Code 49287 Purpose of Disbursement Candidate Name Rep. Tim Walberg Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 07 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9845423 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00 Category/Type 011

B. Full Name (Last, First, Middle Initial) Geoff Davis For Congress Mailing Address 3161 Dixie Highway Suite F City Erlanger State KY Zip Code 41018 Purpose of Disbursement Candidate Name Rep. Geoffrey Davis Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 04 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9845424 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00 Category/Type 011

C. Full Name (Last, First, Middle Initial) Sandy Adams For Congress Mailing Address P. O. Box 1566 City Orlando State FL Zip Code 32802 Purpose of Disbursement debt retirement Funds Reported On 30 Day Post General Report Candidate Name Sandy Adams Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ General Debt 2010	Transaction ID: 9847914 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00 Category/Type 011 [MEMO ITEM] debt retirement Funds Reported On 30 Day Post General Report

SUBTOTAL of Disbursements This Page (optional) ▶	2000.00
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)

Sandy Adams For Congress

Mailing Address P. O. Box 1566

City Orlando State FL Zip Code 32802

Purpose of Disbursement
debt retirement Re-designated funds for trans. dated 11/17/2010

Candidate Name
Sandy Adams

Office Sought: House
 Senate
 President

State: FL District: 24

Disbursement For: 2010
 Primary General
 Other (specify) ▼
Primary Debt 2010

Transaction ID: 9847915

Date of Disbursement

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

Amount of Each Disbursement this Period

2500.00

011
Category/
Type

[MEMO ITEM]

debt retirement Re-designated funds for trans. dated 11/17/2010

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

90500.00

**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 42 / 43

<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 service charge

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 9893153

Date of Disbursement

02 / 28 / 2011

Amount of Each Disbursement this Period

1260.15

bank service charge

SUBTOTAL of Disbursements This Page (optional)

1260.15

TOTAL This Period (last page this line number only)

1260.15

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 43 / 43	
	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			Nature of Debt (Purpose): salary, benefits, supplies, copies
Mailing Address 2901 Telestar Court			
City Falls Church	State VA	ZIP Code 22314	

Outstanding Balance Beginning This Period		Transaction ID: 9896030	
31739.69			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
8998.32	0.00	40738.61	

1) SUBTOTALS This Period This Page (optional).....	40738.61
2) TOTALS This Period (last page this line number only).....	40738.61
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	40738.61