

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 02 01 2009 through 02 28 2009

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

Type or Print Name of Treasurer Peter C. Brown

Signature of Treasurer Electronically Filed by Peter C. Brown Date 03 19 2009

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

National Association of Insurance and Financial Advisors Political Action Comm

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		255406.25
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	307975.83									
(c) Total Receipts (from Line 19)	64979.54	129467.01								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	372955.37	384873.26								
7. Total Disbursements (from Line 31)	59742.22	71660.11								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	313213.15	313213.15								
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)	40205.95									

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	0	9

 To:

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	12154.60	20054.70
(i) Itemized (use Schedule A)	52824.94	109412.31
(ii) Unitemized	64979.54	129467.01
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	64979.54	129467.01
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	64979.54	129467.01
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	64979.54	129467.01

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1625.22	6478.11
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1625.22	6478.11
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	58000.00	65000.00
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	117.00	182.00
(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))	117.00	182.00
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))..	59742.22	71660.11
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	59742.22	71660.11

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	64979.54	129467.01
34. Total Contribution Refunds (from Line 28(d))	117.00	182.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	64862.54	129285.01
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1625.22	6478.11
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1625.22	6478.11

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

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

FOR LINE NUMBER: PAGE 6 / 36
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address P. O. Box 144

City Adams State ND Zip Code 58210-0144

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

Name of Employer Mutual of Omaha Companies Occupation AGENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 90.00

Date of Receipt 02 / 09 / 2009

Transaction ID: 7708091

Amount of Each Receipt this Period 60.00

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

Mailing Address P. O. Box 144

City Adams State ND Zip Code 58210-0144

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

Name of Employer Mutual of Omaha Companies Occupation AGENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 114.00

Date of Receipt 02 / 09 / 2009

Transaction ID: 7708093

Amount of Each Receipt this Period 24.00

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

Mailing Address P. O. Box 144

City Adams State ND Zip Code 58210-0144

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

Name of Employer Mutual of Omaha Companies Occupation AGENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 144.00

Date of Receipt 02 / 09 / 2009

Transaction ID: 7708135

Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional) ► 114.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 36
(check only one)

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

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

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

Mailing Address 4632 Mountain Park Rd.

City Pocatello State ID Zip Code 83202-1702

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

Name of Employer University Financial Group Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt 02 / 10 / 2009

Transaction ID: 7708173

Amount of Each Receipt this Period 126.00

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

Mailing Address P. O. Box 144

City Adams State ND Zip Code 58210-0144

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

Name of Employer Mutual of Omaha Companies Occupation AGENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

Date of Receipt 02 / 09 / 2009

Transaction ID: 7708276

Amount of Each Receipt this Period 60.00

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

Mailing Address 3307 Maple Street

City Fargo State ND Zip Code 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 ▼ 300.00

Date of Receipt 02 / 09 / 2009

Transaction ID: 7708460

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) ▶ 486.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mr. James W. Simons	Date of Receipt MM / DD / YYYY 02 / 09 / 2009
	Mailing Address 1712 13th Street NW	Transaction ID: 7708558
	City State Zip Code Minot ND 58703	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: First Command Financial Planning Occupation: Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 90.00	

B.	Full Name (Last, First, Middle Initial) Mr. James W. Simons	Date of Receipt MM / DD / YYYY 02 / 09 / 2009
	Mailing Address 1712 13th Street NW	Transaction ID: 7708560
	City State Zip Code Minot ND 58703	Amount of Each Receipt this Period 120.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: First Command Financial Planning Occupation: Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	

C.	Full Name (Last, First, Middle Initial) Mr. Peter Fulchiron	Date of Receipt MM / DD / YYYY 02 / 10 / 2009
	Mailing Address 411 San Andreas Drive	Transaction ID: 7708600
	City State Zip Code Novato CA 94945-1237	Amount of Each Receipt this Period 105.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Allstate Life Ins. Co./IL Occupation: Agency Owner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	300.00
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 / 36
	<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. Edward A. Zabielski, Jr.		Date of Receipt MM / DD / YYYY 02 / 10 / 2009		
	Mailing Address 104 Clay Ct.		Transaction ID: 7708768		
	City Landenberg	State PA	Zip Code 19350	Amount of Each Receipt this Period 105.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Edward A. Zabielski Jr & Co.	Occupation President/Owner	Aggregate Year-to-Date 210.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Mr. Lawrence E. Lounds		Date of Receipt MM / DD / YYYY 02 / 10 / 2009		
	Mailing Address 2477 Valley Oaks Circle		Transaction ID: 7708810		
	City Flint	State MI	Zip Code 48532	Amount of Each Receipt this Period 105.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Security 1st Benefits Corp.	Occupation President/Owner	Aggregate Year-to-Date 210.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Mr. David A. Middaugh		Date of Receipt MM / DD / YYYY 02 / 10 / 2009		
	Mailing Address 3273 Evergreen Road		Transaction ID: 7708916		
	City Fargo	State ND	Zip Code 58102-1214	Amount of Each Receipt this Period 249.60	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Middaugh & Associates, Inc.	Occupation General Agent	Aggregate Year-to-Date 499.20		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	459.60
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 / 36
(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 M. Roach

Mailing Address 1287 Harrison Pond Drive

City State Zip Code
Columbus OH 43215

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

Name of Employer Occupation
NMFN - Kemelgor Fin. Group General Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2009

Transaction ID: 7709084

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 State Zip Code
Encintas CA 92024-4029

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

Name of Employer Occupation
Phoenix Life Wealth Management Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2009

Transaction ID: 7709174

Amount of Each Receipt this Period
125.00

C.

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

Mailing Address 13243 SE 51st Pl

City State Zip Code
Bellevue WA 98006

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

Name of Employer Occupation
Fowler Financial Services, Inc. President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2009

Transaction ID: 7709372

Amount of Each Receipt this Period
107.50

SUBTOTAL of Receipts This Page (optional) ► **357.50**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 36
(check only one)

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

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

A.

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

Mailing Address 3619 S 55th St

City State Zip Code
Omaha NE 68106-4415

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

Name of Employer Occupation
Ameritas Life Insurance Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2009

Transaction ID: 7709581

Amount of Each Receipt this Period
125.00

B.

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

Mailing Address 10234 Hoffman

City State Zip Code
Maybee MI 48159-9777

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

Name of Employer Occupation
Lincoln Financial Network AGENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 416.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2009

Transaction ID: 7709655

Amount of Each Receipt this Period
208.00

C.

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

Mailing Address P. O. Box 1555

City State Zip Code
ENKA NC 28728

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 286.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2009

Transaction ID: 7709683

Amount of Each Receipt this Period
143.00

SUBTOTAL of Receipts This Page (optional) ► 476.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 36
(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. Russell A. Smith

Mailing Address 22928 San Joaquin Drive East

City State Zip Code
Canyon Lake CA 92587-7831

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 417.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2009

Transaction ID: 7709733

Amount of Each Receipt this Period
208.50

B. Full Name (Last, First, Middle Initial)
Mr. Vincent M. D'Addona

Mailing Address 141 Greenway Road

City State Zip Code
Lido Beach NY 11561-4828

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

Name of Employer Occupation
D'Addona Rosenbaum General Agent

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

Date of Receipt
MM / DD / YYYY
02 / 10 / 2009

Transaction ID: 7709897

Amount of Each Receipt this Period
105.00

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

Mailing Address 1616 Rio Vista

City State Zip Code
Dallas TX 75208-2338

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

Name of Employer Occupation
State Farm Insurance Companies Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 465.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2009

Transaction ID: 7709913

Amount of Each Receipt this Period
232.50

SUBTOTAL of Receipts This Page (optional) ► **546.00**

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 13 / 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mr. Robert B. Anderson	Date of Receipt MM / DD / YYYY 02 / 10 / 2009
	Mailing Address 1456 Old Boones Creek Road	Transaction ID: 7709937
	City State Zip Code Jonesborough TN 37659	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Tennessee Financial Occupation Division Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00

B.	Full Name (Last, First, Middle Initial) Mr. Keith M. Gillies	Date of Receipt MM / DD / YYYY 02 / 10 / 2009
	Mailing Address 109 W. Lakeview Dr.	Transaction ID: 7710140
	City State Zip Code La Place LA 70068-2427	Amount of Each Receipt this Period 105.00
	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 ▼ 210.00

C.	Full Name (Last, First, Middle Initial) Mr. R. Jan Pinney	Date of Receipt MM / DD / YYYY 02 / 10 / 2009
	Mailing Address 5152 Ellington Court	Transaction ID: 7710228
	City State Zip Code Granite Bay CA 95746-7188	Amount of Each Receipt this Period 208.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pinney Insurance Center, Inc. Occupation General Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.00

SUBTOTAL of Receipts This Page (optional)	363.00
TOTAL This Period (last page this line number only)	

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

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

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

A.	Full Name (Last, First, Middle Initial) Mr. Alan C. Kifer	Date of Receipt MM / DD / YYYY 02 / 10 / 2009
	Mailing Address 21500 Park Row Rd #1115	Transaction ID: 7710312
	City Katy State TX Zip Code 77449-2431	Amount of Each Receipt this Period 210.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AIG American General Occupation President & CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00	

B.	Full Name (Last, First, Middle Initial) Mr. David M. Koll	Date of Receipt MM / DD / YYYY 02 / 10 / 2009
	Mailing Address 1612 S. 152nd Street	Transaction ID: 7710336
	City Omaha State NE Zip Code 68144-5121	Amount of Each Receipt this Period 105.00
	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 ▼ 210.00	

C.	Full Name (Last, First, Middle Initial) Mr. James R. Christensen, Jr.	Date of Receipt MM / DD / YYYY 02 / 10 / 2009
	Mailing Address 440 Regency Pkwy Dr #210A	Transaction ID: 7710788
	City Omaha State NE Zip Code 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)	420.00
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 15 / 36
	<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) Ms. Eleanor B. Blaylock		Date of Receipt
	Mailing Address 9439 Gay Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 1 0 / 2 0 0 9
	City	State	Zip Code
	Oil City	LA	71061
	FEC ID number of contributing federal political committee. C		Transaction ID: 7711094
Name of Employer Burke & Burke Insurance Mktg, Inc.		Occupation Agency Owner	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"/> 210.00	<input type="text"/> 105.00

B.	Full Name (Last, First, Middle Initial) Mr. Terry K. Headley		Date of Receipt
	Mailing Address 20704 Meadow Ridge Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 1 0 / 2 0 0 9
	City	State	Zip Code
	Springfield	NE	68059-7086
	FEC ID number of contributing federal political committee. C		Transaction ID: 7711324
Name of Employer Headley / Scott & Associates		Occupation Managing Director	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"/> 416.00	<input type="text"/> 208.00

C.	Full Name (Last, First, Middle Initial) Mr. Harlynn N. Bjerke		Date of Receipt
	Mailing Address P. O. Box 144		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 1 0 / 2 0 0 9
	City	State	Zip Code
	Adams	ND	58210-0144
	FEC ID number of contributing federal political committee. C		Transaction ID: 7712243
Name of Employer Mutual of Omaha Companies		Occupation 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"/> 234.00	<input type="text"/> 30.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 343.00
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 16 / 36
(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. Steven M. Stratton

Mailing Address 17131 Parkview Dr

City State Zip Code
Morgan Hill CA 95037-6606

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

Name of Employer: Financial & Insurance Services
Occupation: PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 02 / 10 / 2009
Transaction ID: 7712372
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: Kansas City Life Insurance Company
Occupation: Sales Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 416.00

Date of Receipt: 02 / 10 / 2009
Transaction ID: 7712520
Amount of Each Receipt this Period: 208.00

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

Mailing Address 1712 13th Street NW

City State Zip Code
Minot ND 58703

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

Name of Employer: First Command Financial Planning
Occupation: Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 02 / 10 / 2009
Transaction ID: 7714153
Amount of Each Receipt this Period: 15.00

SUBTOTAL of Receipts This Page (optional) ► **328.00**

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 / 36
	<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. Cliff F. Wilson		Date of Receipt MM / DD / YYYY 02 / 10 / 2009		
	Mailing Address 1458 W. Bahia Court		Transaction ID: 7714341		
	City Gilbert	State AZ	Zip Code 85233-5600	Amount of Each Receipt this Period 126.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Southeast Arizona Ins. Services, LTD /		Occupation General Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 252.00			

B.	Full Name (Last, First, Middle Initial) Mr. Paul Adams		Date of Receipt MM / DD / YYYY 02 / 10 / 2009		
	Mailing Address 5101 Missy Maric Lane		Transaction ID: 7715167		
	City Las Vegas	State NV	Zip Code 89130	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Clearline Financial Group		Occupation Field Representative		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

C.	Full Name (Last, First, Middle Initial) Mr Joseph L Morton, III		Date of Receipt MM / DD / YYYY 02 / 10 / 2009		
	Mailing Address 5487 N. Bach		Transaction ID: 7715251		
	City Meridian	State ID	Zip Code 83642	Amount of Each Receipt this Period 126.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Intermountain Legal Group		Occupation Attorney At Law		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 252.00			

SUBTOTAL of Receipts This Page (optional)	▶	402.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 36
(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. Samuel B. Fields

Mailing Address P. O. Box 1742

City State Zip Code
Tuscaloosa AL 35403-1742

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

Name of Employer Occupation
AIG American General AGENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 11 / 2009

Transaction ID: 7715327

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Ms. Mary Nishioka

Mailing Address 1650 Borel Place #100

City State Zip Code
San Mateo CA 94402-3529

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

Name of Employer Occupation
MacCorkle Ins. Services Senior Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 11 / 2009

Transaction ID: 7715333

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 851 Adams Court

City State Zip Code
Bloomfield Hills MI 48304

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

Name of Employer Occupation
Group Associates, Inc. General Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt
MM / DD / YYYY
02 / 13 / 2009

Transaction ID: 7715349

Amount of Each Receipt this Period
625.00

SUBTOTAL of Receipts This Page (optional) ► **1125.00**

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 / 36

(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 B. Anderson

Mailing Address 1456 Old Boones Creek Road

City State Zip Code
Jonesborough TN 37659

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

Name of Employer Occupation
Tennessee Financial Division Manager

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 550.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 7715375

Amount of Each Receipt this Period

-50.00

B.

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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 275.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 7 / 2 0 0 9

Transaction ID: 7715439

Amount of Each Receipt this Period

275.00

C.

Full Name (Last, First, Middle Initial)

Mr. James Kageleiry

Mailing Address 8 Hayes Lane

City State Zip Code
Dover NH 03820-4213

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

Name of Employer Occupation
New York Life General Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 9 / 2 0 0 9

Transaction ID: 7715455

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

475.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mr. Brian R. Raleigh		Date of Receipt
	Mailing Address 4700 Haleytree Court		<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 / 1 9 / 2 0 0 9
	City	State	Zip Code
	Raleigh	NC	27606-6483
	FEC ID number of contributing federal political committee. C		Transaction ID: 7715843
Name of Employer Tru Wealth Strategies		Occupation Insurance 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 ▼ 275.00	<input type="text"/> 275.00

B.	Full Name (Last, First, Middle Initial) Mr. William R. Rowe		Date of Receipt
	Mailing Address 10201 S.W. 82 Court		<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 7 / 2 0 0 9
	City	State	Zip Code
	Miami	FL	33156
	FEC ID number of contributing federal political committee. C		Transaction ID: 7715907
Name of Employer New York Life		Occupation Insurance 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 ▼ 250.00	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) Mr. Paul J. McGoldrick		Date of Receipt
	Mailing Address P. O. Box 439 106 Main St		<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 7 / 2 0 0 9
	City	State	Zip Code
	Littleton	NH	03561-0439
	FEC ID number of contributing federal political committee. C		Transaction ID: 7715949
Name of Employer Northeast Planning Associates, Inc.		Occupation 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 ▼ 250.00	<input type="text"/> 250.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 775.00
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: (check only one)	PAGE 21 / 36		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

A.

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

Mailing Address 2901 Telestar Court

City Falls Church State VA Zip Code 22042

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

Name of Employer NAIFA Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 156.75

Date of Receipt 02 / 27 / 2009

Transaction ID: 7715963

Amount of Each Receipt this Period 52.25

B.

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

Mailing Address 2901 Telestar Court

City Falls Church State VA Zip Code 22042

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

Name of Employer NAIFA Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt 02 / 27 / 2009

Transaction ID: 7715965

Amount of Each Receipt this Period 52.25

C.

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

Mailing Address 3009 Alyssum Ct.

City Edmond State OK Zip Code 73034

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

Name of Employer Oklahoma City Group Occupation Managing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 27 / 2009

Transaction ID: 7715983

Amount of Each Receipt this Period 180.00

SUBTOTAL of Receipts This Page (optional) ► **284.50**

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 22 / 36
(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. Roger S. McCullough

Mailing Address 2759 19th Ave N

City State Zip Code
Fort Dodge IA 50501-7838

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

Name of Employer AXA Equitable Occupation MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
02 / 27 / 2009

Transaction ID: 7716029

Amount of Each Receipt this Period
600.00

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 / 23 / 2009

Transaction ID: 7716103

Amount of Each Receipt this Period
500.00

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

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

Name of Employer New England Financial Occupation Financial Representative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1800.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2009

Transaction ID: 7716153

Amount of Each Receipt this Period
1800.00

SUBTOTAL of Receipts This Page (optional) ► **2900.00**

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 23 / 36
	<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. Kathryn N. Watrous	Date of Receipt MM / DD / YYYY 02 / 23 / 2009
	Mailing Address 2330 Cottontail Avenue	Transaction ID: 7716285
	City State Zip Code Simi Valley CA 93063-6026	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer State Farm	Occupation Agency Field Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Ms. Magenta Ishak	Date of Receipt MM / DD / YYYY 02 / 25 / 2009
	Mailing Address 2901 Telestar Court	Transaction ID: 7716296
	City State Zip Code Falls Church DC 22042-1260	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer NAIFA	Occupation Director of Political Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Mr. James E. Whistler	Date of Receipt MM / DD / YYYY 02 / 25 / 2009
	Mailing Address 3334 Lucinda St	Transaction ID: 7716354
	City State Zip Code San Diego CA 92106-2932	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Northwestern Mutual Financial Network	Occupation Special Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1750.00
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 24 / 36
	<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. Mark D. Johnson	Date of Receipt MM / DD / YYYY 02 / 25 / 2009
	Mailing Address 199 Billings Dr	Transaction ID: 7716360
	City State Zip Code Superior WI 54880-4467	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Johnson Insurance Consultants	Occupation Agent/Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Ms. Sue A. Wilson	Date of Receipt MM / DD / YYYY 02 / 13 / 2009
	Mailing Address P. O. Box 12816	Transaction ID: 7762313
	City State Zip Code Oklahoma City OK 73157-2816	Amount of Each Receipt this Period 0.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Sue Wilson Brokerage Inc.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ -17.00	[MEMO ITEM] Refund(s) on Schedule B Totaling \$17.00 This changes the YTD Total to \$-17.00

C.	Full Name (Last, First, Middle Initial) Mr. Wallace D. Bitters	Date of Receipt MM / DD / YYYY 02 / 23 / 2009
	Mailing Address 1750 E Ocean Blvd Suite 902	Transaction ID: 7762314
	City State Zip Code Long Beach CA 90802-6019	Amount of Each Receipt this Period 0.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Bitters Ins Services	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ -150.00	[MEMO ITEM] Refund(s) on Schedule B Totaling \$100.00 This changes the YTD Total to \$-150.00

SUBTOTAL of Receipts This Page (optional)	250.00
TOTAL This Period (last page this line number only)	12154.60

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Friends Of Blanche Lincoln	Transaction ID: 7622902 Date of Disbursement																			
	Mailing Address PO Box 3197	<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>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	4		2	0	0	9												
	City Little Rock State AR Zip Code 72203	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 Sen. Blanche Lambert Lincoln	<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: AR District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) Jeff Merkley For Oregon	Transaction ID: 7685166 Date of Disbursement																			
	Mailing Address 2236 Se 10th Ave	<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>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	2		2	0	0	9												
	City Portland State OR Zip Code 97214	Amount of Each Disbursement this Period																			
	Purpose of Disbursement debt retirement	<table border="1"><tr><td>5000.00</td></tr></table>	5000.00																		
5000.00																					
	Candidate Name Mr. Jeffrey Merkley	<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: OR District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) Sherman For Congress	Transaction ID: 7685167 Date of Disbursement																			
	Mailing Address 555 So. Flower St. Suite 4210	<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>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	2		2	0	0	9												
	City Los Angeles State CA Zip Code 90071	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. Brad Sherman	<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: CA District: 27	Disbursement For: 2010 <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>8500.00</td></tr></table>	8500.00
8500.00		
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

<p>A. Full Name (Last, First, Middle Initial) Friends Of Blanche Lincoln</p> <p>Mailing Address PO Box 3197</p> <p>City Little Rock State AR Zip Code 72203</p> <p>Purpose of Disbursement</p> <p>Candidate Name Sen. Blanche Lambert Lincoln</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 7685172 Date of Disbursement 02 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Tedisco For Congress Inc</p> <p>Mailing Address 1707 Rt 9</p> <p>City Clifton Park State NY Zip Code 12065</p> <p>Purpose of Disbursement special election</p> <p>Candidate Name Mr. James Tedisco</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary2009</p>	<p>Transaction ID: 7685174 Date of Disbursement 02 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>special election</p>
<p>C. Full Name (Last, First, Middle Initial) Earl Pomeroy For Congress</p> <p>Mailing Address Post Office Box 9336</p> <p>City Fargo State ND Zip Code 58106</p> <p>Purpose of Disbursement</p> <p>Candidate Name Rep. Earl Pomeroy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 7685741 Date of Disbursement 02 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee <hr/> Mailing Address 430 South Capitol Street, SE <hr/> City Washington State DC Zip Code 20003 Purpose of Disbursement <hr/> Candidate Name Democratic Congressional Campaign Committee <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: 7685742 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 9
	Amount of Each Disbursement this Period 15000.00 <hr/> 011 Category/ Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. Full Name (Last, First, Middle Initial) Pennsylvanians For Kanjorski <hr/> Mailing Address 103 South Hanover Street <hr/> City Nanticoke State PA Zip Code 18634 Purpose of Disbursement <hr/> Candidate Name Rep. Paul E. Kanjorski <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 11	Transaction ID: 7693266 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00 <hr/> 011 Category/ Type
Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C. Full Name (Last, First, Middle Initial) Friends Of Max Baucus <hr/> Mailing Address PO Box 586 <hr/> City Helena State MT Zip Code 59624 Purpose of Disbursement <hr/> Candidate Name Sen. Max Baucus <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District:	Transaction ID: 7693268 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00 <hr/> 011 Category/ Type
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	22500.00
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) Chris Lee For Congress</p> <p>Mailing Address PO Box 15395</p> <p>City Rochester State NY Zip Code 14615</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Mr. Christopher Lee</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NY District: 26</p>	<p>Transaction ID: 7693269</p> <p>Date of Disbursement 0 2 / 2 3 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Neugebauer Congressional Committee</p> <p>Mailing Address PO Box 54175</p> <p>City Lubbock State TX Zip Code 79453</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Robert R. Neugebauer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: TX District: 19</p>	<p>Transaction ID: 7693270</p> <p>Date of Disbursement 0 2 / 2 3 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Lance For Congress</p> <p>Mailing Address PO Box 225</p> <p>City Colonia State NJ Zip Code 07067</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Mr. Leonard Lance</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NJ District: 07</p>	<p>Transaction ID: 7693273</p> <p>Date of Disbursement 0 2 / 2 3 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 2000.00</p>

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)
Majority Committee PAC-MCPAC

Mailing Address PO Box 10134

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement

011
Category/
Type

Candidate Name
Majority Committee PAC-MCPAC

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

State: District:

Transaction ID: 7693486

Date of Disbursement

02 / 23 / 2009

Amount of Each Disbursement this Period

2500.00

B. Full Name (Last, First, Middle Initial)
Judy Biggert For Congress

Mailing Address P.O. Box 637

City Hinsdale State IL Zip Code 60522

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Judy Biggert

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: IL District: 13

Transaction ID: 7693560

Date of Disbursement

02 / 23 / 2009

Amount of Each Disbursement this Period

5000.00

C. Full Name (Last, First, Middle Initial)
Jim Himes For Congress

Mailing Address 857 Post Road, #312
Box 456

City Fairfield State CT Zip Code 06824

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. Jim Himes

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: CT District: 04

Transaction ID: 7693561

Date of Disbursement

02 / 23 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Kevin Mccarthy For Congress</p> <p>Mailing Address P.O. Box 12667</p> <p>City Bakersfield State CA Zip Code 93389</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Kevin McCarthy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 22</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 7693563 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	3		2	0	0	9	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		2	3		2	0	0	9													
1000.00																						
<p>B. Full Name (Last, First, Middle Initial) Kosmas For Congress</p> <p>Mailing Address PO Box 1547</p> <p>City New Smyrna Beach State FL Zip Code 32170</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Suzanne Kosmas</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 7693564 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">2000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	3		2	0	0	9	2000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		2	3		2	0	0	9													
2000.00																						
<p>C. Full Name (Last, First, Middle Initial) Ed Royce For Congress</p> <p>Mailing Address P.O. Box 2525</p> <p>City Orange State CA Zip Code 92859</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Edward R. Royce</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 40</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 7693622 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">2500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	3		2	0	0	9	2500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		2	3		2	0	0	9													
2500.00																						

SUBTOTAL of Disbursements This Page (optional)	5500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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) Duncan D. Hunter For Congress	Transaction ID: 7693647 Date of Disbursement
	Mailing Address 9340 Fuerte Drive Suite 302	<input type="text" value="02"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City La Mesa State CA Zip Code 91941	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Mr. Duncan Hunter	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 52	Disbursement For: 2010 <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: 7697719 Date of Disbursement
	Mailing Address P.O. Box 261060	<input type="text" value="02"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City Los Angeles State CA Zip Code 90026	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name Rep. Xavier Becerra	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Melissa Bean For Congress	Transaction ID: 7697720 Date of Disbursement
	Mailing Address PO Box 3068	<input type="text" value="02"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City Barrington State IL Zip Code 60010	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name Rep. Melissa L. Bean	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Friends Of Schumer</p> <p>Mailing Address 509 Madison Ave Suite 1902</p> <p>City New York State NY Zip Code 10022</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Sen. Charles E. Schumer</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 7697721 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td>/</td><td>2</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	2	3	/	2	0	0	9	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	2	/	2	3	/	2	0	0	9													
1000.00																						
<p>B. Full Name (Last, First, Middle Initial) Bilirakis For Congress</p> <p>Mailing Address 610 S. Boulevard</p> <p>City Tampa State FL Zip Code 33606</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Gus M. Bilirakis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 09</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 7702104 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td>/</td><td>2</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	2	5	/	2	0	0	9	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	2	/	2	5	/	2	0	0	9													
1000.00																						
<p>C. Full Name (Last, First, Middle Initial) Citizens For Eleanor Holmes Norton</p> <p>Mailing Address 2201 Wisconsin Avenue, Nw Suite 320</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Eleanor Holmes Norton</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DC District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 7702723 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td>/</td><td>2</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">2500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	2	7	/	2	0	0	9	2500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	2	/	2	7	/	2	0	0	9													
2500.00																						

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Charles Boustany Jr Md For Congress, Inc</p> <p>Mailing Address PO Box 80126</p> <p>City Lafayette State LA Zip Code 70598</p> <p>Purpose of Disbursement Void - Charles Boustany Jr Md For Congress Inc</p> <p>Candidate Name Rep. Charles W. Boustany, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 07</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 7705985 Date of Disbursement 02 / 27 / 2009</p> <p>Amount of Each Disbursement this Period -1000.00</p> <p>011 Category/ Type</p> <p>Void - Charles Boustany Jr Md For Congress Inc</p>
<p>B. Full Name (Last, First, Middle Initial) Louise Slaughter Re-Election Committee</p> <p>Mailing Address P.O. Box 730 C/O C. Bruce Lawrence</p> <p>City Honeoye State NY Zip Code 14471</p> <p>Purpose of Disbursement Void - Louise Slaughter Re-Election Committee</p> <p>Candidate Name Rep. Louise McIntosh Slaughter</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 28</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 7705986 Date of Disbursement 02 / 27 / 2009</p> <p>Amount of Each Disbursement this Period -1500.00</p> <p>011 Category/ Type</p> <p>Void - Louise Slaughter Re-Election Committee</p>
<p>C. Full Name (Last, First, Middle Initial) Brady For Congress</p> <p>Mailing Address P.O. Box 8277</p> <p>City The Woodlands State TX Zip Code 77387</p> <p>Purpose of Disbursement Void - Brady For Congress</p> <p>Candidate Name Rep. Kevin Brady</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 08</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 7705987 Date of Disbursement 02 / 27 / 2009</p> <p>Amount of Each Disbursement this Period -5000.00</p> <p>011 Category/ Type</p> <p>Void - Brady For Congress</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)

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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)
Dave Camp For Congress 2010

Mailing Address 5915 Eastman Avenue
Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement
Void - Dave Camp For Congress 2008

Candidate Name
Rep. David Lee Camp

Office Sought: House
 Senate
 President

State: MI District: 04

Disbursement For: 2008
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 7706788

Date of Disbursement

02 / 27 / 2009

Amount of Each Disbursement this Period

-2500.00

Void - Dave Camp For Congress 2008

SUBTOTAL of Disbursements This Page (optional)

-2500.00

TOTAL This Period (last page this line number only)

58000.00

**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 35 / 36

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

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

A.

Full Name (Last, First, Middle Initial)

Wachovia

Mailing Address P.O. box 40031

City
Roanoke

State
VA

Zip Code
24022-0031

Purpose of Disbursement
bank fees

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 7750347

Date of Disbursement

02 / 23 / 2009

Amount of Each Disbursement this Period

1625.22

bank fees

SUBTOTAL of Disbursements This Page (optional)

1625.22

TOTAL This Period (last page this line number only)

1625.22

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 36 / 36	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

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

Outstanding Balance Beginning This Period		Transaction ID: 7762315	
39889.90			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
316.05	0.00	40205.95	

1) SUBTOTALS This Period This Page (optional).....	40205.95
2) TOTALS This Period (last page this line number only).....	40205.95
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)	40205.95