REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 FEB 29 A 9:30

TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
National Association of Insurance and Financial Advisors Pol Action Comm

ADDRESS (number and street) ☐ Check if different than previously reported
1922 F Street, NW

CITY, STATE and ZIP CODE
Washington, DC 20006

2. FEC IDENTIFICATION NUMBER
C00005249

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

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:

☒ February 20	☐ June 20	☐ October 20
☐ March 20	☐ July 20	☐ November 20
☐ April 20	☐ August 20	☐ December 20
☐ May 20	☐ September 20	☐ January 31

☐ 12-Day Pre-Election Report for the _____ (Type of Election)
election on _____ in the State of _____

☐ 30-Day Post-Election Report following the General Election
on _____ in the State of _____

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY 5. Covering Period Jan 1, 2000 through Jan 31, 2000	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2000		$ 421,315.92
(b) Cash on Hand at Beginning of Reporting Period January 1, 2000	$ 421,315.92	
(c) Total Receipts (from Line 19)	$ 59,897.64	$ 59,897.64
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 481,213.56	$ 481,213.56
7. Total Disbursements (from Line 30)	$ 56,204.34	$ 56,204.34
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 425,009.22	$ 425,009.22
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 27,018.64	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

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
Kevin M. Madden, CPA

Signature of Treasurer
Kevin M Madden CPA

Date
02/22/00

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

FEC FORM 3X
(revised 8/95)

*[illegible]21PGF

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: National Association of Life Underwriters Political Action Committee

REPORT COVERING PERIOD FROM 1/1/00 TO 1/31/00

	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees	8,619.60	8,619.60
i. Itemized (use Schedule A)		
ii. Unitemized	51,278.04	51,278.04
iii. Total (add i and ii) >	59,897.64	59,897.64
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) >	59,897.64	59,897.64
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11 d, 12, 13, 14, 15, 16, 17, and 18) >	59,897.64	59,897.64
20. Total Federal Receipts (subtract line 18 from line 19) >	59,897.64	59,897.64
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal Non-Federal Activity (from Schedule 1-14)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures	51,704.34	51,704.34
c. Total Operating Expenditures (add a i, a ii, and b) >	51,704.34	51,704.34
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	4,500.00	4,500.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) >		
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	56,204.34	56,204.34
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	56,204.34	56,204.34
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	59,897.64	59,897.64
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans)(subtract line 33 from 32)	59,897.64	59,897.64
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	51,704.34	51,704.34
36. Offsets to Operating Expenditures (from line 15)	0	
37. Net Operating Expenditures (subtract line 36 from 35) >	51,704.34	51,704.34

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SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (itemized)

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

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
David R. Alter CLU 200 Crestwood Dr South Orange, NJ 07078 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 480.00	01/05/2000	$480.00
Richard F. Biborosch 645 Lakeview Circle Newtown Square, PA 19073-2608 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 400.00	01/03/2000	$400.00
Lawrence Brody , JD 17 Fielding Road St. Louis, MO 63124-1306 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 480.00	01/05/2000	$480.00
Ronald J. Bushwell CLU, ChFC 6 Newman Place E. Hanover, NJ 07936-3041 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 240.00	01/05/2000 01/05/2000	$120.00 $120.00
Sam J. Cunningham CLU, ChFC 1250 Jones St., #802 San Francisco, CA 94109 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 500.00	01/06/2000	$500.00
Paul S. Devore CLU, CFP 11041 Sunnybrae Avenue Chatsworth, CA 91311-1651 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 250.00	01/04/2000	$250.00
Steven D. Earhart CLU ChFC MSFS 40 Monument Rd Bala Cynwyd, PA 19004 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 400.00	01/10/2000	$400.00

SUBTOTAL of Receipts This Page (optional) ..... $ 2,750.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 4

FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (itemized)

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Alan R. Finkelstein CLU 215 Melbourne Road Great Neck, NY 11021-4912 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 250.00	01/06/2000	$250.00
Larry G. Foster Jr. 1304 W Cornwallis Dr Greensboro, NC 27408-6308 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 220.00	01/10/2000	$220.00
Terry K. Headley LUTCF,LIC 20704 Meadow Ridge Dr. Springfield, NE 68059 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 249.60	01/10/2000	$249.60
James D. Kaplan 4565 Province Line Rd. Princeton, NJ 08540 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 240.00	01/03/2000	$240.00
Michael J. Kiley CLU, CFP 25212 Black Horse Lane Laguna Hills, CA 92653-7834 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 300.00	01/04/2000 01/04/2000	$100.00 $200.00
William C. Lohnes CLU 4191 River Bottom Drive Norcross, GA 30092-1348 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 400.00	01/03/2000	$400.00
Charles E. McIntyre CLU, ChFC 5514 Old Ocean Boulevard Ocean Ridge, FL 33435 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Insurance Agent $ 500.00	01/03/2000	$500.00

SUBTOTAL of Receipts This Page (optional) ..... $ 2,159.60

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 3 OF 4

FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (itemized)

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Robert E. McNichol Jr., CLU, ChFC, PO Box 259, State College, PA 16804	Self-employed / Insurance Agent / $ 300.00	01/03/2000	$300.00
Todd M. Mezrah, 2902 Hawthorne Road, Tampa, FL 33611-2830	Self-employed / Insurance Agent / $ 400.00	01/03/2000	$400.00
R. W. Nicholson CLU, ChFC, 10 Piedmont Ctr., #516, Atlanta, GA 30305	Self-employed / Insurance Agent / $ 250.00	01/06/2000	$250.00
Vincent J. Passananti, 27 Coddington Landing, Suite 28, Newport, RI 02840	Self-employed / Insurance Agent / $ 480.00	01/03/2000	$480.00
Ralph W. Pellechia CLU, ChFC, 1A Brooklyn Blvd., P.O. Box 259, Sea Girt, NJ 08750	Self-employed / Insurance Agent / $ 480.00	01/10/2000	$480.00
Lawrence B. Raymond CLU, ChFC, 230 Woodberry Dr, Bloomfield Hills, MI 48304-3561	Self-employed / Insurance Agent / $ 400.00	01/19/2000	$400.00
Andrew D. Rubin CLU, ChFC, 1816 Saxon Lane, Maple Glen, PA 19002-3169	Self-employed / Insurance Agent / $ 300.00	01/11/2000	$300.00

Receipt For: ☐ Primary ☐ General ☐ Other (specify):

SUBTOTAL of Receipts This Page (optional) ..... $ 2,610.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (itemized)

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

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Wayne M. Schuh 1109 Beech Rd Bryn Mawr, PA 19010 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date: $ 400.00	01/12/2000	$400.00
Larry G. Showley CLU, ChFC 11020 Horizon Hills Drive El Cajon, CA 92020-8133 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date: $ 300.00	01/20/2000	$300.00
Frederick J. Wertlieb CLU, ChFC, CFP 712 Chestnut Place Franklin Lakes, NJ 07417-1701 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date: $ 400.00	01/14/2000	$400.00

SUBTOTAL of Receipts This Page (optional)	$ 1,100.00
TOTAL This Period (last page this line number only)	$ 8,619.60

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 21a ii

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

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
First Union National Bank of Washington DC	Bank Charges Disbursement for: ☐ Primary ☐ General ☒ Other (specify)	01/31/00	1,948.76
B. Full Name, Mailing Address and ZIP Code National Association of Insurance and Financial Advisors 1922 F St, NW Washington, DC 20006	Purpose of Disbursement Administrative expense reimbursement Disbursement for: ☐ Primary ☐ General ☒ Other (specify)	Date (month, day, year) 01/31/00	Amount of Each Disbursement This Period 49,755.58
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	51,704.34

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE: 1 OF 1

FOR LINE NUMBER 23

Contributions to Federal Candidates/Committees

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

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Boswell for Congress PO Box 823 Indianola, IA 50125	Contribution: Leonard L. Boswell (IA-3-D) Disbursement For: [X] Primary [ ] General 2000 [ ] Other:	01/12/2000	$500.00
Boyd For Congress PO Box 15703 Tallahassee, FL 32317	Contribution: Allen Boyd (FL-2-D) Disbursement For: [X] Primary [ ] General 2000 [ ] Other:	01/06/2000	$1,000.00
Cook for Congress 8 East Broadway/Suite 614 Salt Lake City, UT 84111	Contribution: Merrill Cook (UT-2-R) Disbursement For: [X] Primary [ ] General 2000 [ ] Other	01/18/2000	$1,000.00
Kuykendall Congressional Committee 21311 Hawthorne Blvd #107 Torrance, CA 90503	Contribution: Steven T. Kuykendall (CA-36-R) Disbursement For: [X] Primary [ ] General 2000 [ ] Other:	01/10/2000	$1,000.00
Pete Sessions for Congress PO Box 140970 Dallas, TX 75214	Contribution: Pete Sessions (TX-5-R) Disbursement For: [X] Primary [ ] General 2000 [ ] Other:	01/18/2000	$1,000.00

SUBTOTAL of Disbursements This Page (optional)	$4,500.00
TOTAL This Period (last page this line number only)	$4,500.00

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

LINE NUMBER _____
(Use separate schedules for each numbered line)

Name of Committee (in Full) NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS POLITICAL ACTION COMMITTEE	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS 1922 F STREET, NW WASHINGTON, DC 20006	62,041.02	14,733.20	49,755.58	27,018.64
Nature of Debt (Purpose): PERSONNEL AND ADMINISTRATIVE EXPENSES				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				
2) TOTALS This Period (last page in this line only)				27,018.64
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				27,018.64

FEC FORM 3

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 2-29-00
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

JMU
PREPARER

2-29-00
DATE PREPARED

(4/98)