REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

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

ADDRESS (number and street) ☐ Check if different than previously reported
2901 Telestar Court

2. FEC IDENTIFICATION NUMBER
C00005249

CITY, STATE, and ZIP CODE
Falls Church VA 22042-1205

3. ☒ This committee has qualified as a multi-candidate committee (see FEC Form 1M)

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

☐ Twelfth day report preceding _____ (election type)
election on _____ in the State of _____

☐ Thirtieth day report following the General Election
on _____ in the State of _____

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

SUMMARY 5. Covering Period 01/01/2001 through 01/31/2001	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand, January 1, 2001		269138.94
(b) Cash on Hand at Beginning of Reporting Period	269138.94	
(c) Total Receipts (from line 19)	81728.11	81728.11
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	350867.05	350867.05
7. Total Disbursements (from line 30)	33200.04	33200.04
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	317667.01	317667.01
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)	50589.84	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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
Electronically Filed by Kevin M. Madden

Signature of Treasurer

Date
02/20/2001

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 9/98)

4-00173

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
(PAGE 2, FEC FORM 3X) (revised 1/1/91)

NAME OF COMMITTEE
National Association of Insurance and Financial Advisors Political Action Committee

REPORT COVERING PERIOD
FROM 01/01/2001 TO: 01/31/2001

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	16984.10	16984.10	11.a.i.
ii. Unitemized	64744.01	64744.01	11.a.ii.
iii. Total (add i and ii)»	81728.11	81728.11	11.a.iii.
b. Political Party Committees	0.00	0.00	11.b.
c. Other Political Committees (such as PACs)	0.00	0.00	11.c.
d. Total Contributions (add a iii, b and c)»	81728.11	81728.11	11.d.
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12.
13. All Loans Received	0.00	0.00	13.
14. Loan Repayments Received	0.00	0.00	14.
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15.
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16.
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00	17.
18. Transfers From Nonfederal Account for Joint Activity	0.00	0.00	18.
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)»	81728.11	81728.11	19.
20. Total Federal Receipts (subtract line 18 from line 19)»	81728.11	81728.11	20.
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21.a.i.
ii. Non-Federal Share	0.00	0.00	21.a.ii.
b. Other Federal Operating Expenditures	31800.04	31800.04	21.b.
c. Total Operating Expenditures (add a i, a ii, and b)»	31800.04	31800.04	21.c.
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees	1000.00	1000.00	23.
24. Independent Expenditures (use Schedule E)	0.00	0.00	24.
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Sch. F)	0.00	0.00	25.
26. Loan Repayments Made	0.00	0.00	26.
27. Loans Made	0.00	0.00	27.
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	400.00	400.00	28.a.
b. Political Party Committees	0.00	0.00	28.b.
c. Other Political Committees (such as PACs)	0.00	0.00	28.c.
d. Total Contributions Refunds (add a, b, and c)»	400.00	400.00	28.d.
29. Other Disbursements	0.00	0.00	29.
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)»	33200.04	33200.04	30.
31. Total Federal Disbursements (subtract line 21 a ii from line 30)»	33200.04	33200.04	31.
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	81728.11	81728.11	32.
33. Total Contribution Refunds (from line 28d)	400.00	400.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32)	81328.11	81328.11	34.
35. Total Federal Operating Expenditures (add 21 a i and 21 b)»	31800.04	31800.04	35.
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36.
37. Net Operating Expenditures (subtract line 36 from 35)»	31800.04	31800.04	37.

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	3 / 13 FOR LINE NUMBER 11A1

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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	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Barry N. Koslow, CLU, JD 6 Spearfields Lane Lynnfield MA 01940 Receipt For: ☐ Primary ☒ General ☐ Other (specify) :	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date > $ 300.00	01/02/2001	300.00
Mr. David F. Woods, CLU, ChFC 114 Prynwood Road Longmeadow MA 01106-2722 Receipt For: ☐ Primary ☒ General ☐ Other (specify) :	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date > $ 375.00	01/08/2001	375.00
Mr. Michael L. Weintraub, CLU 2372 Hagen Oaks Dr. Alamo CA 94507-2209 Receipt For: ☐ Primary ☒ General ☐ Other (specify) :	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date > $ 250.00	01/04/2001	250.00
Mr. Richard F. Swider, CLU, ChFC 111 E. Kilbourn Ave #2800 Milwaukee WI 53202-6611 Receipt For: ☐ Primary ☒ General ☐ Other (specify) :	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date > $ 300.00	01/02/2001	300.00
Mr. Lawrence Brody, JD 17 Fielding Road St. Louis MO 63124-1306 Receipt For: ☐ Primary ☒ General ☐ Other (specify) :	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date > $ 600.00	01/26/2001	600.00
Mr. V. Stanley Benfel, CLU, ChFC 77 E Street Salt Lake City UT 84103 Receipt For: ☐ Primary ☒ General ☐ Other (specify) :	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date > $ 500.00	01/10/2001	500.00
Mr. Henry Whiffen, CLU, ChFC, CFP 1105 Sunrise Hill Concord CA 94518 Receipt For: ☐ Primary ☒ General ☐ Other (specify) :	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date > $ 350.00	01/02/2001	350.00

SUBTOTALS of Receipts This Page (Optional) .....

TOTALS 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 **11A1**

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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	Date (month, day, year)	Amount of Each Receipt this Period
Mr. H. Ryan Coker, CLU, ChFC, AEP 4941 Fairhaven Way Roswell GA 30075-6110 Receipt For: [ ] Primary [X] General [ ] Other (specify) :	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date > $ 400.00	01/03/2001	400.00
Mr. Jeffrey Leonard Allison 501 Wampanoag Trail, #300 Riverside RI 02915-1507 Receipt For: [ ] Primary [X] General [ ] Other (specify) :	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date > $ 300.00	01/26/2001	300.00
Mr. Joseph F. Ouellette, CLU, ChFC 766 El Cerrito Hillsborough CA 94010-6950 Receipt For: [ ] Primary [X] General [ ] Other (specify) :	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date > $ 500.00	01/03/2001	500.00
Mr. Francis X. Queally, Jr., CLU, ChFC 128 Colony Road Darien CT 06820-3906 Receipt For: [ ] Primary [X] General [ ] Other (specify) :	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date > $ 225.00	01/09/2001	225.00
Mr. Mark Swartz, JD, CLU, ChFC 9833 Avenel Farm Drive Potomac MD 20854 Receipt For: [ ] Primary [X] General [ ] Other (specify) :	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date > $ 420.00	01/02/2001	420.00
Mr. William C. Lohnes, CLU 4151 River Bottom Drive Norcross GA 30092-1348 Receipt For: [ ] Primary [X] General [ ] Other (specify) :	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date > $ 350.00	01/04/2001	350.00
Mr. Lawrence B. Raymond, CLU, ChFC 230 Woodberry Dr Bloomfield Hills MI 48304-3561 Receipt For: [ ] Primary [X] General [ ] Other (specify) :	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date > $ 500.00	01/09/2001	500.00

SUBTOTALS of Receipts This Page (Optional) .....

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

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	5 / 13 FOR LINE NUMBER 11A1

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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	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Ronald S. Rosbruch, CLU, ChFC 140 Broadway 22nd Floor New York NY 10005 Receipt For: ☐ Primary ☒ General ☐ Other (specify) :	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date > $ 500.00	01/03/2001	500.00
Mr. Steven J. Schacter 108-14 72nd Avenue Forest Hills NY 11375-5350 Receipt For: ☐ Primary ☒ General ☐ Other (specify) :	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date > $ 500.00	01/24/2001	500.00
Mr. Henry A. Deppe, CLU 1629 Royal Palm Way Boca Raton FL 33432-7439 Receipt For: ☐ Primary ☒ General ☐ Other (specify) :	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date > $ 500.00	01/16/2001	500.00
Mr. James N. Elowitch, CLU, ChFC 15 Hemlock Road Livingston NJ 07039-1436 Receipt For: ☐ Primary ☒ General ☐ Other (specify) :	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date > $ 300.00	01/02/2001	300.00
Mr. Walter M. Cardinet, CLU 221 Jones Rd Los Gatos CA 95032-7016 Receipt For: ☐ Primary ☒ General ☐ Other (specify) :	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date > $ 600.00	01/04/2001	600.00
Mr. Mark Booth Murphy, CLU, ChFC 706 Jenny Trail Franklin Lakes NY 07417 Receipt For: ☐ Primary ☒ General ☐ Other (specify) :	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date > $ 600.00	01/26/2001	600.00
Ms. Aviva E. Sapers, CLU, ChFC 1501 Beacon Street #901 Brookline MA 02446 Receipt For: ☐ Primary ☒ General ☐ Other (specify) :	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date > $ 225.00	01/02/2001	225.00

SUBTOTALS of Receipts This Page (Optional) .....

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

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	6 / 13 FOR LINE NUMBER 11A1

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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	Date (month, day, year)	Amount of Each Receipt this Period
Mr. William Dobbs, CLU, ChFC 805 Lurline Drive Foster City CA 94404-1803 Receipt For: [ ] Primary [X] General [ ] Other (specify) :	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date > $ 250.00	01/22/2001	250.00
Mr. C. Andrew Robinson, CLU, ChFC 6501 N. Charnise Ln. Clovis CA 93611-9464 Receipt For: [ ] Primary [X] General [ ] Other (specify) :	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date > $ 500.00	01/19/2001	500.00
Mr. Robert G. Runnette, CLU 114 Hillcrest Rd Pittsburgh PA 15238-2306 Receipt For: [ ] Primary [X] General [ ] Other (specify) :	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date > $ 250.00	01/12/2001	250.00
Mr. Kenneth D. Martinell, CLU 18 Saunders Road Sudbury MA 01776 Receipt For: [ ] Primary [X] General [ ] Other (specify) :	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date > $ 300.00	01/03/2001	300.00
Mr. Arnold S. Ross, CLU 145 Central Park West New York NY 10023-2004 Receipt For: [ ] Primary [X] General [ ] Other (specify) :	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date > $ 250.00	01/03/2001	250.00
Mr. James M. Benson, CLU 63 Winsor Way Weston MA 02193-2538 Receipt For: [ ] Primary [X] General [ ] Other (specify) :	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date > $ 500.00	01/12/2001	500.00
Mr. D. Michael Lane, CLU 411 Union St., #1910 Nashville TN 37219-1701 Receipt For: [ ] Primary [X] General [ ] Other (specify) :	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date > $ 504.50	01/04/2001	500.00

SUBTOTALS of Receipts This Page (Optional) .....

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

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	7 / 13 FOR LINE NUMBER 11A1

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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	Date (month, day, year)	Amount of Each Receipt this Period
Mr. D. Michael Lane, CLU 411 Union St., #1910 Nashville TN 37219-1701 Receipt For: [ ] Primary [X] General [ ] Other (specify) :	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date > $ 504.50	01/10/2001	4.50
Mr. Rice E. Brown, CLU, ChFC, MSF 13 Malibu Laguna Niguel CA 92677 Receipt For: [ ] Primary [X] General [ ] Other (specify) :	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date > $ 250.00	01/03/2001	250.00
Mr. Thomas H. Smoot, II, CLU, ChFC, P. O. Box 20100 Saint Simons Islan GA 31522-0100 Receipt For: [ ] Primary [X] General [ ] Other (specify) :	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date > $ 500.00	01/09/2001	500.00
Mr. Marvin H. Feldman, CLU, ChFC 932 Midway Lane East Liverpool OH 43920-1242 Receipt For: [ ] Primary [X] General [ ] Other (specify) :	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date > $ 500.00	01/03/2001	500.00
Mr. John M. Qusly, CLU 625 S. Skinker #1203 St. Louis MO 63105-2301 Receipt For: [ ] Primary [X] General [ ] Other (specify) :	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date > $ 600.00	01/05/2001	600.00
Mr. Lawrence M. Halperin 3616 Post Rd. Warwick RI 02886 Receipt For: [ ] Primary [X] General [ ] Other (specify) :	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date > $ 600.00	01/05/2001	600.00
Mr. John H. Boushall, Jr., CLU, ChFC 902 S. Dakota #4B Tampa FL 33606 Receipt For: [ ] Primary [X] General [ ] Other (specify) :	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date > $ 500.00	01/09/2001	500.00

SUBTOTALS of Receipts This Page (Optional) .....

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

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	8 / 13 FOR LINE NUMBER 11A1

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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	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Larry G. Foster, Jr. 1304 W Cornwallis Dr Greensboro NC 27408-6308 Receipt For: ☐ Primary ☒ General ☐ Other (specify) :	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date > $ 275.00	01/05/2001	275.00
Mr. Forrest J. Boushal, CLU.-ChFC 3705 Barcelona St Tampa FL 33629 Receipt For: ☐ Primary ☒ General ☐ Other (specify) :	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date > $ 400.00	01/16/2001	400.00
Mr. Robert E. Eichler. LUTCF.-CFP,CLU 210-19 26th Avenue Bayside NY 11360 Receipt For: ☐ Primary ☒ General ☐ Other (specify) :	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date > $ 350.00	01/03/2001	350.00
Mr. Terry K. Headley, LUTCF,L-IC 20704 Meadow Ridge Dr. Springfield NE 68059 Receipt For: ☐ Primary ☒ General ☐ Other (specify) :	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date > $ 249.60	01/10/2001	249.60
Mr. Michael C. Karp 10100 SW 2 St Plantation FL 33324-2230 Receipt For: ☐ Primary ☒ General ☐ Other (specify) :	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date > $ 250.00	01/31/2001	250.00
Mr. Donald J. Tharp. MSFS 6679 Windsor Drive Hudson OH 44236-1508 Receipt For: ☐ Primary ☒ General ☐ Other (specify) :	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date > $ 500.00	01/05/2001	500.00
Mr. Sanford A. Schmidt, CLU. ChFC, CFP 5521 N. Cumberland Ave, Suite 1106 Chicago IL 60656 Receipt For: ☐ Primary ☒ General ☐ Other (specify) :	Self-employed Occupation: Insurance Agent Aggregate Year-to-Date > $ 500.00	01/03/2001	500.00

SUBTOTALS of Receipts This Page (Optional) .....

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

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	9 / 13 FOR LINE NUMBER 11A1

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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	Date (month, day, year)	Amount of Each Receipt this Period
Mr. William Biordi 125 School Road Wilmington DE 19803	Self-employed	01/19/2001	360.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify) :	Occupation Insurance Agent		
	Aggregate Year-to-Date > 5 360.00		

SUBTOTALS of Receipts This Page (Optional)	
TOTALS This Period (last page this line number only)	**16984.10**

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	10 / 13 FOR LINE NUMBER 21B

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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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
NAIFA 2901 Telestar Court Falls Church VA 22042	Refund to Individual Refund to Individual Disbursement for: ☐ Primary ☐ General ☒ Other (specify) : Other	01/31/2001	31800.04

SUBTOTALS of Disbursements This Page (Optional)	
TOTALS This Period (last page this line number only)	**31800.04**

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	11 / 13 FOR LINE NUMBER 23

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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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Senator Richard C. Shelby PO Box 1091 Tuscaloosa AL 35403	Contribution: Richard C. Shelby (AL-R-US Senate) Contribution: Richard C. Shelby (AL-R-US Senate) Disbursement for: [X] Primary [ ] General [ ] Other (specify) : Primary	01/16/2001	1000.00

SUBTOTALS of Disbursements This Page (Optional)	
TOTALS This Period (last page this line number only)	**1000.00**

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	12 / 13 FOR LINE NUMBER 28A

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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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mr. Neil J. Brown 9 Wampus Lake Drive Armonk NY 10504-1125	Refund to Individual Refund to Individual Disbursement for: ☐ Primary ☐ General ☒ Other (specify) : Other	01/03/2001	200.00
Ms. Maria A. McClain 5402 Tortuga Trail Austin TX 78731-4542	Refund to Individual Refund to Individual Disbursement for: ☐ Primary ☐ General ☒ Other (specify) : Other	01/31/2001	200.00

SUBTOTALS of Disbursements This Page (Optional)	
TOTALS This Period (last page this line number only)	**400.00**

SCHEDULE D (Revised 3/80)	DEBTS AND OBLIGATIONS Excluding Loans	Use separate schedule(s) for each numbered line	13 / 13 FOR LINE NUMBER 10

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
Full Name, Mailing Address, and Zip Code of Debtor or Creditor National Association of Insurance and Financial Advisors Political Action Committee 2901 Telstar Court Falls Church VA 22042-1205	39491.99	42897.89	31800.04	50589.84
Nature of Debt (purpose): Equipment rental				

1) SUBTOTALS This Period This Page (Optional)	
2) TOTALS This Period (last page this line number only)	**50589.84**
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)	