

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

1 / 16
04/19/2001 13 : 69

1. NAME OF COMMITTEE (in full) National Association of Insurance and Financial Advisors Political Action Committee	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 2001 Telestar Court	2. FEC IDENTIFICATION NUMBER C00005249
CITY, STATE, and ZIP CODE Falls Church VA 22042-1205	3. <input checked="" type="checkbox"/> This committee has qualified as a multi-candidate committee (see FEC Form 1M)

4. TYPE OF REPORT

- (a) April 15 Quarterly Report Monthly Report Due On:
- | | | |
|--|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input checked="" type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report Twelfth day report preceding _____
(election type)
- July 31 Mid-Year Report (Non-election Year Only) election on _____ In the State of _____
- Termination report on _____ In the State of _____
- Thirtieth day report following the General Election
- (b) Is this Report an Amendment YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>03/01/2001</u> through <u>03/31/2001</u>		
6. (a) Cash on Hand, January 1, <u>2001</u>		269136.94
(b) Cash on Hand at Beginning of Reporting Period	286635.62	
(c) Total Receipts (from line 19)	87644.47	207345.26
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	354280.09	476484.20
7. Total Disbursements (from line 30)	108340.47	230544.58
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	245939.62	245939.62
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	For further information contact: Federal Election Commission 909 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	43012.84	

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 04/20/2001

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

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FEC FORM 3X
(revised 9/98)

**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 03/01/2001	TO: 03/31/2001	
	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	5826.10	31304.30	11.a.i.
ii. Unitemized	58018.37	176040.95	11.a.ii.
iii. Total	67644.47	207345.26	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	67644.47	207345.26	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	67644.47	207345.26	19.
20. Total Federal Receipts	67644.47	207345.26	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	26815.47	93519.58	21.b.
c. Total Operating Expenditures	26815.47	93519.58	21.c.
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees	71500.00	120500.00	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	25.00	525.00	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	25.00	525.00	28.d.
29. Other Disbursements	10000.00	10000.00	29.
30. Total Disbursements	108340.47	230544.58	30.
31. Total Federal Disbursements	108340.47	230544.58	31.
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	67644.47	207345.26	32.
33. Total Contribution Refunds (from line 28d)	25.00	525.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32)	67619.47	206820.26	34.
35. Total Federal Operating Expenditures	26815.47	93519.58	35.
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36.
37. Net Operating Expenditures	26815.47	93519.58	37.

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	3 / 16
			FOR LINE NUMBER 11A1

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 Mr. Alexander A. Chernoff 351 Ridge Lane Mill Neck NY 11765-1201 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self-employed	Date (month, day, year) 03/12/2001	Amount of Each Receipt this Period 500.00
	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 500.00	
Full Name, Mailing Address, and ZIP Code Mr. Peter Fulchiron, CLU, LUT-CF 411 San Andreas Drive Novato CA 94945-1237 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self-employed	Date (month, day, year) 03/10/2001	Amount of Each Receipt this Period 80.00
	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 240.00	
Full Name, Mailing Address, and ZIP Code Mr. Barry L. Wolfe, CLU 22578 Flamingo Street Woodland Hills CA 91364-4916 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self-employed	Date (month, day, year) 03/23/2001	Amount of Each Receipt this Period 500.00
	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 500.00	
Full Name, Mailing Address, and ZIP Code Mr. Robert J. Wernicke, CLU 10865 East Carol Ave. Scottsdale AZ 85258-6079 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self-employed	Date (month, day, year) 03/05/2001	Amount of Each Receipt this Period 600.00
	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 600.00	
Full Name, Mailing Address, and ZIP Code Mr. Milton L. Edgren, Jr., CLU, ChFC 140 Sunrise Avenue Tonka Bay MN 55331-5585 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self-employed	Date (month, day, year) 03/12/2001	Amount of Each Receipt this Period 500.00
	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 500.00	
Full Name, Mailing Address, and ZIP Code Mr. Steven G. Mulder 3082 Wood Duck Road Prior Lake MN 55372 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self-employed	Date (month, day, year) 03/26/2001	Amount of Each Receipt this Period 600.00
	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 600.00	
Full Name, Mailing Address, and ZIP Code Mr. David A. Middaugh, CLU, AEP 3273 Evergreen Road Fargo ND 58102-1214 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self-employed	Date (month, day, year) 03/10/2001	Amount of Each Receipt this Period 72.00
	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 218.00	

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	4 / 16
			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 Mr. Whitney K. Simpson, LUTCF 11343 Lakeshore South Auburn CA 95602 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self-employed	Date (month, day, year) 03/23/2001	Amount of Each Receipt this Period 250.00
	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 250.00	
Full Name, Mailing Address, and ZIP Code Mr. Paul J. McGoldrick, CLU, ChFC P. O. Box 439 Littleton NH 03561-0439 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self-employed	Date (month, day, year) 03/21/2001	Amount of Each Receipt this Period 300.00
	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 300.00	
Full Name, Mailing Address, and ZIP Code Mr. Bill C. Brantley, CLU, ChFC 1131 - 33rd St. W. Des Moines IA 50266-2136 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self-employed	Date (month, day, year) 03/22/2001	Amount of Each Receipt this Period 300.00
	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 300.00	
Full Name, Mailing Address, and ZIP Code Mr. Nathan M. Permuter, CLU, ChFC 1951 Helen Court Merrick NY 11566-4931 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self-employed	Date (month, day, year) 03/15/2001	Amount of Each Receipt this Period 220.00
	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 220.00	
Full Name, Mailing Address, and ZIP Code Mr. Gerald J. Clericuzio, CLU, ChFC 235 Browne Road Atlantic Highlands NJ 07716 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self-employed	Date (month, day, year) 03/12/2001	Amount of Each Receipt this Period 500.00
	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 500.00	
Full Name, Mailing Address, and ZIP Code Mr. Lance B. Kolbet, LUTCF 234 S. 11th Avenue Pocatello ID 83201-4809 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self-employed	Date (month, day, year) 03/01/2001	Amount of Each Receipt this Period 600.00
	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 600.00	
Full Name, Mailing Address, and ZIP Code Mr. David L. Stratton, CLU, ChFC 13115 Beach Cir. Anchorage AK 99515-3748 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self-employed	Date (month, day, year) 03/10/2001	Amount of Each Receipt this Period 75.00
	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 225.00	

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

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			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 Mr. D. Michael Lane, CLU 411 Union St., #1910 Nashville TN 37210-1701 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self-employed	Date (month, day, year) 03/10/2001	Amount of Each Receipt this Period 4.50
	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 513.50	
Full Name, Mailing Address, and ZIP Code Mr. Ernest B. Whichard, Jr., CLU, ChFC 611 Woodland Drive Greensboro NC 27406-7416 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self-employed	Date (month, day, year) 03/20/2001	Amount of Each Receipt this Period 550.00
	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 550.00	
Full Name, Mailing Address, and ZIP Code Mr. Douglas B. Hamm 11356 Bent Tree Drive Oklahoma City OK 73120 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self-employed	Date (month, day, year) 03/14/2001	Amount of Each Receipt this Period 300.00
	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 300.00	
Full Name, Mailing Address, and ZIP Code Mr. Gregg S. Nelman, CLU, ChFC 303 W. Madison Street #800 Chicago IL 60606-3384 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self-employed	Date (month, day, year) 03/01/2001	Amount of Each Receipt this Period 200.00
	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 250.00	
Full Name, Mailing Address, and ZIP Code Ms. Michie I. Lewis, LUTCF 3337 Virgo Street Sacramento CA 95827-2822 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self-employed	Date (month, day, year) 03/29/2001	Amount of Each Receipt this Period 250.00
	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 250.00	
Full Name, Mailing Address, and ZIP Code Mr. David Ekstein 134 Broadway Brooklyn NY 11211 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self-employed	Date (month, day, year) 03/05/2001	Amount of Each Receipt this Period 250.00
	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 250.00	
Full Name, Mailing Address, and ZIP Code Mr. Thomas A. Ciardella, Sr. 52 Forest Ave Paramus NJ 07652-5200 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self-employed	Date (month, day, year) 03/26/2001	Amount of Each Receipt this Period 600.00
	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 600.00	

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 / 16
			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 Mr. Frank J. Congiuse, CLU, ChFC, CFP 1322 Vincenzo DR Toms River NJ 08753 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self-employed	Date (month, day, year) 03/05/2001	Amount of Each Receipt this Period 300.00
	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 300.00	
Full Name, Mailing Address, and ZIP Code Ms. Eleanor W. Allen, CLU 38182 Stone Meadow Murrieta CA 92552 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self-employed	Date (month, day, year) 03/13/2001	Amount of Each Receipt this Period 125.00
	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 225.00	
Full Name, Mailing Address, and ZIP Code Ms. Eleanor W. Allen, CLU 38182 Stone Meadow Murrieta CA 92552 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self-employed	Date (month, day, year) 03/27/2001	Amount of Each Receipt this Period 100.00
	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 225.00	
Full Name, Mailing Address, and ZIP Code Mr. Mark A. Lilledahl, CLU, ChFC 11 Pequot Dr Norwalk CT 06855-1608 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self-employed	Date (month, day, year) 03/15/2001	Amount of Each Receipt this Period 250.00
	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 250.00	
Full Name, Mailing Address, and ZIP Code Mr. Terry K. Headley, LUTCF, LIC 20704 Meadow Ridge Dr. Springfield NE 68059 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self-employed	Date (month, day, year) 03/10/2001	Amount of Each Receipt this Period 249.80
	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 748.80	
Full Name, Mailing Address, and ZIP Code Mr. David A. Skjerven, LUTCF 2210 S 7th St Moorhead MN 56500 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self-employed	Date (month, day, year) 03/06/2001	Amount of Each Receipt this Period 600.00
	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 600.00	
Full Name, Mailing Address, and ZIP Code Ms. Sherri A. Rush, LUTCF P.O. Box 10876 Napa CA 94581-2876 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self-employed	Date (month, day, year) 03/29/2001	Amount of Each Receipt this Period 250.00
	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 250.00	

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 / 16
			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 Mr. Thaddeus C. Sweet, III. RHU 5100 Southwest Macadam Ste. 180 Portland OR 97201-6198	Name of Employer Self-employed	Date (month, day, year) 03/12/2001	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Insurance Agent		
		Aggregate Year-to-Date > 5	500.00
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			9626.10

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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
First Union Bank One First Union Center Charlotte NC 28206-1164	Bank Charges Bank Charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) :	03/31/2001	891.36
NAIFA 2901 Telestar Court Falls Church VA 22042	Payroll, Benefits, supplies, utilities, office space, copier costs, postage Payroll, Benefits, supplies, utilities, office space, copier costs, postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	03/31/2001	25824.11

SUBTOTALS of Disbursements This Page (Optional)

TOTALS This Period (last page this line number only)

26815.47

SCHEDULE B		ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the Detailed Summary Page	9 / 16 FOR LINE NUMBER 23
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 Representative Mike Ferguson 340 North Avenue E Suite 6 Cranford NJ 07016	Purpose of Disbursement Contribution: Mike Ferguson (N- J-7-R-US H House Mike Ferguson (NJ-7-R-US House) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 03/01/2001	Amount of Each Disbursement This Period 1000.00		
Full Name, Mailing Address, and ZIP Code Representative Mike Ferguson 340 North Avenue E Suite 6 Cranford NJ 07016	Purpose of Disbursement Contribution: Mike Ferguson (N- J-7-R-US H House Mike Ferguson (NJ-7-R-US House) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 03/01/2001	Amount of Each Disbursement This Period 2000.00		
Full Name, Mailing Address, and ZIP Code Senator Max Baucus Box 6268 Bozeman MT 59715	Purpose of Disbursement Contribution: Max Baucus (MT-D- US Senate Senate Max Baucus (MT-D-US Senate) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : General	Date (month, day, year) 03/01/2001	Amount of Each Disbursement This Period 500.00		
Full Name, Mailing Address, and ZIP Code Representative Saxby Chambliss PO Box 4084 Macon GA 31208	Purpose of Disbursement Contribution: Saxby Chambliss (GA-8-R-US House Saxby Chambliss (GA-8-R-US House) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 03/06/2001	Amount of Each Disbursement This Period 1500.00		
Full Name, Mailing Address, and ZIP Code Representative Earl Pomeroy Post Office Box 746 Bismarck ND 58502	Purpose of Disbursement Contribution: Earl Pomeroy (ND- 1-D-US Ho House Earl Pomeroy (ND-1-D-US House) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 03/06/2001	Amount of Each Disbursement This Period 1000.00		
Full Name, Mailing Address, and ZIP Code DCCC 430 South Capitol Street, SE Washington DC 20003	Purpose of Disbursement Contribution: DCCC (party comm- ittee con tributor DCCC (party committee contribution) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Annual	Date (month, day, year) 03/06/2001	Amount of Each Disbursement This Period 5000.00		
Full Name, Mailing Address, and ZIP Code Representative John D. Dingell 5467 Schaefer Road Dearborn MI 48126	Purpose of Disbursement Contribution: John D. Dingell (MI-16-D-U House John D. Dingell (MI-16-D-US House) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 03/06/2001	Amount of Each Disbursement This Period 2000.00		
Full Name, Mailing Address, and ZIP Code Senator James M. Inhofe 3620 Barwick Drive PO Box 133 Norman OK 73072	Purpose of Disbursement Contribution: James M. Inhofe (OK-R-US S enate James M. Inhofe (OK-R-US Senate) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 03/06/2001	Amount of Each Disbursement This Period 2500.00		
Full Name, Mailing Address, and ZIP Code Leadership PAC 2002 1189 N. Fairfax Street Suite 425 Alexandria VA 22314	Purpose of Disbursement Contribution: Leadership PAC 2002 (PAC t ributor Leadership PAC 2002 (PAC to PAC contribution) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Annual	Date (month, day, year) 03/06/2001	Amount of Each Disbursement This Period 2000.00		
SUBTOTALS of Disbursements This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE B		ITEMIZED DISBURSEMENTS		10 / 16	
Use separate schedule(s) for each category of the Detailed Summary Page				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 Representative Nancy L. Johnson P.O. Box 1386 New Britain CT 06050	Purpose of Disbursement Contribution: Nancy L. Johnson (CT-6-R-U) Contribution: Nancy L. Johnson (CT-6-R-US House) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 03/06/2001	Amount of Each Disbursement This Period 3000.00		
Full Name, Mailing Address, and ZIP Code Senator Mary L. Landrieu 58156 Court Street Plaquemine LA 70764	Purpose of Disbursement Contribution: Mary L. Landrieu (LA-D-Sen) Contribution: Mary L. Landrieu (LA-D-Senate) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 03/12/2001	Amount of Each Disbursement This Period 2000.00		
Full Name, Mailing Address, and ZIP Code Representative Patrick J. Toomey 1005 Union Blvd. Allentown PA 18103	Purpose of Disbursement Contribution: Patrick J. Toomey (PA-15-R) Contribution: Patrick J. Toomey (PA-15-R-US House) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 03/12/2001	Amount of Each Disbursement This Period 1000.00		
Full Name, Mailing Address, and ZIP Code Representative Patrick J. Tiberi 211 South Fifth Street Columbus OH 43215	Purpose of Disbursement Contribution: Patrick J. Tiberi (OH-12-R) Contribution: Patrick J. Tiberi (OH-12-R-US House) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 03/12/2001	Amount of Each Disbursement This Period 1000.00		
Full Name, Mailing Address, and ZIP Code Representative Jim Saxton P O Box 795 Mt. Holly NJ 08060	Purpose of Disbursement Contribution: Jim Saxton (NJ-3-R-US House) Contribution: Jim Saxton (NJ-3-R-US House) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 03/12/2001	Amount of Each Disbursement This Period 1000.00		
Full Name, Mailing Address, and ZIP Code Representative Ellen O. Tauscher 20 Park Road Suite E Burlingame CA 94010	Purpose of Disbursement Contribution: Ellen O. Tauscher (CA-10-D) Contribution: Ellen O. Tauscher (CA-10-D-US House) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 03/12/2001	Amount of Each Disbursement This Period 2000.00		
Full Name, Mailing Address, and ZIP Code Senator Carl Levin P O Box 1857 Detroit MI 48231	Purpose of Disbursement Contribution: Carl Levin (MI-D-US Senate) Contribution: Carl Levin (MI-D-US Senate) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 03/12/2001	Amount of Each Disbursement This Period 2000.00		
Full Name, Mailing Address, and ZIP Code Representative Richard A. Gephardt 7435 Watson Road Suite 107 St. Louis MO 63119	Purpose of Disbursement Contribution: Richard A. Gephardt (MO-3-R) Contribution: Richard A. Gephardt (MO-3-R-US House) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 03/12/2001	Amount of Each Disbursement This Period 2000.00		
Full Name, Mailing Address, and ZIP Code Representative Charles H. Taylor PO Box 2355 Asheville NC 28802	Purpose of Disbursement Contribution: Charles H. Taylor (NC-11-R) Contribution: Charles H. Taylor (NC-11-R-US House) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 03/12/2001	Amount of Each Disbursement This Period 500.00		
SUBTOTALS of Disbursements This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE B		ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the Detailed Summary Page	11 / 16
					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 Representative Thomas G. Tancredo 200 West Hampden Englewood CO 80110	Purpose of Disbursement Contribution: Thomas G. Tancredo (CO-S-R House) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 03/13/2001	Amount of Each Disbursement This Period 1000.00		
Full Name, Mailing Address, and ZIP Code Representative Richard Burr P.O. Box 5732 Winston-Salem NC 27113	Purpose of Disbursement Contribution: Richard Burr (NC-S-R-US House) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 03/13/2001	Amount of Each Disbursement This Period 2000.00		
Full Name, Mailing Address, and ZIP Code National Republican Congr 320 First Street SE Washington DC 20003	Purpose of Disbursement Contribution: National Republican Congr (political party contribution) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Annual	Date (month, day, year) 03/13/2001	Amount of Each Disbursement This Period 10000.00		
Full Name, Mailing Address, and ZIP Code Representative Frank Mascara 831 Lincoln Avenue Charleoi PA 15022	Purpose of Disbursement Contribution: Frank Mascara (PA-A-20-D-US House) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 03/16/2001	Amount of Each Disbursement This Period 1000.00		
Full Name, Mailing Address, and ZIP Code Representative David E. Bonior 3270 Grandview Ct Shelby Twp MI 48316	Purpose of Disbursement Contribution: David E. Bonior (MI-10-D-U House) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 03/16/2001	Amount of Each Disbursement This Period 2000.00		
Full Name, Mailing Address, and ZIP Code Senator Thad Cochran Box 22761 Jackson MS 39225	Purpose of Disbursement Contribution: Thad Cochran (MS-R-US Senate) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 03/16/2001	Amount of Each Disbursement This Period 3000.00		
Full Name, Mailing Address, and ZIP Code Senator Byron L. Dorgan 420 C Street, NE Lower Level Washington DC 20002	Purpose of Disbursement Contribution: Byron L. Dorgan (ND-D-US Senate) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 03/22/2001	Amount of Each Disbursement This Period 1000.00		
Full Name, Mailing Address, and ZIP Code Senator Tim Hutchinson PO Box 747 Little Rock AR 72203-9538	Purpose of Disbursement Contribution: Tim Hutchinson (AR-R-US Senate) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : General	Date (month, day, year) 03/22/2001	Amount of Each Disbursement This Period 1000.00		
Full Name, Mailing Address, and ZIP Code Representative Thomas M. Barrett 7720 Rogers Avenue Wauwatosa WI 53213	Purpose of Disbursement Contribution: Thomas M. Barrett (WI-S-D House) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 03/22/2001	Amount of Each Disbursement This Period 1000.00		
SUBTOTALS of Disbursements This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE B		ITEMIZED DISBURSEMENTS		12 / 16
		Use separate schedule(s) for each category of the Detailed Summary Page		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 Representative Karen L. Thurman 450 Pleasant Grove Road Inverness FL 34452	Purpose of Disbursement Contribution: Karen L. Thurman (FL-5-D-U House) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 03/26/2001	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Representative Thomas M. Reynolds 171 Sully's Trail Pittsford NY 14534	Purpose of Disbursement Contribution: Thomas M. Reynolds (NY-27-R-US House) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 03/26/2001	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Senator Jeff Sessions P O Box 4278 Montgomery AL 36103	Purpose of Disbursement Contribution: Jeff Sessions (AL-R-US Senate) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 03/26/2001	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Senator Susan M. Collins PO Box 1096 Bangor ME 04402	Purpose of Disbursement Contribution: Susan M. Collins (ME-R-US Senate) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 03/26/2001	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Representative Charles F. Bass PO Box 3451 Concord NH 03302	Purpose of Disbursement Contribution: Charles F. Bass (NH-2-R-US House) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 03/26/2001	Amount of Each Disbursement This Period 500.00	
Full Name, Mailing Address, and ZIP Code Representative Mark A. Foley 1316 Lake Victoria Drive Lake Worth FL 33461	Purpose of Disbursement Contribution: Mark A. Foley (FL-18-R-US House) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 03/26/2001	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Representative Judy Biggert PO Box 637 Hinsdale IL 60522	Purpose of Disbursement Contribution: Judy Biggert (IL-13-R-US House) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 03/26/2001	Amount of Each Disbursement This Period 2000.00	
Full Name, Mailing Address, and ZIP Code Representative Wally Herger PO Box 1500 Chico CA 95927	Purpose of Disbursement Contribution: Wally Herger (CA-2-R-US House) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 03/26/2001	Amount of Each Disbursement This Period 2000.00	
Full Name, Mailing Address, and ZIP Code Representative Shelley Moore Capito PO Box 11519 Charleston WV 25339	Purpose of Disbursement Contribution: Shelley Moore Capito (WV-2-R-US House) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 03/26/2001	Amount of Each Disbursement This Period 2000.00	
SUBTOTALS of Disbursements This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE B		ITEMIZED DISBURSEMENTS		13 / 16
		Use separate schedule(s) for each category of the Detailed Summary Page		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 Senator Michael B. Enzi PO Box 2775 Cody WY 82414	Purpose of Disbursement Contribution: Michael B. Enzi (WY-R-US S) (Senator Michael B. Enzi (WY-R-US Senate)) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 03/26/2001	Amount of Each Disbursement This Period 2000.00	
Full Name, Mailing Address, and ZIP Code Senator Tim Johnson PO Box 1859 Sioux Falls SD 57101	Purpose of Disbursement Contribution: Tim Johnson (SD-D-US Senat) (Senator Tim Johnson (SD-D-US Senate)) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 03/26/2001	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Representative Mike McIntyre PO Box 1 Lumberton NC 28359	Purpose of Disbursement Contribution: Mike McIntyre (NC-7-D-US H) (House Mike McIntyre (NC-7-D-US House)) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 03/26/2001	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Representative Adam H. Putnam PO Box 2426 Barlow FL 33831	Purpose of Disbursement Contribution: Adam H. Putnam (FL-12-R-US H) (House Adam H. Putnam (FL-12-R-US House)) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 03/29/2001	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Senator Jeff Sessions P O Box 4278 Montgomery AL 36103	Purpose of Disbursement Contribution: Jeff Sessions (AL-R-US Sen) (Senator Jeff Sessions (AL-R-US Senate)) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 03/30/2001	Amount of Each Disbursement This Period 1000.00	
SUBTOTALS of Disbursements This Page (Optional)				
TOTALS This Period (last page this line number only)			71500.00	

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	14 / 16
			FOR LINE NUMBER ZBA
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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 Mr. Kenneth E. Zentner 13 Wildwood Ln. Beaufort SC 29902	Purpose of Disbursement (- DC -) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : <u>Other</u>	Date (month, day, year) 03/06/2001	Amount of Each Disbursement This Period 25.00
SUBTOTALS of Disbursements This Page (Optional)			
TOTALS This Period (last page this line number only)			25.00

SCHEDULE B		ITEMIZED DISBURSEMENTS		15 / 16
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 28
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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 Democratic Leadership Council 600 Pennsylvania Avenue Suite 400 Washington DC 20003	Purpose of Disbursement Contribution: Democratic Leadership Council Contribution: Democratic Leadership Council (501 (c) (4) organization) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : <u>Other</u>	Date (month, day, year) 03/13/2001	Amount of Each Disbursement This Period 10000.00	
SUBTOTALS of Disbursements This Page (Optional)				
TOTALS This Period (last page this line number only)				10000.00

SCHEDULE D (Revised 3/80)		DEBTS AND OBLIGATIONS Excluding Loans			16 / 16 Use separate schedule(s) for each numbered line 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 Ac- tion Committee 2901 Telstar Court Falls Church VA 22042-1205	53999.44	15828.87	26815.47	43012.84	
Nature of Debt (purpose): Equipment rental					
1) SUBTOTALS This Period This Page (Optional)					
2) TOTALS This Period (last page this line number only)				43012.84	
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)					