

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

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

FOR LINE NUMBER: PAGE 145 OF 263

(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Benson, Matthew, W., Mr.,

Mailing Address 11102 S Course Vw

City
Franklin

State
TN

Zip Code
37067-6123

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Capital Planning Group

Occupation (for Individual)
Financial Services Professional

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.70

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 10 / 2019

Transaction ID : 17179722

Amount of Each Receipt this Period

50.40

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Cromwell, Tyson, Alan, Mr.,

Mailing Address 136 Parkside Dr

City
Lafayette

State
LA

Zip Code
70501-6738

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Northwestern Mutual

Occupation (for Individual)
Investment Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 10 / 2019

Transaction ID : 17179727

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Babcock, Kristie, D., Mrs.,

Mailing Address 36815 Hakala Rd

City
Soldotna

State
AK

Zip Code
99669-6818

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
State Farm Insurance

Occupation (for Individual)
AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 10 / 2019

Transaction ID : 17179729

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

105.40