

**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 Committee

ADDRESS (number and street)

2901 Telestar Court

Check if different than previously reported. (ACC)

Falls Church

VA

22042

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00005249

3. IS THIS REPORT

NEW (N) OR

X

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)

X 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 (12S)

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

2005

through

02

28

2005

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. Browne

Signature of Treasurer

Electronically Filed by Peter C. Browne

Date

05

04

2005

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

**FEC FORM 3X**  
(Rev. 02/2003)

**SUMMARY PAGE**

**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

National Association of Insurance and Financial Advisors Political Action Committee

Report Covering the Period: From: <sup>M</sup>02 <sup>: :</sup>01 <sup>Y ( Y )</sup>2005 To: <sup>M</sup>02 <sup>: :</sup>28 <sup>Y ( Y )</sup>2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y ( Y )</sup> 2005		325705.00
(b) Cash on Hand at Beginning of Reporting Period .....	384051.56	
(c) Total Receipts (from Line 19) .....	68315.17	139827.17
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	452366.73	465532.17
<hr/>		
7. Total Disbursements (from Line 31) .....	41498.14	54663.58
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	410868.59	410868.59
<hr/>		
9. Debts and Obligations owed <b>TO</b> the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (itemize all on Schedule C and/or Schedule D) .....	106873.36	

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**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

National Association of Insurance and Financial Advisors Political Action Committee

Report Covering the Period: From: <sup>M</sup>02 <sup>-</sup>01 <sup>-</sup>2005 To: <sup>M</sup>02 <sup>-</sup>28 <sup>-</sup>2005

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		
(i) Itemized (use Schedule A) .....	13393.00	26975.00
(ii) Unitemized .....	54922.17	112852.17
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	68315.17	139827.17
(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) .....	68315.17	139827.17
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)) .....	68315.17	139827.17
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	68315.17	139827.17

**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.....	802.64	3418.08
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	802.64	3418.08
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	40500.00	51000.00
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.....	195.50	245.50
(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))..... ▶	195.50	245.50
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 ActMty (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))..	41496.14	54663.58
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	41496.14	54663.58

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	66315.17	139827.17
34. Total Contribution Refunds (from Line 28(d)) .....	195.50	245.50
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	68119.67	139581.67
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	802.64	3418.08
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	802.64	3418.08

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

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

FOR LINE NUMBER: PAGE 6 / 31  
(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 Committee

Full Name (Last, First, Middle Initial) <b>A. Mr. Michael J. Ables, LUTCF</b>		Date of Receipt M / D / Y Y Y Y 02 / 10 / 2005
Mailing Address PD Box 2205		Transaction ID: R1541327
City Avila Beach	State CA	Zip Code 93424
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 105.00
Name of Employer Self-employed	Occupation Insurance Agent	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Stephen D. Andersen, RHU</b>		Date of Receipt M / D / Y Y Y Y 02 / 10 / 2005
Mailing Address 1621 Dixie Trail		Transaction ID: R1541004
City Lincoln	State NE	Zip Code 68527-9431
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 105.00
Name of Employer Self-employed	Occupation Insurance Agent	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Nareesh K. Bell, LUTCF</b>		Date of Receipt M / D / Y Y Y Y 02 / 01 / 2005
Mailing Address 10301 Chrysanthemum Lane		Transaction ID: R1538733
City Los Angeles	State CA	Zip Code 90077
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self-employed	Occupation Insurance Agent	Check
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>710.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 7 / 31

(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 Committee

Full Name (Last, First, Middle Initial) <b>A. Mr. Martin Berger, CLU</b>		Date of Receipt M / D / Y 02 / 28 / 2005
Mailing Address 111 - 5th Ave SW PO Box 69		Transaction ID: R1543005
City Egworth	State IA	Zip Code 52045
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 540.00
Name of Employer Self-employed	Occupation Insurance Agent	Check
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Paul F. Berlin, CLU</b>		Date of Receipt M / D / Y 02 / 04 / 2005
Mailing Address 189 East Lake Shore Dr.		Transaction ID: R1542442
City Chicago	State IL	Zip Code 60611
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self-employed	Occupation Insurance Agent	Check
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Mrs. Diane P. Blakeslee, CLU, CFP®</b>		Date of Receipt M / D / Y 02 / 04 / 2005
Mailing Address 88 Country Club Dr		Transaction ID: R1542446
City San Luis Obispo	State CA	Zip Code 93401
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-employed	Occupation Insurance Agent	Check
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1290.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 8 / 31

(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 Committee

Full Name (Last, First, Middle Initial) <b>A. Mr. Bandy Baccok</b>		Date of Receipt M / D / Y 02 / 10 / 2005
Mailing Address 8001 N. Nauni Valley Drive		Transaction ID: R1542547
City Paradise Valley	State AZ	Zip Code 85253-5134
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self-employed	Occupation Insurance Agent	Check
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. John P. Border, LUTCF,LTCP</b>		Date of Receipt M / D / Y 02 / 03 / 2005
Mailing Address 309 Truxtun Avenue		Transaction ID: R1542423
City Bakersfield	State CA	Zip Code 93301-5313
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-employed	Occupation Insurance Agent	Check
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Scott R. Bunkers, LUTCF</b>		Date of Receipt M / D / Y 02 / 07 / 2005
Mailing Address 1320 Magnolia Bay Ct		Transaction ID: R1542492
City Maitland	State FL	Zip Code 32751
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self-employed	Occupation Insurance Agent	Credit Card
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1050.00</b>
TOTAL This Period (last page this line number only) .....	▶	



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

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

FOR LINE NUMBER: PAGE 9 / 31

(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 Committee

Full Name (Last, First, Middle Initial) <b>A. Mr. David F. Byers</b>		Date of Receipt MM / DD / YYYY 02 / 07 / 2005
Mailing Address 2 Metroplex Drive #111		Transaction ID: R1542478
City	State	Zip Code
Birmingham	AL	35209
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self-employed	Occupation Insurance Agent	Check
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Mark A. Chandik, CLU, ChFC</b>		Date of Receipt MM / DD / YYYY 02 / 10 / 2005
Mailing Address 42 Ritz Cove Drive		Transaction ID: R1540649
City	State	Zip Code
Dana Point	CA	92629
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 208.00
Name of Employer Self-employed	Occupation Insurance Agent	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 313.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Edward R. Chik</b>		Date of Receipt MM / DD / YYYY 02 / 22 / 2005
Mailing Address 1283 W. Square Lake Rd.		Transaction ID: R1542839
City	State	Zip Code
Bloomfield Hills	MI	48302-0845
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self-employed	Occupation Insurance Agent	Check
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1208.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 10/31

(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 Committee

Full Name (Last, First, Middle Initial) <b>A. Mr. John A. Davidson, LUTCF</b>		Date of Receipt M / D / Y 02 / 10 / 2005
Mailing Address 1497 Rancho Lane		Transaction ID: R1541987
City Thousand Oaks	State CA	Zip Code 91362
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 105.00
Name of Employer Self-employed	Occupation Insurance Agent	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Joseph L. Davis, CLU, ChFC,</b>		Date of Receipt M / D / Y 02 / 10 / 2005
Mailing Address 1420 Primrose Road N.W.		Transaction ID: R1541906
City Washington	State DC	Zip Code 20012-1224
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 135.00
Name of Employer Self-employed	Occupation Insurance Agent	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 281.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. G. J. English, III, LUTCF</b>		Date of Receipt M / D / Y 02 / 08 / 2005
Mailing Address P.O. Box 90702		Transaction ID: R1542499
City Lakeland	State FL	Zip Code 33804
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-employed	Occupation Insurance Agent	Check
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>490.00</b>
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 11/31  
(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 Committee

Full Name (Last, First, Middle Initial) <b>A. Mr. Lawrence J. Fowler, Jr.</b>		Date of Receipt M / D / Y 02 / 10 / 2005
Mailing Address 481 Route 82		Transaction ID: R1541760
City Oakdale	State CT	Zip Code 06370
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 105.00
Name of Employer Self-employed	Occupation Insurance Agent	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Thomas E. Fowler, CLU, LUTCF</b>		Date of Receipt M / D / Y 02 / 10 / 2005
Mailing Address 13243 S.E. 51st Place		Transaction ID: R1541516
City Bellevue	State WA	Zip Code 98006
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 107.50
Name of Employer Self-employed	Occupation Insurance Agent	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Peter Fulehron, CLU, LUTCF</b>		Date of Receipt M / D / Y 02 / 10 / 2005
Mailing Address 411 San Andreas Drive		Transaction ID: R1542385
City Novato	State CA	Zip Code 94945-1237
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 208.00
Name of Employer Self-employed	Occupation Insurance Agent	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 418.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>420.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 12/31

(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 Commit-  
tee

Full Name (Last, First, Middle Initial) <b>A. Mr. Terry K. Headley, LUTCF, LIC</b>		Date of Receipt M / D / Y 02 / 10 / 2005
Mailing Address 207D4 Meadow Ridge Dr.		Transaction ID: R1540383
City Springfield	State NE	Zip Code 68054
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 208.00
Name of Employer Self-employed	Occupation Insurance Agent	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 541.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Peter F. Hibbard, CLU, ChFC</b>		Date of Receipt M / D / Y 02 / 25 / 2005
Mailing Address 8802 Corina Ct.		Transaction ID: R1542934
City Columbia	State MD	Zip Code 21044
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 900.00
Name of Employer Self-employed	Occupation Insurance Agent	Check
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Gary W. Hirschhorn, FSA</b>		Date of Receipt M / D / Y 02 / 25 / 2005
Mailing Address 45 Walker Street		Transaction ID: R1542973
City New York	State NY	Zip Code 10013
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self-employed	Occupation Insurance Agent	Check
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1608.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 13 / 31  
(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 Committee

Full Name (Last, First, Middle Initial) <b>A. Mr. James Kageleiry</b>		Date of Receipt M / D / Y 02 / 15 / 2005
Mailing Address 8 Hayes Lane		Transaction ID: R1542731
City Dover	State NH	Zip Code 03820-4213
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-employed	Occupation Insurance Agent	Credit Card
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Terry M. Kattenbach, CLU, ChFC</b>		Date of Receipt M / D / Y 02 / 10 / 2005
Mailing Address 135B Ahlrich Ave		Transaction ID: R1541546
City Encintas	State CA	Zip Code 92024-4029
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 125.00
Name of Employer Self-employed	Occupation Insurance Agent	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Kurtis L. Kiedar, CLU, ChFC.</b>		Date of Receipt M / D / Y 02 / 01 / 2005
Mailing Address 1 N. Wacker Drive, Suite 4600		Transaction ID: R1538728
City Chicago	State IL	Zip Code 60608-5384
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self-employed	Occupation Insurance Agent	Check
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>875.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 14 / 31  
(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 Committee

Full Name (Last, First, Middle Initial) <b>A. Mr. Lawrence E. Lounds</b>		Date of Receipt M / D / Y 02 / 10 / 2005
Mailing Address 2477 Valley Oaks Circle		Transaction ID: R1542337
City	State	Zip Code
Flint	MI	48532
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 105.00
Name of Employer Self-employed	Occupation Insurance Agent	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. David B. Makin, CLU, ChFC</b>		Date of Receipt M / D / Y 02 / 17 / 2005
Mailing Address 15 Canoe Brook Drive		Transaction ID: R1542706
City	State	Zip Code
Livingston	NJ	07039-6121
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self-employed	Occupation Insurance Agent	Check
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Gary S. Malnek, CLU</b>		Date of Receipt M / D / Y 02 / 25 / 2005
Mailing Address 810 Gleneagle Ct #201		Transaction ID: R1542933
City	State	Zip Code
Baltimore	MD	21288
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 450.00
Name of Employer Self-employed	Occupation Insurance Agent	Check
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1055.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 15 / 31  
(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 Committee

Full Name (Last, First, Middle Initial) <b>A. Mr. Alan T. Mendels, CLU, ChFC</b>		Date of Receipt M / D / Y 02 / 25 / 2005
Mailing Address 3 The Spur		Transaction ID: R1542950
City Roslyn Estates	State NY	Zip Code 11576-1701
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-employed	Occupation Insurance Agent	Check
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Warren K. Nelson, LUTCF</b>		Date of Receipt M / D / Y 02 / 07 / 2005
Mailing Address 575 Lincoln Ave Suite 215		Transaction ID: R1542482
City Napa	State CA	Zip Code 94558-3633
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-employed	Occupation Insurance Agent	Check
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Joseph R. Nerhaus, FLMI</b>		Date of Receipt M / D / Y 02 / 07 / 2005
Mailing Address 1800 Cedar Bend		Transaction ID: R1542491
City Hartland	State WI	Zip Code 53029
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self-employed	Occupation Insurance Agent	Credit Card
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>800.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 16 / 31  
(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 Commit-  
tee

Full Name (Last, First, Middle Initial) <b>A. Mr. James W. Oglesby, LUTCF</b>		Date of Receipt M / D / Y 02 / 10 / 2005
Mailing Address P. O. Box 7158		Transaction ID: R1542134
City Asheville	State NC	Zip Code 28802-7158
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 143.00
Name of Employer Self-employed	Occupation Insurance Agent	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 286.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. R. Jan Pinney, CLU, ChFC,</b>		Date of Receipt M / D / Y 02 / 10 / 2005
Mailing Address 5152 Ellington Court		Transaction ID: R1541363
City Granite Bay	State CA	Zip Code 95746-7188
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 208.00
Name of Employer Self-employed	Occupation Insurance Agent	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 418.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Robert M. Roach, CLU, ChFC</b>		Date of Receipt M / D / Y 02 / 10 / 2005
Mailing Address 1287 Harrison Pond Drive		Transaction ID: R1541597
City New Albany	State OH	Zip Code 43054
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 105.00
Name of Employer Self-employed	Occupation Insurance Agent	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>458.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER: PAGE 17 / 31  
(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 Committee

Full Name (Last, First, Middle Initial) <b>A. Mr. Richard J. Rosenthal, LUTCF</b>		Date of Receipt M / D / Y Y Y Y 02 / 22 / 2005
Mailing Address 9085 S.W. 78 Court		Transaction ID: R1542858
City State Zip Code Miami FL 33156	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 500.00
Name of Employer Self-employed Receipt For: Primary General Other (specify) ▼	Occupation Insurance Agent Aggregate Year-to-Date ▼ 500.00	Credit Card

Full Name (Last, First, Middle Initial) <b>B. Mr. Alan J. Siver, CLU</b>		Date of Receipt M / D / Y Y Y Y 02 / 28 / 2005
Mailing Address 12150 Blythen Way		Transaction ID: R1543037
City State Zip Code Oakland CA 94613	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 250.00
Name of Employer Self-employed Receipt For: Primary General Other (specify) ▼	Occupation Insurance Agent Aggregate Year-to-Date ▼ 250.00	Check

Full Name (Last, First, Middle Initial) <b>C. Mr. Russell A. Smith, CLU, ChFC, C</b>		Date of Receipt M / D / Y Y Y Y 02 / 10 / 2005
Mailing Address 22911 Green Pine		Transaction ID: R1541435
City State Zip Code Canyon Lake CA 92587	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 208.00
Name of Employer Self-employed Receipt For: Primary General Other (specify) ▼	Occupation Insurance Agent Aggregate Year-to-Date ▼ 418.00	Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>958.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 18 / 31  
(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 Commit-  
tee

Full Name (Last, First, Middle Initial) <b>A. Mr. David E. Smithkey, RFC,CLU</b>		Date of Receipt M / D / Y 02 / 10 / 2005
Mailing Address 9451 Heddy Drive		Transaction ID: R1541458
City	State	Zip Code
Flushing	MI	48433
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 105.00
Name of Employer Self-employed	Occupation Insurance Agent	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Leonard Salomon, LUTCF</b>		Date of Receipt M / D / Y 02 / 11 / 2005
Mailing Address 3021 Fallstaff Rd #105B		Transaction ID: R1542567
City	State	Zip Code
Baltimore	MD	21208-2957
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 211.50
Name of Employer Self-employed	Occupation Insurance Agent	Check
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 211.50	

Full Name (Last, First, Middle Initial) <b>C. Mr. Noel Courtney Spencer, MBA</b>		Date of Receipt M / D / Y 02 / 10 / 2005
Mailing Address 3 Valeria Drive		Transaction ID: R153B432
City	State	Zip Code
Chester	NY	10518-1428
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 105.00
Name of Employer Self-employed	Occupation Insurance Agent	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>421.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 10 / 31  
(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 Committee

Full Name (Last, First, Middle Initial) <b>A. Mr. Steven M. Stratton, LUTCF</b>		Date of Receipt M / D / Y Y Y Y 02 / 10 / 2005
Mailing Address 17131 Parkview Dr		Transaction ID: R1539827
City	State	Zip Code
Morgan Hill	CA	95037
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 105.00
Name of Employer Self-employed	Occupation Insurance Agent	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Jeffrey J. Taggart</b>		Date of Receipt M / D / Y Y Y Y 02 / 10 / 2005
Mailing Address 1107 Cedar Ln. P.O. Box 2433		Transaction ID: R1542017
City	State	Zip Code
Cody	WY	82414-2433
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Self-employed	Occupation Insurance Agent	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Thomas L. Webb, CLU, ChFC</b>		Date of Receipt M / D / Y Y Y Y 02 / 18 / 2005
Mailing Address 744D Stone Lake St		Transaction ID: R1542759
City	State	Zip Code
Las Vegas	NV	89131
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self-employed	Occupation Insurance Agent	Check
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>455.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 20 / 31  
(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 Committee

Full Name (Last, First, Middle Initial) <b>A. Mrs. Susan Diane Wier, CFP,ChFC</b>		Date of Receipt M / D / Y 02 / 10 / 2005
Mailing Address 8023 South Zikes Rd		Transaction ID: R1540080
City Bloomington	State IN	Zip Code 47401-9178
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 105.00
Name of Employer Self-employed	Occupation Insurance Agent	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Cliff F. Wilson, CLU,ChFC,L</b>		Date of Receipt M / D / Y 02 / 10 / 2005
Mailing Address 145B W. Bahia Court		Transaction ID: R1538333
City Gilbert	State AZ	Zip Code 85233
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 126.00
Name of Employer Self-employed	Occupation Insurance Agent	Payroll Deduction
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 282.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Cliff F. Wilson, CLU,ChFC,L</b>		Date of Receipt M / D / Y 02 / 10 / 2005
Mailing Address 145B W. Bahia Court		Transaction ID: R1542552
City Gilbert	State AZ	Zip Code 85233
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Self-employed	Occupation Insurance Agent	Check
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 282.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>281.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 21 / 31  
(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 Committee

Full Name (Last, First, Middle Initial) <b>A. Mr. Barry L. Wolfe, CLU</b>		Date of Receipt M / D / Y Y Y Y 02 / 28 / 2005
Mailing Address 22578 Flamingo Street		Transaction ID: R1543015
City	State	Zip Code
Woodland Hills	CA	91364-4816
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self-employed	Occupation Insurance Agent	Check
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Edward A. Zabielski, Jr.</b>		Date of Receipt M / D / Y Y Y Y 02 / 10 / 2005
Mailing Address 403 Buttonwood Road		Transaction ID: R1542368
City	State	Zip Code
Landenberg	PA	19350
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 105.00
Name of Employer Self-employed	Occupation Insurance Agent	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. David G. Zick, CLU, ChFC</b>		Date of Receipt M / D / Y Y Y Y 02 / 22 / 2005
Mailing Address 851 Adams Court		Transaction ID: R1542850
City	State	Zip Code
Bloomfield Hills	MI	48304
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 625.00
Name of Employer Self-employed	Occupation Insurance Agent	Check
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1230.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 22 / 31

(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 Committee

Full Name (Last, First, Middle Initial) A. Mr. Gordon N. Zuckerman, CLU, ChFC		Date of Receipt M / D / Y 02 / 10 / 2005	
Mailing Address 1137 Fernwood Dr		Transaction ID: R1539604	
City Niskayuna	State NY	Zip Code 12309	Amount of Each Receipt this Period 105.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer Self-employed	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 210.00	
Receipt For: Primary      General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) .....	▶	105.00
TOTAL This Period (last page this line number only) .....	▶	13393.00

**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 23 / 31

<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
	27		28a		28b		28c		29		30b

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

Full Name (Last, First, Middle Initial)

A. First Union Bank

Mailing Address One First Union Center

City Charlotte State NC Zip Code 28288-1164

Purpose of Disbursement  
Bank Charges

Candidate Name

Office Sought: House  
Senate  
President  
State: District

Disbursement For:  
Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: D817B

Date of Disbursement

02 / 28 / 2005

Amount of Each Disbursement this Period

802.64

SUBTOTAL of Disbursements This Page (optional) ▶

802.64

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

802.64

**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 24 / 31

<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

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 Commit-  
tee

Full Name (Last, First, Middle Initial)  
**A. America's Majority Trust**

Mailing Address 1155 21st Street, NW/Suite 300

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Contr. America's Majority Trust (PAC to  
Candidate Name

Office Sought: House Disbursement For: 2005  
Senate Primary General  
President X Other (specify) ▼

State: District Annual

Transaction ID: D8153  
Date of Disbursement  
02 / 24 / 2005

Amount of Each Disbursement this Period  
5000.00

Category/  
Type  
PAC contribution)

Full Name (Last, First, Middle Initial)  
**B. Burr For Senate**

Mailing Address P.O. Box 5028

City Winston-Salem State NC Zip Code 27113

Purpose of Disbursement  
Contr. Richard Burr (NC-R-US Senate-debt  
Candidate Name  
Richard M. Burr

Office Sought: House Disbursement For: 2004  
X Senate Primary X General  
President Other (specify) ▼

State: NC District

Transaction ID: D8148  
Date of Disbursement  
02 / 22 / 2005

Amount of Each Disbursement this Period  
2500.00

Category/  
Type  
retirement)

Full Name (Last, First, Middle Initial)  
**C. Committee to Re-Elect Bobby Jindal, Inc.**

Mailing Address PO Box 8628

City Metairie State LA Zip Code 70011

Purpose of Disbursement  
Contr. Bobby Jindal (LA-1-R-US House)  
Candidate Name  
Bobby Jindal

Office Sought: X House Disbursement For: 2006  
Senate X Primary General  
President Other (specify) ▼

State: LA District 01

Transaction ID: D8150  
Date of Disbursement  
02 / 24 / 2005

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)

PAGE 25 / 31

<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 Commit-  
tee

Full Name (Last, First, Middle Initial) <b>A. Friends of Connie Mack</b>		Transaction ID: D8135 Date of Disbursement 02 / 09 / 2005	
Mailing Address 5100 S. Cleveland Ave, Suite 318 PMB 388		Amount of Each Disbursement this Period 1000.00	
City Fort Myers State FL Zip Code 33907	Purpose of Disbursement Contr. Connie Mack (FL-14-R-US House)	Category/ Type	
Candidate Name Connie Mack, IV	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 14			

Full Name (Last, First, Middle Initial) <b>B. Friends of Jim Cooper Committee</b>		Transaction ID: D8151 Date of Disbursement 02 / 24 / 2005	
Mailing Address PO Box 684		Amount of Each Disbursement this Period 1000.00	
City Shelbyville State TN Zip Code 37160	Purpose of Disbursement Contr. Jim Cooper (TN-5-D-US House)	Category/ Type	
Candidate Name Jim Cooper	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 05			

Full Name (Last, First, Middle Initial) <b>C. Friends of Joe Lieberman</b>		Transaction ID: D8133 Date of Disbursement 02 / 08 / 2005	
Mailing Address PO Box 4322, State House Square		Amount of Each Disbursement this Period 1000.00	
City Hamden State CT Zip Code 06514	Purpose of Disbursement Contr. Joseph I. Lieberman (CT-D-US)	Category/ Type	Senata)
Candidate Name Joseph I. Lieberman	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District:			

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **3000.00**

**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)

PAGE 26 / 31

<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 Commit-  
tee

Full Name (Last, First, Middle Initial) <b>A. Growth &amp; Prosperity PAC</b>		Transaction ID: D8143 Date of Disbursement 02 / 16 / 2005	
Mailing Address 1155 21st Street, NW/Suite 300		Amount of Each Disbursement this Period 5000.00	
City Washington State DC Zip Code 20036	Purpose of Disbursement Contr. Growth & Prosperity PAC (PAC to Candidate Name	Category/ Type PAC contribution)	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: District	Disbursement For: 2005 Primary <input type="checkbox"/> General <input type="checkbox"/> X Other (specify) <input type="checkbox"/> Annual		

Full Name (Last, First, Middle Initial) <b>B. Jesse Jackson Jr. for Congress Committee</b>		Transaction ID: D8147 Date of Disbursement 02 / 22 / 2005	
Mailing Address P.O. Box 480286		Amount of Each Disbursement this Period 2000.00	
City Chicago State IL Zip Code 60648	Purpose of Disbursement Contr. Jesse Jackson, Jr. (IL-2-D-US) Candidate Name Jesse L. Jackson, Jr.	Category/ Type House)	
Office Sought: x House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: IL District 02	Disbursement For: 2006 X Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>		

Full Name (Last, First, Middle Initial) <b>C. LaTourette for Congress Committee</b>		Transaction ID: D8152 Date of Disbursement 02 / 24 / 2005	
Mailing Address 7200 Center Street/Suite 102		Amount of Each Disbursement this Period 2500.00	
City Mentor State OH Zip Code 44060	Purpose of Disbursement Contr. Steven C. LaTourette (OH-14-R-US) Candidate Name Steven C. LaTourette	Category/ Type House)	
Office Sought: x House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: OH District 14	Disbursement For: 2006 X Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>		

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ **9500.00**

**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)

PAGE 27 / 31

<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 Commit-  
tee

Full Name (Last, First, Middle Initial) <b>A. Leadership PAC 2006</b>		Transaction ID: D8145 Date of Disbursement 02 / 22 / 2005
Mailing Address 675 N. Washington St./Suite 410		Amount of Each Disbursement this Period  5000.00
City Alexandria	State VA Zip Code 22314	
Purpose of Disbursement Contr. Leadership PAC 2006 (PAC to PAC)		Contribution)
Candidate Name		
Office Sought: House	Disbursement For: 2005	Category/ Type
Senate	Primary General	
President	<input checked="" type="checkbox"/> Other (specify) ▼	Annual
State: District	Annual	

Full Name (Last, First, Middle Initial) <b>B. Pryce Project</b>		Transaction ID: D8137 Date of Disbursement 02 / 09 / 2005
Mailing Address 1155 21st Street, NW/Suite 300		Amount of Each Disbursement this Period  2500.00
City Washington	State DC Zip Code 20036	
Purpose of Disbursement Contr. Pryce Project (PAC to PAC)		contribution)
Candidate Name		
Office Sought: House	Disbursement For: 2005	Category/ Type
Senate	Primary General	
President	<input checked="" type="checkbox"/> Other (specify) ▼	Annual
State: District	Annual	

Full Name (Last, First, Middle Initial) <b>C. RED PAC</b>		Transaction ID: D8149 Date of Disbursement 02 / 22 / 2005
Mailing Address 437B New Jersey Avenue, SE		Amount of Each Disbursement this Period  5000.00
City Washington	State DC Zip Code 20003	
Purpose of Disbursement Contr. RED PAC (PAC to PAC contribution)		Category/ Type
Candidate Name		
Office Sought: House	Disbursement For: 2005	Annual
Senate	Primary General	
President	<input checked="" type="checkbox"/> Other (specify) ▼	Annual
State: District	Annual	

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **12500.00**

**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)

PAGE 28 / 31

<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 Commit-  
tee

Full Name (Last, First, Middle Initial)  
A. Re-Elect Harold Ford, Jr.  
Mailing Address 5120 Barry Road/Suite 1300  
City Memphis State TN Zip Code 38117  
Purpose of Disbursement  
Contr. Harold E. Ford, Jr. (TN-9-D-US)  
Candidate Name  
Harold E. Ford, Jr.  
Office Sought:  House Disbursement For: 2006  
Senate  Primary General  
President  
State: TN District: D9 Other (specify) ▼

Transaction ID: D8139  
Date of Disbursement  
02 / 15 / 2005  
Amount of Each Disbursement this Period  
2500.00

Category/  
Type  
House)

Full Name (Last, First, Middle Initial)  
B. Russ Camahan for Congress Committee  
Mailing Address 7370 Manchester Road/Suite 20  
City St. Louis State MO Zip Code 63143  
Purpose of Disbursement  
Contr. Russ Camahan (MO-3-D-US House)  
Candidate Name  
Russ Camahan  
Office Sought:  House Disbursement For: 2006  
Senate  Primary General  
President  
State: MO District: D3 Other (specify) ▼

Transaction ID: D8144  
Date of Disbursement  
02 / 16 / 2005  
Amount of Each Disbursement this Period  
1000.00

Category/  
Type

Full Name (Last, First, Middle Initial)  
C. Schakowsky for Congress  
Mailing Address P.O. Box 5130  
City Evanston State IL Zip Code 60204  
Purpose of Disbursement  
Contr. Jan Schakowsky (IL-9-D-US House)  
Candidate Name  
Janice D. Schakowsky  
Office Sought:  House Disbursement For: 2006  
Senate  Primary General  
President  
State: IL District: D9 Other (specify) ▼

Transaction ID: D8146  
Date of Disbursement  
02 / 22 / 2005  
Amount of Each Disbursement this Period  
2500.00

Category/  
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 6000.00  
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)

PAGE 29 / 31

<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
National Association of Insurance and Financial Advisors Political Action Commit-  
tee

Full Name (Last, First, Middle Initial)

A. Sherman for Congress

Mailing Address 555 South Flower Street Suite 4510

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement  
Contr. Brad Sherman (CA-27-D-US House)

Candidate Name  
Brad Sherman

Office Sought:  House  
Senate  
President  
State: CA District: 27

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: D8134

Date of Disbursement

02 / 09 / 2005

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

40500.00

**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 30 / 31

<input 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 checked="" 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 Commit-  
tee

Full Name (Last, First, Middle Initial)  
A. Mr. Vernon L. Mustard

Transaction ID: D813B  
Date of Disbursement  
02 / 11 / 2005

Mailing Address 15112 104th Ave

Amount of Each Disbursement this Period  
195.50

City State Zip Code  
Coopersville MI 49404-9740

Purpose of Disbursement  
Refund to Individual

Candidate Name

Category/  
Type

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

State: District

SUBTOTAL of Disbursements This Page (optional) ▶ 195.50

TOTAL This Period (last page this line number only) ▶ 195.50

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

(Use separate  
schedule(s)  
for each  
numbered line)

FOR LINE NUMBER:  
(check only one)

9  
 10

**Excluding Loans**

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

NAIFA

Nature of Debt (Purpose):

Payroll, Benefits, Supplies, Copies, etc

Mailing Address 2901 Telestar Court

City State

ZIP Code

Falls Church VA

22042-1205

Outstanding Balance Beginning This Period

72974.73

Transaction ID: DD#7711

Amount Incurred This Period

33898.63

Payment This Period

0.00

Outstanding Balance at Close of This Period

106873.36

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	<b>106873.36</b>
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	<b>106873.36</b>
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	▶	