

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

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

FOR LINE NUMBER: PAGE 6 OF 206

(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. Sharkey, Brian, M., Mr.,

Mailing Address 226 McClenaghan Mill Rd

City
WynnewoodState
PAZip Code
19096-1123FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Karr Barth Associates, Inc.Occupation (for Individual)
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2017

Transaction ID : 15123637

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Barnes, Robert, J., Mr.,

Mailing Address 1201 32nd.

City
W. Des MoinesState
IAZip Code
50266-2012FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Dana CompanyOccupation (for Individual)
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 06 / 2017

Transaction ID : 15123672

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

C. Granstra, Char, , Ms.,

Mailing Address 917 Green Way Dr
P.O. Box 151City
Rock ValleyState
IAZip Code
51247-1576FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AXA Advisors, LLCOccupation (for Individual)
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 06 / 2017

Transaction ID : 15123677

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

1100.00

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