10/30/2006 12:02

Image# 26940568232

FEC FORM 3X

Only

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines National Association of Insurance and Financial Advisors Political Action Commit-2901 Telestar Court ADDRESS (number and street) Check if different than previously Falls Church VA 22042 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** CITY A ZIPCODE A IS THIS **AMENDED** NEW C00005249 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) Х (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the 11 07 2006 VA Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 10 0 1 2006 10 2006 18 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Peter C. Browne Type or Print Name of Treasurer Electronically Filed by Peter C. Browne 10 30 2006 Signature of Treasurer Date 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 **FEC FORM 3X** Use (Rev. 02/2003)

Image# 26940568233

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) OF RECEIPTS AND DISBURSEMENTS
Page 2

Report Covering the Period: From:	01 2006	To: 10 18 2006
_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
. (a) Cash on Hand January 1 Y2006		537428.48
(b) Cash on Hand at Begining of Reporting Period	240354.16	
(c) Total Receipts (from Line 19)	73923.86	834662.95
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	314278.02	1372091.43
. Total Disbursements (from Line 31)	308560.00	1366373.41
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	5718.02	5718.02
. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
O. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	111077.14	
X This Committee has qualified as a multicandidate	e committee. (see FEC FORM 1M)	

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 Commit-

tee

Report Covering the Period:

From:

м м 1 0 01

^Y 2 0 0 6

To:

1 0

^D 18

2006

	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)	25696.39	264744.05
	(ii) Unitemized	48227.47	567418.90
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	73923.86	832162.95
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	73923.86	832162.95
2.	Transfers From Affiliated/Other Party Committees	0.00	0.00
3.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
0.	to Federal candidates and Other Political Committees	0.00	2500.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
8.	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))	73923.86	834662.95
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	73923.86	834662.95

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	Total This Period	Calendar Year-to-Date
1. Operating Expenditures: (a) Shared Federal/Non-Federal Assisting (from School al III)		
Activity (from Schedule H4) (i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	25500.00	199883.41
Expenditures(c) Total Operating Expenditures	23300.00	133000.41
(add 21(a)(i), (a)(ii) and (b))	25500.00	199883.41
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees	283000.00	1165250.00
and Other Political Committees		
(use Schedule E)	0.00	0.00
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
8. Refunds of Contributions To: (a) Individuals/Persons Other	60.00	1240.00
Than Political Committees		
(b) Political Party Committees (c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	60.00	1240.00
9. Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
	0.00	0.00
(ii) "Levin" Share		
With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	308560.00	1366373.41
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	308560.00	1366373.41
Hom Line 31)	300300.00	1000370.41

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)	73923.86	832162.95
34. Total Contribution Refunds (from Line 28(d))	60.00	1240.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	73863.86	830922.95
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	25500.00	199883.41
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	25500.00	199883.41

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 175
IT	EMIZED RECEIPTS		or each category of the	(check only one)
• • • • • • • • • • • • • • • • • • • •	LIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
			,	13 14 15 16 17
Ar or	ly information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Insurance and F tee	inancial A	dvisors Political Action Com	mit-
Α.	Full Name (Last, First, Middle Initial) Mr. Michael J. Ables, LUTCF			Date of Receipt
	Mailing Address PO Box 2205	10 / 10 / 2006		
	City	State	Zip Code	Transaction ID: R1642115
	Avila Beach	CA	93424-2205	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		105.00
	Name of Employer Self-employed	Occupation		Payroll Deduction
	Receipt For:		e Year-to-Date ▼	
	Primary General	33 -3		1
	Other (specify) ▼		840.00	
В.	Full Name (Last, First, Middle Initial) Mr. Paul Adams			Date of Receipt
	Mailing Address 5101 Missy Maric Lane	10 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: R1639806
	Las Vegas	NV	89130	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		72.00
	Name of Employer Self-employed	Occupation		Payroll Deduction
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1 1	· · · · · · · · · · · · · · · · · · ·	1
	Other (specify) ▼	0 0	720.00	
C .	Full Name (Last, First, Middle Initial) Mr. Karl W. Albrecht, CEBS			Date of Receipt
	Mailing Address 1745 Balsam Way			10 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1643261
	Milford	MI	48381	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self-employed	Occupation		Check
	Receipt For:		e Year-to-Date ▼	┨
	Primary General	, iggi cgaic	. Tall to Bate V	· I
	Other (specify)		500.00	
S	UBTOTAL of Receipts This Page (optional)			677.00
1 ~		· · · · · · · · · · · · · · · · · · ·		

TOTAL This Period (last page this line number only)

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 7 / 175
	EMIZED RECEIPTS		or each category of the	(check only one)
• • •			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
۸n	winformation conicd from cuch Deports and State	omonte may	and he cold or used by any norse	
or	y information copied from such Reports and State for commercial purposes, other than using the na	me and add	lress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Insurance and Fitee	nancial Ad	dvisors Political Action Comr	nit-
۹.	Full Name (Last, First, Middle Initial) Mr Emmette F. Albritton, II,LUTCF			Date of Receipt
	Mailing Address 20683 Running Creek Ch Suite A	10 10 2006		
	City	State	Zip Code	Transaction ID: R1643251
	Stanfield	NC	28163	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		13.75
	Name of Employer Self-employed	Occupation Insurance		- Check
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		343.75	
 3.	Full Name (Last, First, Middle Initial) Mr. James M. Allen			Date of Receipt
	Mailing Address 414 McCall Street	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: R1641303
	Waukesha	WI	53186-6009	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer Self-employed	Occupation	1	Payroll Deduction
		Insurance		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		300.00	
).	Full Name (Last, First, Middle Initial) Ms. Susan Jane Allen, LUTCF			Date of Receipt
	Mailing Address 331 S. Brookfield Road			10 10 2006
	City	State	Zip Code	Transaction ID: R1642908
	Brookfield	WI	53045	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		6.00
	Name of Employer	Occupation	1	Payroll Deduction
	Self-employéd *	Insurance		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		226.80	
SI	JBTOTAL of Receipts This Page (optional))	49.75
т	OTAL This Period (last page this line number on	ly)	>	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)		NUMBER:	PAGE 8 / 175
ITEMIZED RECEIPTS			or each category of the	(check only	<u> </u>	
•••	LIMIZED RECEIF 13		Detailed Summary Page	X 11a 13	11b 14	11c 12 15 16 17
Ar	ny information copied from such Reports and Statement for commercial purposes, other than using the name a	ts may	not be sold or used by any perso	n for the purp	ose of solicit	ting contributions such committee.
	NAME OF COMMITTEE (In Full)		7,7,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1			
\rangle	National Association of Insurance and Finance	mit-				
<u>_</u>	Full Name (Last, First, Middle Initial)					
A.	Ms. Susan Jane Allen, LUTCF				Receipt	
	Mailing Address 331 S. Brookfield Road			1 0	13	2006
	City Sta	ate	Zip Code	Transac	ction ID: R1	643365
	Brookfield W	<u> </u>	53045			ceipt this Period
	FEC ID number of contributing federal political committee.					-6.00
	Name of Employer Occu	upatior	<u> </u>	RT		
	Self-employed 1		e Agent			
	Receipt For: Agg	regate	Year-to-Date ▼			
	Primary General		226.80	1		
	Other (specify)	0				
В.	Full Name (Last, First, Middle Initial) Ms. Carol A. Anderson, LUTCF, CFP			Date of	Receipt	
	Mailing Address 717 N. 87th St.				/ D D D	2006
		State Zip Code			ction ID: R1	642749
	<u>Omaha</u> <u>NE</u>	<u> </u>	68114	Amoun	t of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.				- · · · ·	50.00
	Name of Employer Occu Self-employed Incu	upatior	ı	Payroll	Deduction	
	IIISU		e Agent			
		regate	Year-to-Date ▼	_		
	Primary General Other (specify) ▼		500.00			
_	Full Name (Last, First, Middle Initial)			Data of	Descint	
C.	Mr. Robert B. Anderson, CLU Mailing Address 1456 Old Boones Creek Road	1		M M	Receipt	/ Y Y Y Y Y
	maining / toda oos 1450 Old Boorles Oreek Hoad	,		10	10	2006
	City Sta	ate	Zip Code	Transac	ction ID: R1	642743
	Jonesborough TN	1	37659	Amoun	t of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.				D 1 .:	50.00
	Name of Employer Occu Self-employed Insu	n e Agent	Payroll Deduction			
			Year-to-Date ▼			
	Primary General		850.00	1		
	Other (specify)	0	830.00			
s	UBTOTAL of Receipts This Page (optional)					94.00
۲					•	
т	TOTAL This Period (last page this line number only)					

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	Check only one
Ar or	y information copied from such Reports and Statements ma for commercial purposes, other than using the name and ad	ly not be sold or used by any perso Idress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Association of Insurance and Financial Atee	Advisors Political Action Com	mit-
Α.	Primary General	ce Agent e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Russell S. Andrews, CLU, ChFC Mailing Address 106 W Jefferson St #601	250.00	Date of Receipt
	City State Syracuse NY FEC ID number of contributing federal political committee. Name of Employer Self-employed Occupation Insurance		Transaction ID: R1642377 Amount of Each Receipt this Period 50.00 Payroll Deduction
<u> </u>	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Joan A. Antoniello Mailing Address 530 5th Ave 14th Fl. City State	500.00 Zip Code	Date of Receipt 10 10 2006 Transaction ID: R1641554
	New York FEC ID number of contributing federal political committee. Name of Employer Self-employed Occupation Insurance	ce Agent	Amount of Each Receipt this Period 21.00 Payroll Deduction
<u>_</u>	Primary General Other (specify)	e Year-to-Date ▼ 210.00	96.00
\vdash	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number only)	,	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 175 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) National Association of Insurance and Itee	Financial A	dvisors Political Action Com	mit-
Α.	Full Name (Last, First, Middle Initial) Mr. Glenn J. Arons, CFP,ChFC Mailing Address 14710 Pettit Way City Potomac FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For:	State MD C Occupation Insurance Aggregate		Date of Receipt M M M
	Primary General Other (specify) ▼	0 0	210.00	
3.	Full Name (Last, First, Middle Initial) Mr. Douglas Austin, CLU Mailing Address Suite 9 Kite Hill Rd City Santa Cruz FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General	State CA C Occupation Insurance Aggregate		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
) .	Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. William H. Barbee, III Mailing Address 258 Mesa Avenue			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Newbury Park FEC ID number of contributing federal political committee. Name of Employer Self-employed	State CA C Occupation Insurance		Transaction ID: R1639891 Amount of Each Receipt this Period 12.50 Payroll Deduction
	Receipt For: Primary General Other (specify)		e Agent e Year-to-Date ▼ 225.00	
s	UBTOTAL of Receipts This Page (optional)			155.00
T	OTAL This Period (last page this line number o	nlv)		

S

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 / 175	
ITEMIZED RECEIPTS			or each category of the	(check only one)	
••	EMIZED RESERVES		Detailed Summary Page	X 11a 11b 11c 12 	
Δr	ny information copied from such Reports and St	tatomente ma	y not be sold or used by any perso		
or	ny information copied from such Reports and Si for commercial purposes, other than using the	name and ad	dress of any political committee to	solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
\rangle	National Association of Insurance and tee	Financial A	dvisors Political Action Com	mit-	
Α.	Full Name (Last, First, Middle Initial) Mr. James T. Bardin, CLU, ChFC			Date of Receipt	
	Mailing Address 4226 Fairway Circle			10 10 2006	
	City	State	Zip Code	Transaction ID: R1641216	
	Tampa	<u>FL</u>	33624-4640	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		22.50	
	Name of Employer Self-employed	Occupatio Insuranc		Payroll Deduction	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		225.00	1	
	Other (specify) ▼	0 0	223.00		
В.	Full Name (Last, First, Middle Initial) Mr. Joseph Barker, III,CLU	Date of Receipt			
	Mailing Address 10250 Regency Circle,	10 10 2006			
	City	City State Zip Code			
	<u>Omaha</u>	NE	68114-3735	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		21.00	
	Name of Employer Self-employed	Occupatio	n	Payroll Deduction	
	Seir-employed	Insuranc	e Agent		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		210.00		
— С.	Full Name (Last, First, Middle Initial) Mr. Thom E. Beasley			Date of Receipt	
٥.	Mailing Address 1103 Dove Rd.			M M / D D / Y Y Y Y	
				10 10 2006	
	City	State	Zip Code	Transaction ID: R1642217	
	Jonesboro	AR	72401-5270	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		81.00	
	Name of Employer Self-employed	Occupatio Insuranc		Payroll Deduction	
	Receipt For:		e Year-to-Date ▼		
	Primary General		702.00	1	
	Other (specify) ▼	0 0	783.00		
S	UBTOTAL of Receipts This Page (optional)			124.50	
\vdash	ago (opnoria)				
Т	OTAL This Period (last page this line number	only)			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 12 / 175 (check only one)		
	EIVIIZED NECEIP 13		Detailed Summary Page	X 11a 11b 11c 12 15 16 17		
An or	y information copied from such Reports and Sta for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and F	inancial A	dvisors Political Action Com	mit-		
<u>′ </u>	Full Name (Last, First, Middle Initial) Mr. John C. Beckwith			Date of Receipt		
٦.	Mailing Address 1908 Greenbriar Drive	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City	State	Zip Code	Transaction ID: R1642520		
	Portage	MI	49024-5787	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		42.00		
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction		
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary ☐ General Other (specify) ▼		420.00			
3.	Full Name (Last, First, Middle Initial) Mr. Michael E. Behar			Date of Receipt		
	Mailing Address 2319 Cheshire Woods R	10 10 / 2006				
	City	State	Zip Code	Transaction ID: R1642030		
	Toledo	OH	43617-1202	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		22.50		
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction		
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General Other (specify) ▼	0 0	225.00			
— Э.	Full Name (Last, First, Middle Initial) Mr. Daniel C. Bell			Date of Receipt		
	Mailing Address P. O. Box 1747			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: R1641060		
	Cleveland	MS	38732-1747	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		25.00		
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00			
S	UBTOTAL of Receipts This Page (optional)			89.50		
T	OTAL This Period (last page this line number or	nly)	>			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 13 / 175
TEMIZED RECEIPTS			or each category of the	(check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Insurance and Fitee	inancial A	dvisors Political Action Comr	nit-
۹.	Full Name (Last, First, Middle Initial) Mr. Kent A. Bennett, LUTCF, CEP			Date of Receipt
	Mailing Address 280 Hollow Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1643104
	Muncy	PA	17756	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		87.50
	Name of Employer	Occupation	1	Payroll Deduction
	Self-employed	Insurance		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		3375.00	
3.	Full Name (Last, First, Middle Initial) Mr. Robert A. Berg, CLU, LUTCF			Date of Receipt
	Mailing Address 1405 Blackberry Lane	10 10 / 2006		
	City	State	Zip Code	Transaction ID: R1641849
	Stevens Point	WI	54481-9140	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Self-employed	Occupation		Payroll Deduction
	Receipt For:	Insurance	e Agent e Year-to-Date ▼	-
	Primary General	riggrogate		
	Other (specify) ▼		300.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. James R. Bertine, FIC, LUTCF			Date of Receipt
	Mailing Address 2935 S. Columbus St.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1639910
	Arlington	VA	22206-1412	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		22.50
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		225.00	
s	JBTOTAL of Receipts This Page (optional)		······	140.00
			·	
T	OTAL This Period (last page this line number on	ly)	>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 175 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and F	inancial A	dvisors Political Action Com	mit-
Α.	Full Name (Last, First, Middle Initial) Mr. Thomas C. Besselman Mailing Address 6421 Perkins Rd # 2b City Baton Rouge FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State LA C Occupation Insurance Aggregate		Date of Receipt M M J D D J Z D O 6 Transaction ID: R1641674 Amount of Each Receipt this Period 50.00 Payroll Deduction
3.	Full Name (Last, First, Middle Initial) Mr. David B. Bianchi, CLU Mailing Address 1125 Beldon Way City Reno	State NV	Zip Code 89503-3164	Date of Receipt M M J D D J D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	Occupation Insurance Aggregate		Payroll Deduction
-	Full Name (Last, First, Middle Initial) Mr. J. Blayne Bird Mailing Address 315 Willow Drive City Blackfoot FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State ID C Occupation Insurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)		·····•	140.00
T	OTAL This Period (last page this line number or	ılv)	_	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 15/175
ITEMIZED RECEIPTS		or each category of the	(check only one)
••	LIMIZED RECEIL 13	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar	y information copied from such Reports and Statements	may not be sold or used by any persor	n 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 Financia tee	l Advisors Political Action Comn	nit-
Α.	Full Name (Last, First, Middle Initial) Mr. Harlynn N. Bjerke, LUTCF		Date of Receipt
	Mailing Address P. O. Box 144		M M / D D / Y Y Y Y
			10 10 2006
	City State	'	Transaction ID: R1641439
	Adams ND	58210-0144	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		25.20
	Name of Employer Occup	ation	Payroll Deduction
	Self-employed Insura	ance Agent	
		gate Year-to-Date ▼	
	Primary General	267.00	
	Other (specify)		
В.	Full Name (Last, First, Middle Initial) Ms. Eleanor B. Blaylock		Date of Receipt
	Mailing Address 9439 Gay Lane		10 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State	Zip Code	Transaction ID: R1641249
	Oil City LA	71061	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		50.00
	Name of Employer Occup Self-employed	ation	Payroll Deduction
	Self-employed Insura	ance Agent	
	Receipt For: Aggre	gate Year-to-Date ▼	
	Primary General	484.00	
	Other (specify)		
C.	Full Name (Last, First, Middle Initial) Mr. Brian D. Boesiger, CSA, LUTC		Date of Receipt
	Mailing Address 7021 S. 33rd Street		M M / D D / Y Y Y Y
			10 10 2006
	City State	'	Transaction ID: R1640029
	<u>Lincoln</u> NE	68516-4886	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		30.00
	Name of Employer Occup Self-employed Inquire		Payroll Deduction
	insura	ance Agent	
		gate Year-to-Date ▼	
	Primary General Other (specify) ▼	260.00	
	Outer (specify)		
s	UBTOTAL of Receipts This Page (optional)		105.20
\vdash		<u> </u>	
т	OTAL This Period (last page this line number only)	>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 175 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the nan	ments may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and Fintee	nancial Ad	dvisors Political Action Com	mit-
Α.	Full Name (Last, First, Middle Initial) Mr. Guy S. Bowering Mailing Address 129 Woodland Hills Blvd. City Madison FEC ID number of contributing federal political committee. Name of Employer Self-employed	State MS C Occupation Insurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Other (specify) ▼		214.50	
3.	Full Name (Last, First, Middle Initial) Mr. John J. Bradley, CLU Mailing Address 148 Grove Street City	State	Zip Code	Date of Receipt M M
	Westwood	MA	02090	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.66
	Self-employed 1	Occupation Insurance		Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 416.60	
) .	Full Name (Last, First, Middle Initial) Mr. Gary A. Bramon, CLU, ChFC			Date of Receipt
Mailing Address 269 San Felipe Way			10 10 / Y Y Y Y Y	
	City Novato	State CA	Zip Code 94945-1687	Transaction ID: R1642703 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	34343*1007	50.00
	Self-employed *	Occupation Insurance		Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
S	UBTOTAL of Receipts This Page (optional)			114.16
т	OTAL This Period (last page this line number only	<i>(</i>)		

S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 17 / 175
	EMIZED RECEIPTS		or each category of the	(check only one)
••	LIMELD HEOLII 10		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Δr	av information copied from such Reports and State	emente may	y not be sold or used by any perso	
or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	National Association of Insurance and Fitee	inancial Ad	dvisors Political Action Com	mit-
A.				Date of Receipt
	Mailing Address 2103 Sunset Lane			10 10 2006
	City	State	Zip Code	Transaction ID: R1641930
	La Crosse	WI	54601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		261.60	
_	Full Name (Last, First, Middle Initial) Mr. William J. Brannon, CLU,CPCU			Date of Descipt
В.	Mailing Address 5215 Mockingbird Road			Date of Receipt
	J213 Wockingbird Hoad			10 10 2006
	City	State	Zip Code	Transaction ID: R1642767
	Greensboro	NC	27406	Amount of Each Receipt this Period
	FEC ID number of contributing	С		23.10
	federal political committee.	9		Payrall Daduction
	Name of Employer Self-employed	Occupation		Payroll Deduction
		Insurance		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)	' '	231.00	
				1
<u>с.</u>	Full Name (Last, First, Middle Initial)			Date of Resoirt
U.	Mr. Ronald D. Brant, CLU, LUTCF Mailing Address 10234 Hoffman			Date of Receipt
	TOZO4 FIORITIAN			10 10 2006
	City	State	Zip Code	Transaction ID: R1642856
	Maybee	MI	48159-9777	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		208.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:		e Agent • Year-to-Date ▼	
	Primary General	, igg. ogato		1
	Other (specify) ▼		1406.00	
s	UBTOTAL of Receipts This Page (optional)			261.10
\vdash				
Ιт	OTAL This Period (last page this line number on	lv)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 18 / 175
ITEMIZED RECEIPTS		or each category of the	(check only one)	
••	LIMIZED REGEN 10		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar	y information copied from such Reports and Statem	nents may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the name	e and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	National Association of Insurance and Finatee	ancial A	dvisors Political Action Com	nit-
Α.	Full Name (Last, First, Middle Initial) Mr. Frank H. Briggs, Jr., CLU, C			Date of Receipt
	Mailing Address 2610 Bohler Rd NW			M M / D D / Y Y Y Y
	City	State	Zip Code	
		GA	30327-1418	Transaction ID: R1642840
		<u>ur</u>	30327-1410	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer O	ccupation	1	Payroll Deduction
	Self-employed In	nsurance	e Agent	
		Aggregate	Year-to-Date ▼	
	Primary General	-	500.00	
	Other (specify)	0 0		
— В.	Full Name (Last, First, Middle Initial) Mr. Delford G. Britton			Date of Receipt
	Mailing Address 1736 Jefferson Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1641544
	Napa	CA	94559-1703	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		21.00
	Name of Employer O	ccupation	1	Payroll Deduction
	Self-employed Ir	surance	e Agent	
		Aggregate	Year-to-Date ▼	
	Primary General		210.00	
	Other (specify) ▼	0 0		
C.	Full Name (Last, First, Middle Initial) Mr. Albert B. Brodbeck, CLU			Date of Receipt
	Mailing Address 56 Dundee Road			M M / D D / Y Y Y Y
	City	State	Zip Code	10 10 2006
		CT	06903-3623	Transaction ID: R1642265 Amount of Each Receipt this Period
	FFC ID number of contribution	-	000000000	
	federal political committee.	C		12.50
	Solf amployed	ccupation		Payroll Deduction
		nsurance		
		Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		225.00	
	Other (specify)	0 0	0 0 0 0 0 0 0	
				83.50
S	UBTOTAL of Receipts This Page (optional)		······	00.30
Т	OTAL This Period (last page this line number only))	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 19 / 175 (check only one)
	LIMIZED RECEIF 13		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and I tee	inancial A	dvisors Political Action Com	mit-
΄ Α.	Full Name (Last, First, Middle Initial) Mr. C. Robert Brown, Sr., CLU, L			Date of Receipt
	Mailing Address 8675 WestCott			10 10 2006
	City	State TN	Zip Code	Transaction ID: R1641019
	Germantown FEC ID number of contributing federal political committee.	C	38138-7738	Amount of Each Receipt this Period 62.50
	Name of Employer Self-employed	Occupation	1	Payroll Deduction
		Insurance		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 625.00	
3.	Full Name (Last, First, Middle Initial) Mr. James Walter Brown, LUTCF			Date of Receipt
	Mailing Address 6334 Deveron Drive			10 10 / 2006
	City	State	Zip Code	Transaction ID: R1641090
	Charlotte	NC	28211-4612	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		23.10 Payroll Deduction
	Name of Employer Self-employed	Occupation Insurance	e Agent	rayion Deduction
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,
	Other (specify)		231.00	
Э.	Full Name (Last, First, Middle Initial) Mr. Michael O. Brown, LUTCF			Date of Receipt
	Mailing Address 6512 Nell 3		7: 0 1	10 10 2006
	City Edmond	State OK	Zip Code 73013	Transaction ID: R1642624 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 600.00	
SI	UBTOTAL of Receipts This Page (optional)			145.60
T	OTAL This Period (last page this line number o	nly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 175 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Staten for commercial purposes, other than using the nam	ments may ne and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and Finatee	ancial Ad	dvisors Political Action Com	nit-
Α.	Full Name (Last, First, Middle Initial) Ms. Patricia Beal Brown Mailing Address PO Box 109 City Macon FEC ID number of contributing federal political committee. Name of Employer Self-employed	State GA C Decupation nsurance Aggregate		Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Name of Employer Self-employed II	State WA C Description Descr		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C .	Full Name (Last, First, Middle Initial) Mr. Timothy J. Brungardt, LUTCF Mailing Address 314 N. 5th. City Norfolk FEC ID number of contributing federal political committee. Name of Employer Self-employed	State NE C Decupation nsurance Aggregate		Date of Receipt M M M / 10 / 2006 Transaction ID: R1641478 Amount of Each Receipt this Period 25.00 Payroll Deduction
S	UBTOTAL of Receipts This Page (optional)		>	1317.50
T	OTAL This Period (last page this line number only))		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 175 (check only one) X 11a
Ar or	y information copied from such Reports and Statem for commercial purposes, other than using the name	nents may e and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and Finatee	ancial Ac	dvisors Political Action Com	nit-
Α.	Full Name (Last, First, Middle Initial) Mr. George B. Bryce, CLU, ChFC Mailing Address 2730 Ardon Ln City Casper FEC ID number of contributing federal political committee. Name of Employer Self-employed Ir	State WY C Decupation nsurance Aggregate		Date of Receipt M M M / 10 2006 Transaction ID: R1642672 Amount of Each Receipt this Period 42.00 Payroll Deduction
3.	Broken Arrow FEC ID number of contributing federal political committee. Name of Employer Self-employed	State OK C Occupation nsurance Aggregate		Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
)	Fargo FEC ID number of contributing federal political committee. Name of Employer Self-employed	State ND C Occupation nsurance Aggregate		Date of Receipt M M M / 10 / 2006 Transaction ID: R1641438 Amount of Each Receipt this Period 30.00 Payroll Deduction
s	UBTOTAL of Receipts This Page (optional)		_	132.00
т	OTAL This Period (last page this line number only)		>	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 22 / 175
	EMIZED RECEIPTS		or each category of the	(check only one) X 11a
			Detailed Summary Page	13 14 15 16 17
An	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions solicit contributions from such committee.
<u> </u>	NAME OF COMMITTEE (In Full)		The second second second to	
\rangle	National Association of Insurance and Fi	nancial Ad	dvisors Political Action Comr	nit-
۹.	Full Name (Last, First, Middle Initial) Mr. William D. Burke, CLU, CFP(r			Date of Receipt
	Mailing Address 2216 Nelda Way			10 10 / 2006
	City	State	Zip Code	Transaction ID: R1642122
	Alamo	CA	94507	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		21.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:		Year-to-Date ▼	1
	Primary General Other (specify) ▼	1 1	310.00	
3.	Full Name (Last, First, Middle Initial) Mr. Eugene H. Burkett, LUTCF			Date of Receipt
	Mailing Address PO Box 921			10 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1643046
	Felton	CA	95018-0921	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		21.00
	Name of Employer Self-employed	Occupation		Payroll Deduction
	Receipt For:	Insurance	e Agent • Year-to-Date ▼	_
	Primary General	Aggregate		
	Other (specify)		210.00	
`	Full Name (Last, First, Middle Initial) Ms. Donna J. Burrill, CLU, ChFC,			Date of Receipt
J.	Mailing Address P.O.BOX 143			Date of Receipt
				10 10 2006
	City FORT COLLINS	State CO	Zip Code 80522-0143	Transaction ID: R1642875
	FEC ID number of contributing		00022-0140	Amount of Each Receipt this Period
	federal political committee.	С		30.00
	Name of Employer Self-employed	Occupation		Payroll Deduction
	Receipt For:	Insurance	e Agent • Year-to-Date ▼	-
	Primary General	riggrogato		
	Other (specify) ▼		460.00	
s	UBTOTAL of Receipts This Page (optional))	72.00
T	OTAL This Period (last page this line number on	ly)	>	

SCHEDULE A (FEC	Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 23 / 175
TEMIZED RECEIPT		or each category of the	(check only one)
	_	Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such	ch Reports and Statements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or for commercial purposes, oth	er than using the name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In			
National Association of tee	Insurance and Financial A	dvisors Political Action Com	mit-
Full Name (Last, First, Middl	le Initial)		
Mrs. Evelyn Butler, CLTC, LU			Date of Receipt
Mailing Address 10 Linco	oln Ave.		10 10 2006
City	State	Zip Code	Transaction ID: R1641173
Vernon	NJ	07462	Amount of Each Receipt this Period
FEC ID number of contributi	ng C		25.20
federal political committee.	C		
Name of Employer Self-employed	Occupation	n	Payroll Deduction
	Insurance		
Receipt For:	00 0	e Year-to-Date ▼	
Primary Gen Other (specify) ▼	eral	252.00	
Curior (opeony)	-		1
Full Name (Last, First, Middl			
Mr. Robert D. Buxbaum, CLU,			Date of Receipt
Mailing Address 4 Linwo	oa Ra.		10 10 2006
City	State	Zip Code	Transaction ID: R1642307
Wellesley	MA	02181-2519	Amount of Each Receipt this Period
FEC ID number of contributi	ng C		21.00
federal political committee.			
Name of Employer Self-employed	Occupation		Payroll Deduction
	Insurance		
Receipt For: Primary Gen	""	e Year-to-Date ▼	,
Other (specify)	orai	210.00	
Full Name (Last, First, Middl Mr. Joe D. Byars, CLU, LUTC)	*		Date of Receipt
Mailing Address 5916 Pa			M M / D D / Y Y Y Y
			10 10 2006
City	State	Zip Code	Transaction ID: R1642004
Fort Smith	AR	72903-1509	Amount of Each Receipt this Period
FEC ID number of contributi federal political committee.	ng C		25.20
·			Payroll Deduction
Name of Employer Self-employed	Occupation Insurance		
Receipt For:		e Year-to-Date ▼	
Primary Gen	""		1
Other (specify)	0 0	252.00	
SURTOTAL of Receipts This	Page (optional)		71.40
COSTOTAL OF HOCOIPES THIS	ago (optional)		
TOTAL This Period (last page	this line number only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 175 (check only one) X 11a
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and Fittee	nancial A	dvisors Political Action Com	mit-
Α.	Full Name (Last, First, Middle Initial) Ms. Amy K. Byrne Mailing Address 419 N Shoreline Blvd City Mountain View FEC ID number of contributing federal political committee. Name of Employer Self-employed	State CA C Occupation Insurance	e Agent	Date of Receipt M M M / 10 / 2006 Transaction ID: R1642042 Amount of Each Receipt this Period 25.00 Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) Mr. David D. Cameron, LUTCF Mailing Address 1142 FAIRVIEW AVE.			Date of Receipt 10 10 2006
	City	State	Zip Code	Transaction ID: R1642816
	Rupert FEC ID number of contributing federal political committee.	C	83350	Amount of Each Receipt this Period 30.00
	Name of Employer Self-employed Receipt For: Primary General Other (specify) ▼	Occupation Insurance Aggregate		Payroll Deduction
. .	Full Name (Last, First, Middle Initial) Mr. Christopher D. Campbell, CLU, ChFC Mailing Address 2511 Brandon Road			Date of Receipt 1 0 1 0 2 0 0 6
	City	State	Zip Code	Transaction ID: R1641687
	Upper Arlington FEC ID number of contributing federal political committee.	OH C	43221	Amount of Each Receipt this Period 42.50
	Name of Employer Self-employed	Occupation	e Agent	Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 425.00	
s	UBTOTAL of Receipts This Page (optional)			97.50
T	OTAL This Period (last page this line number onl	v)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 25 / 175 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(crieck only one)
				13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Insurance and F tee	inancial A	dvisors Political Action Com	mit-
۹.	Full Name (Last, First, Middle Initial) Mr. Daniel J. Carlberg, CLU, ChFC,			Date of Receipt
	Mailing Address 9774 Katella Ave Suite 1	02		10 03 2006
	City	State	Zip Code	Transaction ID: R1643139
	Anaheim	CA	92804	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-employed	Occupation Insurance		Credit Card
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Ms. Cecilia H. Carlton, LUTCF			Date of Receipt
J .	Mailing Address 257 Pineview Dr			M M / D D / Y Y Y Y Y 1 1 0 1 0 2 0 0 6
	City	State	Zip Code	Transaction ID: R1642213
	<u>Hazlehurst</u>	MS	39083-2105	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		27.50
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		267.50]
).	Full Name (Last, First, Middle Initial) Ms. Kelli J. Carmichael, CLU, LUTCF			Date of Receipt
	Mailing Address 2914 S Coffman			10 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1643027
	Casper	WY	82604-4733	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		22.50
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:		e Year-to-Date V	\dashv
	Primary General Other (specify) ▼	99.79	415.00	
S	UBTOTAL of Receipts This Page (optional)			300.00

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 26 / 175
	EMIZED RECEIPTS		or each category of the	(check only one)
• •			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Δn	y information copied from such Reports and Sta	tomente may	unot be sold or used by any perso	
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Insurance and F tee	inancial A	dvisors Political Action Com	mit-
۹.	Full Name (Last, First, Middle Initial) Mr. Jeffrey P. Case, LUTCF			Date of Receipt
	Mailing Address 1311 33rd Avenue S.W.			10 10 / 2006
	City	State	Zip Code	Transaction ID: R1642101
	Minot	ND	58701-7266	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		27.00
	Name of Employer Self-employed	Occupation		Payroll Deduction
	Receipt For:		e Year-to-Date ▼	
	Primary General			1
	Other (specify)		488.40	
3.	Full Name (Last, First, Middle Initial) Mr. James M. Cavasar			Date of Receipt
	Mailing Address 6 Chapel Hill Court	10 10 / Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: R1639935
	Mansfield	TX	76063-3318	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		36.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		360.00	
 C.	Full Name (Last, First, Middle Initial) Mr. Richard J. Chandik, MBA			Date of Receipt
	Mailing Address 1332 Shorebird Ln			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1641658
	Carlsbad	CA	92009	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.50
	Name of Employer	Occupation	n	Payroll Deduction
	Self-employed	Insurance		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		253.00	1
	Other (specify) ▼	0 0	8 8 8 8 8 8	
S	UBTOTAL of Receipts This Page (optional)			105.50
т,	OTAL This Period (last page this line number or	nlv)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 175 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Statem for commercial purposes, other than using the name	nents may e and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) National Association of Insurance and Finatee	ancial Ad	dvisors Political Action Com	nit-
Α.	Full Name (Last, First, Middle Initial) Mr. Anthony D. Chapman Mailing Address 1360 Redmond Circ City Rome FEC ID number of contributing federal political committee. Name of Employer Self-employed Ir	State GA C Cccupation nsurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Honolulu FEC ID number of contributing federal political committee. Name of Employer Self-employed Ir	State HI C Decupation nsurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
D .	Issaquah FEC ID number of contributing federal political committee. Name of Employer Self-employed Ir	State WA C Occupation nsurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)		_	85.50
T	OTAL This Period (last page this line number only)			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 175 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and Fir	nancial Ad	dvisors Political Action Com	mit-
A.	Full Name (Last, First, Middle Initial) Mr. James C. Clabusch Mailing Address 11375 Fairway Dr City Roscommon FEC ID number of contributing federal political committee. Name of Employer Self-employed	State MI C Occupation Insurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Salf-amployed	State GA C Occupation Insurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
D.	Full Name (Last, First, Middle Initial) Mr. Thomas R. Clark, CLU, ChFC Mailing Address 1603 22nd St Ste 202 City West Des Moines FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State IA C Occupation Insurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)			127.50
T	OTAL This Period (last page this line number only	v)	b	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 29/1/5
TEMIZED RECEIPTS		or each category of the	(check only one)
· · · · · · · · · · · · · · · · · · ·		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and Sta	atements ma	y not be sold or used by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the r	name and ad	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
National Association of Insurance and F tee	Financial A	dvisors Political Action Com	mit-
Full Name (Last, First, Middle Initial) A. Mr. J Michael Clinton			Date of Receipt
Mailing Address 3525 Tilford Cir			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: R1639710
<u>Monroe</u>	LA	71201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		42.50
Name of Employer Self-employed	Occupatio		Payroll Deduction
Receipt For:	Insuranc	e Agent e Year-to-Date ▼	\dashv
Primary General	, 1991 0941		1
Other (specify) ▼	0 0	274.50	
Full Name (Last, First, Middle Initial) 3. Mr. Bud Clisby, LUTCF			Date of Receipt
Mailing Address 4353 browning lane			10 10 / Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: R1641879
<u>viera</u>	<u>FL</u>	32955	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		21.00
Name of Employer Self-employed	Occupatio Insuranc		Payroll Deduction
Receipt For:		e Year-to-Date ▼	
Primary General		210.00	
☐ Other (specify) ▼	0 0	210.00	
Full Name (Last, First, Middle Initial) Ms. Ernestine S. Cohn, CSA			Date of Receipt
Mailing Address 1773 139th Avenue			10 10 2006
City	State	Zip Code	Transaction ID: R1641022
San Leandro	CA	94578	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		21.00
Name of Employer Self-employed	Occupatio Insuranc		Payroll Deduction
Receipt For:	-	e Year-to-Date ▼	
Primary General		210.00	1
Other (specify) ▼	0 0	210.00	
SUBTOTAL of Receipts This Page (optional)			84.50
TOTAL This Period (last page this line number o	nly)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 30 / 175
	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stat- for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) National Association of Insurance and Fitee	nancial A	dvisors Political Action Com	nit-
۹.	Full Name (Last, First, Middle Initial) Mr. Gordon T. Colburn Mailing Address 126 Crystal Springs Road City San Dimas FEC ID number of contributing	State CA	Zip Code 91773	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Receipt For: Primary Other (specify)	Occupation		Payroll Deduction
3.	Full Name (Last, First, Middle Initial) Mr. Norman A. Coltrane, LUTCF Mailing Address 1607 Hatherleigh Drive			Date of Receipt M
	City	State	Zip Code	Transaction ID: R1642723
	Fayetteville FEC ID number of contributing federal political committee.	NC C	28304-3643	Amount of Each Receipt this Period 30.25
	Name of Employer Self-employed Receipt For: □ Primary □ General Other (specify) ▼	Occupation Insurance Aggregate		Payroll Deduction
Э.	Full Name (Last, First, Middle Initial) Mr. Frank J. Congilose, CLU, ChFC, Mailing Address 2431 Atlantic Ave.			Date of Receipt 1 0 0 2 7 2 0 0 6
	City Manasquan	State NJ	Zip Code 08736	Transaction ID: R1639088 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00730	600.00
	Name of Employer Self-employed Receipt For: Primary General Other (specify) ▼	Occupation Insurance Aggregate		- Check
s	UBTOTAL of Receipts This Page (optional)			672.75
T	OTAL This Period (last page this line number on	ly)	.	

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 31 / 175
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12
				13 14 15 16 17
An or i	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Insurance and F tee	inancial A	dvisors Political Action Com	mit-
	Full Name (Last, First, Middle Initial) Mrs. Melissa T. Copeland, LUTCF			Date of Receipt
	Mailing Address 236 Hobbs Landing Roa			10 10 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1639731
	Elizabeth City	NC	27909	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		55.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		495.00	
	Full Name (Last, First, Middle Initial) Mr. Jonathan S. Corle, CLU			Date of Receipt
	Mailing Address 102 Crimson Place	10 18 2006		
	City	State	Zip Code	Transaction ID: R1643559
	Chester Springs	PA	19425-2110	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		375.00
	Name of Employer Self-employed	Occupation Insurance		Check
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) Mr. David A. Culley, CLU, ChFC			Date of Receipt
	Mailing Address 4187 Club Drive N.E.			10 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1643072
	Atlanta	GA	30319-1115	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.00
	Name of Employer Self-employed	Occupation		Payroll Deduction
	Receipt For:	Insurance	e Agent e Year-to-Date ▼	-
	Primary General Other (specify) ▼	39.73	420.00	
SI	JBTOTAL of Receipts This Page (optional)			472.00
т	OTAL This Period (last page this line number or	ılv)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 175 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and F	inancial A	dvisors Political Action Com	mit-
Α.	Full Name (Last, First, Middle Initial) Mr. Jack H. Curtis Mailing Address 1508 Morning Glory Cr. City Tupelo FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For:	State MS C Occupation Insurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Primary General Other (specify) ▼		497.50	
3.	Full Name (Last, First, Middle Initial) Mr. Vincent M. D'Addona, CLU, ChFC Mailing Address 141 Greenway Road City Lido Beach FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State NY C Occupation Insurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Full Name (Last, First, Middle Initial) Mr. Steven M. Daniel, CLU, ChFC, Mailing Address 2600 Meadowbrook Dr City Butte FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State MT C Occupation Insurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)		>	160.20
T	OTAL This Period (last page this line number or	ılv))	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 175 (check only one) X
Ar or	ly information copied from such Reports and Stator commercial purposes, other than using the r	ntements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and F	Financial A	dvisors Political Action Com	mit-
Α.	Full Name (Last, First, Middle Initial) Mr. William James DeBruin, LUTCF Mailing Address 106 Edgewood Ln City Combined Locks FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State WI C Occupation Insurance Aggregate		Date of Receipt M M
3.	Full Name (Last, First, Middle Initial) Mr. Jorge R. DeCubas, J.D., CLU Mailing Address 115 Sunrise Dr #4-D City Key Biscayne FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State FL C Occupation Insurance Aggregate		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
D.	Full Name (Last, First, Middle Initial) Mr. Troy D. DeLair, LUTCF Mailing Address 841 E 3550 N City North Ogden FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State UT C Occupation Insurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)		······	118.00
T	OTAL This Period (last page this line number o	nlv)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 34 / 175
IT	EMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
/	National Association of Insurance and F tee	inancial A	dvisors Political Action Com	mit-
۹.	Full Name (Last, First, Middle Initial) Mr. Glenn P. Deal, Jr.			Date of Receipt
•	Mailing Address 58 Golf Course Ln.			M M / D D / Y Y Y Y
				10 10 2006
	City	State	Zip Code	Transaction ID: R1641927
	Taylorsville	NC	28681	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		27.50
	Name of Employer Self-employed	Occupation	1	Payroll Deduction
		Insurance		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	,
	Other (specify)	' '	225.50	
3.	Full Name (Last, First, Middle Initial) Mr. John R. Dean, LUTCF,CLU,			Date of Receipt
	Mailing Address 1700 S.W. 15th Ave.			10 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1643043
	Willmar	MN	56201	Amount of Each Receipt this Period
	FEC ID number of contributing		00201	· · · · · · · · · · · · · · · · · · ·
	federal political committee.	C		50.00
	Name of Employer	Occupation	<u> </u>	Payroll Deduction
	Self-employed	Insurance		
	Receipt For:		Year-to-Date ▼	
	Primary General		436.00	1
	Other (specify)	0 0	436.00	
 D.	Full Name (Last, First, Middle Initial) Mr. Lawrence P. Decker, ChFC			Date of Receipt
_ •	Mailing Address 11944 Treat Hwy			M M / D D / Y Y Y Y
				10 10 2006
	City	State	Zip Code	Transaction ID: R1641744
	Jasper	MI	49248-9724	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer	Occupation	ı	Payroll Deduction
	Self-employed *	Insurance	•	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
			0 0 0 0 0 0 0	1
				102 50
S	JBTOTAL of Receipts This Page (optional)		·····	102.50

	CHEDULE A (FEC Form 3X)		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 35 / 175 (check only one)
H	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and F tee	inancial A	dvisors Political Action Com	nit-
<u>′</u> ۵.	Full Name (Last, First, Middle Initial) Mr. Paul R. Decker, CLU, ChFC			Date of Receipt
	Mailing Address Box 1832	State	Zip Code	10 10 2006
	City Idaho Falls	ID	83403-1832	Transaction ID: R1642878 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 1 1 1 1	50.40
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 504.00	
3.	Full Name (Last, First, Middle Initial) Mr. Robert F. Decker, CLU, FLMI			Date of Receipt
	Mailing Address 9290 West Dodge Road		7'- 0-1-	10 16 2006
	City Omaha	State NE	Zip Code 68114-3320	Transaction ID: R1643428
	FEC ID number of contributing federal political committee.	C	00114-3320	Amount of Each Receipt this Period 150.00
	Name of Employer Self-employed	Occupation Insurance	e Agent	Check
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00	
) .	Full Name (Last, First, Middle Initial) Mr. David V. Dellinger			Date of Receipt
	Mailing Address 3052 Stanton Circle			10 10 2006
	City Carmichael	State CA	Zip Code 95608	Transaction ID: R1643019 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 294.00	
SI	UBTOTAL of Receipts This Page (optional)			242.40
T	OTAL This Period (last page this line number on	ly))	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 36 / 175
	ITEMIZED RECEIPTS		or each category of the	(check only one)
•••	LIMIZED NECEIF 13		Detailed Summary Page	X 11a 11b 11c 12
•				13 14 15 16 17
or	ly information copied from such Reports and State for commercial purposes, other than using the nar	ments may me and add	rnot be sold or used by any persol lress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	National Association of Insurance and Fir tee	nancial Ad	dvisors Political Action Com	mit-
A.	Full Name (Last, First, Middle Initial) Mr. David S. Dickenson, II,CLU, Ch			Date of Receipt
	Mailing Address 7535 Brigham Road			10 10 2006
	City	State	Zip Code	Transaction ID: R1642506
	Gates Mills	ОН	44040	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		42.00
	Salf-amployed	Occupation Insurance		Payroll Deduction
	Receipt For:		Year-to-Date ▼	
	Primary General		400.00	1
	Other (specify) ▼		420.00	
В.	Full Name (Last, First, Middle Initial) Mr. Kenneth H. Dinklage, CLU, ChFC			Date of Receipt
	Mailing Address PO Box 533709			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1643538
	Orlando	FL	32853-3709	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Solf amployed 1	Occupation Insurance		- Check
	Receipt For:		Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify) ▼		250.00	
<u>с</u> .	Full Name (Last, First, Middle Initial) Mr. James J. Dinsmore, CLU,LUTCF			Date of Receipt
	Mailing Address 104 Lehman Drive			10 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1641621
	Cogan Station	PA	17728-9228	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		21.00
	Self-employed 1	Occupation Insurance		Payroll Deduction
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		210.00	1
	Caro. (openity)	0 0		'
s	UBTOTAL of Receipts This Page (optional))	313.00
Т	OTAL This Period (last page this line number only	Λ)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 175 (check only one) X 11a 11b 11c 12 15 16 17
An or	y information copied from such Reports and Staten for commercial purposes, other than using the nam	nents may ne and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) National Association of Insurance and Finatee	ancial Ac	dvisors Political Action Com	nit-
A .	Full Name (Last, First, Middle Initial) Mr. Lyle Domenitz Mailing Address 8720 Maggie Ave City Las Vegas FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General	State NV C Decupation nsurance Aggregate		Date of Receipt M M
3.	Full Name (Last, First, Middle Initial) Ms. Rosa K. Dominy Mailing Address 4015-J Washington Rd	0 0	304.00	Date of Receipt
	City Martinez FEC ID number of contributing federal political committee.	State GA	Zip Code 30907-5183	1 0 1 0 2 0 0 6 Transaction ID: R1641890 Amount of Each Receipt this Period 25.50
	Self-employed 1	Occupation nsurance Aggregate		Payroll Deduction
- .	Name of Employer Self-employed Ir	State NC C Occupation nsurance Aggregate		Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)			99.00
T	OTAL This Period (last page this line number only)			

	CHEDULE A (FEC Form 3X)		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 38 / 175 (check only one)
	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and F	inancial A	dvisors Political Action Com	mit-
٩.	Full Name (Last, First, Middle Initial) Mr. Robert V. Donovan, CLU,ChFC,C			Date of Receipt
	Mailing Address PO Box 785 City	State	Zip Code	1 0 0 2 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Linville	NC	28646-0785	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		275.00
	Name of Employer Self-employed	Occupation Insurance		Check
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 275.00	
	Full Name (Last, First, Middle Initial) Ms. Jill M. Douglass, LUTCF			Date of Receipt
	Mailing Address 1824 Villa Vista Way	10 10 2006		
	City Las Vegas	State NV	Zip Code 89128-3053	Transaction ID: R1641721
	FEC ID number of contributing federal political committee.	C	09120-3003	Amount of Each Receipt this Period 27.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00	
	Full Name (Last, First, Middle Initial) Mr. George M. Dudikoff, LUTCF			Date of Receipt
	Mailing Address 12897 Quail Hollow Dr			10 10 7 2006
	City Fairfield	State CA	Zip Code 94534	Transaction ID: R1641725 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	37007	21.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00	
SI	UBTOTAL of Receipts This Page (optional)			323.00
T	OTAL This Period (last page this line number or	nly))	

9	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 39 / 175
			Use separate schedule(s) or each category of the	(check only one)
IT	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
Ar	ny information copied from such Reports and State	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the nar	me and ado	dress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Insurance and Fir	nancial Ad	dvisors Political Action Comr	nit-
_	tee			
	Full Name (Last, First, Middle Initial)			
۹.	Mr. Daniel D. Duren, CLU,ChFC,L			Date of Receipt
	Mailing Address 6537 S. 34th Street			M M / D D / Y Y Y Y
	0::	0	7: 0 1	10 10 2006
	City	State	Zip Code	Transaction ID: R1641539
	Lincoln	NE	68516-5428	Amount of Each Receipt this Period
	FEC ID number of contributing	С		42.50
	federal political committee.			12.00
	Name of Employer	Occupation	1	Payroll Deduction
	Self-employed 1	Insurance		
	Receipt For:		Year-to-Date ▼	\dashv
	Primary General	Aggregate	Teal to Bate 🔻	
	Other (specify)		475.00	
	Curior (opcony) 🔻			
	Full Name (Last, First, Middle Initial)			
3.	Mr. Thomas W. Dzik, CLU, ChFC			Date of Receipt
	Mailing Address 530 Dodge Lane			M M / D D / Y Y Y Y
	300 Bodgo Edilo			10 10 2006
	City	Transaction ID: R1641475		
	St. Paul	MN	55118-4802	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		25.00
				Payroll Deduction
	Self-employed	Occupation		1 aylon Deduction
	- Self-employed	Insurance		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	
	Other (specify)		250.00	
_	Full Name (Last, First, Middle Initial)			Data of Danadat
٠.	Mr. Robert Eddy, Jr., CLU, C			Date of Receipt
	Mailing Address 203 Autumn Oak Bend			10 10 2006
	City	State	Zip Code	
	<u>Lafayette</u>	LA	•	Transaction ID: R1642248
		LA	70508-8004	Amount of Each Receipt this Period
	FEC ID number of contributing	C		42.50
	federal political committee.			
	Name of Employer	Occupation	1	Payroll Deduction
	Solf omployed *	Insurance		
	Receipt For:		Year-to-Date ▼	1
	Primary General	33 3		
	Other (specify)		425.00	
				'
ç	UBTOTAL of Receipts This Page (optional)			110.00
_	ODITION OF THOSE PROPERTY OF THE PROPERTY OF T		······	
т	OTAL This Period (last page this line number only	v)		
•	Circa inio i choa (last page this line namber only	,,	······································	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 40 / 175
TEMIZED RECEIPTS			or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Insurance and Fitee	nancial Ad	dvisors Political Action Comr	nit-
۹.	Full Name (Last, First, Middle Initial) Mr. Matthew Edelstein, CLU,ChFC			Date of Receipt
٦.	Mailing Address 1550 Penstemon Ct			M M / D D / Y Y Y Y
	City	State	Zip Code	10 10 2006
	City Grayslake	IL	60030-3515	Transaction ID: R1639888 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		8.50
		Occupation	,	Payroll Deduction
	Name of Employer Self-employed	Occupation Insurance		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		360.00	
	Full Name (Last, First, Middle Initial)			
3.	Mr. Donald A. Eichelberger			Date of Receipt
	Mailing Address 3217 Highway D65			10 10 2006
	City	State	Zip Code	Transaction ID: R1643040
	Dysart	IA	52224-9750	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.40
	Name of Employer Self-employed	Occupation		Payroll Deduction
	Receipt For:	Insurance	e Agent e Year-to-Date ▼	_
	Primary General	riggrogato		
	Other (specify)		504.00	
— Э.	Full Name (Last, First, Middle Initial) Mr. M. Jay Einstein, CLU			Date of Receipt
	Mailing Address 59 Margarete Dr.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1642478
	Pittsgrove	NJ	08318	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		72.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:		e Year-to-Date ▼	1
	Primary General Other (specify) ▼		720.00	
s	JBTOTAL of Receipts This Page (optional)		_	130.90
	,		<u> </u>	
T	OTAL This Period (last page this line number on	ly)	>	

SCHEDULE A (FEC Form 3X)			Llea coparata cabadula(s)	FOR LINE NUMBER: PAGE 41 / 175
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12	
				13 14 15 16 17
Ar	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
<u> </u>	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , ,	
\rangle	National Association of Insurance and Fir	nancial A	dvisors Political Action Com	nit-
_	Full Name (Last, First, Middle Initial)			Data of Danaira
Α.	Mr. Howard J. Elias, LUTCF Mailing Address 888 Seventh Ave., #301			Date of Receipt
				10 18 2006
	City	State	Zip Code	Transaction ID: R1643816
	New York	NY	10106-0001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Self-employed	Occupation		Credit Card
		Insurance		_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Mr. Shannon J. Enders			Date of Receipt
	Mailing Address 2018 Oak Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1642332
	N. Muskegon	MI	49445-3140	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		21.00
	Self-employed 1	Occupation		Payroll Deduction
		Insurance		4
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼	0 0	210.00	
_	Full Name (Last, First, Middle Initial)			Date of Danaist
Ċ.	Mr. Ronald L. Engel, CLU, ChFC Mailing Address 3397 St Helena Hwy N			Date of Receipt
	3397 St Helena Hwy N			10 10 2006
	City	State	Zip Code	Transaction ID: R1641221
	St. Helena	CA	94574-9660	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		21.00
Name of Employer Occupation Self-employed Insurance				Payroll Deduction
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		210.00	
\[\]	SUBTOTAL of Receipts This Page (optional)			292.00
\vdash				
т	OTAL This Period (last page this line number only	y)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	Check only one)	
ITEMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12	
		Detailed Summary Page	13 14 15 16 17	
Any information copied from such Reports and State or for commercial purposes, other than using the nar	ements may me and ado	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)				
National Association of Insurance and Fir tee	nancial Ad	dvisors Political Action Com	nit-	
Full Name (Last, First, Middle Initial) Mr. A. Christopher Engle, LUTCF			Date of Receipt	
Mailing Address 4485 Orchard Creek Ct S	E		10 10 7 2006	
City	State	Zip Code	Transaction ID: R1641248	
Kentwood	MI	49546	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		25.00	
Self-employed	Occupation Insurance		Payroll Deduction	
Receipt For:		Year-to-Date ▼	1	
Primary General	1 1	230.00		
Other (specify)		230.00		
Full Name (Last, First, Middle Initial) Mr. Ronald W. Erickson, CLU, AEP,			Date of Receipt	
Mailing Address 3002 St. Regis Rd				
City	State	Zip Code	Transaction ID: R1642621	
Greensboro	NC	27408-4407	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		41.25	
Self-employed 1	Occupation Insurance		Payroll Deduction	
Receipt For:		Year-to-Date ▼	-	
Primary General		242.75		
Other (specify) ▼	0 0	343.75		
Full Name (Last, First, Middle Initial) Mr. Byron Hyatt Erstad, Jr.			Date of Receipt	
Mailing Address 2510 S Nantucket Way			10 10 / 2006	
City	State	Zip Code	Transaction ID: R1642612	
Boise	ID	83706-5095	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		50.40	
Self-employed	Occupation Insurance		Payroll Deduction	
Receipt For:		e Year-to-Date ▼		
Primary General	, , ,	504.00		
Other (specify)				
SUBTOTAL of Receipts This Page (optional)			116.65	
TOTAL This Period (last page this line number only	y))		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 43 / 175
ITEMIZED RECEIPTS		or each category of the	(check only one)	
			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Δr	w information copied from such Reports and Sta	temente may	y not be sold or used by any pers	
or	y information copied from such Reports and Sta for commercial purposes, other than using the r	name and add	dress of any political committee to	o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	National Association of Insurance and F	Financial Ac	dvisors Political Action Com	mit-
Α.	Full Name (Last, First, Middle Initial) Mr. Randy Eschels, CLU,ChFC,C			Date of Receipt
	Mailing Address 5675 Winglake Rd.			10 13 2006
	City	State	Zip Code	Transaction ID: R1643615
	Bloomfield Hills	MI	48301	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-employed	Occupation		Check
	Receipt For:		Year-to-Date ▼	
	Primary General	1 1	250.00	7
	Other (specify)	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Mr. Stephen D. Estler, CLU, ChFC			Date of Receipt
	Mailing Address 2177 NE 63 St.			10 10 2006
	City	State	Zip Code	Transaction ID: R1642635
	Fort Lauderdale	FL	33308	Amount of Each Receipt this Period
	FEC ID number of contributing rederal political committee.			42.50
				Payroll Deduction
	Name of Employer Self-employed	Occupation		aylon beduction
		Insurance	e Agent e Year-to-Date ▼	
	Receipt For: Primary General	Aggregate	r rear-to-Date ▼	-
	Other (specify)		425.00	
_	Full Name (Last, First, Middle Initial)			B. (B.)
C.	Mr. Robert E. Evans, CLU, ChFC, Mailing Address 42 Willowbrook Road			Date of Receipt
	Walling Address 42 Willowbrook Road			10 10 2006
	City	State	Zip Code	Transaction ID: R1643121
	Holden	MA	01520	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		21.00
	Name of Employer Self-employed	Occupation		Payroll Deduction
			Year-to-Date ▼	
Primary General			210.00	1
	Other (specify) 🔻	0 0	210.00	
s	UBTOTAL of Receipts This Page (optional)			313.50
\vdash	,			
т	OTAL This Period (last page this line number o	nly)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE N		PAGE 44 / 175
ITEMIZED RECEIPTS			or each category of the	(check only	- · -	1
••	LIMIZED RESENTS		Detailed Summary Page	X 11a	11b -	11c 12 15 16 17
Ar	ny information copied from such Reports and Statement	ts may	not be sold or used by any perso			
or	ny information copied from such Reports and Statement for commercial purposes, other than using the name ar	solicit contribu	tions from s	such committee.		
\setminus	NAME OF COMMITTEE (In Full)					
	National Association of Insurance and Financitee	ial A	dvisors Political Action Com	mit-		
^	Full Name (Last, First, Middle Initial)			Date of F)!t	
Α.	Mr. John Everett, LUTCF Mailing Address 531 Daniel			M M		/ Y Y Y Y
	Maining / toda ooc 351 Darliel			1 0	10	2006
	City	ate	Zip Code	Transact	ion ID: R1	641889
	Santa Maria CA	١	93454	Amount of	of Each Red	ceipt this Period
	FEC ID number of contributing federal political committee.					42.00
	Name of Employer Occu	upation	1	Payroll D	eduction	
	Self-employed Insu	ırance	e Agent			
		regate	Year-to-Date ▼			
	Primary General Other (specify) ▼		420.00			
	Other (Speedily)	0				
В.	Full Name (Last, First, Middle Initial) Mr. Andre L. Faucher, CLU, ChFC			Date of F	Receipt	
	Mailing Address 46 Osprey Circle			10	/ D D D 10	2006
	City Sta	ate	Zip Code	Transact	ion ID: R1	642505
	Palm Coast FL		32137	Amount o	of Each Red	ceipt this Period
	FEC ID number of contributing federal political committee.					21.00
	Name of Employer Occu Self-employed Inqui	upation	ı	Payroll D	eduction	
	IIISU		e Agent			
		regate	Year-to-Date ▼	.		
	Primary General Other (specify) ▼		210.00			
	Cutor (openity)	0				
_	Full Name (Last, First, Middle Initial)			_		
C.	Mr. Lines Robert Ferguson, Jr.			Date of F		
	Mailing Address 500 Virginia St E Ste 1100			1 0	1 0	2006
	City Sta	ate	Zip Code	Transact	ion ID: R1	641354
	<u>Charleston</u> WY	V	25301-2151			ceipt this Period
	FEC ID number of contributing					25.00
	federal political committee. Name of Employer Self-employed Occupation Insurance					20.00
			1	Payroll D	eduction	
			e Agent			
		regate	Year-to-Date ▼			
	Primary General Other (specify) ▼		250.00			
	Califor (appears)	0	0 0 0 0 0 0 0			
	1			-		
s	UBTOTAL of Receipts This Page (optional)		······			88.00
T	OTAL This Period (last page this line number only)		>			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 175 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and Fitee			
Α.	Full Name (Last, First, Middle Initial) Mr. Gerald E. Ferrier, LUTCF, CTP Mailing Address 4949 Samish Way #5 City Bellingham FEC ID number of contributing federal political committee. Name of Employer Self-employed	State WA C Occupation Insurance		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 312.50	
3.	Full Name (Last, First, Middle Initial) Mr. Samuel B. Fields, LUTCF Mailing Address P. O. Box 1742			Date of Receipt 10 10 2006
	City Tuscaloosa	State AL	Zip Code 35403-1742	Transaction ID: R1642773 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	33703 1742	21.00
	Name of Employer Self-employed	Occupation		Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 210.00	
 C.	Full Name (Last, First, Middle Initial) Mr. Dennis R. Fiore, CLU, ChFC,			Date of Receipt
Mailing Address 33533 W. 12 Mile Road Suite 295				10 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Farmington Hills	State MI	Zip Code	Transaction ID: R1643290
	FEC ID number of contributing federal political committee.	C	48331	Amount of Each Receipt this Period 250.00
	Name of Employer Self-employed	Occupation		Check
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
S	UBTOTAL of Receipts This Page (optional)			283.50
т	OTAL This Period (last page this line number on	v)	>	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 46 / 175		
	ITEMIZED RECEIPTS		or each category of the	(check only one)		
••	LIVIIZED HEOLII 13		Detailed Summary Page		11c 12 15 16 17	
Ar	ny information copied from such Reports and Statem for commercial purposes, other than using the name	nents may	not be sold or used by any perso			
or		solicit contributions from su	ch committee.			
$ \setminus $	NAME OF COMMITTEE (In Full)					
	National Association of Insurance and Finatee	anciai Ad	dvisors Political Action Comi	nit-		
Α.	Full Name (Last, First, Middle Initial) Mr. John E. Fleming			Date of Receipt		
۸.	Mailing Address 108 Stratford Court			M M / D D /	YYYY	
				10 12	2006	
	•	State PA	Zip Code	Transaction ID: R16		
		16648	Amount of Each Rece	ipt this Period		
	FEC ID number of contributing federal political committee.	C			250.00	
	Self-employed 1	occupation		Credit Card		
		nsurance	-			
	Receipt For: Primary General	Aggregate	Year-to-Date ▼			
	Other (specify) ▼		250.00			
_				'		
В.	Full Name (Last, First, Middle Initial) Mr. Thomas F. Flournoy, Jr.,CLU			Date of Receipt		
	Mailing Address 2651 Stanislaus Circle			M M / D D /		
	City	Zip Code	10 10 Transaction ID: P16	2006		
		State GA	31204-2849	Transaction ID: R1642466 Amount of Each Receipt this Period		
	FFC ID sumber of contribution		0.20.	7 tillount of Edon Floor	· · · · · · · · · · · · · · · · · · ·	
	federal political committee.	C			42.00	
	Name of Employer O	ccupation	1	Payroll Deduction		
	Self-employed	nsurance				
		Aggregate	Year-to-Date ▼			
	Primary General Other (specify)		420.00			
	Other (specify)	0 0				
С.	Full Name (Last, First, Middle Initial) Mr. John A. Forbing			Date of Receipt		
٠.	Mailing Address 23209 Charwood Pl			M M / D D /	YYYY	
				10 10	2006	
	•	State	Zip Code	Transaction ID: R16		
		CA	91765-3016	Amount of Each Rece	ipt this Period	
	FEC ID number of contributing federal political committee.	C			21.00	
	Name of Employer	\i		Payroll Deduction		
	Solf amployed 1	occupation Surance				
			Year-to-Date ▼			
	Primary General		210.00			
	Other (specify) ▼	1 1	210.00			
Г					010.00	
s	UBTOTAL of Receipts This Page (optional)				313.00	
T	OTAL This Period (last page this line number only)					
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 47 / 175
ITEMIZED RECEIPTS		or each category of the	(check only one)	
•••	LIMIZED RESERVED		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar	y information copied from such Reports and Statement	ts may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the name an	nd add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	National Association of Insurance and Financi tee	ial A	dvisors Political Action Com	mit-
Α.	Full Name (Last, First, Middle Initial) Mr. H. Larry Fortenberry, CPA,CLU,Ch			Date of Receipt
	Mailing Address 603 Gordon PI			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Sta	ate.	Zip Code	Transaction ID: R1642498
	Madison MS		39110-9799	Amount of Each Receipt this Period
	FEO ID work and found the firm		1 1 1 1 1 1	
	federal political committee.			52.50
	Name of Employer Occu	upatio	1	Payroll Deduction
			e Agent	
		regate	Year-to-Date ▼	
	Primary General Other (specify)		525.00	
	Other (specify)	0		
В.	Full Name (Last, First, Middle Initial) Mr. Lawrence J. Fowler, Jr.			Date of Receipt
	Mailing Address 481 Route 82			M M / D D / Y Y Y Y
				10 10 2006
	City Sta		Zip Code	Transaction ID: R1642516
	Oakdale CT		06370-1149	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	, i		110.00
	rederal political committee.			Payroll Deduction
	Salt-amployed	upatio		Fayron Deduction
	Illsu		e Agent	_
	Receipt For: Aggr	regate	Year-to-Date ▼	
	Other (specify)		1060.00	
	Cate (openin) V	0	0 0 0 0 0 0 0	1
C.	Full Name (Last, First, Middle Initial) Mr. Thomas E. Fowler, CLU, LUTCF			Date of Receipt
	Mailing Address 13243 S.E. 51st Place			M M / D D / Y Y Y Y
	City		7in Code	10 10 2006
	City Star Bellevue WA		Zip Code 98006	Transaction ID: R1642288 Amount of Each Receipt this Period
			30000	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			107.50
Name of Employer Self-employed Receipt For: Occupation Insurance Aggregate			1	Payroll Deduction
			e Agent	
			Year-to-Date ▼	
	Primary General	-	1075.00	
	Other (specify) ▼	0	1073.00	1
	<u> </u>			270.00
s	UBTOTAL of Receipts This Page (optional)		······	270.00
т	OTAL This Period (last page this line number only)			

SCHEDULE A (FEC Form 3X)	1	Use separate schedule(s)	FOR LINE NUMBER: PAGE 48 / 175	
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12	
		, ,	13 14 15 16 17	
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may ne name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) National Association of Insurance antee	d Financial A	dvisors Political Action Com	mit-	
Full Name (Last, First, Middle Initial) A. Mr. Joseph P. Fox			Date of Receipt	
Mailing Address 1751 Upper 55th St,	E. 		10 05 2006	
City Inver Grove Height	State MN	Zip Code 55077	Transaction ID: R1643148 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		250.00	
Name of Employer Self-employed	Occupation		Check	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) Ms. Debra L. Franklin-Schatzki			Date of Receipt	
Mailing Address 380 W 12th St	Mailing Address 380 W 12th St			
City	State	Zip Code	Transaction ID: R1642739	
New York	NY	10014	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		42.00 Payroll Deduction	
Name of Employer Self-employed	Occupation Insurance		Payron Deduction	
Receipt For:		e Year-to-Date ▼		
Primary General Other (specify) ▼		420.00		
Full Name (Last, First, Middle Initial) Mr. Robert P. Freed			Date of Receipt	
Mailing Address 976 Landings Ct			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State	Zip Code	Transaction ID: R1642502	
Westerville	OH	43082-7429	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		Payroll Deduction	
Name of Employer Self-employed	Occupation Insurance		1 ayron Deduction	
Receipt For: Primary General Other (specify) ▼	_, -	e Year-to-Date ▼ 310.00		
SUBTOTAL of Receipts This Page (optional)		······	313.00	
TOTAL This Period (last page this line number	er only)			

SCHEDULE A (FEC Form 3X	(.)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 49 / 1 / 5 (check only one)
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
		, ,	13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
National Association of Insurance a tee	nd Financial A	dvisors Political Action Com	mit-
Full Name (Last, First, Middle Initial) Mr. Robert L. French, LUTCF			Date of Receipt
Mailing Address 4105 Sheridan Lake	Road		10 10 2006
City	State	Zip Code	Transaction ID: R1642150
Rapid City	SD	57702	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer Self-employed	Occupatio Insuranc		Payroll Deduction
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼		300.00	
Full Name (Last, First, Middle Initial) 3. Mr. Donald A. Frost, PGA	-		Date of Receipt
Mailing Address 612 A N. Pageant Drive			10 10 2006
City	State	Zip Code	Transaction ID: R1641262
Orange	CA	92869-2572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		21.00
Name of Employer Self-employed	Occupatio Insuranc		Payroll Deduction
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	210.00	
Full Name (Last, First, Middle Initial) Mr. Alan L. Fry, CLU, CFP,	l		Date of Receipt
Mailing Address 15112 Lima Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: R1642670
Huntertown	IN	46748-9711	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		21.00
			Payroll Deduction
		e Year-to-Date ▼	
Primary General Other (specify) ▼		210.00	
SUBTOTAL of Receipts This Page (optional)		72.00
		<u> </u>	
TOTAL This Period (last page this line numb	oer only)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 50 / 175					
TEMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12					
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17					
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may	y not be sold or used by any perso	on for the purpose of soliciting contributions					
	name and add	aress of any political committee to	solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) National Association of Insurance and	Financial A	dvisors Political Action Com	mit-					
/ tee								
Full Name (Last, First, Middle Initial) 4. Mr. Alan L. Fry, CLU, CFP,			Date of Receipt					
Mailing Address 15112 Lima Road			M M / D D / Y Y Y Y					
City	State	Zip Code	1 0 1 2 2 0 0 6 Transaction ID: R1643393					
Huntertown	IN	46748-9711	Amount of Each Receipt this Period					
FEC ID number of contributing	С		68.00					
federal political committee.								
Name of Employer Self-employed	Occupation		Credit Card					
Receipt For:	Insurance	e Agent e Year-to-Date ▼	_					
Primary General	Aggregate		1					
Other (specify) ▼		210.00						
Full Name (Last, First, Middle Initial)	<u> </u>		+					
Mrs. Kelli Park Fuhrmann			Date of Receipt					
Mailing Address 415 S Henry St #11			10 10 Y Y Y Y Y Y Y Y					
City State Pierre SD		Zip Code	Transaction ID: R1639830					
		57501	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		25.00					
<u> </u>			Payroll Deduction					
Name of Employer Self-employed	Occupation Insurance							
Receipt For:		e Year-to-Date ▼	_					
Primary General		215.00	1					
Other (specify) ▼		210.00	1					
Full Name (Last, First, Middle Initial)	1							
Mr. Peter Fulchiron, CLU, LUTCF Mailing Address 411 San Andreas Driv	Δ		Date of Receipt					
			10 10 2006					
City	State CA	Zip Code 94945-1237	Transaction ID: R1643111					
Novato FEC ID number of contributing		94940-1237	Amount of Each Receipt this Period					
federal political committee.	C		208.00					
Name of Employer Occupation		n	Payroll Deduction					
Self-employed	Insuranc							
Receipt For: Primary General	Aggregate	e Year-to-Date ▼						
Other (specify)		2080.00						
			<u> </u>					
SUBTOTAL of Receipts This Page (optional)			301.00					
OF THE OF THE CHIEF THIS F AGE (OPTIONAL)								
TOTAL This Period (last page this line number	TAL This Period (last page this line number only)							

S	CHEDULE A (FEC Form 3X)		Llas apparata ashadula(a)	FOR LINE NUMBER: PAGE 51 / 175			
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)			
••	LIMIZED REGEN 13	Detailed Summary Page		X 11a 11b 11c 12			
Δ.	winformation and transmissis Departs and Ch			13 14 15 16 17			
or	y information copied from such Reports and Sta for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full)						
\angle	National Association of Insurance and F tee	inancial Ac	dvisors Political Action Com	mit-			
A.	Full Name (Last, First, Middle Initial) Mr. Donald T. Fulton, CLU, ChFC			Date of Receipt			
	Mailing Address 43 Bridleshire Road			10 13 YYYYY 2006			
	City	State	Zip Code	Transaction ID: R1643633			
	Newark DE		19711-6217	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.				37.50			
	Name of Employer Self-employed	Occupation		Check			
		Insurance					
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	,			
	Other (specify)		287.50				
_	Full Name (Last, First, Middle Initial)			B. (B.)			
В.	Mr. Adger Lamar Gaines, LUTCF Mailing Address 106 Smith Circle			Date of Receipt			
Mailing Address 106 Smith Circle City				10 10 2006			
		State	Zip Code	Transaction ID: R1641606			
	Belton	SC 29627		Amount of Each Receipt this Period			
	FEC ID number of contributing	С		10.00			
	federal political committee.						
	Name of Employer Self-employed	Occupation	า	Payroll Deduction			
	Self-employed	Insurance	e Agent				
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General	' '	275.00	1			
	Other (specify) ▼	0 0					
C.	Full Name (Last, First, Middle Initial) Mr. Jason M. Garman			Date of Receipt			
Ο.	Mailing Address 1103 Bear Cub Ct.			M M / D D / Y Y Y Y			
				10 10 2006			
	City	State	Zip Code	Transaction ID: R1639868			
	Henderson	NV	89012	Amount of Each Receipt this Period			
Self-employed Insura		C		50.40			
		Occupation		Payroll Deduction			
			Year-to-Date ▼				
Primary General Other (specify) ▼			504.00	1			
			504.00				
s	UBTOTAL of Receipts This Page (optional)			97.90			
H	,						
т	OTAL This Period (last page this line number o						

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 52 / 175			
	EMIZED RECEIPTS		or each category of the	(check only one)			
•			Detailed Summary Page	X 11a 11b 11c 12 15 16 17			
An	y information copied from such Reports and Stat	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions			
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.			
$\overline{\ }$	NAME OF COMMITTEE (In Full)						
\geq	National Association of Insurance and F tee	inancial A	dvisors Political Action Com	mit-			
۹.	Full Name (Last, First, Middle Initial) Mr. Roger W. Garrett			Date of Receipt			
	Mailing Address 2201 Woodlawn Road P O Box 370			10 10 7 2006			
	City	State	Zip Code	Transaction ID: R1642020			
	Lincoln	<u>IL</u>	62656	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		25.00			
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction			
	Receipt For:		Year-to-Date ▼	-			
	Primary General	00 0	1 1 1 1 1 1 1	1			
	Other (specify)		250.00				
3.	Full Name (Last, First, Middle Initial) Mr. Michael J. Gates, LUTCF			Date of Receipt			
	Mailing Address 94 Pine Glen Rd.		10 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City	State	Zip Code	Transaction ID: R1641164			
	Langhorne	PA	19047	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		25.00			
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction			
	Receipt For:		Year-to-Date ▼				
	Primary General Other (specify) ▼		250.00				
Э.	Full Name (Last, First, Middle Initial) Mr. James O. Geitgey, LUTCF, FIC			Date of Receipt			
	Mailing Address 279 Glenmore Dr.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City	State	Zip Code	Transaction ID: R1642552			
	Springfield	OH	45503	Amount of Each Receipt this Period			
Self-employed Insura Receipt For: Aggreç		C		32.50			
		Occupation	า	Payroll Deduction			
		Insurance	-				
		Aggregate	Year-to-Date ▼				
	Primary General Other (specify) ▼	' '	315.00				
	Curior (opeonity) 🔻						
S	UBTOTAL of Receipts This Page (optional)			82.50			
т.	OTAL This Period (last page this line number on	ılv)					
• •		. , ,	······································				

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 53 / 175 (check only one)					
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a					
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.					
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and F	inancial A	dvisors Political Action Com	mit-					
۸.	Full Name (Last, First, Middle Initial) Mr. Gregory Gianakis			Date of Receipt					
Mailing Address 5315 S Conquistador St			7:n Oada	10 10 2006					
	City Las Vegas	State NV	Zip Code 89148	Transaction ID: R1639618 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		25.20					
Name of Employer Occupation Self-employed Insurance			n e Agent	Payroll Deduction					
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 312.00						
3.	Full Name (Last, First, Middle Initial) Mr. Joseph R. Giangola, CEBS			Date of Receipt					
	Mailing Address 1925 Pleasantview	10 10 / 2006							
	City	State	Zip Code	Transaction ID: R1642328					
	Ashtabula FEC ID number of contributing federal political committee.	ОН	44004-9719	Amount of Each Receipt this Period 25.00					
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction					
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 370.00						
D.	Full Name (Last, First, Middle Initial) Mr. Steven Dwayne Gifford			Date of Receipt					
	Mailing Address P.O. Box 308			10 10 / 2006					
	Catlettsburg	State KY	Zip Code 41129	Transaction ID: R1641448 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee. Name of Employer Solf-employed Occ				30.00					
		Occupation Insurance		Payroll Deduction					
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 200.40						
SI	UBTOTAL of Receipts This Page (optional)			80.20					
T	OTAL This Period (last page this line number only)								

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 175 (check only one) X 11a 11b 11c 12 13 14 15 16 17					
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions					
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and F								
Α.	Full Name (Last, First, Middle Initial) Mr. Harold A. Gillet, LUTCF Mailing Address 2402 Garland City Missoula FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For:	State MT C Occupation Insurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	Primary General Other (specify) ▼	1.99.094.0	600.00						
3.	Full Name (Last, First, Middle Initial) Mr. Keith M. Gillies, CLU, ChFC, Mailing Address 109 W. Lakeview Dr. City La Place FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	State LA C Occupation Insurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
C.	Constance Y. Golleher Mailing Address PO Box 255 City Mc Lean FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State VA C Occupation Insurance Aggregate		Date of Receipt M M M / 10 / 2006 Transaction ID: R1639920 Amount of Each Receipt this Period 30.00 Payroll Deduction					
S	UBTOTAL of Receipts This Page (optional)		_	98.00					
Т	OTAL This Period (last page this line number only)								

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 175 (check only one) X 11a 11b 11c 12 13 14 15 16 17			
An or	y information copied from such Reports and Statem for commercial purposes, other than using the nam	nents may e and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.			
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and Finatee	ancial Ad	dvisors Political Action Com	mit-			
A.	Full Name (Last, First, Middle Initial) Mr. James W. Goodacre, II,RHU, RE Mailing Address 10407 Fairway Lane City Carmel FEC ID number of contributing federal political committee. Name of Employer Self-employed Ir	State CA Ccupation ccupation surance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
3.	FEC ID number of contributing federal political committee. Name of Employer Self-employed Ir	State MI Coccupation surance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
- .	FEC ID number of contributing federal political committee. Name of Employer Self-employed Ir	State MI C Cccupation nsurance		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
s	UBTOTAL of Receipts This Page (optional)			563.50			
Т	OTAL This Period (last page this line number only)						

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 56 / 175			
TEMIZED RECEIPTS		or each category of the	(check only one)			
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17			
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions			
NAME OF COMMITTEE (In Full)						
National Association of Insurance and tee	Financial A	dvisors Political Action Com	mit-			
Full Name (Last, First, Middle Initial)			Data of Bassint			
Mr. Frederick L. Granados, LUTCF, FSS Mailing Address 1145 Davis Avenue			Date of Receipt			
			10 10 2006			
Concord	State CA	Zip Code	Transaction ID: R1641984			
Concord FEC ID number of contributing		94518	Amount of Each Receipt this Period			
federal political committee.	C		21.00			
Name of Employer	Occupation	n	Payroll Deduction			
Self-employed	Insuranc					
Receipt For: Primary General	Aggregate	e Year-to-Date ▼				
Primary General Other (specify) ▼		210.00				
	0 0	0 0 0 0 0 0 0				
Full Name (Last, First, Middle Initial) 3. Mr. Todd G. Grantham			Date of Receipt			
Mailing Address 203 Brandermill Drive			M M / D D / Y Y Y Y			
City	State	Zip Code	10 10 2006			
Durham	NC	27713	Transaction ID: R1641297 Amount of Each Receipt this Period			
FEC ID number of contributing						
federal political committee.	C		46.75			
Name of Employer	Occupatio	n	Payroll Deduction			
Self-employed 5	Insuranc	•				
Receipt For: Primary General	Aggregate	e Year-to-Date ▼				
Other (specify)		478.50				
Full Name (Last, First, Middle Initial) Mr. George F. Griffin, LUTCF, CLF			Date of Receipt			
Mailing Address P.O. Box 31939 St. An	drews Br.		M " M / D " D / Y " Y " Y " Y			
City	State	Zip Code	1 0 1 0 2 0 0 6 Transaction ID: R1641013			
Charleston	SC	29417	Amount of Each Receipt this Period			
FEC ID number of contributing	С	1 1 1 1 1	25.00			
Name of Employer Occupations Self-employed Insurar						
			Payroll Deduction			
		e Agent e Year-to-Date ▼	-			
Primary General	, iggi ogaic		1			
Other (specify) ▼	0 0	218.00				
SUBTOTAL of Receipts This Page (optional)			92.75			
TOTAL This Period (last page this line number	only)					

S	CHEDULE A (FEC Form 3X)		Llas concrete cohodulo(s)	FOR LINE NUMBER: PAGE 57 / 175					
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)					
••	LIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12					
^ -	· · · · · · · · · · · · · · · · · · ·			13 14 15 16 17					
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	/ not be sold or used by any perso dress of any political committee to	solicit contributions from such committee.					
$\overline{}$	NAME OF COMMITTEE (In Full)								
\rangle	National Association of Insurance and F	inancial A	dvisors Political Action Com	mit-					
۹.	Full Name (Last, First, Middle Initial) Mr. Angelo Assad Haddad			Date of Receipt					
Mailing Address 354 Garnsey Ave				10 10 / 2006					
	City	State	Zip Code	Transaction ID: R1642413					
	Bakersfield	CA	93309	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.				25.00					
Name of Employer Self-employed Insuranc				Payroll Deduction					
	Receipt For:		e Year-to-Date ▼	-					
	Primary General	33 - 3	1 1 1 1 1 1	1					
Other (specify) ▼			250.00						
3.	Full Name (Last, First, Middle Initial) Mr. Edwin R. Hamilton, CLU, LUTCF			Date of Receipt					
	Mailing Address 4318 Council Circle			10 10 2006					
	City	State	Zip Code	Transaction ID: R1642913					
	<u>Jackson</u>	MS	39206-5819	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		21.00					
	Name of Employer Self-employed	Occupation	n	Payroll Deduction					
		Insurance							
	Receipt For:	Aggregate	e Year-to-Date ▼						
	Primary General Other (specify) ▼	0 0	210.00						
_	Full Name (Last, First, Middle Initial)								
3.	Mr. Karl Erik Hansen, CLU, ChFC,			Date of Receipt					
	Mailing Address 900 North Shoreline Bou	ılevard		10 10 2006					
	City	State	Zip Code	Transaction ID: R1643004					
	Mountain View	CA	94043-1933	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee. Name of Employer Self-employed Occupation Insurance		C		42.50					
		l Os sum stisu		Payroll Deduction					
			e Year-to-Date ▼	-					
			1						
Other (specify) ▼			425.00						
s	UBTOTAL of Receipts This Page (optional)			88.50					
			•						
T	OTAL This Period (last page this line number only)								

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 58 / 175					
IT	EMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12					
			Detailed Summary Page	13 14 15 16 17					
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.					
$\overline{}$	NAME OF COMMITTEE (In Full)								
\rangle	National Association of Insurance and Fitee	inancial Ad	dvisors Political Action Com	mit-					
۹.	Full Name (Last, First, Middle Initial) Ms. Sharon L. Hansen			Date of Receipt					
	Mailing Address P. O. Box 2305 1224 Cleveland Street			10 10 / 2006					
•		State	Zip Code	Transaction ID: R1642297					
Mt Vernon WA			98273-7305	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		27.50					
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction					
	Receipt For:		Year-to-Date ▼						
	Primary General Other (specify) ▼		275.00						
3.	Full Name (Last, First, Middle Initial) Mr. Alex Hanson, CLU, ChFC			Date of Receipt					
	Mailing Address 7888 Glen Finnan Cir		10 10 2006						
	City	State	Zip Code	Transaction ID: R1642972					
	Ft Myers	FL	33912	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		42.00					
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction					
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General Other (specify) ▼		420.00						
 C.	Full Name (Last, First, Middle Initial) Mr. William N. Haraway			Date of Receipt					
	Mailing Address 2250 Bear Den Rd Unit 409			10 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City		State	Zip Code	Transaction ID: R1643023					
	Frederick	MD	21701	Amount of Each Receipt this Period					
Self-employed Insurance		С		42.00					
		Occupation		Payroll Deduction					
			Year-to-Date ▼	7					
	Primary General Other (specify) ▼		420.00						
S	UBTOTAL of Receipts This Page (optional)			111.50					
	OTAL This Period (last page this line number only)								

SC	CHEDULE A (FEC Form 3X)		Llaa aanarata aahadula(a)	FOR LINE NUMBER: PAGE 59 / 175				
TEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)				
11	EMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12				
				13 14 15 16 17				
An	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any person	n for the purpose of soliciting contributions				
<u> </u>	NAME OF COMMITTEE (In Full)	and add	ress or any pointed committee to	Solicit Contributions from Such Committee.				
\	National Association of Insurance and Fi	nancial Ac	dvisors Political Action Comm	oit .				
	tee	nanciai Ac	IVISOIS FUIILICAI ACLIUII CUIIII	111(-				
	Full Name (Last, First, Middle Initial)							
٩.	Ms. Linda S. Harris			Date of Receipt				
	Mailing Address PO Box 261669			10 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City	State	Zip Code	Transaction ID: R1641236				
	San Diego	CA	92196-1669	Amount of Each Receipt this Period				
	•		32130-1009	Amount of Each Neceipt this Period				
	FEC ID number of contributing federal political committee.	C		22.50				
				Payroll Deduction				
	Name of Employer Self-employed	Occupation .		T dyron Beddollon				
		Insurance						
	Receipt For: Primary General	Aggregate	Year-to-Date ▼					
	Other (specify)	225.00						
	canor (oposity) 🔻	0 0						
	Full Name (Last, First, Middle Initial)							
3.	Mr. Roger W. Hassler, LUTCF			Date of Receipt				
	Mailing Address 22593 Counrty View De			1 0 1 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
0:4.		Ctoto	7in Cada					
	City San Jose	State CA	Zip Code 95120-4510	Transaction ID: R1641891				
		CA 95120-4510		Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.			21.00				
	·			Payroll Deduction				
	Name of Employer Self-employed	Occupation .		1 dyron Deddonon				
		Insurance						
	Receipt For: Primary General	Aggregate Year-to-Date ▼						
	Other (specify)	210.00						
	care (eposity) 🗸	1 1						
	Full Name (Last, First, Middle Initial)							
Э.	Mr. Thomas M. Hawco, CLU, ChFC			Date of Receipt				
	Mailing Address 900 Rockhurst Drive			10 10 2006				
City		State	Zip Code	Transaction ID: R1642751				
	Lincoln	NE	68510-4114	Amount of Each Receipt this Period				
	FEC ID number of contributing		1 1 1 1 1 1					
	federal political committee.	C		62.50				
Name of Employer Self-employed Insura Receipt For: Aggre		0 "		Payroll Deduction				
				,				
			Year-to-Date ▼	-				
	Primary General	, iggregate						
	Other (specify)		625.00					
	-							
SI	UBTOTAL of Receipts This Page (optional)			106.00				

TOTAL This Period (last page this line number only)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NU (check only or X 11a 13		PAGE 60 / 175 11c 12 15 16 17
Ar or	ly information copied from such Reports and Statements for commercial purposes, other than using the name an	s may r d addre	not be sold or used by any perso ess of any political committee to	n for the purposesolicit contribution	e of solicit	ting contributions such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) National Association of Insurance and Financitee	al Adv	visors Political Action Com	nit-		
A.	Full Name (Last, First, Middle Initial) Mr. Jonathan David Haymes, LUTCF Mailing Address 708 n. Fairway City Stat Nixa MO FEC ID number of contributing federal political committee. Name of Employer Self-employed Occup Insur	pation	Zip Code 65714 Agent Year-to-Date ▼	Date of Re M M M 1 0 Transactic Amount of Payroll De	on ID: R1	2006
3.		pation rance	Zip Code 12824 Agent Year-to-Date ▼ 420.00	Date of Re 1 0 Transactic Amount of Payroll De	on ID: R1	2 0 0 6 641306 ceipt this Period 42.00
D.	· · · · · · · · · · · · · · · · · · ·	pation rance	Zip Code 68059 Agent Year-to-Date ▼	Date of Re M M M 1 0 Transactic Amount of Payroll De	on ID: R1	2006 641219 ceipt this Period 208.00
s	UBTOTAL of Receipts This Page (optional)		>			275.20
Т	OTAL This Period (last page this line number only)		>			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 175 (check only one) X
Ang or f	y information copied from such Reports and Stator commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) National Association of Insurance and F tee	inancial A	dvisors Political Action Com	mit-
A. 3.	Full Name (Last, First, Middle Initial) Sharon G. Heierman, CAE Mailing Address 2990 Kemp Rd City Havana FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. Dennis L. Helgeson, CLU,ChFC,L Mailing Address 2601 Bel Air Drive	State FL C Occupation Insurance Aggregate		Date of Receipt M M J D D J 2006 Transaction ID: R1639839 Amount of Each Receipt this Period 42.00 Payroll Deduction Date of Receipt
	City Minot FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State ND C Occupation Insurance Aggregate		Transaction ID: R1641465 Amount of Each Receipt this Period 25.20 Payroll Deduction
C.	Full Name (Last, First, Middle Initial) Mr. Marcus T. Henderson, Sr.,LUTCF Mailing Address 109 Barrington Court Ea City Franklin FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State TN C Occupation Insurance		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SI	JBTOTAL of Receipts This Page (optional)			109.20
TC	OTAL This Period (last page this line number or	ılv)		

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 62 / 175
ITEMIZED RECEIPTS			or each category of the	(check only one)
• • •			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or 1	or commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Insurance and F tee	inancial Ad	dvisors Political Action Com	nit-
	Full Name (Last, First, Middle Initial) Mr. Michael C. Herring			Date of Receipt
	Mailing Address 9550 N 150th Ct			10 10 7 2006
	City	State	Zip Code	Transaction ID: R1641076
	Waverly	NE	68462-1569	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		22.50
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:		Year-to-Date ▼	
	Primary General	39 - 3		
	Other (specify) ▼	0 0	225.00	
	Full Name (Last, First, Middle Initial) Mr. Ronald G. Hester, CLU, ChFC			Date of Receipt
	Mailing Address 261 New River Heights F	10 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: R1642717
	Boone	NC	28607	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		46.75
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		467.50	
	Full Name (Last, First, Middle Initial) Mr. Richard L. Hill, CLU, ChFC.			Date of Receipt
	Mailing Address 2611 Alvo Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1643031
	Seward	NE	68434	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.00
	Name of Employer	Occupation	1	Payroll Deduction
	Self-employéd *	Insurance	-	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify)	' '	420.00	
	Cutor (speedily)		0 0 0 0 0 0 0 0	
SI	JBTOTAL of Receipts This Page (optional)			111.25
T	OTAL This Period (last page this line number or	nlv)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 63 / 175
TEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
National Association of Insurance and tee	Financial A	dvisors Political Action Com	mit-
Full Name (Last, First, Middle Initial) A. Mr. Michael J. Hiller, ChFC			Date of Receipt
Mailing Address W267 S7930 Stony Pt.	Ct.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: R1641850
Mukwonago	WI	53149-9687	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.20
Name of Employer	Occupation	n	Payroll Deduction
Self-employed	Insuranc		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		252.00	
Full Name (Last, First, Middle Initial) 3. Mr. Steven P. Hogg, CLU, ChFC			Date of Receipt
Mailing Address 1658 NE Sawdust Hill I	Rd.		10 10 / 2006
City	State	Zip Code	Transaction ID: R1643014
Poulsbo	WA	98370	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer Self-employed	Occupation		Payroll Deduction
Receipt For:		e Year-to-Date V	+
Primary General	33 - 3		1
Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) Mr. Jeff L. Holland, CLU, ChFC			Date of Receipt
Mailing Address 200 Matthew Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: R1642868
<u>Paducah</u>	KY	42001-6162	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer Self-employed	Occupation		Payroll Deduction
Receipt For:		e Year-to-Date ▼	7
Primary General Other (specify) ▼		210.00	
SUBTOTAL of Receipts This Page (optional)		_	80.20
TOTAL This Period (last page this line number of	only)		

S(CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 64 / 1/5
ΙT	EMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12
-	- · · -		Detailed Summary Page	13 14 15 16 17
An	y information copied from such Reports and Stater for commercial purposes, other than using the nan	ments may	r not be sold or used by any perso	n for the purpose of soliciting contributions
<u></u>	NAME OF COMMITTEE (In Full)	is and add	noos or any pontion committee to	COC. CONTRIBUTION OF THE SHOPE CONTRIBUTION.
\rangle	National Association of Insurance and Fin	ancial Ad	dvisors Political Action Com	mit-
۹.	Full Name (Last, First, Middle Initial) Mr. Robert J. Hollander, LUTCF			Date of Receipt
	Mailing Address 904 Rockhurst Dr.			10 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1641741
	Lincoln	NE	68510-4114	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		105.00
	Self-employed '	Occupation		Payroll Deduction
		nsurance Aggregate	e Agent Year-to-Date ▼	\dashv
	Primary General Other (specify) ▼	, tiggi ogato	1050.00	
3.	Full Name (Last, First, Middle Initial) Mr. Richard L. Hoover, LUTCF, RIA			Date of Receipt
	Mailing Address 2920 S. Jones Blvd., #110)		10 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1641703
	Las Vegas	NV	89146	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00
	Self-employed 1	Occupation Insurance		Payroll Deduction
			Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	542.40	
 C.	Full Name (Last, First, Middle Initial) Mr. Darrel V. Hovde			Date of Receipt
	Mailing Address PO Box 1806			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1641068
	Minot	ND	58702-1806	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Self-employed	Occupation Insurance		Payroll Deduction
			Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	261.60	
S	UBTOTAL of Receipts This Page (optional)			195.00
т,	This Period (last page this line number only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 175 (check only one) X
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) National Association of Insurance and F	inancial A	dvisors Political Action Com	mit-
A .	Full Name (Last, First, Middle Initial) Ms. April L. Howard Mailing Address 3386 Williamsburg City Boise FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General	State ID C Occupation Insurance Aggregate		Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Mr. Peter K. Howard, LUTCF,ChFC Mailing Address 326 Rosemary Lane	0 0		Date of Receipt 10 10 2006
	City Danville FEC ID number of contributing federal political committee.	State VA	Zip Code 24541-4526	Amount of Each Receipt this Period 15.00
	Name of Employer Self-employed Receipt For: Primary General Other (specify) ▼	Occupation Insurance Aggregate		Payroll Deduction
D .	Full Name (Last, First, Middle Initial) Mr. William A. Hume, LUTCF Mailing Address 1075 Woodfield Lane City	State	Zip Code	Date of Receipt M M
	Libertyville FEC ID number of contributing federal political committee.	C	60048	Amount of Each Receipt this Period 42.50
	Name of Employer Self-employed Receipt For: Primary General Other (specify) ▼	Occupation Insurance Aggregate		Payroll Deduction
s	UBTOTAL of Receipts This Page (optional)			114.50
T	OTAL This Period (last page this line number or			

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 66 / 175			
ITEMIZED RECEIPTS		or each category of the	(check only one)			
••	LIVIIZED RECEII 10	Detailed Summary Page	X 11a 11b 11c 12 15 16 17			
Ar	ny information copied from such Reports and Statements	may not be sold or used by any perso				
or	for commercial purposes, other than using the name and	d address of any political committee to	solicit contributions from such committee.			
\setminus	NAME OF COMMITTEE (In Full)					
	National Association of Insurance and Financiatee	al Advisors Political Action Com	mit-			
Α.	Full Name (Last, First, Middle Initial) Mr. Albert T. Hurst, Jr., FICF, C		Date of Receipt			
A.	Mailing Address 1422 Spring Street		M M / D D / Y Y Y Y			
	maining / local cool 1422 Opining Officer		10 10 2006			
	City State	e Zip Code	Transaction ID: R1641468			
	<u>Little Rock</u> AR	72202	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.		25.20			
	Name of Employer Occur	pation	Payroll Deduction			
	Self-employed Insur	ance Agent				
		egate Year-to-Date ▼				
	Primary General	252.00				
	Other (specify)		1			
— В.	Full Name (Last, First, Middle Initial) Mr. Hollis O. Inglett, Jr.,LUTCF		Date of Receipt			
	Mailing Address 31 Cone Rd	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City State	e Zip Code	Transaction ID: R1642981			
	Ormond Beach FL	32174-7903	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.		42.00			
	Name of Employer Occup Self-employed Incur	pation	Payroll Deduction			
	IIISUI	ance Agent				
		egate Year-to-Date ▼				
	Primary General Other (specify)	420.00				
	Calci (cposity) V	1 1 1 1 1 1 1 1	4			
_	Full Name (Last, First, Middle Initial)					
C.	Mr. William V. Irons, CLU, LUTCF		Date of Receipt			
	Mailing Address 325 Newman Ave		10 10 2006			
	City State	e Zip Code	Transaction ID: R1642714			
	Rumford RI	02916-1255	Amount of Each Receipt this Period			
	FEC ID number of contributing		25.20			
	federal political committee.		25.20			
	Name of Employer Occup Self-employed Insur	pation	Payroll Deduction			
	Self-employed Insur	ance Agent				
		egate Year-to-Date ▼				
	Primary General	252.00	1			
	Other (specify) ▼		J			
	I					
s	UBTOTAL of Receipts This Page (optional)		92.40			
T	TOTAL This Period (last page this line number only)					

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 67 / 175
•			Use separate schedule(s) or each category of the	(check only one)
H	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the nan	ments may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
<u> </u>	NAME OF COMMITTEE (In Full)		7,7	
\rangle	National Association of Insurance and Fin	ancial A	dvisors Political Action Com	mit-
_	tee			
۹.	Full Name (Last, First, Middle Initial) Mr. Greg W. Jacobs			Date of Receipt
	Mailing Address 1350 Grand Summitt Drive	e #116		M M / D D / Y Y Y Y
	-			10 10 2006
	City	State	Zip Code	Transaction ID: R1639879
	Reno	NV	89523	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.20
				Payroll Deduction
	Self-employed	Occupation Insurance		ayron 2 saddisin
			e Year-to-Date ▼	-
	Primary General	, iggi ogalo		
	Other (specify) ▼		252.00	
3	Full Name (Last, First, Middle Initial) Mr. Michael R. James			Date of Receipt
•	Mailing Address 107 Ingleside East Dr.			M M / D D / Y Y Y Y
				10 10 2006
	City	State	Zip Code	Transaction ID: R1641253
	Madison	MS	39110	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		22.50
	Tederal political committee.			Payroll Deduction
	Self-employed 1	Occupation		- Payroli Deduction
		nsurance		_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		225.00	
•	Full Name (Last, First, Middle Initial) Mr. Donald C. Jayne, CLU, ChFC			Date of Receipt
<i>)</i> .	Mailing Address 20402 Tulsa Street			M M / D D / Y Y Y Y
				10 10 2006
	City	State	Zip Code	Transaction ID: R1642651
	Chatsworth	CA	91311-1723	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Tederal political committee.			Payroll Deduction
	Salf amplayed '	Occupation		Payroli Deduction
		nsurance	-	-
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		250.00	
				72.70
S	UBTOTAL of Receipts This Page (optional)		<u> </u>	12.10
T	OTAL This Period (last page this line number only)		
•		,	······	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 68/1/5
ITEMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12
		Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and Si or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
National Association of Insurance and tee	Financial A	dvisors Political Action Com	mit-
Full Name (Last, First, Middle Initial) Mr. Jerry E. Jensen, LUTCF			Date of Receipt
Mailing Address 190 So. 800 W.			10 10 / Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: R1641477
Blackfoot	ID	83221-6132	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.40
Name of Employer Self-employed	Occupatio Insuranc		Payroll Deduction
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼		507.00	
Full Name (Last, First, Middle Initial) 3. Mr. Randall H. Jensen			Date of Receipt
Mailing Address 124 W 46th St., #201			10 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: R1642285
Kearney	NE	68847	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		21.00
Name of Employer Self-employed	Occupatio Insuranc		Payroll Deduction
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		210.00	
Full Name (Last, First, Middle Initial) C. Mr. John C. Johns, LUTCF			Date of Receipt
Mailing Address 5141 Lilly Rd.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: R1642215
<u>Hazlehurst</u>	MS	39083	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer Self-employed	Occupatio Insuranc		Payroll Deduction
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	265.00	
SUBTOTAL of Receipts This Page (optional)			101.40
		•	
TOTAL This Period (last page this line number	only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69 / 175 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	ly information copied from such Reports and Statements for commercial purposes, other than using the name and	may not be sold or used by any persol address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) National Association of Insurance and Financia tee	al Advisors Political Action Com	mit-
A.		48170	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Mr. Melville D.K. Jones Mailing Address P.O. Box 1391 City State Puunene HI FEC ID number of contributing federal political committee. Name of Employer Self-employed Occup	96784	Date of Receipt M M
D .	- · · · · · · · · · · · · · · · · · · ·	92024-4029	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)		172.50
T	OTAL This Period (last page this line number only)	>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	Check only one)
Ar	y information copied from such Reports and Statements m for commercial purposes, other than using the name and a	ay not be sold or used by any perso	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Association of Insurance and Financial Attee	Advisors Political Action Com	mit-
Α.	Full Name (Last, First, Middle Initial) Mr. Bruce H. Kantor, CLU, LUTCF Mailing Address 2901 Cross Country Rd City State Charlotte NC FEC ID number of contributing federal political committee.	Zip Code 28270-0600	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		on ce Agent tte Year-to-Date ▼	Payroll Deduction
В.	Full Name (Last, First, Middle Initial) Mr. John B. Kearns, LUTCF Mailing Address 1802 First Ave		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City State Scottsbluff NE	Zip Code	Transaction ID: R1641152
	FEC ID number of contributing federal political committee.	69361	Amount of Each Receipt this Period 42.50 Payroll Deduction
		on ce Agent tte Year-to-Date ▼ 425.00	
C.	Full Name (Last, First, Middle Initial) Mr. F. Nicholas Kelley, CLU Mailing Address 5905 S. 151 Ave Circle		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City State	Zip Code	Transaction ID: R1641541
	Omaha FEC ID number of contributing federal political committee. C	68137	Amount of Each Receipt this Period 22.50
		on ce Agent tte Year-to-Date ▼	Payroll Deduction
s	UBTOTAL of Receipts This Page (optional)		88.10
Т	OTAL This Period (last page this line number only)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 71 / 175	
ITEMIZED RECEIPTS			or each category of the	(check only one) X 11a 11b 11c 12
			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Ar	ny information copied from such Reports and St for commercial purposes, other than using the	atements may	y not be sold or used by any person	on for the purpose of soliciting contributions
Cor	NAME OF COMMITTEE (In Full)	name and add	aress of any political committee to	solicit contributions from such committee.
	National Association of Insurance and tee	Financial A	dvisors Political Action Com	mit-
`_	Full Name (Last, First, Middle Initial)			5. (5
Α.	Mr. Roy W. Kern, LUTCF,CLTC Mailing Address 3775 West Randall Roa	nd .		Date of Receipt
	3773 West national not	au		10 10 2006
	City	State	Zip Code	Transaction ID: R1642858
	Springfield	MO	65810	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00
	Name of Employer Self-employed	Occupation		Payroll Deduction
	Receipt For:	_	e Year-to-Date ▼	-
	Primary General	35 5		1
	Other (specify) ▼	0 0	660.00	
В.	Full Name (Last, First, Middle Initial) Mr. Marvin R. Keys, LUTCF			Date of Receipt
	Mailing Address 8785 Inverness Place			10 10 Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1642959
	Tuscaloosa	AL	35405	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		22.50
	Name of Employer Self-employed	Occupation		Payroll Deduction
	Receipt For:	Insurance	e Agent e Year-to-Date ▼	_
	Primary General	riggrogate		1
	Other (specify) ▼	0 0	225.00	
C.	Full Name (Last, First, Middle Initial) Mr. Thomas K. Kilton			Date of Receipt
٠.	Mailing Address 1933 E River Pkwy			M M / D D / Y Y Y Y
				10 10 2006
	City	State	Zip Code	Transaction ID: R1641115
Self-employed Insurance			55408	Amount of Each Receipt this Period
		C		21.00
		Occupation		Payroll Deduction
			e Year-to-Date ▼	1
Primary General Other (specify) ▼			210.00	1
			210.00	
s	SUBTOTAL of Receipts This Page (optional)			103.50
			<u> </u>	
T	OTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 72 / 175	
ITEMIZED RECEIPTS			or each category of the	(check only one)	7 -
			Detailed Summary Page	X 11a 11b 1	11c 12 15 16 17
Δr	ny information copied from such Reports and Staten	nents may	y not be sold or used by any perso		
or	for commercial purposes, other than using the nam	e and add	dress of any political committee to	solicit contributions from	such committee.
\setminus	NAME OF COMMITTEE (In Full)				
	National Association of Insurance and Finatee	ancial Ad	dvisors Political Action Com	mit-	
•	Full Name (Last, First, Middle Initial)			Data of Danaist	
Α.	Mr. Ronald L. King Mailing Address 3906 Wake Forest Rd			Date of Receipt	/ Y Y Y Y
	Mailing Address 3906 Wake Forest Rd			1 0 1 0	
	City	State	Zip Code	Transaction ID: R	1639867
	Raleigh	NC	27609	Amount of Each Re	
	FEC ID number of contributing federal political committee.	C			24.75
	Name of Employer C	Occupation	<u> </u>	Payroll Deduction	
	Self-employed	nsurance			
			Year-to-Date ▼		
	Primary General	-	247.50	1	
	Other (specify) ▼		247.50		
_	Full Name (Last, First, Middle Initial)				
В.				Date of Receipt	
	Mailing Address 10842 Mount CurveRd		M M / D D D 1 0		
	City	State	Zip Code	Transaction ID: R	1642654
	Eden Prairie	MN	55347-2908	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	С			21.00
	Name of Employer Self-employed	Occupation	1	Payroll Deduction	
	Self-employed II	nsurance	e Agent		
		Aggregate	Year-to-Date ▼		
	Primary General		210.00		
	Other (specify)	0 0			
_	Full Name (Last, First, Middle Initial)			Date of Date of	
C.	Mr. David G. Klemisch, LUTCF Mailing Address 2801 26th Ave SW			Date of Receipt	
	Mailing Address 2801 26th Ave SW			10 10	
	City	State	Zip Code	Transaction ID: R	1641697
	Fargo	ND	58103	Amount of Each Re	
FEC ID number of contributing federal political committee. Name of Employer Self-employed Occupation Insurance Ins		<u></u>			51.00
		<u> </u>			
		Occupation	1	Payroll Deduction	
	Self-employed II	nsurance	e Agent		
Primary General		Aggregate	Year-to-Date ▼		
			405.00		
	Other (specify)	0 0	1 1 1 1 1 1 1		
Г					
s	UBTOTAL of Receipts This Page (optional)				96.75
\vdash			<u> </u>		
TOTAL This Period (last page this line number only)					

J	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 73 / 175 (check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
An	y information copied from such Reports and Sta for commercial purposes, other than using the i	atements may	not be sold or used by any person	on for the purpose of soliciting contributions solicit contributions from such committee.
<u> </u>	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , , ,	
\rangle	National Association of Insurance and tee	inancial A	dvisors Political Action Com	mit-
۹.	Full Name (Last, First, Middle Initial) Mr. Casey C. Knake, CLU, ChFC			Date of Receipt
	Mailing Address 2902 Mach I Dr.			10 10 2006
	City	State	Zip Code	Transaction ID: R1641474
	Norfolk	NE	68701-3238	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.00
	Name of Employer Self-employed	Occupation		Payroll Deduction
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		420.00	
 3.	Full Name (Last, First, Middle Initial) Mr. Kenneth E. Knox, CLU, ChFC			Date of Receipt
	Mailing Address Unit 9, 10 East St	10 10 2006		
	City	State	Zip Code	Transaction ID: R1642564
	Providence	RI	02906-3069	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.40
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General			1
	Other (specify)	0 0	504.00	
 C.		0 0	504.00	Date of Receipt
- .	Other (specify) ▼ Full Name (Last, First, Middle Initial)		504.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Other (specify) Full Name (Last, First, Middle Initial) Ms. Johanna Margaret-Mary Kockritz Mailing Address 7864 Highlander Dr City	State	Zip Code	M M / D D / Y Y Y Y
C .	Other (specify) Full Name (Last, First, Middle Initial) Ms. Johanna Margaret-Mary Kockritz Mailing Address 7864 Highlander Dr	State AK		10 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C .	Other (specify) Full Name (Last, First, Middle Initial) Ms. Johanna Margaret-Mary Kockritz Mailing Address 7864 Highlander Dr City		Zip Code	Transaction ID: R1642980 Amount of Each Receipt this Period 25.00
C .	Full Name (Last, First, Middle Initial) Ms. Johanna Margaret-Mary Kockritz Mailing Address 7864 Highlander Dr City Anchorage FEC ID number of contributing federal political committee. Name of Employer	AK C Occupation	Zip Code 99518	Transaction ID: R1642980 Amount of Each Receipt this Period
C .	Other (specify) Full Name (Last, First, Middle Initial) Ms. Johanna Margaret-Mary Kockritz Mailing Address 7864 Highlander Dr City Anchorage FEC ID number of contributing federal political committee. Name of Employer Self-employed	AK C Occupation Insurance	Zip Code 99518	Transaction ID: R1642980 Amount of Each Receipt this Period 25.00
D .	Full Name (Last, First, Middle Initial) Ms. Johanna Margaret-Mary Kockritz Mailing Address 7864 Highlander Dr City Anchorage FEC ID number of contributing federal political committee. Name of Employer	AK C Occupation Insurance	Zip Code 99518	Transaction ID: R1642980 Amount of Each Receipt this Period 25.00
SI SI	Other (specify) Full Name (Last, First, Middle Initial) Ms. Johanna Margaret-Mary Kockritz Mailing Address 7864 Highlander Dr City Anchorage FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General	Occupation Insurance Aggregate	Zip Code 99518 De Agent Year-to-Date ▼	Transaction ID: R1642980 Amount of Each Receipt this Period 25.00 Payroll Deduction

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 74 / 175	
ITEMIZED RECEIPTS		or each category of the	(check only one)	
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17	
Any information copied from such Reports and Si or for commercial purposes, other than using the	tatements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions	
NAME OF COMMITTEE (In Full)				
National Association of Insurance and tee	Financial A	dvisors Political Action Com	mit-	
Full Name (Last, First, Middle Initial) A. Mr. Lance B. Kolbet, RHU, LUTCF			Date of Receipt	
Mailing Address 4632 Mountain Park Ro	d.		M M / D D / Y Y Y Y	
City	State	Zip Code	1 0 1 0 2 0 0 6 Transaction ID: R1642682	
Pocatello Pocatello	ID	83202	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		126.00	
Name of Employer	Occupatio	n	Payroll Deduction	
Self-employed	Insuranc			
Receipt For:	Aggregate	e Year-to-Date ▼		
Primary General Other (specify) ▼	0 0	1005.60		
Full Name (Last, First, Middle Initial) 3. Mr. David M. Koll, LUTCF, CLT			Date of Receipt	
Mailing Address 1612 S. 152nd Street	Mailing Address 1612 S. 152nd Street			
City	State	Zip Code	Transaction ID: R1642136	
Omaha	NE	68144-5121	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		105.00	
Name of Employer Self-employed	Occupatio Insuranc		Payroll Deduction	
Receipt For:		e Year-to-Date V	-	
Primary General	00 0		1	
Other (specify) ▼		960.00		
Full Name (Last, First, Middle Initial) Mr. Richard A. Koob, CLU, ChFC,			Date of Receipt	
Mailing Address 301 Frederick Street			10 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State	Zip Code	Transaction ID: R1642357	
Waukesha	WI	53186-8116	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		50.40	
Name of Employer Self-employed	Occupatio Insuranc		Payroll Deduction	
Receipt For:		e Year-to-Date ▼	7	
Primary General Other (specify) ▼	0 0	504.00		
SUBTOTAL of Receipts This Page (optional)			281.40	
SOBTOTAL OF Necepts This Page (optional)		······································		
TOTAL This Period (last page this line number of	only))		

S	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 75 / 175					
ITEMIZED RECEIPTS		or each category of the	(check only one)					
••	LIMIZED RESERVED	Detailed Summary Page	X 11a 11b 11c 12 15 16 17					
Ar	y information copied from such Reports and Statements m	nay not be sold or used by any perso	on for the purpose of soliciting contributions					
or	for commercial purposes, other than using the name and a	address of any political committee to	solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full)							
	National Association of Insurance and Financial tee	Advisors Political Action Com	mit-					
Α.	Full Name (Last, First, Middle Initial) Mr. David T. Koppa, CLU, LUTCF		Date of Receipt					
	Mailing Address 1105 Via Bolzano		M M / D D / Y Y Y Y					
			10 10 2006					
	City State Santa Barbara CA	Zip Code	Transaction ID: R1642113					
		93111	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.		42.50					
	Name of Employer Occupat	tion	Payroll Deduction					
	Self-employed Insurar	nce Agent						
		ate Year-to-Date ▼						
	Primary General Other (specify) ▼	425.00						
	Other (specify)	0 0 0 0 0 0 0	1					
В.	Full Name (Last, First, Middle Initial) Mr. Ronald F. Kramer, LUTCF		Date of Receipt					
	Mailing Address P. O. Box 26	10 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	City State	Zip Code	Transaction ID: R1642559					
	<u>Pierce</u> NE	68767-0026	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.		21.00					
	Name of Employer Occupat	tion	Payroll Deduction					
	Self-employed Insurar	nce Agent						
		ate Year-to-Date ▼						
	Primary General	210.00	1					
	Other (specify) ▼		1					
C.	Full Name (Last, First, Middle Initial) Mr. Ben Kronish, CLU, ChFC		Date of Receipt					
•	Mailing Address 205 W 89th St #2H		M M / D D / Y Y Y Y					
			10 10 2006					
	City State	Zip Code	Transaction ID: R1642509					
	New York NY	10024	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.		25.00					
Name of Employer Occupati Self-employed Incurren			Payroll Deduction					
	Insurar	nce Agent						
		ate Year-to-Date ▼						
	Primary General Other (specify) ▼	250.00						
	Z (CPSS.), V	0 0 0 0 0 0 0						
9	UBTOTAL of Receipts This Page (ontional)		88.50					
ட	SUBTOTAL of Receipts This Page (optional)							

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 76 / 175 (check only one) X
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and Fitee	nancial A	dvisors Political Action Com	mit-
Α.	Full Name (Last, First, Middle Initial) Mr. Jon P. Kubler, LUTCF Mailing Address 1620 N. 127th St City Omaha FEC ID number of contributing federal political committee. Name of Employer Self-employed	State NE C Occupation Insurance	e Agent	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 225.00	
3.	Full Name (Last, First, Middle Initial) Mr. Gary M. Lane, CLU Mailing Address 925 Highland Terrance NE			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Atlanta	State GA	Zip Code 30306	Transaction ID: R1643095 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30000	22.50
	Name of Employer Self-employed Receipt For: Primary General Other (specify) ▼	Occupation Insurance Aggregate		Payroll Deduction
 C.	Full Name (Last, First, Middle Initial) Mr. Thomas R. Laster, RHU Mailing Address 1713 Elmhurst Ave			Date of Receipt
	City	State	Zip Code	1 0 1 0 2 0 0 6 Transaction ID: R1642978
	Nichols Hills	OK	73120	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.40
	Name of Employer Self-employed	Occupation	e Agent	Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 504.00	
s	UBTOTAL of Receipts This Page (optional)			95.40
T	OTAL This Period (last page this line number on	lv)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 77 / 175 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the nar	ements may me and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and Fir	nancial Ad	dvisors Political Action Com	mit-
Α.	Full Name (Last, First, Middle Initial) Ms. Monica J. Lawfield, CMFC Mailing Address 6851 Caballero Dr. City Jacksonville FEC ID number of contributing federal political committee. Name of Employer Self-employed	State FL C Occupation Insurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Other (specify) ▼		210.00	
3.	Full Name (Last, First, Middle Initial) Mr. Daniel L. Lawrence Mailing Address 5553 Peters Drive	Ctoto	7:n Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City West Bend	State WI	Zip Code 53095	Transaction ID: R1641473 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	33093	51.00
	Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 510.00	
Full Name (Last, First, Middle Initial) Mr. Robert Terry Lawson, LUTCF, CSA Mailing Address 212 E Pine Grove Ave			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: R1643262
	North Augusta	SC	29841-3854	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Self-employed 1	Occupation Insurance		Check
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
S	UBTOTAL of Receipts This Page (optional)			122.00
T	OTAL This Period (last page this line number only	v)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NU	
ITEMIZED RECEIPTS			or each category of the	(check only on	<i>'</i> — —
••	LIMIZED REGEN 10		Detailed Summary Page	X 11a	11b 11c 12
Δ	information and Clatera			13	14 15 16 17
or	y information copied from such Reports and Statemer for commercial purposes, other than using the name a	and add	ress of any political committee to	solicit contributio	ns from such committee.
	NAME OF COMMITTEE (In Full)				
\rangle	National Association of Insurance and Finantee	nit-			
Α.	Full Name (Last, First, Middle Initial) Mr. Frank Lazarus, CLU,ChFC,C			Date of Red	ceint
	Mailing Address 2 Bala Plaza, Suite 901			M M /	D D / Y Y Y Y
	0'1		7'- 01-	1 0	16 2006
	City State Bala Cynwyd PA		Zip Code		n ID: R1643497
		A	19004	Amount of	Each Receipt this Period
FEC ID number of contributing federal political committee.		;			150.00
	Salf-amployed 1	cupation		Credit Card	d
	ins	surance		_	
	Receipt For: Age	gregale	Year-to-Date ▼		
	Other (specify)		300.00		
В.	Full Name (Last, First, Middle Initial) Mr. Leslie W. Lee, CLU, ChFC			Date of Red	ceipt
	Mailing Address 7522 E Hampstead Ct.				D D / Y Y Y Y
	·				10 2006
	City	Zip Code	Transaction ID: R1643044		
	<u>Middleton</u> W	VI	53562	Amount of	Each Receipt this Period
	FEC ID number of contributing federal political committee				25.20
	federal political committee.			Daywell Day	11
	Name of Employer Occ Self-employed	cupation		Payroll Ded	duction
	IIIS	surance			
		gregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		252.00		
C.	Full Name (Last, First, Middle Initial) Mr. Lanny D. Levin, CLU, ChFC			Date of Red	ceipt
	Mailing Address 313 Laurel			M M /	D D / Y Y Y Y
				1 0	10 2006
	•	tate	Zip Code		n ID: R1642736
	Highland Park IL	_	60035-2619	Amount of	Each Receipt this Period
	FEC ID number of contributing federal political committee.	;			42.00
	rederal political committee.			Daywell Day	11
	Salf amplayed 1	cupation		Payroll Dec	duction
	IIIS	surance			
Receipt For:		gregate	Year-to-Date ▼		
Primary General Other (specify) ▼			420.00		
Г	L				
s	UBTOTAL of Receipts This Page (optional)		.		217.20
\vdash					
T	OTAL This Period (last page this line number only)		>		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 79 / 175 (check only one) X 11a 11b 11c 12
An	y information copied from such Reports and Stat	tements may	v not be sold or used by any perso	n for the purpose of soliciting contributions
or $\frac{1}{}$	for commercial purposes, other than using the na NAME OF COMMITTEE (In Full) National Association of Insurance and F			
_	tee			1
۹.	Full Name (Last, First, Middle Initial) Mr. Bruce C. Lichtenberg, LUTCF Mailing Address 2265 Cypress Point			Date of Receipt
				10 10 2006
	City Discovery Bay	State CA	Zip Code 94514	Transaction ID: R1643005
	FEC ID number of contributing federal political committee.	C	94514	Amount of Each Receipt this Period 50.00
	Name of Employer Self-employed	Occupation		Payroll Deduction
	Receipt For: Primary General Other (specify) ▼		e Agent e Year-to-Date ▼ 436.00	
3.	Full Name (Last, First, Middle Initial) Ms. Carolyn Lloyd-Cohen, CLU, ChFC			Date of Receipt
	Mailing Address 72B Dwright Place	10 18 7 2006		
	City	State	Zip Code	Transaction ID: R1643556
	Englewood FEC ID number of contributing federal political committee.	C	07631	Amount of Each Receipt this Period 250.00
	Name of Employer Self-employed	Occupation Insurance		Check
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Lawrence E. Lounds			Date of Receipt
	Mailing Address 2477 Valley Oaks Circle			10 10 / 2006
	City Flint	State MI	Zip Code 48532	Transaction ID: R1643070 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	4002	105.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1050.00	
SI	UBTOTAL of Receipts This Page (optional)			405.00
T	OTAL This Period (last page this line number or	ıly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 80 / 175 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may	y not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and Fittee	nancial A	dvisors Political Action Com	mit-
Full Name (Last, First, Middle Initial) Mr. Archie F. Lowe, CLU Mailing Address 38 Old Ivy Road, Suite 200 City State			Zip Code	Date of Receipt 1 0 1 0 2 0 0 6 Transaction ID: R1641549
	Atlanta	GA	30342	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		21.00
	Name of Employer Self-employed Receipt For: Primary General Other (specify) ▼	Occupation Insurance Aggregate		Payroll Deduction
Full Name (Last, First, Middle Initial) Mr. R. Art Lubomski, CLU Mailing Address 4137 Beech Ave				Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City	Transaction ID: R1642675		
	Erie	State PA	Zip Code 16508-3118	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		21.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 210.00	
Э.	Full Name (Last, First, Middle Initial) Mrs. Patricia S. Lucas, CLU,CLTC,L Mailing Address 8375 Starlight Lane			Date of Receipt
				10 10 2006
	City	State	Zip Code	Transaction ID: R1641894
	Boones Mill FEC ID number of contributing federal political committee.	C	24065-1909	Amount of Each Receipt this Period 42.00
	Name of Employer Self-employed	Occupation		Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 420.00	
s	UBTOTAL of Receipts This Page (optional)			84.00
т.	OTAL This Period (last page this line number onl	v)		

SCHEDULE A (FEC Form 3X) Use separate schedule(s)			FOR LINE NUMBER:	PAGE 81 / 175			
ITEMIZED RECEIPTS			or each category of the	(check only one)			
••	LIMIZED HEOLII 13		Detailed Summary Page	X 11a 11b	11c 12		
Δ.,	winformation conicd from such Departs and Ct	otomonto mo	, not be cold or used by any never	13 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15	15 16 17		
or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from	such committee.		
	NAME OF COMMITTEE (In Full)						
\rangle	National Association of Insurance and tee	mit-					
Α.	Full Name (Last, First, Middle Initial) Mr. William J. Lynch, LUTCF			Date of Receipt			
	Mailing Address 5075 SW Griffith Dr. #2	200		1 0 1 0	2006		
	City	State	Zip Code	Transaction ID: R	1642799		
	Beaverton	OR	97005	Amount of Each Re			
FEC ID number of contributing federal political committee.		C			37.50		
	Name of Employer Occ Self-employed			Payroll Deduction			
	Pagaint For:	Insurance	e Year-to-Date ▼	_			
	Receipt For: Primary General	Aggregate	: Teal-10-Date V	1			
	Other (specify)		362.50				
				1			
В.	Full Name (Last, First, Middle Initial) Mr. J. Peter Lyons, CLU, ChFC,			Date of Receipt			
	Mailing Address 54 Cranmore Road	1 0 1 3	2006				
	City State		Zip Code	Transaction ID: R1643610			
	Wellesley	MA	02181-1330	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C			500.00		
	Name of Employer Self-employed	Occupation	1	Check			
	Self-employed	Insurance	e Agent				
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General		500.00				
	Other (specify)		300.00				
C.	Full Name (Last, First, Middle Initial) Mr. Robert T. MacDonald			Date of Receipt			
	Mailing Address 1931 N 73rd St.			1 0 D D D D D D D D D D D D D D D D D D	2006		
	City	State	Zip Code	Transaction ID: R	1642070		
	Wauwatosa	WI	53213	Amount of Each Re	ceipt this Period		
	FEC ID number of contributing		1 1 1 1 1		27.00		
	federal political committee.	C			27.00		
	Name of Employer	Occupation	 1	Payroll Deduction			
	Self-employed	Insurance					
	Receipt For:		Year-to-Date ▼				
Primary General Other (specify) ▼			070.00	1			
			270.00				
_							
	UPTOTAL (CD.) 11 THE CO. (C. III.)				564.50		
SUBTOTAL of Receipts This Page (optional)							
T	FOTAL This Period (last page this line number only)						

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 82 / 175 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) National Association of Insurance and F	inancial A	dvisors Political Action Com	mit-
, Д.	Full Name (Last, First, Middle Initial) Mr. Dean G. Macheras, LUTCF Mailing Address 61 Oakwood Dr City Monroe FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. Glenford B. Malcolm, Sr. Mailing Address P. O. Box 822315	State LA C Occupation Insurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address P. O. Box 822315 City South Florida FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify) ▼	State FL C Occupation Insurance Aggregate		Transaction ID: R1643082 Amount of Each Receipt this Period 42.00 Payroll Deduction
D.	Full Name (Last, First, Middle Initial) Mr. Joseph J. Maltese, CFP Mailing Address 4176 Arikakee Court City Jacksonville FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State FL C Occupation Insurance Aggregate		Date of Receipt M M J D D J D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)		_	584.00
T	OTAL This Period (last page this line number or	nlv)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 83 / 175 (check only one) X 11a 11b 11c 12
				13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and Fitee	nancial Ad	dvisors Political Action Com	nit-
<u>'</u> -	Full Name (Last, First, Middle Initial)			
۹.	Mr. Dale F. Mamele, CLU Mailing Address 111 Old Home Pl.			Date of Receipt
		01-1-	7'- 0-4-	10 10 2006
	City Columbia	State SC	Zip Code 29212-2051	Transaction ID: R1642156 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Self-employed	Occupation		Payroll Deduction
	Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) Mr. Steven R. Markham, LUTCF			Date of Receipt
	Mailing Address 4 Alae St.	10 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: R1642164
	Hilo	HI	96720	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		12.50 Payroll Deduction
	Name of Employer Self-employed	Occupation Insurance		1 ayron beddenon
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		225.00	
) .	Full Name (Last, First, Middle Initial) Mr. Claude A. Marlowe, Jr., LUTCF			Date of Receipt
	Mailing Address 1101 Radcliffe Avenue			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1642919
	Kingsport	TN	37664-2025	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		21.00 Payroll Deduction
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 210.00	
SI	UBTOTAL of Receipts This Page (optional)			58.50
т	OTAL This Period (last page this line number on	ly)	.	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 84 / 175
	EMIZED RECEIPTS		or each category of the	(check only one)
•	LIMIZED REGEN 10		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Δn	y information copied from such Reports and Sta	tomente may	y not be sold or used by any perso	
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Insurance and F	inancial A	dvisors Political Action Com	mit-
۹.	Full Name (Last, First, Middle Initial) Mr. Leonard Martin, CSA			Date of Receipt
	Mailing Address 98 Tennyson Rd			10 10 / 2006
	City	State	Zip Code	Transaction ID: R1642062
	Warwick	RI	02888	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.40
	Name of Employer Self-employed	Occupation		Payroll Deduction
	Receipt For:		Year-to-Date ▼	-
	Primary General	33 - 3		1
	Other (specify) ▼	0 0	504.00	
3.	Full Name (Last, First, Middle Initial) Mr. Roosevelt Maske, LUTCF			Date of Receipt
	Mailing Address 5515 Fairvista Drive	10 10 / 2006		
	City	State	Zip Code	Transaction ID: R1642153
	Charlotte	NC	28269-0633	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		46.20
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		416.90	
_	Full Name (Last, First, Middle Initial)			Data of Resoint
J.	Mr. Darren Scott Mason, CLU, ChFC Mailing Address 178 Shorecliff Rd			Date of Receipt
	178 Shorecin nu			10 10 2006
	City	State	Zip Code	Transaction ID: R1642554
	Corona Del Mar	CA	92625-2648	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.66
	Name of Employer	Occupation	1	Payroll Deduction
	Self-employed 1	Insurance	-	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify)		416.60	
	Other (specify)	0 0	0 0 0 0 0 0 0	
s	UBTOTAL of Receipts This Page (optional)			138.26
т.	OTAL This Period (last page this line number o	nlv)		
• '			······	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 85 / 175 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and F	inancial A	dvisors Political Action Com	mit-
۸.	Full Name (Last, First, Middle Initial) Mr. Curtis L. Matlin, CLU			Date of Receipt
	Mailing Address 707 Skokie Blvd. #700		7: 0.1	10 10 2006
	City Northbrook	State II	Zip Code 60062	Transaction ID: R1641415 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		21.00
	Name of Employer Self-employed	Occupation		Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 210.00	
3.	Full Name (Last, First, Middle Initial) Mr. Carl James Maus, LUTCF			Date of Receipt
	Mailing Address 432 Fort Saratoga	10 10 / 2006		
	City	State	Zip Code	Transaction ID: R1643038
	Saint Charles FEC ID number of contributing federal political committee.	C	63303-1766	Amount of Each Receipt this Period 50.40
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 504.00	
).	Full Name (Last, First, Middle Initial) Mr. Michael V. May, CLU, ChFC,			Date of Receipt
	Mailing Address P O Box 910			10 10 / 2006
	City Port Richey	State FL	Zip Code 34673-0910	Transaction ID: R1641427 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100000	25.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 233.00	
S	UBTOTAL of Receipts This Page (optional)			96.40
T	OTAL This Period (last page this line number or	nly)	_	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s) FOR LINE NUMBER: PAG		
ITEMIZED RECEIPTS		or each category of the		(check only one)	
••	EMIZED RECEIL TO		Detailed Summary Page	X 11a 11b 11c 12 15 16 17	
Δ	ay information copied from such Reports and St	atomonte may	y not be sold or used by any pers		
or	ny information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.	
\setminus	NAME OF COMMITTEE (In Full)				
	National Association of Insurance and tee	dvisors Political Action Com	mit-		
Α.	Full Name (Last, First, Middle Initial) Mr. James L. McConathy, Jr.			Date of Receipt	
	Mailing Address 706 Trenton St., Apt. 6			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City		Zip Code	Transaction ID: R1641348	
	West Monroe	State LA	71291	Amount of Each Receipt this Period	
	FEC ID number of contributing		71201		
	federal political committee.	C		50.00	
	Name of Employer Self-employed	Occupation		Payroll Deduction	
	Receipt For:	Insurance	e Agent e Year-to-Date ▼		
	Primary General	Aggregate	F Teal-to-Date ▼	1	
	Other (specify) ▼		444.00		
_	Full Name (Last, First, Middle Initial)				
В.				Date of Receipt	
	Mailing Address 1330 Hagood Ave City State			10 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
			Zip Code	Transaction ID: R1642008	
	Columbia	SC	29205	Amount of Each Receipt this Period	
	FEC ID number of contributing		1 1 1 1 1	21.00	
	federal political committee.	C		21.00	
	Name of Employer	Occupation		Payroll Deduction	
	Name of Employer Self-employed	Insurance			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General	, ,	210.00	1	
	Other (specify)				
С.	Full Name (Last, First, Middle Initial) Mr. Clyde P. McFadden, LUTCF			Date of Receipt	
•	Mailing Address 3401 West End Ave.			M M / D D / Y Y Y Y	
	Ste. 650 W			10 10 2006	
	City	State	Zip Code	Transaction ID: R1641240	
	Nashville	TN	37203	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.			42.00	
	Name of Employer Self-employed	Occupation		Payroll Deduction	
Receipt For: Primary General		Insurance			
		Aggregate	Year-to-Date ▼	,	
Other (specify) ▼			420.00		
Г					
s	UBTOTAL of Receipts This Page (optional)			113.00	
_	OTAL This Period (last page this line number of	nnlv)			
	· · · · · · · · · · · · · · · ·	, ,			

S	CHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 87/1			
	·		Use separate schedule(s) or each category of the	(check only one)		
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
				13 14 15 16 17		
An	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions		
or		ame and add	aress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)		Literatur Darbitan LA arta a Ocasi			
\angle	National Association of Insurance and F tee	-inanciai Ad	dvisors Political Action Comi	mit- 		
Α.	Full Name (Last, First, Middle Initial) Ms. Juli Y. McNeely, LUTCF,CFP			Date of Receipt		
	Mailing Address S764 Hanson Road			10 10 2006		
	City	State	Zip Code	Transaction ID: R1641957		
	Spencer	WI	54479	Amount of Each Receipt this Period		
	FEC ID number of contributing					
	federal political committee.	C		30.00		
	Name of Employer	Occupation	1	Payroll Deduction		
	Self-employed Self-employed	Insurance	e Agent			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		360.00			
	Other (specify)	0 0	000.00			
В.	Full Name (Last, First, Middle Initial) Mr. Thomas D. McNeil			Date of Receipt		
	Mailing Address 49 Hagen Oaks Ct			M M / D D / Y Y Y Y		
				10 10 2006		
	City	State	Zip Code	Transaction ID: R1642006		
	Alamo	CA	94507	Amount of Each Receipt this Period		
	FEC ID number of contributing	C		25.00		
	federal political committee.					
	Name of Employer Self-employed	Occupation	1	Payroll Deduction		
	Self-employed	Insurance	e Agent			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General	, ,	250.00			
	Other (specify)	0 0	200.00			
<u> </u>	Full Name (Last, First, Middle Initial)			Date of Possist		
U .	Mr. Carl F. Mehlhop, CLU, ChFC Mailing Address 89 Van Ripper Ln			Date of Receipt		
	Walling Address 89 Vall hipper Life			10 10 2006		
	City	State	Zip Code	Transaction ID: R1642343		
	Orinda	CA	94563-1129	Amount of Each Receipt this Period		
	FEC ID number of contributing			21.00		
	federal political committee.	C		Payroll Deduction		
	Name of Employer Self-employed	Occupation		ayron Deduction		
		Insurance	-	_		
	Receipt For:	Aggregate	Year-to-Date ▼	. [
	Primary General Other (specify) ▼		210.00			
	Carlot (opcolity)	0 0		1		
۹	JBTOTAL of Receipts This Page (optional)			76.00		
\vdash						

TOTAL This Period (last page this line number only)

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 88 / 175
TEMIZED RECEIPTS			or each category of the	(check only one)
•	LIMIZED RESENTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
۸r	ny information copied from such Poperts and Stat	omonte may	y not be cold or used by any perso	
or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Insurance and Fitee	nancial A	dvisors Political Action Com	nit-
۹.	Full Name (Last, First, Middle Initial) Mr. Dennis R. Merideth, CLU, ChFC			Date of Receipt
	Mailing Address 6210 N. Camino Pimeria	Alta		10 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1642283
	Tucson	AZ	85718	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		66.00
	Name of Employer	Occupation	<u> </u>	Payroll Deduction
	Self-employed	Insurance		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1 1	660.00	
	Other (specify) ▼	0 0	000.00	
3.	Full Name (Last, First, Middle Initial) Mr. David A. Middaugh, CLU, AEP			Date of Receipt
	Mailing Address 3273 Evergreen Road			10 / 10 / 2006
	City	State	Zip Code	Transaction ID: R1643036
	<u>Fargo</u>	ND	58102-1214	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		126.00
	Name of Employer Self-employed	Occupation	ı	Payroll Deduction
		Insurance		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1098.00	
	Full Name (Last, First, Middle Initial) Mr. Carl W. Middleton, III,CLU Ch			Date of Receipt
	Mailing Address 8500 Gordon Dr NE			M M / D D / Y Y Y Y
				10 10 2006
	City	State	Zip Code	Transaction ID: R1641300
	Bain Bridge Is.	WA	98110-3003	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		21.00
	Name of Employer	Occupation	1	Payroll Deduction
Self-employéd Í		Insurance	-	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		210.00	
	Other (specify) ▼	0 0	0 0 0 0 0 0 0	
s	UBTOTAL of Receipts This Page (optional)			213.00
Ţ.	OTAL This Pariod (last page this line number on	lv)		
	OTAL This Period (last page this line number on	ıy <i>)</i>		

S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)	
ΙT	EMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12	
-			Detailed Summary Page	X 11a 11b 11c 12 15 16 17	
Ar or	y information copied from such Reports and Stater for commercial purposes, other than using the nan	ments may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions	
$\overline{}$	NAME OF COMMITTEE (In Full)				
\rangle	National Association of Insurance and Fintee	ancial Ad	dvisors Political Action Com	nit-	
۹.	Full Name (Last, First, Middle Initial) Mrs. Krisann K. Miehe			Date of Receipt	
	Mailing Address 2519 Galahad Way			10 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City Janesville	State WI	Zip Code	Transaction ID: R1643463	
	FEC ID number of contributing federal political committee.	C	53548	Amount of Each Receipt this Period 300.00	
	Self-employed 1	Occupation Insurance		- Check	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 360.00		
3.	Full Name (Last, First, Middle Initial) Mr. Michael J. Milburn, LUTCF			Date of Receipt	
	Mailing Address 2332 Flagstaff Dr.				
	City	State CO	Zip Code	Transaction ID: R1641449	
	Longmont	<u> </u>	80501	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		22.50 Payroll Deduction	
	Self-employéd 1	Occupatior Insurance	e Agent	rayion beduction	
		Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		225.00		
) .	Full Name (Last, First, Middle Initial) Ms. Carolyn S. Miller, LUTCF			Date of Receipt	
	Mailing Address 2469 W. Rosebush Rd			10 10 2006	
	City	State MI	Zip Code	Transaction ID: R1641883	
	Weidman	IVII	48893-9791	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		21.00 Payroll Deduction	
	Self-employéd 1	Occupatior Insurance	e Agent	rayion beduction	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 262.50		
s	UBTOTAL of Receipts This Page (optional)			343.50	
_			<u> </u>		
T	OTAL This Period (last page this line number only	')			

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 90 / 175 (check only one)		
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17		
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and F	inancial A	dvisors Political Action Com	mit-		
Full Name (Last, First, Middle Initial) Mr. Dennis L. Miller, LUTCF, CLU Mailing Address 649 State Road				Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	P.O. Box 186	State	Zip Code	Transaction ID: R1641730		
	Vassar	MI	48768	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		42.50		
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 425.00			
3.	Full Name (Last, First, Middle Initial) Mr. James E. Miller, CLU,LUTCF			Date of Receipt		
	Mailing Address 1550 Faraday Circle			10 10 / Y Y Y Y Y		
	City Fort Collins	State CO	Zip Code	Transaction ID: R1639893		
	FEC ID number of contributing federal political committee.	C	80525	Amount of Each Receipt this Period 21.00		
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 210.00			
) .	Full Name (Last, First, Middle Initial) Mr. Herbert F. Mischke, CLU, ChFC			Date of Receipt		
	Mailing Address 322 East County Road [)		10 10 / 2006		
	City Little Canada	State MN	Zip Code 55117	Transaction ID: R1642818 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		21.00		
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 210.00			
SI	UBTOTAL of Receipts This Page (optional)			84.50		
T	OTAL This Period (last page this line number or	nly)	_			

COUEDINE A (EEC Form 2V)				FOR LINE NUMBER: PAGE 91 / 175		
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)		
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page	X 11a 11b 11c 12		
			Detailed Summary Page	13 14 15 16 17		
Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any pers	on for the purpose of soliciting contributions		
or	for commercial purposes, other than using the n	ame and add	lress of any political committee t	o solicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)					
\rangle	National Association of Insurance and F tee	inancial A	dvisors Political Action Com	nmit-		
Α.	Full Name (Last, First, Middle Initial) Ms. Dianne C. Mitchell			Date of Receipt		
	Mailing Address 2209 Ontario Street			10 10 2006		
	City State Bellingham WA FEC ID number of contributing federal political committee.		Zip Code	Transaction ID: R1640051		
			98226	Amount of Each Receipt this Period		
				25.00		
	Name of Employer Self-employed	Occupation		Payroll Deduction		
	Receipt For:		Year-to-Date ▼	-		
	Primary General	7.99.094.0	Total to Bato V	7		
	Other (specify) ▼	0 0	250.00			
_	Full Name (Last, First, Middle Initial)					
В.	Mr. James E. Mitchell, LUTCF, CTP			Date of Receipt		
	Mailing Address 2209 Ontario			10 10 2006		
	City	State	Zip Code			
	Bellingham	WA	98226	Transaction ID: R1640815		
	•	WA	96220	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		60.00		
				Payroll Deduction		
	Name of Employer Self-employed	Occupation		Faylon Deduction		
		Insurance	•			
	Receipt For:	Aggregate	Year-to-Date ▼	_		
	Primary General Other (specify) ▼		600.00			
		0 0	0 0 0 0 0 0 0			
C.	Full Name (Last, First, Middle Initial) Mr. Martin Montefel, CLU			Date of Receipt		
	Mailing Address 16932 SW 5th Way			M M / D D / Y Y Y Y		
	Otto	01-1-	7'- 01-	10 10 2006		
	City	State	Zip Code	Transaction ID: R1642677		
	Weston	FL	33326-1564	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		50.00		
	Name of Employer	Occupation	1	Payroll Deduction		
	Self-employed	Insurance	e Agent			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General	1 1	500.00			
	Uther (specify) ▼	Other (specify) ▼				
	LIPTOTAL of Descripts This Description's			135.00		
S	UBTOTAL of Receipts This Page (optional)					
T	OTAL This Period (last page this line number or	nly)				

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 92 / 175 (check only one)	
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a	
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	itements may	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and F	inancial A	dvisors Political Action Com	mit-	
<u>′</u> ۵.	Full Name (Last, First, Middle Initial) Mr. James W. Monteverde			Date of Receipt	
	Mailing Address WaterWorks Road			10 10 2006	
	City Sewickley	State PA	Zip Code 15143	Transaction ID: R1643100 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	10110	50.00	
	Name of Employer Self-employed	Occupation		Payroll Deduction	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00		
3.	Full Name (Last, First, Middle Initial) Mr. George E. Moore			Date of Receipt	
	Mailing Address 516 Woodland Hills	10 10 / Y Y Y Y Y Y			
	Conthorn	State	Zip Code	Transaction ID: R1640300	
	Carthage FEC ID number of contributing federal political committee.	MS C	39051-3608	Amount of Each Receipt this Period 25.00	
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00		
) .	Full Name (Last, First, Middle Initial) Mr. Robert J. Morales, LUTCF, CLT			Date of Receipt	
Mailing Address 1125 Wyoming Avenue				M M / D D / Y Y Y Y	
				10 10 2006	
	City	State NV	Zip Code 89503-3342	Transaction ID: R1640710	
		State NV	Zip Code 89503-3342	Transaction ID: R1640710 Amount of Each Receipt this Period 60.00	
	City Reno FEC ID number of contributing	NV	89503-3342	Transaction ID: R1640710 Amount of Each Receipt this Period	
	City Reno FEC ID number of contributing federal political committee. Name of Employer	C Occupation Insurance	89503-3342	Transaction ID: R1640710 Amount of Each Receipt this Period 60.00	
SI	City Reno FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General	Occupation Insurance Aggregate	89503-3342 n e Agent Year-to-Date ▼ 600.00	Transaction ID: R1640710 Amount of Each Receipt this Period 60.00 Payroll Deduction	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 93 / 175 (check only one) X 11a 11b 11c 12
An	y information copied from such Reports and Stat	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) National Association of Insurance and Fitee	nancial Ad	dvisors Political Action Com	mit-
	Full Name (Last, First, Middle Initial)			
٩.	Mr. Raymond H. Moran, CLU, ChFC			Date of Receipt
	Mailing Address 5463 Irvin Park Cove			10 10 2006
	City	State	Zip Code	Transaction ID: R1642862
	Memphis	TN	38119	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.00
	Name of Employer Self-employed	Occupation		Payroll Deduction
	Receipt For:		Year-to-Date ▼	-
	Primary General Other (specify) ▼		420.00	
3.	Full Name (Last, First, Middle Initial) Mr Joseph L Morton, III,JD			Date of Receipt
	Mailing Address 5487 N. Bach			10 10 2006
	City	State	Zip Code	Transaction ID: R1639783
	Meridian	<u>ID</u>	83642	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		126.00 Payroll Deduction
	Name of Employer Self-employed	Occupation Insurance		Payron Deduction
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		630.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. John P. Mosley, CLU, ChFC,			Date of Receipt
	Mailing Address 307 Deering Avenue			10 10 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1640463
	Portland	ME	04103-4856	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		23.04
	Name of Employer Self-employed	Occupation		Payroll Deduction
	Receipt For:	Insurance	e Agent • Year-to-Date ▼	_
	Primary General Other (specify) ▼	Aggregate	219.36	
SI	UBTOTAL of Receipts This Page (optional)			191.04
т	OTAL This Period (last page this line number on	ly))	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 94 / 175 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the nar	ments may ne and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and Firtee	nancial Ad	dvisors Political Action Com	mit-
Α.	Full Name (Last, First, Middle Initial) Mr. Michael G. Murphy Mailing Address 1014 S. 54th St. City Omaha FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For:	State NE C Occupation Insurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Primary General Other (specify) ▼		280.00	
3.	Full Name (Last, First, Middle Initial) Mr. Robert M. Nelson, CLU, LUTCF Mailing Address 14712 Shirley Street	Otata	7'- Onda	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Omaha	State NE	Zip Code 68144-2144	Transaction ID: R1643041 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00144 2144	50.00
	Self-employéd *	Occupation Insurance	e Agent	Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Э.	Full Name (Last, First, Middle Initial) Mr. John F. Nichols, CLU, DIA Mailing Address 1331 W Norwood Avenue			Date of Receipt
	City	State	Zip Code	10 10 2006
	<u>Chicago</u>	IL	60660	Transaction ID: R1640574 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		42.00
	Self-employed 5	Occupation Insurance	e Agent	Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 476.00	
s	UBTOTAL of Receipts This Page (optional)			120.00
T	OTAL This Period (last page this line number only	v)		

SCHEDULE A (FEC Form 3)	()	Use separate schedule(s)	FOR LINE NUMBER: PAGE 95 / 175
ITEMIZED RECEIPTS	•	or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 12
			13 14 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Association of Insurance attee	and Financial A	dvisors Political Action Com	mit-
Full Name (Last, First, Middle Initial) Ms. Shirley A. Nielsen, LUTCF, CLU Mailing Address 2817 Circle Drive			Date of Receipt
	Ctoto	7in Codo	10 10 2006
City Grand Island	State NE	Zip Code 68801	Transaction ID: R1643033 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Stephen D. Noblin, CLU,ChFC,L	'		Date of Receipt
Mailing Address 128 dogwood Lane	10 10 2006		
City	State	Zip Code	Transaction ID: R1640389
Cowpens	SC	29330	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		21.00
Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	210.00]
Full Name (Last, First, Middle Initial)			Data of Descipt
Mr. Frank R. Nolimal, CLU, ChFC, Mailing Address 2017 Grafton Ave			Date of Receipt M
City	State	Zip Code	Transaction ID: R1642952
<u>Henderson</u>	NV	89014	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		60.00 Payroll Deduction
Name of Employer Self-employed Occupat		n e Agent	Taylon Deddonon
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (optional	al))	131.00
TOTAL This Period (last page this line num	ber only)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER:	PAGE 96 / 175	
ITEMIZED RECEIPTS			or each category of the	(check only one)	, <u> </u>	
••	LIMIZED REGEN 13		Detailed Summary Page	X 11a 11b	11c 12	
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or	y information copied from such Reports and Sta for commercial purposes, other than using the n	ame and add	frict be sold of used by any perso dress of any political committee to	solicit contributions from	such committee.	
	NAME OF COMMITTEE (In Full)					
\rangle	National Association of Insurance and F	inancial Ad	dvisors Political Action Com	mit-		
Α.	Full Name (Last, First, Middle Initial) Mr. Brian E. O'Brien, CLU,ChFC,L			Date of Receipt		
	Mailing Address 1651 Wolf Run Dr.			M M / D D D D D D D D D D D D D D D D D	2006	
	City	State	Zip Code	Transaction ID: R1		
	Richfield	WI	53076	Amount of Each Re		
FFO ID soundhau of a catalla tile s		1 1 1 1 1 1	- Amount of Eucht to			
	federal political committee.	C			51.00	
	Name of Employer Self-employed	Occupation		Payroll Deduction		
	Receipt For:		Year-to-Date V	\dashv		
	Primary General	riggregate	Total to Bate V	1		
	Other (specify) ▼	1	510.00			
В.	Full Name (Last, First, Middle Initial) Mr. James W. Oglesby, LUTCF			Date of Receipt		
	Mailing Address P. O. Box 7156			M M / D D	/ Y 	
				10 10	2006	
	City	State	Zip Code	Transaction ID: R1642873		
	Asheville	NC	28802-7156	Amount of Each Re	ceipt this Period	
	FEC ID number of contributing	C			143.00	
	federal political committee.					
	Name of Employer Self-employed	Occupation	1	Payroll Deduction		
	Seir-employed	Insurance	-			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		1705.00			
	Other (specify)	0 0	0 0 0 0 0 0 0			
C.	Full Name (Last, First, Middle Initial) Ms. Martha N. Olmstead, CLU, ChFC			Date of Receipt		
	Mailing Address 56 Divisadero St			M M / D D		
	City	State	Zip Code	10 10	2006	
	San Francisco	CA	94117-3211	Transaction ID: R1 Amount of Each Re		
			34117-3211	Amount of Each Ne	ceipt triis Period	
	FEC ID number of contributing federal political committee.	C			25.00	
	Name of Employer	Occupation	1	Payroll Deduction		
Self-employed Insur		Insurance				
		1	Year-to-Date ▼			
Primary General Other (specify) ▼			050.00	1		
			250.00			
s	UBTOTAL of Receipts This Page (optional)				219.00	
T	OTAL This Period (last page this line number or					

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)		PAGE 97/175
ITEMIZED RECEIPTS			or each category of the	(check only one)	
••	LIMIZED RECEIL 13		Detailed Summary Page		11c 12 15 16 17
Δ.	winformation aspired from auch Benerte and St	totomonto mo	, not be cold or used by any nerge		
or	ly information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from suc	ch committee.
	NAME OF COMMITTEE (In Full)				
\rangle	National Association of Insurance and tee	Financial A	dvisors Political Action Com	mit-	
Α.	Full Name (Last, First, Middle Initial) Ms. Rae Lee Olson			Date of Receipt	
	Mailing Address 218 N El Monte Ave			10 10	2006
	City	State	Zip Code	Transaction ID: R164	
	Los Altos	CA	94022-2354	Amount of Each Recei	ot this Period
	FEC ID number of contributing federal political committee.	C			42.50
	Name of Employer Self-employed	Occupation		Payroll Deduction	
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General	1 1	40F 00	1	
	Other (specify) ▼	0 0	425.00		
В.	Full Name (Last, First, Middle Initial) Mr. Mitchell W. Ostrove, CLU, ChFC			Date of Receipt	
	Mailing Address 4 New King Street			10 / 10	2006
	City	State	Zip Code	Transaction ID: R164	2140
	White Plains	NY	10604-1202	Amount of Each Recei	pt this Period
	FEC ID number of contributing federal political committee.	C			42.00
	Name of Employer Self-employed	Occupation	1	Payroll Deduction	
	Self-employed *	Insurance	e Agent		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General	' '	420.00	1	
	Other (specify) ▼	0 0	420.00		
C.	Full Name (Last, First, Middle Initial) Mr. Todd A. Otto			Date of Receipt	
	Mailing Address 945 Senior Ave			1 0 / 1 0	2006
	City	State	Zip Code	Transaction ID: R164	0289
	Dickinson	ND	58601-3757	Amount of Each Recei	pt this Period
	FEC ID number of contributing federal political committee.	C			25.20
	Name of Employer Self-employed	Occupation		Payroll Deduction	
		Year-to-Date ▼	7		
Primary General			201.00	1	
	Other (specify) ▼	0 0	201.60		
s	UBTOTAL of Receipts This Page (optional)				109.70
\vdash				-	
т	OTAL This Period (last page this line number	only)			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 98 / 175 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	ly information copied from such Reports and Statements for commercial purposes, other than using the name an	s may not be sold or used by any persond address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) National Association of Insurance and Financi tee	ial Advisors Political Action Comr	nit-
A.	Full Name (Last, First, Middle Initial) Mr. Gary M. Owens, LUTCF Mailing Address PO Box 835 City Stat Sultan WA FEC ID number of contributing federal political committee. Name of Employer Self-employed Occur	'	Date of Receipt M M M / 10 2006 Transaction ID: R1640768 Amount of Each Receipt this Period 42.50 Payroll Deduction
3.	Mr. Roger L. Owens, LUTCF, RHU Mailing Address 51 Lance Ct City Stat Elkton MD FEC ID number of contributing federal political committee. Name of Employer Self-employed Occur. Insur		Date of Receipt M M M / 10 / 2006 Transaction ID: R1640711 Amount of Each Receipt this Period 42.00 Payroll Deduction
C .	Self-employéd Insur	te Zip Code 96813-1230 pation rance Agent regate Year-to-Date ▼ 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)	·····	134.50
T	OTAL This Period (last page this line number only)	>	

	CHEDULE A (FEC Form 3X)		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 99 / 175 (check only one)
	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and F tee	inancial A	dvisors Political Action Com	mit-
۷.	Full Name (Last, First, Middle Initial) Mr. John Palladino, Jr.,CLU, C			Date of Receipt
	Mailing Address 14670 Quito Rd	Chaha	7:- Oada	10 10 2006
	City Saratoga	State CA	Zip Code 95070	Transaction ID: R1640909 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 1 1 1 1 1	42.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 336.00	
3.	Full Name (Last, First, Middle Initial) Mr. Joseph S. Pantozzi, CLU, ChFC			Date of Receipt
	Mailing Address PO Box 95063			10 10 / 2006
	City Las Vegas	State NV	Zip Code	Transaction ID: R1642644
	FEC ID number of contributing federal political committee.	C	89193	Amount of Each Receipt this Period 60.00
	Name of Employer Self-employed	Occupation Insurance	e Agent	Payroll Deduction
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 600.00	
D.	Full Name (Last, First, Middle Initial) Ms. Cheryl R. Parker, CLU, ChFC,			Date of Receipt
	Mailing Address 4120 Rainbow Drive			10 10 / 2006
	City Virginia Beach	State VA	Zip Code 23456	Transaction ID: R1640330 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	23430	25.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 237.50	
S	UBTOTAL of Receipts This Page (optional)			127.00
T	OTAL This Period (last page this line number or	ıly)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 100 / 175 (check only one)		
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page	X 11a		
			, ,	13 14 15 16 17		
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.		
$\overline{}$	NAME OF COMMITTEE (In Full)					
\rangle	National Association of Insurance and Fitee	nancial A	dvisors Political Action Comr	nit-		
۹.	Full Name (Last, First, Middle Initial) Mr. John C. Parker, RHU, LTCP			Date of Receipt		
	Mailing Address 47 Laurel Hill Drive			M M / D D / Y Y Y Y		
	City	State	Zip Code	1 0 1 0 2 0 0 6 Transaction ID: R1643102		
	Niantic	CT	06357-1536	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		25.00		
	Name of Employer	Occupation	1	Payroll Deduction		
	Self-employed	Insurance				
	Receipt For:		Year-to-Date ▼			
	Primary General Other (specify) ▼		218.00			
	Care (openly) 🗸	-	0 0 0 0 0 0 0			
3.	Full Name (Last, First, Middle Initial) Mr. Clinton J. Parks			Date of Receipt		
	Mailing Address 4848 Rivervale St Rt			10 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: R1640910		
	Soquel	CA	95073-9727	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		22.50		
	Name of Employer Self-employed	Occupation		Payroll Deduction		
		Insurance	e Agent e Year-to-Date ▼	_		
	Receipt For: Primary General	Aggregate	: rear-to-Date V			
	Other (specify)	0 0	225.00			
_	Full Name (Last, First, Middle Initial)			2(2)		
j.	Mr. Barton C. Pasco, CLU, ChFC, Mailing Address 309 Running Cedar Lane			Date of Receipt		
	Maining Address 309 Rufffling Cedar Larie			10 10 2006		
	City	State	Zip Code	Transaction ID: R1642707		
	Richmond F50 ID and the second state of a second	VA	23229	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		50.00		
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction		
	Receipt For:		Year-to-Date ▼	-		
	Primary General					
	Other (specify) ▼	0 0	555.00			
s	SUBTOTAL of Receipts This Page (optional)					
			<u></u>			
T	OTAL This Period (last page this line number onl	y)	>			

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 101 / 175	
	ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12
Ar	ry information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any person	n for the purpose of soliciting contributions
Oi		arrie ariu auc	aress or any political committee to	Solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) National Association of Insurance and Fitee	inancial A	dvisors Political Action Com	mit-
Α.	Full Name (Last, First, Middle Initial) Ms. Debbie K. Paul, CLU, ChFC Mailing Address 4001 MacArthur Blvd Su	ite 300		Date of Receipt
	Cit.	Otata	7:- Oada	10 10 2006
	City Newport Beach	State CA	Zip Code	Transaction ID: R1642557
	-	CA	92660-2510	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.50
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	425.00	
В.	Full Name (Last, First, Middle Initial) Mr. Gary H. Pendleton, CLU, ChFC			Date of Receipt
	Mailing Address 2601 Oberlin Rd			10 10 2006
	City	State	Zip Code	Transaction ID: R1642278
	Raleigh	NC	27608-1319	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		45.83
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		458.30	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Henry J. Pfleger, Jr., CLU			Date of Receipt
	Mailing Address 520 Hardee Rd.			10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1639110
	Coral Gables	<u>FL</u>	33146	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Self-employed	Occupation Insurance		Check
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
s	UBTOTAL of Receipts This Page (optional)			588.33
Т	OTAL This Period (last page this line number on	ıly)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 102 / 175
TEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and S	Statements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the	e name and add	aress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Association of Insurance and tee	Financial A	dvisors Political Action Com	mit-
Full Name (Last, First, Middle Initial)			
Mr. Brian R. Phares, LIC			Date of Receipt
Mailing Address 1420 Hackberry Road			10 10 2006
City	State	Zip Code	Transaction ID: R1643030
North Platte	NE	69101-6841	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		47.50
Name of Employer Self-employed	Occupatio		Payroll Deduction
Receipt For:	Insuranc	e Agent e Year-to-Date ▼	_
Primary General	7 iggrogati		1
Other (specify)		475.00	
Full Name (Last, First, Middle Initial) Mr. A. Duer Pierce, Jr.	•		Date of Receipt
Mailing Address 5818 Kennett Pike			10 10 2006
City	State	Zip Code	Transaction ID: R1640775
Wilmington	DE	19807-1116	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer Self-employed	Occupatio		Payroll Deduction
Receipt For:	Insuranc	e Agent e Year-to-Date ▼	
Primary General	Aggregate		1
Other (specify)		750.00	
Full Name (Last, First, Middle Initial) C. Mrs. Cyndy M. Pierson			Date of Receipt
Mailing Address 13800 Vista Dorado			M M / D D / Y Y Y Y
	01-1-	7:a Cada	10 10 2006
City <u>Sa</u> linas	State CA	Zip Code 93908-9443	Transaction ID: R1640533 Amount of Each Receipt this Period
FEC ID number of contributing		33333 3770	
federal political committee.	C		21.00
Name of Employer	Occupatio	n	Payroll Deduction
Self-employed	Insuranc		_
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,
Other (specify)		210.00	
SUBTOTAL of Receipts This Page (optional)	1		93.50
ago (optional)			
TOTAL This Period (last page this line number	only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 103 / 175 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and F			
Α.	Full Name (Last, First, Middle Initial) Mr. R. Jan Pinney, CLU, ChFC, Mailing Address 5152 Ellington Court City Granite Bay FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State CA C Occupation Insurance Aggregate		Date of Receipt M M J D D J D J D J D J D D J D D D D D
3.	Full Name (Last, First, Middle Initial) Mr. James D.C. Pirkle Mailing Address 395 Del Monte Ctr Suite City Monterey FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General	State CA C Occupation Insurance		Date of Receipt M M M
C .	Full Name (Last, First, Middle Initial) Mr. Joseph E. Pittman Mailing Address 7430 Vinton Street City Omaha FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General	State NE C Occupation Insurance Aggregate	Zip Code 68124	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Other (specify) ▼ UBTOTAL of Receipts This Page (optional)		<u> </u>	254.00
T	OTAL This Period (last page this line number or	nly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 104 / 175 (check only one) X 11a 11b 11c 12
An	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and Fitee		•	
Α.	Full Name (Last, First, Middle Initial) Mr. William Poe, Jr.,CLU Mailing Address 2397 Samuelson Rd City Portage FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State IN C Occupation Insurance Aggregate		Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Mr. Charles W. Potts, CLU, RHU, Mailing Address 12725 St. Andrews Ter City Oklahoma City FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State OK C Occupation Insurance Aggregate		Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
D.	Full Name (Last, First, Middle Initial) Mr. Bradley W. Pratt, CLU, LUTCF Mailing Address 2118 Peregrine Lane City Mankato FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State MN C Occupation Insurance Aggregate		Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional))	80.00
T	OTAL This Period (last page this line number on	ıly)	>	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 105 / 175 (check only one)
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
		, J	13 14 15 16 17
Any information copied from such Reports and Stat or for commercial purposes, other than using the na	ements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
National Association of Insurance and Fitee	inancial A	dvisors Political Action Com	mit-
Full Name (Last, First, Middle Initial) A. Ms. Laurene B. Prevette, LUTCF, RHU			Date of Receipt
Mailing Address 741 Romany Road			M M / D D / Y Y Y Y
	0	7: 0 1	10 10 2006
City <u>C</u> harlotte	State NC	Zip Code 28203-4849	Transaction ID: R1643090 Amount of Each Receipt this Period
FEC ID number of contributing		1010	
federal political committee.	C		27.50
Name of Employer Self-employed	Occupation	n	Payroll Deduction
	Insurance		
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
Other (specify)	' '	253.00	
Full Name (Last, First, Middle Initial) 3. Mr. Henry L Prien, CLU,LUTCF			Date of Receipt
Mailing Address 1121 Westrac Dr. Ste. 20	06		M M / D D / Y Y Y Y
City	State	Zip Code	10 10 2006
Fargo	ND	58103-2385	Transaction ID: R1642925 Amount of Each Receipt this Period
FEC ID number of contributing		1 1 1 1 1 1	
federal political committee.	C		51.00
Name of Employer	Occupation	n	Payroll Deduction
Self-employéd *	Insurance		
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
Other (specify)	' '	381.00	
Full Name (Last, First, Middle Initial) 7. Mr. Randall S. Prout			Date of Receipt
Mailing Address 651 W 9th St			M M / D D / Y Y Y Y
City	State	Zip Code	1 0 1 0 2 0 0 6 Transaction ID: R1640268
Claremont	CA	91711-3742	Amount of Each Receipt this Period
FEC ID number of contributing	С		21.00
federal political committee.			Payroll Deduction
Name of Employer Self-employed	Occupation		Payron Deduction
Receipt For:	Insurance Aggregate	e Agent e Year-to-Date V	\dashv
Primary General	199.19		1
Other (specify) ▼		210.00	
L			
SUBTOTAL of Receipts This Page (optional)		·····	99.50
TOTAL This Period (last page this line number on	ıly))	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 106 / 175	
ITEMIZED RECEIPTS			or each category of the	(check only one)	
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_				13 14 15 16 1	_
Ar	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and ado	or not be sold or used by any person dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)		_		
$ \rangle$	National Association of Insurance and Fitee	inancial Ad	dvisors Political Action Com	nit-	
<u>/</u>	Full Name (Last, First, Middle Initial)			<u> </u>	_
A.	Mr. Barry K. Rake, LUTCF			Date of Receipt	
	Mailing Address 1004 Dawne Drive			M M / D D / Y Y Y Y	
				10 10 2006	
	City	State	Zip Code	Transaction ID: R1642882	
	Williamsport	PA	17701	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		25.00	
	Name of Franksian	Occupation		Payroll Deduction	
	Name of Employer Self-employed	Insurance			
	Receipt For:		Year-to-Date ▼	-	
	Primary General	, iggi ogalo	Tour to Buto V	1	
	Other (specify) ▼		250.00		
				'	
	Full Name (Last, First, Middle Initial)				_
В.				Date of Receipt	
	Mailing Address 1515 Mill Bay Road			10 10 2006	
	City	State	Zip Code	Transaction ID: R1640272	
	Kodiak	AK	99615-6233	Amount of Each Receipt this Period	_
			33013 0200	Amount of Each Neceipt this Period	1
	FEC ID number of contributing federal political committee.	C		42.00	ı
				Payroll Deduction	
	Name of Employer Self-employed	Occupation .		1 dyron Boddonon	
		Insurance		4	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	.	
	Other (specify)	' '	420.00		
	Strick (openity) 🔻	0 0	1 1 1 1 1 1 1		
	Full Name (Last, First, Middle Initial)				_
C.	Ms. Jeri L. Regan, CLU, ChFC,			Date of Receipt	
	Mailing Address 2616 No. 100th Avenue			10 10 2006	
	City	State	Zip Code		
	<u>Omaha</u>	NE	68134-5510	Transaction ID: R1641540 Amount of Each Receipt this Period	
		INL	00134-3310	Amount of Each Receipt this Period	1
	FEC ID number of contributing federal political committee.	C		25.00	ı
				Payroll Deduction	1
	Name of Employer Self-employed	Occupation		1 dyron beddenon	
Insurance			•	_	
		Year-to-Date ▼	.		
Other (specify)			250.00		
	□ Other (Specify) ▼				
	L				1
	UBTOTAL of Receipts This Page (optional)			92.00	
\vdash					i
	OTAL This Period (last page this line number on	lv)			

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 107 / 175 (check only one)		
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12		
			13 14 15 16 17		
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)					
National Association of Insurance and tee	Financial A	dvisors Political Action Com	mit-		
Full Name (Last, First, Middle Initial) A. Mr. Robert W. Rensing, LUTCF			Date of Receipt		
Mailing Address 2515 S. 105th Ave			M M / D D / Y Y Y Y		
City	State	Zip Code	10 10 2006		
Omaha	NE NE	68124-1825	Transaction ID: R1640838 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		42.00		
<u> </u>	Occuration		Payroll Deduction		
Name of Employer Self-employed	Occupation				
Receipt For:		e Year-to-Date ▼			
Primary General Other (specify)		420.00]		
	0 0	0 0 0 0 0 0 0			
Full Name (Last, First, Middle Initial) Mr. Scott H. Richards, CLU ChFC			Date of Receipt		
Mailing Address 603 Lake St. #304			10 10 2006		
City	State	Zip Code	Transaction ID: R1640541		
Excelsior	MN	55331-1949	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		4.25		
Name of Employer Self-employed	Occupation		Payroll Deduction		
Receipt For:	Insurance	e Agent e Year-to-Date ▼			
Primary General	Aggregate		1		
Other (specify)		417.50			
Full Name (Last, First, Middle Initial) Mr. August P. Richter, IV,LUTCF,	-		Date of Receipt		
Mailing Address 401 Wild Oak Drive			M M / D D / Y Y Y Y		
City	State	Zip Code	1 0 1 0 2 0 0 6 Transaction ID: R1640425		
<u>Manitowoc</u>	WI	54220-9054	Amount of Each Receipt this Period		
FEC ID number of contributing	С	1 1 1 1 1	50.40		
federal political committee.					
Name of Employer Self-employed	Occupation		Payroll Deduction		
Receipt For:	Insurance	e Agent e Year-to-Date ▼	_		
Primary General	Aggregate		1		
Other (specify) ▼		504.00			
SUBTOTAL of Receipts This Page (optional)					
CODITION TO THE OF THE TIME I age (optional)					
TOTAL This Period (last page this line number	only)				

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 108 / 175 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Star for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and F	inancial A	dvisors Political Action Com	mit-
΄ Α.	Full Name (Last, First, Middle Initial) Mr. William E. Riley			Date of Receipt
	Mailing Address 715 N. Washington Blvd	., Suite D		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1640746
	Sarasota ECOLD available of contributions	FL	34236	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00 Payroll Deduction
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	275.00	
3.	Full Name (Last, First, Middle Initial) Mr. Adi Ringer, LUTCF, CFP			Date of Receipt
	Mailing Address 888 Vista Brisa			10 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1639938
	San Luis Obispo	CA	93405	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		22.50
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		225.00	
).	Full Name (Last, First, Middle Initial) Mr. Richard R. Rios, CLU, ChFC			Date of Receipt
	Mailing Address 8720 El Chapul Way			10 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1640240
	Fair Oaks	CA	95628-5454	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For: Primary General		e Year-to-Date ▼ 500.00	
	Other (specify) ▼	0 0		
s	UBTOTAL of Receipts This Page (optional)			97.50
T	OTAL This Period (last page this line number or	nlv)		

SCHEDULE A (FEC Form 3X)	Use separate schedule(s) or each category of the	(check only one)
ITEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and	may not be sold or used by any persor address of any political committee to s	for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		
National Association of Insurance and Financia tee	l Advisors Political Action Comn	nit-
Full Name (Last, First, Middle Initial) Mr. Robert M. Roach, CLU, ChFC		Date of Receipt
Mailing Address 1287 Harrison Pond Drive		10 10 / 2006
City State New Albany OH	'	Transaction ID: R1642362
New Albany FEC ID number of contributing federal political committee. C	43054	Amount of Each Receipt this Period 117.50
Name of Employer Self-employed Insura	ation ance Agent	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	gate Year-to-Date ▼ 1075.00	
Full Name (Last, First, Middle Initial) Mr. Harry S. Rosnick, LUTCF		Date of Receipt
Mailing Address 3435 Jefferson Davis Hwy P.O. Box 360		10 10 2006
City State Fredericksburg VA	Zip Code 22404	Transaction ID: R1640207
FEC ID number of contributing federal political committee.	22404	Amount of Each Receipt this Period 25.00
Name of Employer Occup Self-employed Inquire	ation	Payroll Deduction
IIISUI	ance Agent	
Receipt For: Aggre	gate Year-to-Date ▼	
Other (specify) ▼	310.00	
Full Name (Last, First, Middle Initial) Mr. Eric S. Roth, LUTCF		Date of Receipt
Mailing Address 2 Mckinley Ct.		10 10 7 2006
City State Monroe Twp. NJ	'	Transaction ID: R1642820
FFO ID work as a first like the re-	08831	Amount of Each Receipt this Period
federal political committee.		21.00 Payroll Deduction
Name of Employer Self-employed Occup Insura	ation ance Agent	Payron Deduction
Receipt For: Aggre	gate Year-to-Date ▼	
Other (specify)	210.00	
SUBTOTAL of Receipts This Page (optional)		163.50
TOTAL This Period (last page this line number only)	>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 110 / 175
	EMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12
-	: 		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Ar	ny information copied from such Reports and State	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the na	ame and add	aress of any political committee to	solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) National Association of Insurance and F	inancial A	dvisors Political Action Comr	nit-
_	tee			
۸.	Full Name (Last, First, Middle Initial) Ms. Shelley M. Rowe, LUTCF			Date of Receipt
	Mailing Address 5908 E. Conservation Dr	r.		M M / D D / Y Y Y Y
	City	State	Zip Code	10 10 2006
	Longmont	CO	21p Code 80504	Transaction ID: R1640654 Amount of Each Receipt this Period
	FEC ID number of contributing	C		37.50
	federal political committee.			
	Name of Employer Self-employed	Occupation		Payroll Deduction
		Insurance	<u> </u>	-
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify) ▼		275.00	
	Full Name (Last, First, Middle Initial)			
3.	Mr. William L. Rudd, LUTCF			Date of Receipt
	Mailing Address 3150 Mollifield Lane			10 10 2006
	City	State	Zip Code	Transaction ID: R1643269
	Charlottesville	VA	22911	Amount of Each Receipt this Period
	FEC ID number of contributing	C		150.00
	federal political committee.			
	Name of Employer Self-employed	Occupation		Check
	Receipt For:	Insurance Aggregate	e Agent e Year-to-Date ▼	-
	Primary General	991 09ato		
	Other (specify)		215.00	
	Full Name (Last, First, Middle Initial)			
Э.	Ms. Sherri A. Rush, LUTCF	_		Date of Receipt
	Mailing Address 2140 Jefferson St Suite	C		10 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1640875
	Napa	CA	94559	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
		000000000000000000000000000000000000000		Payroll Deduction
	Name of Employer Self-employed	Occupation Insurance		
	Receipt For:		e Year-to-Date ▼	1
	Primary General		250.00	
	Other (specify) ▼	0 0		
				242.52
s	UBTOTAL of Receipts This Page (optional)		······	212.50
T	OTAL This Period (last page this line number or	nly)	>	
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S	CHEDULE A (FEC Form 3X)		l la a agravata a abaglula (a)	FOR LINE NUMBER: PAGE 111 / 175
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Insurance and F	inancial A	dvisors Political Action Com	mit-
Α.	Full Name (Last, First, Middle Initial) Mr. D. David Russell			Date of Receipt
	Mailing Address 8461 Eagle Preserve W	ay		10 10 2006
	City	State	Zip Code	Transaction ID: R1640346
	Sarasota	FL	34241-9449	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self-employed	Occupation		Payroll Deduction
	Receipt For:		e Year-to-Date ▼	-
	Primary General	/ iggi ogalo	Total to Bate V	1
	Other (specify) ▼	0 0	500.00	
В.	Full Name (Last, First, Middle Initial) Mr. Daniel L. Rust, LUTCF			Date of Receipt
	Mailing Address 114 W. Arnold			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1642185
	Bozeman	MT	59715-6129	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00
	rederal political committee.			Payroll Deduction
	Name of Employer Self-employed	Occupation		1 ayron beduction
		Insurance		_
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1040.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Michael P. Saunders, CLU			Date of Receipt
	Mailing Address 4185 Venetia Blvd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1640685
	<u>Jacksonville</u>	FL	32210-8505	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		21.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:		Year-to-Date ▼	1
	Primary General	55 5		1
	Other (specify)		210.00	
	L			131.00
S	UBTOTAL of Receipts This Page (optional)			101.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 1	12 / 175	
	ITEMIZED RECEIPTS		or each category of the	(check only one)		
•••	LIMIZED NECLIF 13		Detailed Summary Page	X 11a 11b 11c	12	
_				13 14 15	16 17	
Ar	ny information copied from such Reports and Si for commercial purposes, other than using the	atements may name and add	r not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions from such commit	itions ittee.	
	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , ,			
\rangle	National Association of Insurance and tee	dvisors Political Action Com	mit-			
_	Full Name (Last, First, Middle Initial)					
A.	Mr. Gregory B. Schaeffer			Date of Receipt		
	Mailing Address 3627 - 22nd St.				0 0 6	
	City	State	Zip Code		500	
	Kenosha	WI	53144	Transaction ID: R1640504		
		VVI	33144	Amount of Each Receipt this Pe	HIOO	
	FEC ID number of contributing federal political committee.				27.00	
	Name of Employer	Occupation	1	Payroll Deduction		
	Self-employed	Insurance	e Agent			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		270.00			
	Other (specify)		270.00			
В.	Full Name (Last, First, Middle Initial) Mr. Walter M. Schieffer, Jr., LUTCF			Date of Receipt		
٥.	Mailing Address 17501 John Wayne			╡	YY	
	17301 John Wayne				0 0 6	
	City	State	Zip Code	Transaction ID: R1640736		
	Perry	OK	73077-9513	Amount of Each Receipt this Period		
	FEC ID number of contributing				25.20	
	federal political committee.	C			25.20	
	Name of Employer	Occupation	า	Payroll Deduction		
	Name of Employer Self-employed	Insurance				
	Receipt For:		Year-to-Date ▼			
	Primary General	30 0				
	Other (specify) ▼		252.00			
_	Full Name (Last, First, Middle Initial)			Data of Resoint		
C.	Mr. Daniel J. Scholz, CLU, ChFC Mailing Address 1510 So. 183 Circle			Date of Receipt	YY	
	Mailing Address 1510 So. 163 Circle				0 0 6	
	City	State	Zip Code	Transaction ID: R1642885		
	Omaha	NE	68130	Amount of Each Receipt this Pe	eriod	
	FEC ID number of contributing	C			00.50	
	federal political committee.				62.50	
Solf amployed		Occupation	2	Payroll Deduction		
		Insurance				
			Year-to-Date ▼			
Primary General Other (specify) ▼						
			986.50			
_		<u> </u>				
SUBTOTAL of Receipts This Page (optional)						
			<u> </u>			
T	OTAL This Period (last page this line number	only)				

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 113 / 17	5
	EMIZED RECEIPTS		or each category of the	(check only one)	
•			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 [7 17
Ar	y information copied from such Reports and Statem	nents mav	not he sold or used by any nerso		
or	for commercial purposes, other than using the name	e and add	lress of any political committee to	solicit contributions from such committee.	
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)				
\rangle	National Association of Insurance and Finatee	ancial Ac	dvisors Political Action Comr	nit-	
۹.	Full Name (Last, First, Middle Initial) Mr. Mark B. Schwendeman			Date of Receipt	
	Mailing Address 427 4th St			10 10 2006	
	•	State	Zip Code	Transaction ID: R1643079	
	<u>Marietta</u>	<u>OH</u>	45750-2004	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		30.00	
	Self-employed 1	occupation		Payroll Deduction	
			Year-to-Date ▼	-	
	Primary General	199.094.0			
	Other (specify) ▼	0 0	300.00		
3.	Full Name (Last, First, Middle Initial) Mr. Walter J. Scott, CLU			Date of Receipt	
	Mailing Address 1022 WASHINGTON AVE.	10 10 2006			
	City State Zip Code			Transaction ID: R1642309	
	OSHKOSH	WI	54901-5354	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		50.40	
	Self-employed 1	occupation rsurance		Payroll Deduction	
			Year-to-Date ▼	-	
	Primary General	199.094.0			
	Other (specify) ▼	0 0	504.00		
<u>.</u> Э.	Full Name (Last, First, Middle Initial) Mr. Randy L. Scritchfield, CFP, LUTCF			Date of Receipt	
	Mailing Address 10105 Nightingale St.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y]
	City	State	Zip Code	Transaction ID: R1643105	_
	Gaithersburg	MD	20882-4019	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С	1 1 1 1 1	21.00	
	Self-employed 1	occupation rsurance		Payroll Deduction	
	- · · · · · · · · · · · · · · · · · · ·		Year-to-Date ▼	1	
	Primary General	1 1	210.00		
	Other (specify) ▼	0 0	210.00		
s	UBTOTAL of Receipts This Page (optional)			101.40	
_			·		
T	OTAL This Period (last page this line number only)		>		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 114 / 175
TEMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12
		Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
National Association of Insurance and tee	Financial A	dvisors Political Action Com	mit-
Full Name (Last, First, Middle Initial) A. Mr. Harry E. Sechman			Date of Receipt
Mailing Address 13 Beechwood Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: R1640747
Rutland	MA	01543-1751	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer	Occupation	n	Payroll Deduction
Self-employed	Insurance		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		310.00	
			1
Full Name (Last, First, Middle Initial) Ms. Teresa L. Seefeldt, RHU			Date of Receipt
Mailing Address 643 Gaelic Court	10 10 2006		
City	State	Zip Code	Transaction ID: R1642293
<u>Apopka</u>	<u>FL</u>	32712	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		21.00
Name of Employer Self-employed	Occupation		Payroll Deduction
	Insurance		_
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1
Other (specify) ▼		210.00	
Full Name (Last, First, Middle Initial) Mr. Dale J. Seymour			Date of Receipt
Mailing Address 2401 Wealdstone Rd.			10 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: R1642632
Toledo	ОН	43617	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		10.00
Name of Employer Self-employed	Occupation		Payroll Deduction
Receipt For:	. '	e Year-to-Date ▼	7
Primary General Other (specify) ▼		450.00	
SUBTOTAL of Receipts This Page (optional)			61.00
CODITION TO THE OFFICE THE TAGE (OPTIONAL)		······	
TOTAL This Period (last page this line number	only))	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 115 / 175			
	ITEMIZED RECEIPTS		or each category of the	(check only one)		
•••			Detailed Summary Page	X 11a 11b 11c 12 15 16 17		
Ar	v information copied from such Reports and Sta	atements may	not be sold or used by any perso			
or	y information copied from such Reports and Sta for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)					
	National Association of Insurance and I tee	Financial Ac	dvisors Political Action Com	mit-		
A.	Full Name (Last, First, Middle Initial) Mr. James P. Shaheen, LUTCF			Date of Receipt		
	Mailing Address 3939 Linden Ave			10 10 2006		
	City	State	Zip Code	Transaction ID: R1640295		
	Long Beach FEC ID number of contributing federal political committee.		90807-2714	Amount of Each Receipt this Period		
				21.00		
	Name of Employer	Occupation	1	Payroll Deduction		
	Self-employed	Insurance				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General Other (specify) ▼		210.00			
В.	Full Name (Last, First, Middle Initial) Mr. James A. Shalek, Jr., CLU, Ch			Date of Receipt		
υ.	Mailing Address 1706 Candleberry Lane	M M / D D / Y Y Y Y				
		10 10 2006				
	City	State	Zip Code	Transaction ID: R1640352		
	Yorkville	<u>IL</u>	60560-5810	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		25.00		
				Payroll Deduction		
	Name of Employer Self-employed	Occupation Insurance				
	Receipt For:		Year-to-Date V	+		
	Primary General	1 99. 19		1		
	Other (specify) ▼		500.00			
_	Full Name (Last, First, Middle Initial)			Date of Bossint		
C.	Mr. Troy J. Shreve, CLU Mailing Address 7100 S 45th Street			Date of Receipt		
	7 100 3 43(11 3(166)			10 10 2006		
	City	State	Zip Code	Transaction ID: R1642495		
	Lincoln	NE	68516-3016	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.			42.00		
	Name of Employer	Occupation	1	Payroll Deduction		
Self-employed *		Insurance				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General Other (specify)		420.00			
	Other (specify) \		0 0 0 0 0 0 0	1		
	LIPTOTAL of Descints This David (entire all)		-	88.00		
S	UBTOTAL of Receipts This Page (optional)					
_T	TOTAL This Period (last page this line number only)					

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 116 / 175 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) National Association of Insurance and F tee	inancial A	dvisors Political Action Com	mit-
A. 3.	Full Name (Last, First, Middle Initial) Mr. James John Silbernagel, LUTCF Mailing Address W 2329 Capital Drive City Campbellsport FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. Joseph J. Simon, LUTCF	State WI C Occupation Insurance Aggregate		Date of Receipt M M M
	Mailing Address 2509 HILLSIDE DR. City GREENBAY FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State WI C Occupation Insurance Aggregate		Transaction ID: R1640895 Amount of Each Receipt this Period 27.00 Payroll Deduction
C .	Full Name (Last, First, Middle Initial) Mr. Alan F. Simonis, Jr., LUTCF Mailing Address P. O. Box 1858 City Huntsville FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State AL C Occupation Insurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
S	UBTOTAL of Receipts This Page (optional)			108.00
T	OTAL This Period (last page this line number or	nly))	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 117 / 175
	ITEMIZED RECEIPTS		or each category of the	(check only one)
••			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Ar	v information copied from such Reports and Sta	itements may	not be sold or used by any person	
or	y information copied from such Reports and Sta for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	National Association of Insurance and F tee	inancial Ad	dvisors Political Action Com	mit-
A.				Date of Receipt
	Mailing Address 808 Thoroughbred Lane)		10 10 2006
	City	State	Zip Code	Transaction ID: R1642403
	Artesia	NM	88210-2232	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.10
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify)	0 0	501.00	
В.	Full Name (Last, First, Middle Initial) Mr. Frank E. Skaw			Date of Receipt
	Mailing Address 18821 E. Crestwood Lar	10 10 2006		
	City	State	Zip Code	Transaction ID: R1642782
	Otis Orchards	WA	99027	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		21.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:		Year-to-Date ▼	
	Primary General		010.00	1
	Other (specify)	0 0	210.00	
<u>с.</u>	Full Name (Last, First, Middle Initial) Mr. C. Phillip Smelley, CIC, LUTCF			Date of Receipt
	Mailing Address 594 Gingercake Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1643086
	<u>Fayetteville</u>	GA	30214	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		21.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:	+	Year-to-Date ▼	
	Primary General Other (specify)		210.00]
_			0 0 0 0 0 0 0	
s	UBTOTAL of Receipts This Page (optional)			92.10
T	OTAL This Period (last page this line number or	nlv)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 118 / 175 (check only one) X 11a 11b 11c 12
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and Fitee	nancial A	dvisors Political Action Com	mit-
Α.	Full Name (Last, First, Middle Initial) Ms. Debra N. Smith Mailing Address 1345 Cedar Park PI City Stone Mountain FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State GA C Occupation Insurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Mr. Russell A. Smith Mailing Address 22928 San Joaquin Drive City Canyon Lake FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State CA C Occupation Insurance		Date of Receipt M M M / 10 2006 Transaction ID: R1642211 Amount of Each Receipt this Period 208.00 Payroll Deduction
D .	Full Name (Last, First, Middle Initial) Mr. David E. Smithkey, CLU, RFC Mailing Address 9451 Heddy Drive City Flushing FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State MI C Occupation Insurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
S	UBTOTAL of Receipts This Page (optional)			441.00
T	OTAL This Period (last page this line number on	ly))	

S	CHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 119 / 175
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the		(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	ly information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Insurance and tee	Financial A	dvisors Political Action Com	mit-
Α.	Full Name (Last, First, Middle Initial) Mr. Lawrence Edward Sneed, CLU			Date of Receipt
	Mailing Address 5005 Woodminster			10 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1642179
	Oakland	CA	94601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		21.00
	Name of Employer Self-employed	Occupation		Payroll Deduction
		Insurance	e Agent e Year-to-Date ▼	_
	Receipt For: Primary General	Aggregate	rear-to-Date V	1
	Other (specify)		210.00	
			0 0 0 0 0 0 0	1
В.	Full Name (Last, First, Middle Initial) Mr. Mark V. Snider, ChFC			Date of Receipt
	Mailing Address 44 Elmwood Place			M M / D D / Y Y Y Y
				10 10 2006
	City	State	Zip Code	Transaction ID: R1642737
	Athens	OH	45701-1904	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.00
				Payroll Deduction
	Name of Employer Self-employed	Occupation		1 dyfoli Boddolloli
	Receipt For:	Insurance	e Agent e Year-to-Date ▼	_
	Primary General	Aggregate	e Year-Io-Dale V	1
	Other (specify) ▼		420.00	
_	F. H.N. G. A. F. A. A. H. I. S. D.			
C.	Full Name (Last, First, Middle Initial) Ms. Sharon L. Sparling, CIC			Date of Receipt
	Mailing Address 1100 E. College Way			10 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1640971
	Mount Vernon	WA	98273	Amount of Each Receipt this Period
	FEC ID number of contributing	C		45.00
	federal political committee.			Payroll Deduction
	Name of Employer Self-employed	Occupation Insurance		1 ayıdı Deduction
	Receipt For:		e Year-to-Date V	1
	Primary General	1.55.09410		1
	Other (specify) ▼		400.00	
_				
				108.00
S	UBTOTAL of Receipts This Page (optional)		······	100.00
	<u> </u>			

TOTAL This Period (last page this line number only)

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 120 / 175
ITI	EMIZED RECEIPTS		or each category of the	(check only one) X 11a
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
An	y information copied from such Reports and Stat	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions
	or commercial purposes, other than using the na	ame and add	iress of any political committee to	solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) National Association of Insurance and F	inancial Ad	dvisors Political Action Com	mit-
_	tee			
	Full Name (Last, First, Middle Initial) Mr. Donald P. Speakman			Date of Receipt
	Mailing Address Two Penn Center West			M M / D D / Y Y Y Y
	Suite 325 City	State	Zip Code	1 0 0 6 2 0 0 6 Transaction ID: R1643202
	Pittsburgh	PA	15276-0102	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Employer Self-employed	Occupation	1	Check
		Insurance		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		500.00	
	Full Name (Last, First, Middle Initial) Mr. Preston R. Speece, LUTCF			Date of Receipt
	Mailing Address 14620 Fowler Ave	M M / D D / Y Y Y Y		
		10 10 2006		
	City	State	Zip Code	Transaction ID: R1640320
	Omaha	NE	68116	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer	Occupation		Payroll Deduction
	Name of Employer Self-employed	Insurance		
	Receipt For:		Year-to-Date ▼	
	Primary General		277.50	
	Other (specify)		217.00	
_	Full Name (Last, First, Middle Initial)			
	Mr. Noel Courtney Spencer Mailing Address 3 Valerie Drive			Date of Receipt
	Yalene brive			10 10 2006
	City	State	Zip Code	Transaction ID: R1640310
	Chester	NY	10918-1428	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		104.50
		Occupation		Payroll Deduction
	Name of Employer Self-employed	Occupation Insurance		
	Receipt For:		Year-to-Date ▼	1
	Primary General		772.50	
	Other (specify) ▼		172.50	
	L			
SI	JBTOTAL of Receipts This Page (optional)		·····	634.50
T	OTAL This Period (last page this line number on	ly)	→	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 121 / 175
TEMIZED RECEIPTS			or each category of the	(check only one)
•	LIMIZED HEOLII 13		Detailed Summary Page	X 11a
۸۰	winformation against from augh Departs and State	monto mo	, not be cold or used by any perce	
or	y information copied from such Reports and State for commercial purposes, other than using the nar	me and add	rnot be sold of used by any perso dress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Insurance and Fire	nancial A	dvisors Political Action Com	nit-
_	Full Name (Last, First, Middle Initial)			
۹.	Mr. Walter C. Sprye, Jr., CLU, C			Date of Receipt
	Mailing Address 101 Stoney Brook Rd.			10 10 2006
	City	State	Zip Code	Transaction ID: R1642835
	Rocky Mount	NC	27804	Amount of Each Receipt this Period
	FEC ID number of contributing			46.20
	federal political committee.	C		40.20
	Name of Employer	Occupation	<u> </u>	Payroll Deduction
	Self-employed	Insurance		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		462.00	
	Other (specify)		402.00	
	Full Name (Last, First, Middle Initial)			+
3.	Mr. Lawrence Stack, CLU, ChFC			Date of Receipt
	Mailing Address 28411 Northwestern Hwy	Ste 1300		M M / D D / Y Y Y Y
	0::	10 10 2006		
	City	State	Zip Code	Transaction ID: R1642254
	Southfield	MI	48034-5543	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
				Payroll Deduction
	Self-employed 1	Occupation		T dyron Boddollon
	Receipt For:	Insurance	e Agent • Year-to-Date ▼	-
	Primary General	Aggregate	Teal-to-Date V	
	Other (specify) ▼		450.00	
_	Full Name (Last, First, Middle Initial)			Date of Passint
J.	Mr. Ronald T. Staebell Mailing Address 4309 Town Park Pl.			Date of Receipt
	4000 TOWN T dik 1 i.			10 10 2006
	City	State	Zip Code	Transaction ID: R1642817
	Sioux Falls	SD	57105	Amount of Each Receipt this Period
	FEC ID number of contributing	С		21.00
	federal political committee.	9		De well De divetion
	Self-employed '	Occupation		Payroll Deduction
		Insurance	-	_
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	' '	210.00	
		0 0		
	-			
S	UBTOTAL of Receipts This Page (optional)		······	117.20
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T	OTAL This Period (last page this line number only	/)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 122 / 175 (check only one) X 11a 11b 11c 12
An	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions
$\frac{}{}$	NAME OF COMMITTEE (In Full) National Association of Insurance and Fitee		•	
A .	Full Name (Last, First, Middle Initial) Mr. Angelo T. Stath Mailing Address 7821 Massachusetts City Merriville FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State IN C Occupation Insurance Aggregate		Date of Receipt M M M / 10 2006 Transaction ID: R1643075 Amount of Each Receipt this Period 50.00 Payroll Deduction
3.	Full Name (Last, First, Middle Initial) Mr. John P. Steele, LUTCF Mailing Address 122 West Main City Manhattan FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify) Other (specify)	State MT C Occupation Insurance Aggregate		Date of Receipt M M J D D J 2006 Transaction ID: R1640465 Amount of Each Receipt this Period 30.00 Payroll Deduction
D.	Full Name (Last, First, Middle Initial) Mr. Jerry Lynn Stephens, LUTCF Mailing Address 130 Tarheel Rd City Lumberton FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State NC C Occupation Insurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
S	UBTOTAL of Receipts This Page (optional)		······•	103.10
T	OTAL This Period (last page this line number on	ly)	>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMB	ER: PAGE 123 / 175
TEMIZED RECEIPTS			or each category of the	(check only one)	
•			Detailed Summary Page	X 11a 111	\vdash \vdash \vdash
۸۰	v information conind from auch Departs and States	monto mov	not be cold or used by any parce	13 14	
or	y information copied from such Reports and Stater for commercial purposes, other than using the nam	ne and add	ress of any political committee to	solicit contributions f	rom such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)				
\rangle	National Association of Insurance and Fine	ancial Ad	dvisors Political Action Comr	nit-	
۹.	Full Name (Last, First, Middle Initial) Mr. Pierce Allen Stevens, Jr.			Date of Receip	t
	Mailing Address P O Box 119			-	10 Y Y Y Y Y Y Y Y Y 2006
	City	State	Zip Code	Transaction ID	
	Anguilla	MS	38721		h Receipt this Period
	EEO ID I (I II II		00721	Amount of Lac	· · · · · · ·
	federal political committee.	С			25.00
	Self-employed 1	Occupation		Payroll Deduc	tion
		nsurance		_	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Other (specify)		225.00		
3.	Full Name (Last, First, Middle Initial) Mr. Nicholas John Stosic			Date of Receip	t
	Mailing Address 9820 Dixon Lane				D / Y Y Y Y
		1 0	10 2006		
	City	State	Zip Code	Transaction ID	: R1642793
	Reno	NV	89511-9455	Amount of Eac	h Receipt this Period
	FEC ID number of contributing federal political committee.	С			126.00
	rederal political confinitiee.	_		Povrell Doduc	tion
	Self-employed	Occupation		Payroll Deduc	UOH
		nsurance			
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Other (specify)		1260.00		
	(4)	1 1	0 0 0 0 0 0 0		
о. Э.	Full Name (Last, First, Middle Initial) Mr. David L. Stratton, CLU, ChFC,			Date of Receip	t
	Mailing Address 13115 Beach Cir.			M M / D	D / Y Y Y Y
				10	10 2006
	City	State	Zip Code	Transaction ID	
	Anchorage	AK	99515-3748	Amount of Eac	h Receipt this Period
	FEC ID number of contributing federal political committee.	C			105.00
	·			Payroll Deduc	tion
	Self-employed	Dccupatior nsurance		, = = = = = = = = = = = = = = = = = =	
			Year-to-Date ▼	\dashv	
	Primary General	99. 09410			
	Other (specify) ▼	0 0	1050.00		
				<u> </u>	
S	UBTOTAL of Receipts This Page (optional)		·····		256.00
T	OTAL This Period (last page this line number only))	>		

SCHEDULE A (FEC Form 3X)			11	FOR LINE NUMBER: PAGE 124 / 175	
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)	
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	
				13 14 15 16 17	
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any person dress of any political committee to	n for the purpose of soliciting contributions	
<u>Ş.</u>	NAME OF COMMITTEE (In Full)		noce of any pointed committee to	CONTRACTOR IN CONTRACTOR CONTRACTOR	
$ \rangle$	National Association of Insurance and F	inancial A	dvisors Political Action Com	mit-	
\angle	tee			1	
A.	Full Name (Last, First, Middle Initial) Mr. Steven M. Stratton, LUTCF,CSA			Date of Receipt	
	Mailing Address 17131 Parkview Dr			10 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: R1640692	
	Morgan Hill	CA	95037-6606	Amount of Each Receipt this Period	
	FEC ID number of contributing				
	federal political committee.	C		105.00	
	Name of Employer	Occupation	1	Payroll Deduction	
	Self-employed	Insurance	e Agent		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		1100.00		
	☐ Other (specify) ▼	0 0			
_	Full Name (Last, First, Middle Initial)			Patent Provide	
В.	Mr. Michael W. Struebing, LUTCF, CLU Mailing Address 16112 Parker Street			Date of Receipt	
	Maining Address 16112 Parker Street			10 10 2006	
	City	State	Zip Code	Transaction ID: R1640313	
	<u>Omaha</u>	NE	68118-2429	Amount of Each Receipt this Period	
	FEC ID number of contributing	C		42.50	
	federal political committee.				
	Name of Employer Self-employed	Occupation	1	Payroll Deduction	
		Insurance			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify)		347.50		
	Guier (speerly)	0 0			
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Robert A. Styrkowicz, CLU, LUTCF			Date of Receipt	
	Mailing Address 25 Monterey Drive			M M / D D / Y Y Y Y	
	<u> </u>			10 10 2006	
	City	State	Zip Code	Transaction ID: R1640844	
	Vernon Hills	<u>IL</u>	60061-2332	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		56.50	
	rederai politicai committee.			Payrall Daduction	
	Name of Employer Self-employed	Occupation		Payroll Deduction	
		Insurance	-	\dashv	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Other (specify)	1 ' '	505.00		
s	JBTOTAL of Receipts This Page (optional)		.	204.00	
\vdash	, 5 (17				

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 125 / 175 (check only one)
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
Any information copied from such Reports and State	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or for commercial purposes, other than using the nar	me and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Association of Insurance and Fir tee	nancial Ad	dvisors Political Action Com	mit-
Full Name (Last, First, Middle Initial) A. Mr. Robert R. Styrkowicz			Date of Receipt
Mailing Address 2001 W. Warner Unit 1			10 10 2006
Chicago	State II	Zip Code	Transaction ID: R1639788
Chicago FEC ID number of contributing federal political committee.	C	60618	Amount of Each Receipt this Period 22.50
Self-employed 1	Occupation Insurance		Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	
Full Name (Last, First, Middle Initial) Mr. Mark Phelan Sudderberg			Date of Receipt
Mailing Address 1751 Clinton St. City	State	Zip Code	1 0 1 0 2 0 0 6 Transaction ID: R1640484
Rockford	IL	61103	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		21.00
Self-employed 1	Occupation Insurance		Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	
Full Name (Last, First, Middle Initial) Mr. Stephen G. Summerlin, CFP			Date of Receipt
Mailing Address 4014 N. W. 15th Street	0	7: 0.1	10 10 2006
City <u>Ga</u> inesville	State FL	Zip Code 32605-1912	Transaction ID: R1642726 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	32000 1312	42.00
Self-employed	Occupation Insurance		Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00	
SUBTOTAL of Receipts This Page (optional)			85.50
TOTAL This Period (last page this line number only	y)		

SCH	EDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 126 / 175
	IIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a 11b	11c 12
Any inf	formation copied from such Reports and State	ements may	not be sold or used by any perso	n for the purpose of solicit	15 16 17 ing contributions
or for c	commercial purposes, other than using the na	ame and add	lress of any political committee to	solicit contributions from s	such committee.
\	ME OF COMMITTEE (In Full) tional Association of Insurance and F	inancial Ad	dvisors Political Action Com	nit-	
4. <u>Mr.</u>	Name (Last, First, Middle Initial) Dennis P. Sunderman, CSA			Date of Receipt	
	ling Address 2325 Jeans Ct	01-1-	7'- 0-1-	10 10	2006
City <u>Sic</u>	nal Hill	State CA	Zip Code 90755	Transaction ID: R1 Amount of Each Rec	
	C ID number of contributing eral political committee.	C			105.00
Nar Sel	me of Employer f-employed	Occupation Insurance		Payroll Deduction	
Rec	ceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 735.00		
3. Mr.	Name (Last, First, Middle Initial) Arthur Ivan Swanson, LUTCF			Date of Receipt	
Mai 	ling Address 2270 E. 24TH PL	10 / 10	2006		
City		State	Zip Code	Transaction ID: R1	
<u>YU</u>	IMA	AZ	85365-3245	Amount of Each Red	ceipt this Period
	C ID number of contributing eral political committee.	С		Payroll Deduction	25.20
Nar Sel	me of Employer f-employed	Occupation Insurance		- Fayron Deduction	
Red	ceipt For:		Year-to-Date ▼		
	Primary General Other (specify) ▼		252.00		
	Name (Last, First, Middle Initial) Elwood B. Syverson, LUTCF			Date of Receipt	
Mai	ling Address 509 Loomis Drive			M M / D D D 10	2006
City	,	State	Zip Code	Transaction ID: R1	642805
<u>Ma</u>	uston	WI	53948-1522	Amount of Each Red	ceipt this Period
	C ID number of contributing eral political committee.	С		Daywell Daylostics	30.00
Nar Sel	me of Employer f-employed	Occupation Insurance		Payroll Deduction	
Red	ceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 276.00		
SUBT	OTAL of Receipts This Page (optional))		160.20
тота	L This Period (last page this line number on	ly)	>		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 127 / 175 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Statemen for commercial purposes, other than using the name a	nts may and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and Finance	cial Ac	dvisors Political Action Com	nit-
A.	Sioux Falls FEC ID number of contributing federal political committee. C Name of Employer Self-employed Occurrence Self-employed	supation urance	Zip Code 57103-7248 n e Agent Year-to-Date ▼	Date of Receipt 10 10 2006 Transaction ID: R1640539 Amount of Each Receipt this Period 50.00 Payroll Deduction
	Primary General Other (specify) ▼		362.50	
3.	Cody W FEC ID number of contributing federal political committee. Name of Employer Self-employed Occi Insu	cupation urance	Zip Code 82414-2433 De Agent Pear-to-Date ▼ 1375.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
) .	Old Orchard Beach FEC ID number of contributing federal political committee. C Name of Employer Self-employed Occurrently Self-employed Occurrently Self-employed	cupation urance	Zip Code 04064-2709	Date of Receipt M M
s	UBTOTAL of Receipts This Page (optional)		·····	172.00
Т	OTAL This Period (last page this line number only)		.	

S	CHEDULE A (FEC Form 3X)	Llas asparata ashadula(s)	FOR LINE NUMBER: PAGE 128 / 175
IT	EMIZED RECEIPTS	or each category of the	(check only one) X 11a 11b 11c 12
		Detailed Summary Page	13 14 15 16 17
Ar	ny information copied from such Reports and Statements for commercial purposes, other than using the name and	may not be sold or used by any perso address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
\rangle	National Association of Insurance and Financia tee	l Advisors Political Action Com	nit-
Α.	Full Name (Last, First, Middle Initial) Mr. Gregory M. Telge, CLU, ChFC		Date of Receipt
	Mailing Address 1655 North River Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State	Zip Code	Transaction ID: R1642382
	Manchester NH	03104	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		21.00
	Name of Employer Occup	ation	Payroll Deduction
	Self-employed	ance Agent	
	Receipt For: Aggre	gate Year-to-Date ▼	
	Primary General	210.00	
	Other (specify) ▼		
В.	Full Name (Last, First, Middle Initial) Mr. Wayne E. Thomas, CLU, ChFC		Date of Receipt
	Mailing Address 12 Chateau Haut Brion		10 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State	Zip Code	Transaction ID: R1642448
	Kenner LA	70065-2019	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		21.00
	Name of Employer Occup Self-employed Inquire	ation ance Agent	Payroll Deduction
		gate Year-to-Date V	-
	Primary General		
	Other (specify) ▼	210.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Brad Tison, CLU, ChFC,		Date of Receipt
	Mailing Address 3216 Southern Woods Drive		10 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State	Zip Code	Transaction ID: R1640243
	Des Moines IA	50321	Amount of Each Receipt this Period
	FEC ID number of contributing		50.40
	federal political committee.		
	Name of Employer Occup Self-employed Insura	ation ance Agent	Payroll Deduction
		gate Year-to-Date ▼	1
	Primary General		
	Other (specify) ▼	504.00	
	LIPTOTAL of Descripts This Descriptorally		92.40
-	UBTOTAL of Receipts This Page (optional)	<u> </u>	
т	OTAL This Period (last page this line number only)	>	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 129 / 175
ITEMIZED RECEIPTS			or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Ar	v information copied from such Reports and Stater	ments may	not be sold or used by any person	
or	y information copied from such Reports and Stater for commercial purposes, other than using the nam	ne and add	ress of any political committee to	o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	National Association of Insurance and Fin tee	mit-		
A.	Full Name (Last, First, Middle Initial) Mr. John D. Traynham, LUTCF			Date of Receipt
	Mailing Address 210 Timber Lane			10 10 2006
	City	State	Zip Code	Transaction ID: R1640542
	Anderson	SC	29621-1126	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		22.50
	Self-employed 1	Occupation nsurance		Payroll Deduction
			Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼	0 0	225.00	
В.	Full Name (Last, First, Middle Initial) Mr. Kenneth James Truman, LUTCF			Date of Receipt
	Mailing Address 6413 O'Bannon	10 / 10 / 2006		
	City	State	Zip Code	Transaction ID: R1642430
	Las Vegas	NV	89146	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		12.00
	Self-employed 1	Occupation		Payroll Deduction
		nsurance	e Agent Year-to-Date ▼	_
	Primary General	Aggregate	Teal-10-Date ▼	1
	Other (specify) ▼	0 0	210.00	
С.	Full Name (Last, First, Middle Initial) Mr. Robert W. Tull, CLU, ChFC			Date of Receipt
	Mailing Address 7815 Eagle Rock, N.E.			10 10 2006
	City	State	Zip Code	Transaction ID: R1640402
	Albuquerque	NM	87122	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.50
	Salf-amployed *	Occupation nsurance		Payroll Deduction
			Year-to-Date ▼	
	Primary General Other (specify) ▼		360.00]
1				
s	UBTOTAL of Receipts This Page (optional))	60.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 130 / 175 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) National Association of Insurance and Fittee	nancial A	dvisors Political Action Com	mit-
Α.	Full Name (Last, First, Middle Initial) Mr. Jack B. Turner, CLU, ChFC Mailing Address 310 Fairway Drive City Clarksville FEC ID number of contributing federal political committee. Name of Employer Self-employed	State TN C		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Receipt For: Primary General Other (specify) ▼	Insurance Aggregate	e Agent e Year-to-Date ▼ 500.00	
3.	Full Name (Last, First, Middle Initial) Mrs. Lynda D. Turner, LUTCF Mailing Address 1070 South Bosque Loop	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y		
	City Bosque Farms	State NM	Zip Code	Transaction ID: R1642821
	FEC ID number of contributing federal political committee.	C	87068-9063	Amount of Each Receipt this Period 45.00
	Name of Employer Self-employed Receipt For:	Occupation		Payroll Deduction
	Primary General Other (specify) ▼	Aggregate	378.00	
D .	Full Name (Last, First, Middle Initial) Ms. Charmaine Uhrig, LUTCF Mailing Address RR 1 Box 273A			Date of Receipt M
	City	State	Zip Code	Transaction ID: R1641103
	Minatare FEC ID number of contributing federal political committee.	C	69356	Amount of Each Receipt this Period 42.50
	Name of Employer Self-employed	Occupation	e Agent	Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 457.50	
s	UBTOTAL of Receipts This Page (optional)			587.50
T	OTAL This Period (last page this line number onl	v)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 131 / 175
	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12
			, ,	13 14 15 16 17
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)		<u> </u>	
\rangle	National Association of Insurance and Fitee	nancial A	dvisors Political Action Com	nit-
	Full Name (Last, First, Middle Initial)			Data of Descipt
٦.	Mr. Howard Raymond Utz, LUTCF Mailing Address PO Box 480			Date of Receipt
				10 10 2006
	City Mars	State PA	Zip Code 16046	Transaction ID: R1642699
	FEC ID number of contributing		10040	Amount of Each Receipt this Period
	federal political committee.	C		42.50
	Name of Employer Self-employed	Occupation		Payroll Deduction
	Receipt For:	Insurance	e Agent e Year-to-Date ▼	_
	Primary General	, iggi ogaio		
	Other (specify)	0 0	425.00	
3.	Full Name (Last, First, Middle Initial) Mr. Michael P. Victorino			Date of Receipt
	Mailing Address 840 Alua St., #103			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1643002
	Wailuku	HI	96793	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		12.50
	Name of Employer Self-employed	Occupation	1	Payroll Deduction
		Insurance		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial)			
Э.	Mr. Robert D. Vieluf, LUTCF			Date of Receipt
	Mailing Address 403 Crestwood Estates			10 10 2006
	Callinguille	State	Zip Code	Transaction ID: R1642628
	Collinsville	IL	62234-2324	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		21.00
	Name of Employer Self-employed	Occupation		Payroll Deduction
	Receipt For:	Insurance	e Agent e Year-to-Date ▼	-
	Primary General	33. 334.0		
	Other (specify)		210.00	
s	UBTOTAL of Receipts This Page (optional)		·····	76.00
_				
T	OTAL This Period (last page this line number on	ly)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
		Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and Stator for commercial purposes, other than using the r	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
National Association of Insurance and F tee	Financial A	dvisors Political Action Com	mit-
Full Name (Last, First, Middle Initial) Mr. Richard D. Vonderlage, CSA, LUTCF			Date of Receipt
Mailing Address 15202 Sprague St			10 10 2006
City	State	Zip Code	Transaction ID: R1642531
<u>Omaha</u>	NE	68116	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		42.00
Name of Employer Self-employed	Occupatio Insuranc		Payroll Deduction
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	378.00	
Full Name (Last, First, Middle Initial) Mr. Thomas D. Voshall			Date of Receipt
Mailing Address 426 Towne Valley Dr.			10 10 / 2006
City	State	Zip Code	Transaction ID: R1640858
Woodstock	GA	30188-2636	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		21.00
Name of Employer Self-employed	Occupatio Insuranc		Payroll Deduction
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		210.00	
Full Name (Last, First, Middle Initial) Mr. Brian P. Walsh, CLU, ChFC			Date of Receipt
Mailing Address 547 Wayfield			10 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: R1643486
Wynnewood	PA	19096-2615	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Self-employed	Occupatio Insuranc		Credit Card
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional)			313.00
TOTAL This Period (last page this line number o	nly))	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	Check only one)
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page	X 11a 11b 11c 12
			, -	13 14 15 16 17
Ar or	ly information copied from such Reports and Statem for commercial purposes, other than using the name	nents may e and add	not be sold or used by any perso lress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
/	National Association of Insurance and Fina tee	ancial Ac	dvisors Political Action Comr	nit-
۹.	Full Name (Last, First, Middle Initial) Mr. Charles A. Webb			Date of Receipt
	Mailing Address 2516 Longview Ave.			10 10 YYYYY 2006
	•	State	Zip Code	Transaction ID: R1640128
	Roanoke	VA	24014	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.50
	Self-employed 1	ccupation		Payroll Deduction
		nsurance Aggregate	Year-to-Date ▼	_
	Primary General	199.194.11		
	Other (specify) ▼	0 0	425.00	
3.	Full Name (Last, First, Middle Initial) Mr. S. Mark Weeks, LUTCF, CLU			Date of Receipt
	Mailing Address 1389 South 500 East			10 10 2006
	•	State	Zip Code	Transaction ID: R1642880
		UT	84105-2043	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Self-employed 1	ccupation		Payroll Deduction
		nsurance		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼	0 0	537.50	
).	Full Name (Last, First, Middle Initial) Mr. Matthew C. Weider, CLU,ChFC			Date of Receipt
	Mailing Address 6855 Compton Heights Circ	cle		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1640009
	•	VA	20124	Amount of Each Receipt this Period
	FEC ID number of contributing	С		50.40
	federal political committee.	<u> </u>		
	Solf amployed 1	ccupation		Payroll Deduction
		nsurance		
	Receipt For: Primary General	aggregate	Year-to-Date ▼	
	Other (specify)	0 0	504.00	
s	UBTOTAL of Receipts This Page (optional)			142.90
	, 3-(,		r	
T	OTAL This Period (last nage this line number only)		•	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 134 / 175		
	EMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12		
			Detailed Summary Page	13 14 15 16 17		
Ar or	ly information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.		
$\overline{}$	NAME OF COMMITTEE (In Full)					
\rangle	National Association of Insurance and F	inancial A	dvisors Political Action Com	mit-		
Δ	Full Name (Last, First, Middle Initial) Mr. Daniel J. Wells, LUTCF			Date of Receipt		
٠.	Mailing Address 18830 Los Hermanos Ra	anch Rd		M M / D D / Y Y Y Y		
	City	Ctoto	7in Code	10 10 2006		
	City Valley Center	State CA	Zip Code 92082-6808	Transaction ID: R1640733 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		45.00		
	Name of Employer	Occupation	1	Payroll Deduction		
	Name of Employer Self-employed	Insurance				
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼		587.50			
	Full Name (Last, First, Middle Initial) Mr. Daniel J. Wells, LUTCF			Date of Receipt		
	Mailing Address 18830 Los Hermanos Ranch Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: R1643498		
	Valley Center	CA	92082-6808	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		50.00		
	Name of Employer Self-employed	Occupation		Credit Card		
		Insurance		_		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼			
	Other (specify) ▼	0 0	587.50			
_	Full Name (Last, First, Middle Initial)			Date of Receipt		
J.	Mr. Marlin D. Wells, CLU, ChFC, Mailing Address 2201 N. Washington			Date of Receipt		
		<u> </u>		10 10 2006		
	City Roswell	State NM	Zip Code 88201-3377	Transaction ID: R1640528 Amount of Each Receipt this Period		
	FEC ID number of contributing		00201 0077			
	federal political committee.	C		30.00		
	Name of Employer Self-employed	Occupation		Payroll Deduction		
		Insurance		_		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼			
	Other (specify) ▼		300.00			
s	SUBTOTAL of Receipts This Page (optional)					
_	OTAL This Device (last many this Program)	-l)				
1	OTAL This Period (last page this line number or	пу)				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 135 / 175 (check only one) X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Insurance and I tee	Financial A	dvisors Political Action Com	mit-
۸.	Full Name (Last, First, Middle Initial) Mr. Lester E. Westgard, CLU			Date of Receipt
	Mailing Address 2714 26th Ave SW			10 10 2006
	City	State	Zip Code	Transaction ID: R1640345
	Fargo	ND	58103-5006	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer Self-employed	Occupation		Payroll Deduction
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		540.00	
3.	Full Name (Last, First, Middle Initial) Mr. Irwin R. Wetnight, Jr.,CLU			Date of Receipt
	Mailing Address 95 W. Prescott Ave.			10 10 / 2006
	City	State	Zip Code	Transaction ID: R1642294
	Clovis	CA	93619-8743	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		21.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	210.00	
).	Full Name (Last, First, Middle Initial) Mr. William T. Whitmore, Jr.,LUTCF			Date of Receipt
	Mailing Address P. O. Box 4748			10 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1642270
	Virginia Beach	VA	23454-0748	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer Self-employed	Occupation		Payroll Deduction
	Receipt For:	-	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	485.00	
SI	UBTOTAL of Receipts This Page (optional)			131.00
т	OTAL This Period (last page this line number o	nlv)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER	: PAGE 136 / 175
	ITEMIZED RECEIPTS		or each category of the	(check only one)	
••	EMIZED REGEN TO		Detailed Summary Page	X 11a 11b	$\begin{array}{c c} & 11c \\ & 15 \\ & 15 \end{array}$
Δ.	w information conicd from auch Departs and Ct	stamanta mai	reat he cold or wood by any norce	13 14	15 16 17
or	y information copied from such Reports and Sta for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions fron	n such committee.
	NAME OF COMMITTEE (In Full)				
\rangle	National Association of Insurance and F	Financial A	dvisors Political Action Com	mit-	
Α.	Full Name (Last, First, Middle Initial) Mr. Irv Wiese, CLU, ChFC,			Date of Receipt	
	Mailing Address 318 Stamford Bridge Ro	d		10 10	
	City	State	Zip Code	Transaction ID: F	₹1640901
	Columbia	SC	29212	Amount of Each F	
	FEC ID number of contributing federal political committee.	C			42.00
	Name of Employer Self-employed	Occupation		Payroll Deduction	n
	Receipt For:	Insurance	e Year-to-Date ▼		
	Primary General	Aggregate	Teal to Bate V	1	
	Other (specify) ▼	1	420.00		
В.	Full Name (Last, First, Middle Initial) Mr. Leroy L. Wilbers, Jr.			Date of Receipt	
	Mailing Address 309 Deerfield PI			M M / D C) / Y Y Y Y
	011	01-1-	7'- 0-4-	10 10	
	City	State	Zip Code	Transaction ID: F	
	Jefferson City	MO	65109	Amount of Each F	leceipt this Period
	FEC ID number of contributing federal political committee.	C			126.00
	Name of Equations	10		Payroll Deduction	
	Name of Employer Self-employed	Occupation Insurance			
	Receipt For:	+	Year-to-Date ▼		
	Primary General	7.99.094.0		1	
	Other (specify) ▼	0 0	1260.00		
_	Full Name (Last, First, Middle Initial)				
C.	Mr. Michael J. Wilcox, LUTCF,CLTC			Date of Receipt	
	Mailing Address 117 Great Brook Rd.			10 10	
	City	State	Zip Code	Transaction ID: F	R1642596
	New Milford	CT	06776-3039	Amount of Each F	Receipt this Period
	FEC ID number of contributing	С			21.00
	federal political committee.				
	Name of Employer	Occupation	1	Payroll Deduction	n
	Self-employed	Insurance	e Agent		
	Receipt For:	Aggregate	Year-to-Date ▼		
Primary General Other (specify) ▼			204.00		
Г					
s	UBTOTAL of Receipts This Page (optional)		189.00		
			<u> </u>		
T	OTAL This Period (last page this line number o	nly)	>		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 137 / 175
	EMIZED RECEIPTS		or each category of the	(check only one)
•	LIMIZED HEOEII 10		Detailed Summary Page	X 11a 11b 11c 12
۸n	y information copied from such Reports and State	monte may	y not be cold or used by any norse	n for the purpose of collecting contributions
or	for commercial purposes, other than using the na	me and add	dress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Insurance and Fittee	nancial Ad	dvisors Political Action Com	nit-
۹.	Full Name (Last, First, Middle Initial) Mr. lan C. Wilkinson, LUTCF			Date of Receipt
	Mailing Address PO Box 7096			10 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1640802
	Macon	GA	31209-7896	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Self-employed	Occupation		Payroll Deduction
	Receipt For:	Insurance	e Year-to-Date ▼	-
	Primary General	Aggregate	1 1 1 1 1 1 1	
	Other (specify) ▼		250.00	
3.	Full Name (Last, First, Middle Initial) Mr. Boyd Lee Williams			Date of Receipt
	Mailing Address 7023 W. Williamette Ave			10 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1640656
	Kennewick	WA	99336-1280	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		105.00
	Name of Employer Self-employed	Occupation		Payroll Deduction
		Insurance	-	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		1050.00	
_	Full Name (Last, First, Middle Initial)			
۶.	Mr. Lucius Williamson, Jr., LUTCF			Date of Receipt
	Mailing Address 1111 Howe Ave., Suite 53	30		10 10 2006
	City	State	Zip Code	Transaction ID: R1640222
	Sacramento	CA	95825	Amount of Each Receipt this Period
	FEC ID number of contributing			21.00
	federal political committee.	C		
	Name of Employer	Occupation	า	Payroll Deduction
	Self-employéd *	Insurance	-	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		210.00	
s	UBTOTAL of Receipts This Page (optional)			151.00
_				
T	OTAL This Period (last page this line number only	y))	

	EDULE A (FEC Form 3X)		Use separate schedule(s) or each category of the	FOR LINE NUMBER: (check only one)	PAGE 138/175
I I EIVI	IZED RECEIPTS		Detailed Summary Page		1c 12 5 16 17
Any info	ormation copied from such Reports and Sta ommercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting solicit contributions from suc	contributions h committee.
\	ME OF COMMITTEE (In Full) ional Association of Insurance and F	ïnancial Ad	dvisors Political Action Com	nit-	
	Name (Last, First, Middle Initial) Cliff F. Wilson, CLU, ChFC,			Date of Receipt	
	ing Address 1458 W. Bahia Court		7.0.1	10 / 10	2006
City Gilk		State AZ	Zip Code 85233	Transaction ID: R164 Amount of Each Receip	
FEC	B ID number of contributing ral political committee.	C			126.00
Nam Self	ne of Employer -employed	Occupation		Payroll Deduction	
Rec	eipt For: Primary General Other (specify)		Year-to-Date ▼ 1260.00		
3. Mr. I	Name (Last, First, Middle Initial) Randall C. Wimsatt, LUTCF			Date of Receipt	
	ing Address 2501 E 20th, #10			10 / 10	2006
City	mington	State NM	Zip Code	Transaction ID: R164	
FEC	In Inglori ID number of contributing ral political committee.	C	87401	Amount of Each Receip	25.20
Nam Self	ne of Employer -employed	Occupation Insurance		Payroll Deduction	
Rec	eipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 252.00		
C. Mr. I	Name (Last, First, Middle Initial) Nelson Wingert, CLU ing Address 418 Gettysburg Pike			Date of Receipt	2006
City		State	Zip Code	Transaction ID: R164	
FEC	chanicsburg ID number of contributing ral political committee.	PA C	17055-5170	Amount of Each Receip	25.00
Self	ne of Employer -employed	Occupation Insurance	e Agent	Payroll Deduction	
Rec	eipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 230.00		
SUBT	OTAL of Receipts This Page (optional)				176.20
TOTA	L This Period (last page this line number or	nly))		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 139 / 175 (check only one) X 11a 11b 11c 12
_				13 14 15 16 17
An or	y information copied from such Reports and Statem for commercial purposes, other than using the name	nents may e and add	not be sold or used by any perso ress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and Finatee	ancial Ad	lvisors Political Action Comr	nit-
۸.	Full Name (Last, First, Middle Initial) Mr. Larry J. Winkelhake, CLU, ChFC			Date of Receipt
	Mailing Address 18600 Longview Ct			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	•	State	Zip Code	Transaction ID: R1642292
	Brookfield	WI	53045	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		90.00
	Self-employed '	occupation nsurance		Payroll Deduction
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		900.00	
3.	Full Name (Last, First, Middle Initial) Mr. Benjamin Bunn Woodard, Jr.			Date of Receipt
	Mailing Address 109 Bristol Court			10 10 7 2006
	•	State	Zip Code	Transaction ID: R1640753
		NC	27803-1203	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		46.75 Payroll Deduction
	Self-employed 1	occupation nsurance		- Payron Deduction
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	349.25	
).	Full Name (Last, First, Middle Initial) Mr. William G. Wunder, LUTCF			Date of Receipt
	Mailing Address 21110 Serene Way			10 06 7 2006
	•	State	Zip Code	Transaction ID: R1643196
		CA	95120-1217	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Self-employed *	occupation		Check
	-	nsurance Aggregate	Year-to-Date ▼	-
	Primary General Other (specify) ▼	tggrogato	300.00	
SI	UBTOTAL of Receipts This Page (optional)			186.75
т	OTAL This Period (last page this line number only)			

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 140 / 175 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	ly information copied from such Reports and Statement for commercial purposes, other than using the name ar	nts may and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) National Association of Insurance and Finance	cial A	dvisors Political Action Com	nit-
A .	Full Name (Last, First, Middle Initial) Mr. Mark L. Yavornitzki, CAE Mailing Address 14 Bridle PI. City Sta E. Greenbush NY FEC ID number of contributing federal political committee. Name of Employer Self-employed Occu	upation urance	Zip Code 12061-1111 n e Agent e Year-to-Date ▼	Date of Receipt M M
3.	Landenberg PA FEC ID number of contributing federal political committee. Name of Employer Self-employed Occurrence Insurance Occurrence Insurance Occurrence Insurance Insura	upation	Zip Code 19350 n e Agent e Year-to-Date ▼	Date of Receipt M M J D D J Z D O 6 Transaction ID: R1643098 Amount of Each Receipt this Period 105.00 Payroll Deduction
D.	Rancho Palos Verde FEC ID number of contributing federal political committee. C Name of Employer Self-employed Occurrence Insurance	upation	Zip Code 90275-3258	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)		······	172.00
T	OTAL This Period (last page this line number only)		.	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 141 / 175			
TEMIZED RECEIPTS			or each category of the	(check only one) X 11a 11b 11c 12			
			Detailed Summary Page	13 14 15 16 17			
Ar	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions			
<u> </u>	NAME OF COMMITTEE (In Full)	arie ariu auc	iress or any political committee to	Solicit Contributions from Such Committee.			
\rangle	National Association of Insurance and Fitee	inancial A	dvisors Political Action Com	nit-			
۹.	Full Name (Last, First, Middle Initial) Mr. Alan R. Zalewski, CLU, ChFC,			Date of Receipt			
	Mailing Address 6908 North 27th Street			10 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City Tacoma	State WA	Zip Code 98407-1002	Transaction ID: R1640966 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	30407-1002	50.00			
	Name of Employer Self-employed	Occupation	1	Payroll Deduction			
		Insurance	-	_			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00				
3.	Full Name (Last, First, Middle Initial) Mr. David G. Zick, CLU, ChFC			Date of Receipt			
	Mailing Address 851 Adams Court			10 04 2006			
	City	State	Zip Code	Transaction ID: R1639225			
	Bloomfield Hills	MI	48304	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		625.00 Check			
	Name of Employer Self-employed	Occupation Insurance		Gleck			
	Receipt For:		Year-to-Date ▼	-			
	Primary General Other (specify) ▼		1875.00				
	Full Name (Last, First, Middle Initial) Mr. Theodore J. Zouzounis, CLU			Date of Receipt			
	Mailing Address 820 Mariposa Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City	State	Zip Code	Transaction ID: R1642269			
	Lafayette	CA	94549	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		42.50			
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction			
	Receipt For: Primary General	Aggregate	Year-to-Date ▼				
	Other (specify)		425.00				
s	SUBTOTAL of Receipts This Page (optional)						
Т	OTAL This Period (last page this line number on	lv)					
-	(,,					

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 142 / 175 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c Detailed Summary Page 13 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 Commit-Full Name (Last, First, Middle Initial) Mr. H. Keith de Noble, LUTCF, CLU Date of Receipt Mailing Address 13200 W Markham Street, Suite 105 10 10 2006 City State Zip Code Transaction ID: R1642787 Little Rock AR 72211-3285 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Payroll Deduction Name of Employer Self-employed Occupation Insurance Agent Receipt For: Aggregate Year-to-Date ▼ Primary General 276.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	30.00
TOTAL This Period (last page this line number only)	•	25696.39

Image# 26940568374

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5	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)	FOR LINE NUMBER: PAGE 14				175
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check onl	22 23 2	24 28c	25 29	26 30b
	y Information copied from such Reports and State for commercial purposes, other than using the name				•		
$\overline{\ }$	NAME OF COMMITTEE (In Full)						
	National Association of Insurance and Firtee	nancial Advisors Political Act	ion Commi	it-			
	Full Name (Last, First, Middle Initial)			Transaction ID: D91	12		
٩.	NAIFA			Date of Disbursement	i		
	Mailing Address 2901 Telestar Court			10 / 17	Y Y 2	0 0 6	Y
	City	State Zip Code		Amount of Each Disbu	ursement	this Pe	eriod
	Falls Church	VA 22042-1205				500.0	
	Purpose of Disbursement Payroll, Benefits, Supplies, Copies,				25	500.0	J
	Candidate Name	C	Category/ Type				
	Office Sought: House Disburs	ement For:		etc.			
	Senate	Primary General		eic.			
	President	Other (specify)					
	State: District:						

SUBTOTAL of Disbursements This Page (optional)	•	25500.00
TOTAL This Period (last page this line number only)	•	25500.00

<u>ا</u> ر	CHEDULE B (FEC FOIIII 3X)	Use seperate schedule(s)		FOR LINE NUMBER: PAG (check only one)					44 / 175
Τ	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28a	X 23 28b	24 28c	25	
Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee									
\rangle	NAME OF COMMITTEE (In Full) National Association of Insurance and Finatee	• • • • • • • • • • • • • • • • • • • •							
۹.	Full Name (Last, First, Middle Initial) A Lot of People Who Support Jeff Bingama Mailing Address PO Box 16210		Transaction ID: D90 Date of Disbursemen				žo	ў 6 [°]	
	City State Zip Code				Amount of Each Disbursement this Period				
		NM 87191			Airiou	III OI Laci	Disbuise		
	Purpose of Disbursement Contr. Jeff Bingaman (NM-D-US Senate)							250	00.00
	Candidate Name Jeff Bingaman			tegory/ ype					
	Office Sought: House Disburse X Senate President State: NM District:	ment For: 2006 Primary X General Other (specify)							
_	Full Name (Last, First, Middle Initial)				Trans	action ID	: D9080		
3.	Ackerman for Congress			Date of Disbursement M M M M M M M M M					
	Mailing Address P O Box 650095								
	•	State Zip Code NY 11365			Amou	int of Each	Disburse	ement th	is Period
	Purpose of Disbursement Contr. Gary L. Ackerman (NY-5-D-US				L.			250	00.00
	Candidate Name Gary L. Ackerman			tegory/ ype					
	Office Sought: X House Senate President State: NY District: 05	ment For: 2006 Primary X General Other (specify)			House	e)			
Э.	Full Name (Last, First, Middle Initial) Akaka for Senate in 2006					action ID			
	Mailing Address Post Office Box 3169				1 ^M 0	M / D	3 /	ž 0	0 6 °
	•	State Zip Code HI 96802			Amou	int of Each	Disburse	ement th	is Period
	Purpose of Disbursement Contr. Daniel Kahikina Akaka (HI-D-US							250	00.00
	Candidate Name Daniel Kahikina Akaka			tegory/ ype					
	Office Sought: House Disburse X Senate President State: HI District:	ment For: 2006 Primary X General Other (specify)			Senat	te)			
SUBTOTAL of Disbursements This Page (optional)									
TOTAL This Period (last page this line number only)									
	VIAL THIS FEHOU (last page this line number only)		•••••	🔽					

SCHEDOLL B (I LOT OHII 3X)	Use seperate schedule(s)	(check		JMBEK:		L PA	AGE '	145 / 1	/5
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21k	Ĺ	22) 28a	23 28b	24 28c	\vdash	25 29	26 30b
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name									
NAME OF COMMITTEE (In Full)	o and address of any pointed co	Jillillillee (JOIICI	CONTINUE	1110119 11(JIII SUCII (JUITITI		
National Association of Insurance and Fin	ancial Advisors Political Ac	tion Con	ımit-						
Full Name (Last, First, Middle Initial)				Transac					
Bachmann for Congress				Date of I			,	V ° V	7
Mailing Address Box 49756				1"0 ""	0	5 /	20	ó́6	
City Blaine	State Zip Code MN 55449			Amount	of Each	Disburse	ement t	his Pe	eriod
Purpose of Disbursement	MN 55449						25	00.00)
Contr. Michele Bachmann (MN-6-R-US							^		
Candidate Name Michele Bachmann		Category/ Type							
Office Sought: X House Disburs Senate President	ement For: 2006 Primary X General Other (specify)		ı	House)					
State: MN District: 06	Curici (opcomy)								
Full Name (Last, First, Middle Initial)				Transac	tion ID:	D9007			
Baker for Congress Committee				Date of I		ement			
Mailing Address Post Office Box 1694				1 0 M	0	3 /	ŽQ	Ď6	
City Baton Rouge	State Zip Code LA 70821			Amount	of Each	Disburse			-
Purpose of Disbursement Contr. Richard H. Baker (LA-6-R-US]				20	00.00)
Candidate Name Richard H. Baker		Category/ Type							
Senate President	ement For: 2006 Primary X General Other (specify)		ı	House)					
State: LA District: 06									
Full Name (Last, First, Middle Initial) Barney Frank for Congress Committee				Transac Date of [Disburse	ement			
Mailing Address P O Box 260				1 0 M	/ 1	6	žo	Ó6	
City Newtonville	State Zip Code MA 02460			Amount	of Each	Disburse	ement t	his Pe	eriod
Purpose of Disbursement Contr. Barney Frank (MA-4-D-US House)		0 0	1				25	00.00)
Candidate Name Barney Frank		Category/ Type							
Office Sought: X House Disburs Senate President State: MA District: 04	ement For: 2006 Primary X General Other (specify)								
SUBTOTAL of Disbursements This Page (optional)							70	00.00)
CODITION OF DISDUISEMENTS THIS Page (Optional)			<u> </u>						
TOTAL This Period (last page this line number only			•						

SCILDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)	(check		JMBER: ne)		LP	AGE	146 /	1/5	_
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21k	Ĺ	· —	23 28b	24 28c	Н	25 29	26	
Any Information copied from such Reports and State									5	
or for commercial purposes, other than using the na	ne and address of any political co	ommittee to	SOIICI	t contribl	utions tro	om sucn	comn	nittee		_
NAME OF COMMITTEE (In Full) National Association of Insurance and Fitee	nancial Advisors Political Ac	ction Con	ımit-							
Full Name (Last, First, Middle Initial)				Transac	tion ID:	D9040				
Barrett for Congress				Date of I			V * V		V	
Mailing Address P.O. Box 869				10	0	^D /	Ż	0 0 6		
City	State Zip Code			Amount	of Each	Disburs	emen	t this P	eriod	
Westminster Purpose of Disbursement	SC 29693						5	0.000	0	
Contr. J. Gresham Barrett (SC-3-R-US			11							
Candidate Name J. Gresham Barrett		Category/ Type								
Senate President	ement For: 2006 Primary X General Other (specify)		ı	House)						
State: SC District: 03										—
Full Name (Last, First, Middle Initial) Becerra for Congress				Transac Date of I						
				M M	/ D	D /	ΥΥΥ	0 Ď 6	Y	
Mailing Address PO Box 261060				10		9				
City Los Angeles	State Zip Code CA 90026			Amount	of Each	Disburs	emen	t this P	eriod	
Purpose of Disbursement			1				5	0.000	0	
Contr. Xavier Becerra (CA-31-D-US House)										
Candidate Name Xavier Becerra		Category/ Type								
Senate President	ement For: 2006 Primary X General Other (specify)									
State: CA District: 31										_
Full Name (Last, First, Middle Initial) Bilirakis for Congress				Transac Date of I						
Mailing Address 610 S. Boulevard				1 0 M	[′] 0	^D 4	Ý Ž	0 ŏ 6	Υ	
City Tampa	State Zip Code FL 33606			Amount	of Each	Disburs	emen	t this P	eriod	
Purpose of Disbursement Contr. Gus Bilirakis (FL-9-R-US House)		• •	1				2	2500.0	0	
Candidate Name Gus Bilirakis	,	Category/ Type								
Office Sought: X House Senate President State: FL District: 09	ement For: 2006 Primary X General Other (specify)									
SUBTOTAL of Disbursements This Page (optional			-				12	500.0	0	_
			_				-	-	-	i
TOTAL This Period (last page this line number only	')									

SCILDOLL B (I LC	•	Use seperate			-OR LIN check o		RFK:		[P.	AGE	14//	1/5
TEMIZED DISBURS	SEMENTS	for each categ Detailed Sumr		ĮĘ	21b 27	22 28		23 28b	24 28c	П	25 29	26 30
Any Information copied from su or for commercial purposes, oth												
NAME OF COMMITTEE (II		and address of	arry political co	ווווונ	iiiiee io s	SOIICIL CC	iiiibu	110115 110	JIII SUCII	COITIII	iiilee	
National Association of tee	,	icial Advisors	s Political Ac	tior	n Comr	nit-						
Full Name (Last, First, Mido	le Initial)					Tra	nsact	ion ID:	D9071			
Boren For Congress						Da	te of D)isburse		v • v	V	V
Mailing Address PO B	ox 149						0 "	1	6 /	2	0 0 6	
City			Code			An	nount o	of Each	Disburs	emen ^t	t this P	eriod
Okemah Purpose of Disbursement)K 74	859			- [1	000.0	0
Contr. Daniel Boren (OK-2-	D-US House)					-		-	-	-	-	
Candidate Name Daniel Boren					egory/ ype							
Office Sought: X House			2006 X General									
		Other (specify)										
State: OK District:	02											
Full Name (Last, First, Midd									D9043			
Brad Miller Congression	nai Campaign					Da)isburse		Y Y	Y	Υ
Mailing Address PO B	ox 20307						0	0	6 /	2	0 0 6	
City Raleigh			Code '619			An	nount o	of Each	Disburs	emen	t this P	eriod
Purpose of Disbursement	1	10 21	019			+				3	500.0	0
Contr. Bradley Miller (NC-13	3-D-US House)											
Candidate Name Bradley Miller					egory/ ype							
Office Sought: X House			2006									
Sena		Primary Other (specify)	X General									
State: NC District:		(ep)	•									
Full Name (Last, First, Midd	le Initial)								D9090			
Brady for Congress						_ Da)isburse		Y Y	Y	Y
Mailing Address P.O. I	Box 8277						0	1	8 /	2	0 Ď 6	
City The Woodlands			Code '387			An	nount o	of Each	Disburs	-		-
Purpose of Disbursement Contr. Kevin Brady (TX-8-R	-US House)				*	Ţ L				5	5000.0	0
Candidate Name Kevin Brady	·				egory/ ype							
Office Sought: X House			2006									
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	y Information copied from such Reports and Statem for commercial purposes, other than using the name								
\rangle	NAME OF COMMITTEE (In Full) National Association of Insurance and Finatee	· · · · · · · · · · · · · · · · · · ·							
۹.	Full Name (Last, First, Middle Initial) Campbell for Congress Mailing Address 18004 Sky Park Circle, S	uite 155			Date	action ID: [of Disburser	nent	ž 0 ŏ	6 ^Y
	,	State Zip Code CA 92660			Amou	nt of Each [Disburse		
	Purpose of Disbursement Contr. John Campbell (CA-48-R-US House)							2500	0.00
	Candidate Name John Campbell Office Sought: X House Disburse	ment For: 2006		tegory/ Type					
	Senate President State: CA District: 48	Primary X General Other (specify)							
3.	Full Name (Last, First, Middle Initial) Cantor for Congress					action ID: [of Disburser			
	Mailing Address P. O. Box 17813				1 ^M 0	M / DO	D / Y	žoŏ	6 ^Y
	Richmond	State Zip Code VA 23226			Amou	nt of Each [Disburse		
	Purpose of Disbursement Contr. Eric I. Cantor (VA-7-R-US House) Candidate Name		Ca	tegory/				5000	1.00
	Eric I. Cantor	. =		Гуре					
	Office Sought: X House Disburse Senate President State: VA District: 07	ment For: 2006 Primary X General Other (specify)							
Э.	Full Name (Last, First, Middle Initial) Carper for Senate				Date	action ID: [of Disburser	nent		
	Mailing Address 19 East Commons Blvd,	Second Floor			1 ^M 0	M / D 0 2	2 / Y	žoŏ	6 Y
	New Castle	State Zip Code DE 19720			Amou	nt of Each [Disburse	ment this	
	Purpose of Disbursement Contr. Thomas R. Carper (DE-D-US Senate) Candidate Name		Ca	tegory/				300	
	Thomas R. Carper Office Sought: House Disburse	ment For: 2006	٦	Гуре					
	X Senate President State: DE District:	Primary X General Other (specify)							
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NAME OF COMMITTEE (In Full) National Association of Insurance and Finatee	ancial Advisors Political Ad	ction	Comr	nit-						
Full Name (Last, First, Middle Initial)				Tra	nsact	ion ID:	D9008			
Charles Boustany Jr. for Congress				Da		Disburse		V * V		V
Mailing Address 331 Beverly Drive				1	0 ^M	[/] 0	^D /	ž	0 0 6	
City	State Zip Code			Am	ount o	of Each	Disburs	emen	t this P	eriod
Lafayette	LA 70503			- F	•			1	500.0	0
Purpose of Disbursement Contr. Charles W. Boustany, Jr.					-	-			000.0	
Candidate Name Charles W. Boustany, Jr.	'		egory/ vpe							
Office Sought: X House Disburse Senate President State: LA District: 07	ement For: 2006 Primary X General Other (specify)			(LA	-7-R-	·US Ho	ouse)			
Full Name (Last, First, Middle Initial)				_			Dooo			
3. Chris Chocola for Congress, Inc.				1	te of D	isburse	D9029 ement		V	V
Mailing Address PO Box 6728				1			4 /	Ž	0 0 6	
City South Bend	State Zip Code IN 46660			Am	ount o	of Each	Disburs			
Purpose of Disbursement Contr. Christopher Chocola (IN-2-R-US			- 1						0.000	0
Candidate Name			egory/							
Christopher Chocola	ement For: 2006	Ту	/pe							
Senate President	Primary X General Other (specify) ▼			Но	use)					
State: IN District: 02 Full Name (Last, First, Middle Initial)				_			Dooos			
Clarke for Congress				Da	te of D	Disburse				_
Mailing Address 111-36 200th Street				1	0 ^M	[′] 0	5 /	ž	0 0 6	<u> </u>
City Hollis	State Zip Code NY 11412			Am	ount o	of Each	Disburs	emen	t this P	eriod
Purpose of Disbursement Contr. Yvette Clarke (NY-11-D-US House)				1 L				. 2	2500.0	0
Candidate Name Yvette Clarke			egory/ /pe							
Office Sought: X House Senate President State: NY District: 11	ement For: 2006 Primary X General Other (specify)		<u>. </u>							
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or for commercial purposes, other than using the name	e and address of any political co	ommi	ttee to s	solicit con	itribut	ions tro	m sucn	comr	nittee		
NAME OF COMMITTEE (In Full) National Association of Insurance and Finatee	uncial Advisors Political Ac	ction	Comn	nit-							
Full Name (Last, First, Middle Initial)				Tran	sact	ion ID:	D9066	i			
Clay Jr. for Congress				Date		isburse					
Mailing Address 625 N Euclid Avenue, Su	ite 200			110) ^M	/ 1	^D /	ž	0 0̈ 6	Y	
,	State Zip Code			Amo	ount o	f Each	Disburs	emen	t this P	eriod	
St. Louis	MO 63108			- [-		2	2500.0	00	1
Purpose of Disbursement Contr. William Lacy Clay, Jr. (MO-1-D-US						-					1
Candidate Name William Lacy Clay, Jr.		Cate Ty									
Senate President	ment For: 2006 Primary X General Other (specify)			Hou	se)						
State: MO District: 01 Full Name (Last, First, Middle Initial)											_
3. Clyburn for Congress						ion ID: isburse	D9045 ement				
				М	М	/ D	^D /	YYY	0 0 6	Υ	
Mailing Address P.O. Box 12567				1 (1			
City Columbia	State Zip Code SC 29211			Amo	ount o	of Each	Disburs	emen	t this P	eriod	
Purpose of Disbursement	I I		-					1	000.0	0	
Contr. James E. Clyburn (SC-6-D-US		L.									
Candidate Name James E. Clyburn		Cate Ty									
	ment For: 2006 Primary X General Other (specify)	.,		Hou	se)						
State: SC District: 06	Other (specify)										
Full Name (Last, First, Middle Initial) Cole for Congress						ion ID:	D9042	!			_
				М	М		^D /	YYY	0 Ď 6	Υ	
Mailing Address P.O. Box 722256				1 (
City Norman	State Zip Code OK 73070			Amo	ount o	of Each	Disburs				1
Purpose of Disbursement Contr. Thomas Cole (OK-4-R-US House)		,						2	2500.0	00	_
Candidate Name Thomas Cole	,	Cate Ty									
Office Sought: X House Senate President State: OK District: 04	ment For: 2006 Primary X General Other (specify)										
SUBTOTAL of Disbursements This Page (optional)			•			•		6	0.000	0	_ 1
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 NAME OF COMMITTEE (In Full) 	and address of any political c	commute	e 10 SO	ICIL CONTIN	bullons	rom such	COIII	milee		
National Association of Insurance and Finatee	ncial Advisors Political A	ction C	ommi	t-						
Full Name (Last, First, Middle Initial)				Trans	action IE	D : D9024	ļ			
Committee to Elect Hank Johnson					of Disbure		V * V	* \	V	
Mailing Address 5240 Snapfinger Park Dr	ve, Suite			1 0	M / D	0 4	ž	0 0 6	Y	
,	State Zip Code			Amou	nt of Eac	h Disburs	emen	t this P	eriod	
Decatur Purpose of Disbursement	GA 30035						2	2500.0	0	7
Contr. Henry C. Johnson, Jr. (GA-4-D-US								-000.0		-
Candidate Name Henry C. Johnson, Jr.		Catego Type	ry/							
Office Sought: X House Senate President State: GA District: 04	ment For: 2006 Primary X General Other (specify)			House))					
Full Name (Last, First, Middle Initial)						. Dooo-				—
3. Committee to Elect Nydia M. Velazquez to	Congress				action IL of Disburs	D: D9067 sement	,			
Mailing Address 315 Inspiration Lane				1 ^M 0	M / D	16	Y Ž	0 ŏ 6	Υ	
Cin.	7:- O-d-			A		L D'-1		D		
,	State Zip Code MD 20878			Amou	nt of Eac	h Disburs	semen	t this P	erioa	_
Purpose of Disbursement							2	2500.0	0	
Contr. Nydia M. Velazquez (NY-12-D-US Candidate Name		Cotogo	24							
Nydia M. Velazquez		Catego Type	y/							
Office Sought: X House Disburse Senate President	ment For: 2006 Primary X General Other (specify) ▼			House))					
State: NY District: 12										
Full Name (Last, First, Middle Initial) Dave Camp For Congress					of Disbure		3			
Mailing Address P.O. Box 423				10	M / D	09 /	ž	0 0 6	Y	
,	State Zip Code MI 48640			Amou	nt of Eac	h Disburs			-	_
Purpose of Disbursement Contr. David Lee Camp (MI-4-R-US House)				L.			5	5000.0	0	
Candidate Name David Lee Camp		Catego Type	ry/							
Office Sought: X House Senate President State: MI District: 04	ment For: 2006 Primary X General Other (specify)									
l					•		10	0.000	0	7
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	y Information copied from such Reports and Statem for commercial purposes, other than using the name								3
\rangle	NAME OF COMMITTEE (In Full) National Association of Insurance and Finatee	•							
Α.	Full Name (Last, First, Middle Initial) Democrats for the Future			Date	of Disbu	D: D9009		0 ŏ 6	Y
	Mailing Address 20 Park Road Suite E			1 0		0.3		006	
		State Zip Code CA 94010		Amo	unt of Ea	ch Disburs			-
	Purpose of Disbursement Contr. Democrats for the Future (PAC to		•	T L.			2	500.0	00
	Candidate Name		tegory/ Type						
	Senate	ment For: 2006 Primary General Other (specify)		PAC)				
	Full Name (Last, First, Middle Initial)					D : D9052			
.	Devin Nunes Campaign Committee			M		rsement	YYY	0 ŏ 6	Y
	Mailing Address PO Box 6545			1 0		0.9		000	
	,	State Zip Code CA 93290		Amo	unt of Ea	ch Disburs			-
	Purpose of Disbursement Contr. Devin G. Nunes (CA-21-R-US House)		•	<u>L</u> .			5	0.00	00
	Candidate Name Devin G. Nunes		tegory/ Type						
	Office Sought: X House Senate President State: CA District: 21	ment For: 2006 Primary X General Other (specify)							
_	Full Name (Last, First, Middle Initial)					D : D9056	;		
<i>J</i> .	Doggett for U S Congress Committee			M	of Disbu	rsement	Y Y	0 Ď 6	Y
	Mailing Address PO Box 5843			1 0		0.9	. 2	0 0 6	
		State Zip Code TX 78763		Amo	unt of Ea	ch Disburs			-
	Purpose of Disbursement Contr. Lloyd Doggett (TX-25-D-US House)		•	T L.			2	500.0	00
	Candidate Name Lloyd Doggett		tegory/ Type						
	Office Sought: X House Senate President State: TX District: 25	ment For: 2006 Primary X General Other (specify)	-						
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IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 28a 28b	24 25 26 28c 29 30b
	y Information copied from such Reports and Staten for commercial purposes, other than using the nam				
$\left.\right\rangle$	NAME OF COMMITTEE (In Full) National Association of Insurance and Fintee				
۸.	Full Name (Last, First, Middle Initial) Doolittle for Congress			Transaction II Date of Disburs	
	Mailing Address 2150 River Plaza Drive	#150		10 M	03 2006
	City Sacramento	State Zip Code CA 95833		Amount of Eac	h Disbursement this Period
	Purpose of Disbursement Contr. John T. Doolittle (CA-4-R-US		•		2000.00
	Candidate Name John T. Doolittle		ategory/ Type		
	Office Sought: X House Senate President State: CA District: 04	ement For: 2006 Primary X General Other (specify)		House)	
3.	Full Name (Last, First, Middle Initial) Ellen Tauscher for Congress			Transaction II Date of Disburs	
	Mailing Address 20 Park Road, Suite E			1 0 M	04 4 2006
	City Burlingame	State Zip Code CA 94010		Amount of Eac	h Disbursement this Period
	Purpose of Disbursement Contr. Ellen O. Tauscher (CA-10-D-US		0 0		2000.00
	Candidate Name Ellen O. Tauscher		ategory/ Type		
	Office Sought: X House Senate President State: CA District: 10	ement For: 2006 Primary X General Other (specify)		House)	
Э.	Full Name (Last, First, Middle Initial) Fallin for Congress			Transaction II Date of Disburs	sement
	Mailing Address 119 N Robinson, Suite 4	00		10 M	05 / 2006
	City Olkahoma City	State Zip Code OK 73102		Amount of Eac	h Disbursement this Period
	Purpose of Disbursement Contr. Mary Fallin (OK-5-R-US House)				2500.00
	Candidate Name Mary Fallin Office Sought: Valleyee Bishure	ement For: 2006	ategory/ Type		
	Office Sought: X House Disburse Senate President State: OK District: 05	Primary X General Other (specify)			
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Τ	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28a	X 23 28b	24 28c		25 29	26 30b
	y Information copied from such Reports and Statem for commercial purposes, other than using the name									
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) National Association of Insurance and Finatee	•				ibutions in	om sucm	COMMI		
	Full Name (Last, First, Middle Initial)				Trans	action ID:	D9085			
١.	Feinstein for Senate					of Disburse		VV		v 1
	Mailing Address 601 S. Glenoaks Blvd., S	uite 208			1 0		8 /	2(o ŏ 6	
	,	State Zip Code CA 91502			Amou	nt of Each	Disburse	ement	this Pe	eriod
	Purpose of Disbursement	OA 91302	T					50	0.00	0
	Contr. Dianne Feinstein (CA-D-US Senate)		↓L							
	Candidate Name Dianne Feinstein			ategory/ Type						
	X Senate President	ment For: 2006 Primary X General Other (specify)	•							
	State: CA District: Full Name (Last, First, Middle Initial)									
3.	Fossella for Congress					action ID: of Disburse				
	Mailing Address PO Box 060248 New Dorp Station				1 ^M 0	M / DO	5 /	ž (o ŏ 6	Y
	,	State Zip Code NY 10306			Amou	nt of Each	Disburse	ement	this Pe	eriod
	Purpose of Disbursement Contr. Vito J. Fossella (NY-13-R-US		T	• •	L.			25	500.0	0
	Candidate Name Vito J. Fossella			ategory/ Type						
	Office Sought: X House Senate President State: NY District: 13	ment For: 2006 Primary X General Other (specify)	•		House	e)				
	Full Name (Last, First, Middle Initial)				T	1 ID	D0070			
Э.	Friends of Carolyn McCarthy				Date o	action ID: of Disburse	ement			_
	Mailing Address 151 Linden Road				1 ^M 0	M / D 1	6 / C	ž	o ŏ 6	Y
		State Zip Code NY 11501			Amou	nt of Each	Disburse	ement	this Pe	eriod
	Purpose of Disbursement Contr. Carolyn McCarthy (NY-4-D-US		T	• •				20	0.00	0
	Candidate Name Carolyn McCarthy			ategory/ Type						
	Office Sought: X House Senate President State: NY District: 04	ment For: 2006 Primary X General Other (specify)	1		House	e)				
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 NAME OF COMMITTEE (In Full) 	is and address of any political co	minutee to S	onon continuutions	a mom such C	Jimmillee	
National Association of Insurance and Fittee	ancial Advisors Political Ac	tion Comm	it-			
Full Name (Last, First, Middle Initial)			Transaction	ID : D9036		
Friends of Charlie Wilson			Date of Disb		. V . V .	V
Mailing Address 7 Cadiz Pike			1 0	0 5 / Y	ž 0 0 6	
City	State Zip Code OH 43912		Amount of Ea	ach Disburser	nent this P	eriod
Bridgeport Purpose of Disbursement	OH 43912				2500.0	0
Contr. Charles A. Wilson, Jr. (OH-6-D-US						
Candidate Name Charles A. Wilson, Jr.		Category/ Type				
Senate President	ement For: 2006 Primary X General Other (specify)		House)			
State: OH District: 06						
Full Name (Last, First, Middle Initial) Friends of Craig Thomas			Transaction Date of Disb			
Mailing Address 2780 Olive Drive			10 M	0 2 Y	ž 0 ŏ 6	Y
City	State Zip Code		Amount of Ea	ach Disburser	nent this P	eriod
Cheyenne	WY 82001				E000.0	0
Purpose of Disbursement Contr. Craig Thomas (WY-R-US Senate)					5000.0	0
Candidate Name Craig Thomas		Category/ Type				
X Senate President	ement For: 2006 Primary X General Other (specify)					
State: WY District: Full Name (Last, First, Middle Initial)				Dooro		
Friends of Dick Lugar Inc.			Transaction Date of Disb	ursement		V
Mailing Address 47 S Meridian Street/Su	ite 200		10 /	0 9 / Y	ž 0 ŏ 6	
City Indianapolis	State Zip Code IN 46204		Amount of Ea	ach Disburser	nent this P	eriod
Purpose of Disbursement Contr. Richard G. Lugar (IN-R-US Senate)			L		5000.0	0
Candidate Name Richard G. Lugar	١,	Category/ Type				
Office Sought: House Disbure X Senate President State: IN District:	ement For: 2006 Primary X General Other (specify)					
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	y Information copied from such Reports and State for commercial purposes, other than using the nan													s
Or	NAME OF COMMITTEE (In Full)	le and address of any politica	al COII	1111	iillee l) SOIIC	on Corn	ibut	IONS II	OIII	Sucri	COLLI	muee	
\rangle	National Association of Insurance and Fir tee	ancial Advisors Political	Actio	or	n Com	nmit-								
_	Full Name (Last, First, Middle Initial)						Trans	acti	ion ID	: D9	057			
A.	Friends of Don Sherwood							_	isburs	eme	ent	/ · V	, . v .	V
	Mailing Address 81 Warren Street						1 0	IVI	<u> </u>	ว 9		2	0 Ó 6	6
	City	State Zip Code					Amou	ınt o	f Eacl	n Dis	burse	men	t this I	Period
	Tunkhannock Purpose of Disbursement	PA 18657	1									2	2000.	00
	Contr. Donald L. Sherwood (PA-10-R-US							-						
	Candidate Name Donald L. Sherwood				egory/ ype									
	Office Sought: X House Senate President State: PA District: 10	ement For: 2006 Primary X General Other (specify)					House	e)						
	Full Name (Last, First, Middle Initial)													
В.	Friends of Joe Baca								isburs	eme		/ ° V		V
	Mailing Address 555 Capitol Mall Suite 1	425					1 0	IVI		16	Ľ	2	0 0 6	3
	City Sacramento	State Zip Code CA 95814					Amou	ınt o	f Eacl	n Dis	burse		t this I	
	Purpose of Disbursement Contr. Joseph Baca (CA-43-D-US House)				-	1		0				. 2	2500.	00
	Candidate Name Joseph Baca				egory/ ype	1								
	Office Sought: X House Senate President State: CA District: 43	ement For: 2006 Primary X General Other (specify)												
— С.	Full Name (Last, First, Middle Initial) Friends of John Tanner						Trans							
								м			erit / \	/ <u>Y</u>	Y	Υ
	Mailing Address Post Office Box 1994						1 0			2 2		2	οŏε	5
	City Union City	State Zip Code TN 38281					Amou	ınt o	f Eacl	n Dis	burse	-	t this I	
	Purpose of Disbursement Contr. John S. Tanner (TN-8-D-US House)					1	L.	_	_			2	2500.	00
	Candidate Name John S. Tanner				egory/ ype									
	Office Sought: X House Senate President Disburs	ement For: 2006 Primary X General Other (specify) ▼												
_	State: TN District: 08													
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	y Information copied from such Reports and Statem for commercial purposes, other than using the name							
\rangle	NAME OF COMMITTEE (In Full) National Association of Insurance and Finatee	· · · · · · · · · · · · · · · · · · ·						
١.	Full Name (Last, First, Middle Initial) Friends of Robert C Byrd Committee Mailing Address 607 14th Street, NW; Sui	ite 800		Date	eaction ID: of Disburse		Ý Ž O	ў ў ў 0 6
	,	State Zip Code DC 20005		Amou	int of Each	Disburse		
	Purpose of Disbursement Contr. Robert C. Byrd (WV-D-US Senate)						500	00.00
	Candidate Name Robert C. Byrd		tegory/ ype					
	Office Sought: House Disburse X Senate President State: WV District:	ement For: 2006 Primary X General Other (specify)						
3.	Full Name (Last, First, Middle Initial) Friends of Roy Blunt				saction ID: of Disburse			
	Mailing Address PO Box 50100					9 /	Ý Ž O	06°
	,	State Zip Code MO 65805		Amou	int of Each	Disburse		
	Purpose of Disbursement Contr. Roy Blunt (MO-7-R-US House)] L.			300	00.00
	Candidate Name Roy Blunt		tegory/ ype					
	Office Sought: X House Senate President State: MO District: 07	ement For: 2006 Primary X General Other (specify) ▼						
D .	Full Name (Last, First, Middle Initial) Friends of Sam Johnson				action ID:			
	Mailing Address PO Box 860096			1 ^M 0		8 /	ž0	06°
		State Zip Code TX 75086		Amou	int of Each	Disburse	ement th	nis Period
	Purpose of Disbursement Contr. Samuel Robert Johnson (TX-3-R-US						500	00.00
	Candidate Name Samuel Robert Johnson		tegory/ ype					
	Office Sought: X House Senate President State: TX District: 03	ment For: 2006 Primary X General Other (specify)		House	e)			
S	UBTOTAL of Disbursements This Page (optional) .		 ▶				1300	0.00
	OTAL This Period (last page this line number only)							

SCIEDOLL B (I LCI OIIII 3X)	Use seperate schedule(s))K LIN heck or		NUMBER: PAGE 15					
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28a		23 28b	24 28c		25 29	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name										-
NAME OF COMMITTEE (In Full)	and address of any political co	OHIIIIII	tee to s	Olicit Corti	ributioi	is irom	Sucri	OHIII	щее	
National Association of Insurance and Finatee	ancial Advisors Political Ad	ction	Comm	nit-						
Full Name (Last, First, Middle Initial)				Trans	actio	n ID: D	9022			
Gard for Congress					of Dist	oursem		,	· V	V
Mailing Address PO Box 277				1 0	IVI /	0 4	J ' L'	2	0 ŏ 6	
•	State Zip Code			Amou	ınt of E	Each Di	isburse	ment	this P	eriod
Green Bay Purpose of Disbursement	WI 54305							2	500.0	0
Contr. John Gard (WI-8-R-US House)					-			0		
Candidate Name John Gard		Cateo Typ								
Office Sought: X House Disburse Senate President	ment For: 2006 Primary X General Other (specify)									
State: WI District: 08	Other (speelify)									
Full Name (Last, First, Middle Initial)				Trans	sactio	n ID: D	9079			
Gary Miller for Congress				Date	of Disl	oursem				
Mailing Address 721 S Brea Canyon Road	d Suite 7			1 ^M 0	M /	16	/ Y	ž	0 ŏ 6	Y
City Diamond Bar	State Zip Code CA 91789			Amou	ınt of E	Each Di	isburse	ment	this P	eriod
Purpose of Disbursement			-] L.				50	0.00	0
Contr. Gary G. Miller (CA-42-R-US House) Candidate Name		Categ	nory/							
Gary G. Miller		Typ								
Office Sought: X House Disburse Senate President	ment For: 2006 Primary X General Other (specify)									
State: CA District: 42										
Full Name (Last, First, Middle Initial) Gene Green Congressional Campaign						n ID: D oursem				
Mailing Address PO Box 16128				1 ^M 0	M /	16	/ Y	ž	0 ŏ 6	Y
City Houston	State Zip Code TX 77222			Amou	ınt of E	Each Di	isburse	ment	this Po	eriod
Purpose of Disbursement Contr. Gene Green (TX-29-D-US House)		,		<u> L.</u>				. 10	0.000	0
Candidate Name Gene Green	'	Cateo Typ								
Office Sought: X House Senate President State: TX District: 29	ment For: 2006 Primary X General Other (specify)									
SUBTOTAL of Disbursements This Page (optional)					•		•	85	500.0	0
ODITINE OF DISDUISANTENIS THIS FAYE (OPTIONAL)				-	-	-			1	=
TOTAL This Period (last page this line number only)			•	L.						

SCHEDULE B (FECFOIIII 3X)	Use seperate schedule(s)	FOR LINE I		PAGE 159 / 175							
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	22 X 23 24 28a 28b 28c	25 26 29 30b							
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name											
NAME OF COMMITTEE (In Full) National Association of Insurance and Finatee	· ·			33							
Full Name (Last, First, Middle Initial) Geoff Davis for Congress Mailing Address 3161 Dixie Highway, Suit	e F		Transaction ID: D9073 Date of Disbursement	^Y 2006							
City	State Zip Code KY 41018		Amount of Each Disbursement this								
Purpose of Disbursement Contr. Geoffrey Davis (KY-4-R-US House)	41010			2000.00							
Candidate Name Geoffrey Davis		Category/ Type									
Office Sought: X House Disburse Senate President State: KY District: 04	ment For: 2006 Primary X General Other (specify) ▼										
Full Name (Last, First, Middle Initial) 3. Graf for Congress			Transaction ID: D9013 Date of Disbursement	}							
Mailing Address 287 W El Nopal			10 0 3 /	^Y 2006 ^Y							
,	State Zip Code AZ 85614		Amount of Each Disburs								
Purpose of Disbursement Contr. Randall Graf (AZ-8-R-US House) Candidate Name	[Category/		2500.00							
Randall Graf		Type									
Office Sought: X House Disburse Senate President State: AZ District: 08	ment For: 2006 Primary X General Other (specify) ▼										
Full Name (Last, First, Middle Initial) Harold Ford Jr. for Tennessee			Transaction ID: D9025 Date of Disbursement								
Mailing Address 5120 Barry Road/Suite 1	300		10 0 4 /	^Y 2006 ^Y							
Memphis	State Zip Code TN 38117		Amount of Each Disburs	sement this Period 5000.00							
Purpose of Disbursement Contr. Harold E. Ford, Jr. (TN-D-US Candidate Name	[Category/		3000.00							
Harold E. Ford, Jr. Office Sought: X House Disburse	ment For: 2006	Type									
Office Sought: X House Disburse Senate President State: TN District: 09	Primary X General Other (specify)		Senate)								
SUBTOTAL of Disbursements This Page (optional)		>		9500.00							
TOTAL This Period (last page this line number only)											

SCHEDOLL B (I LOT OHII 3X)	Use seperate schedule(s)		NE NUI			L PA	AGE	160 / 1	1/5
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21k) 🗍 2	22 X 28a	23 28b	24 28c	\vdash	25 29	26 30b
Any Information copied from such Reports and Stater or for commercial purposes, other than using the nam									•
NAME OF COMMITTEE (In Full)	o and address of any pointed ce	Januarie II	JOHUIL (Johnhou	110113 110	iii Sucil	COITIII	iiiee	
National Association of Insurance and Fin	ancial Advisors Political Ac	tion Com	ımit-						
Full Name (Last, First, Middle Initial)			Т	ransact	ion ID:	D9038			
Heller for Congress				ate of D)isburse		v v	· V ·	v
Mailing Address PO Box 750580				1 0	[/] 0	5	2 (0 Ď 6	
City	State Zip Code		Α	mount o	of Each I	Disburse	ement	this Pe	eriod
Las Vegas Purpose of Disbursement	NV 89136		_ [2	500.0	0
Contr. Dean Heller (NV-2-R-US House)									
Candidate Name Dean Heller		Category/ Type							
	ement For: 2006								
Senate President	Primary X General Other (specify) ▼								
State: NV District: 02									
Full Name (Last, First, Middle Initial)			II.		ion ID:				
3. Hoyer for Congress				ate of D)isburse	ment	v v	· · ·	V
Mailing Address 7905 Malcolm Road Sui	e 102			1 0	0		2 (0 Ď 6	
City Clinton	State Zip Code MD 20735		Α	mount o	of Each I	Disburse	ement	this Pe	eriod
Purpose of Disbursement	20733		. [50	0.00	0
Contr. Steny H. Hoyer (MD-5-D-US House)			Ш,						
Candidate Name Steny H. Hoyer		Category/ Type							
	ement For: 2006 Primary X General								
Senate President	Primary X General Other (specify)								
State: MD District: 05									
Full Name (Last, First, Middle Initial) - Hulshof for Congress					i on ID: Disburse				
Mailing Address Post Office Box 1621			_ [1 0 M	[′] 0	9 /	ž	0 Ď 6	Y
City Columbia	State Zip Code MO 65010		А	mount o	of Each I	Disburse	ement	this Pe	eriod
Purpose of Disbursement Contr. Kenny C. Hulshof (MO-9-R-US	00010		T [50	0.000	0
Candidate Name Kenny C. Hulshof	L	Category/ Type	1						
Office Sought: X House Disburs Senate	ement For: 2006 Primary X General	71: *	H	ouse)					
State: MO District: 09	Other (specify)								
SUBTOTAL of Disbursements This Page (optional)			_ [125	00.00	0
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SCHEDULE B (FECFOIIII 3X)	Use seperate schedule(s)	FOR LINE N		5
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28 28 28 28 29	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full) National Association of Insurance and Finatee				
Full Name (Last, First, Middle Initial) Hutchison for U.S. Senate	- C. it - 100		Transaction ID: D9002 Date of Disbursement	
Mailing Address PO Box 9190; 800 Brazo				
,	State Zip Code TX 75209		Amount of Each Disbursement this Period	od
Purpose of Disbursement Contr. Kay Bailey Hutchison (TX-R-US			5000.00	
Candidate Name Kay Bailey Hutchison		Category/ Type		
Office Sought: House Disburse X Senate President State: TX District:	ment For: 2006 Primary X General Other (specify)		Senate)	
Full Name (Last, First, Middle Initial)			Transaction ID: D9010	
Jobs Opportunity & Education PAC			Date of Disbursement	
Mailing Address P. O. Box 75214			10 0 0 3 7 2 0 0 6	
,	State Zip Code DC 20013		Amount of Each Disbursement this Period	od
Purpose of Disbursement Contr. JOE PAC (PAC to PAC)	Γ		2500.00	
Candidate Name		Category/ Type		
Office Sought: House Disburse Senate President X State: District: Annual	ment For: 2006 Primary General Other (specify)			
Full Name (Last, First, Middle Initial) John D. Dingell for Congress Comm.			Transaction ID: D9062 Date of Disbursement	
Mailing Address 5467 Schaefer Road			10 M / 09 / Y 2006 Y	
,	State Zip Code MI 48126		Amount of Each Disbursement this Period	od
Purpose of Disbursement Contr. John D. Dingell (MI-15-D-US			2500.00	
Candidate Name John D. Dingell		Category/ Type		
Office Sought: X House Senate President State: MI District: 15	ment For: 2006 Primary X General Other (specify)		House)	
SUBTOTAL of Disbursements This Page (optional) .			10000.00	
TOTAL This Period (last page this line number only)				

SCHEDULE B (FECFOIIII 3X)	Use seperate schedule(s)	FOR LINE I	1
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	22 X 23 24 25 26 28a 28b 28c 29 30
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) National Association of Insurance and Finatee	<u> </u>		
Full Name (Last, First, Middle Initial) John Lewis for Congress Cmte Mailing Address 1520 Pinehurst Drive, SV	V		Transaction ID: D9061 Date of Disbursement
	State Zip Code GA 30311		Amount of Each Disbursement this Period
Purpose of Disbursement Contr. John Lewis (GA-5-D-US House)			5000.00
Candidate Name John Lewis		Category/ Type	
Office Sought: X House Disburse Senate President State: GA District: 05	ment For: 2006 Primary X General Other (specify)		
Full Name (Last, First, Middle Initial) John Sarbanes for Congress			Transaction ID: D9094 Date of Disbursement
Mailing Address PO Box 6854			M M / D B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•	State Zip Code MD 21285		Amount of Each Disbursement this Period
Purpose of Disbursement Contr. John Sarbanes (MD-3-D-US House) Candidate Name	[Category/	2500.00
John Sarbanes		Type	
Office Sought: X House Disburse Senate President State: MD District: 03	ment For: 2006 Primary X General Other (specify)		
Full Name (Last, First, Middle Initial) Jon Kyl for U S Senate			Transaction ID: D9011 Date of Disbursement
Mailing Address Post Office Box 10246			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & O & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & O & O & O \\ 2 & O & O & O \end{smallmatrix} $
,	State Zip Code AZ 85064		Amount of Each Disbursement this Period
Purpose of Disbursement Contr. Jon Kyl (AZ-R-US Senate) Candidate Name		Catagory	5000.00
Jon Kyl		Category/ Type	
Office Sought: House Disburse X Senate President State: AZ District:	ment For: 2006 Primary X General Other (specify)		
SUBTOTAL of Disbursements This Page (optional) .			12500.00
TOTAL This Period (last page this line number only)			

	CHEDULE B (FEC FOIIII 3X)	Use seperate schedule(s)	FOR LINE		:R:	P	AGE	163 /	175
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check on 21b 27	22 28a	X 23 28b	24 28c		25 29	26 30b
	y Information copied from such Reports and Statem for commercial purposes, other than using the name								i
\rangle	NAME OF COMMITTEE (In Full) National Association of Insurance and Finatee								
۹.	Full Name (Last, First, Middle Initial) Judy Biggert for Congress Mailing Address P.O. Box 637			Date	saction ID of Disburs			o ŏ 6	Y
	,	State Zip Code IL 60522		Amou	ınt of Each	Disburs	ement	this P	eriod
	Purpose of Disbursement Contr. Judy Biggert (IL-13-R-US House)						30	0.00	0
	Candidate Name Judy Biggert Office Sought: X House Disburse	ment For: 2006	tegory/ Type	-					
	Senate President State: IL District: 13	Primary X General Other (specify) ▼							
3.	Full Name (Last, First, Middle Initial) Kennedy for Senate 2006				saction ID: of Disburs				
	Mailing Address 426 C Street Northeast -	Rear Bldg		1 ^M 0	M / D	3 /	ž	o ŏ 6	Y
	,	State Zip Code DC 20002		Amou	int of Each	Disburs			-
	Purpose of Disbursement Contr. Edward M. Kennedy (MA-D-US Candidate Name		tegory/	L.			50	0.00	0
	Edward M. Kennedy		туре Гуре						
	Office Sought: House Disburse X Senate President State: MA District:	ment For: 2006 Primary X General Other (specify) ▼		Senat	te)				
Э.	Full Name (Last, First, Middle Initial) Knollenberg for Congress				saction ID: of Disburs	ement			
	Mailing Address 30701 Woodward Avenue	e, Suite 300		10	M / D C	06	ž	o ŏ 6	Y
	Royal Oak	State Zip Code MI 48073		Amou	int of Each	Disburs	-	this P	-
	Purpose of Disbursement Contr. Joe Knollenberg (MI-9-R-US House) Candidate Name			L.	-	• • •	3(00.0	U
	Joe Knollenberg		tegory/ Type						
	Office Sought: X House Disburse Senate President State: MI District: 09	ment For: 2006 Primary X General Other (specify)							
S	UBTOTAL of Disbursements This Page (optional) .		 •				130	00.0	0
T	OTAL This Period (last page this line number only)		 •						

SCIEDOLL B (I LCI OIIII 3X)	Use seperate schedule(s))K LINI neck on	= NUMBE lv one)	164 / 1 / 5				
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28a	X 23		4 8c	25 29	26 30b
Any Information copied from such Reports and Staten									
or for commercial purposes, other than using the name	e and address of any political co	ommiti	ee to s	olicit conti	ibutions	s from suc	cn comi	nittee	
NAME OF COMMITTEE (In Full) National Association of Insurance and Finatee	ancial Advisors Political Ac	ction (Comm	it-					
Full Name (Last, First, Middle Initial)				Trans	action	ID : D908	37		
LaTourette for Congress Committee						rsement	W . V	, , , ,	W
Mailing Address 7200 Center Street/Suite	102			1 0	М /	18	. 2	0 0 6	
City	State Zip Code			Amou	int of Ea	ch Disbu	rsemer	t this P	eriod
Mentor Purpose of Disbursement	OH 44060			-				1500.0	0
Contr. Steven C. LaTourette (OH-14-R-US		۰			-				
Candidate Name Steven C. LaTourette		Categ Typ	-						
Office Sought: X House Senate President State: OH District: 14	ment For: 2006 Primary X General Other (specify) ▼			House	e)				
Full Name (Last, First, Middle Initial)				_					
3. Levin for Congress Committee				Date	of Disbu	ID: D909 Irsement		,	V
Mailing Address 30636 Dequindre				1 [™] 0	М /	18	1 2	0 Ó 6	
City Warren	State Zip Code MI 48092			Amou	int of Ea	ach Disbu			-
Purpose of Disbursement Contr. Sander M. Levin (MI-12-D-US		•						2500.0	0
Candidate Name Sander M. Levin		Categ Typ	-						
Senate President	ment For: 2006 Primary X General Other (specify) ▼			House	e)				
State: MI District: 12 Full Name (Last, First, Middle Initial)									
Mark Udall for Congress Inc.				Date	of Disbu	ID: D901 irsement			
Mailing Address 8690 Wolff Court #200				1 0	M /	03	1 2	0 Ó 6	Y
City Westminster	State Zip Code CO 80031			Amou	int of Ea	ach Disbu	rsemer	t this P	eriod
Purpose of Disbursement Contr. Mark Udall (CO-2-D-US House)		v						2500.0	0
Candidate Name Mark Udall		Categ Typ							
Office Sought: X House Senate President State: CO District: 02	ment For: 2006 Primary X General Other (specify)								
SUBTOTAL of Disbursements This Page (optional)					•	•	6	500.0	0
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TOTAL This Period (last page this line number only)			•	L.					

SCHEDULE B (FE	•	Use seperate schedule(s	FOR LINE		PAGE 165 / 175
TEMIZED DISBU		for each category of the Detailed Summary Page	21b 27	22 X 23 2 28a 28b 2	25 26 28c 29 30b
Any Information copied from or for commercial purposes,					
NAME OF COMMITTEE	(In Full)	ncial Advisors Political			
Full Name (Last, First, M Matheson for Congre	ess			Transaction ID: D90 Date of Disbursement	-
Mailing Address 677	7 South 200 West, Sui	te A		10 03	2000
City Salt Lake City		State Zip Code UT 84101		Amount of Each Disbu	
Purpose of Disbursemer Contr. James D. Mathes					2500.00
Candidate Name James D. Matheson			Category/ Type		
P	ouse Disburse enate resident ct: 02	ment For: 2006 Primary X General Other (specify)		House)	
Full Name (Last, First, M McCrery for Congres				Transaction ID: D900 Date of Disbursement	
Mailing Address Pos	st Office Box 52956 Texas Street Suite 19	200		10 Dispulsement	2006
City Shreveport	(State Zip Code LA 71135		Amount of Each Disbu	ursement this Period
Purpose of Disbursemer Contr. Jim McCrery (LA-	nt	71100			5000.00
Candidate Name Jim McCrery	4-n-03 House)		Category/ Type		
P	ouse Disburse enate resident ct: 04	ment For: 2006 Primary X General Other (specify)			
Full Name (Last, First, M McNulty For Congres	,			Transaction ID: D90: Date of Disbursement	
Mailing Address PO	Box 1560			10	^Y 2006
City Green Island		State Zip Code NY 12183		Amount of Each Disbu	ursement this Period
Purpose of Disbursemer Contr. Michael R. McNul	nt		•		3000.00
Candidate Name Michael R. McNulty			Category/ Type		
P	ouse Disburse enate resident ct: 21	ment For: 2006 Primary X General Other (specify) ▼		House)	
SUBTOTAL of Disburseme	ents This Page (optional) .				10500.00
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ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	1 <u>`</u>	21b 27	22 28a	X 23 28b	24 28c	-	25 29	26 30b
Any Information copied from such Reports and State									
or for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full)	le and address of any political co	JIIIIIIIII	e to so	iicit contri	DULIONS II	om such	COMMI	liee	
National Association of Insurance and Fir tee	ancial Advisors Political Ac	ction C	Commi	t-					
Full Name (Last, First, Middle Initial)				Trans	action ID	: D9081			
Meeks for Congress					of Disburs		V V	V . \	/
Mailing Address 219-10 South Conduit A	venue			1 0	, ,	1 6 /	20) Õ 6	
City Springfield Carden	State Zip Code			Amoui	nt of Each	n Disburs	ement t	his Pe	eriod
Springfield Garden Purpose of Disbursement	NY 11413						25	500.00)
Contr. Gregory W. Meeks (NY-6-D-US							0		
Candidate Name Gregory W. Meeks		Catego Type	-						
Senate President	ement For: 2006 Primary X General Other (specify)			House))				
State: NY District: 06 Full Name (Last, First, Middle Initial)									
3. Mel Watt for Congress Committee					action ID of Disburs	: D9068 ement			
Mailing Address PO Box 36831				1 0 '	M / D	1 6 /	ÝŽ	ŏ6	
City	State Zip Code			Amoui	nt of Fact	n Disburs	ement t	his Pe	eriod
Charlotte	NC 28236								-
Purpose of Disbursement Contr. Melvin L. Watt (NC-12-D-US House)		•					, 50	00.00)
Candidate Name Melvin L. Watt		Catego Type	-						
Senate President	ement For: 2006 Primary X General Other (specify)								
State: NC District: 12 Full Name (Last, First, Middle Initial)									
Mike Rogers for Congress				Date o	action ID of Disburs	ement			_
Mailing Address PO Box 581				10	M / D	05 /	ž) Ď 6	
City Brighton	State Zip Code MI 48116			Amoui	nt of Each	n Disburs	ement 1	his Pe	eriod
Purpose of Disbursement Contr. Michael J. Rogers (MI-8-R-US		v					50	00.00)
Candidate Name Michael J. Rogers		Catego	-						
Office Sought: X House Disburs Senate President State: MI District: 08	ement For: 2006 Primary X General Other (specify)			House))				
SUBTOTAL of Disbursements This Page (optional)			•				125	00.00) .
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	CHEDULE B (FEC FOIIII 3X)	Use seperate schedule(s)		NUMBER: PAGE 167 / 175	
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check onl	y one) 22 X 23 24 25 26 28a 28b 28c 29 30	
	y Information copied from such Reports and Statem for commercial purposes, other than using the name				
\rangle	NAME OF COMMITTEE (In Full) National Association of Insurance and Finatee	• • • • • • • • • • • • • • • • • • • •			
۹.	Full Name (Last, First, Middle Initial) Mike Thompson for Congress Mailing Address 5435 Madison Avenue			Transaction ID: D9059 Date of Disbursement 10 0 0 0	
		State Zip Code CA 95841		Amount of Each Disbursement this Period	_
	Purpose of Disbursement Contr. Michael Thompson (CA-1-D-US Candidate Name		October	5000.00	
	Michael Thompson	ment For: 2006 Primary X General Other (specify)	Category/ Type	House)	
3.	Full Name (Last, First, Middle Initial) Nancy Johnson For Congress			Transaction ID: D9070 Date of Disbursement	_
	Mailing Address P.O. Box 1986			10 M / D 16 / Y Y Y O Y 6 Y	
	New Britain	State Zip Code CT 06050		Amount of Each Disbursement this Period 5000.00	
	Purpose of Disbursement Contr. Nancy L. Johnson (CT-5-R-US Candidate Name Nancy L. Johnson		Category/ Type	3000.00	
	Office Sought: X House Senate President State: CT District: 05	ment For: 2006 Primary X General Other (specify)		House)	
Э.	Full Name (Last, First, Middle Initial) Nancy Pelosi for Congress			Transaction ID: D9044 Date of Disbursement	
	Mailing Address 235 Montgomery Street S	Suite 610		1 0 M / 0 6 / Y Y Y O O 6 Y	
	,	State Zip Code CA 94104		Amount of Each Disbursement this Period	
	Purpose of Disbursement Contr. Nancy Pelosi (CA-8-D-US House)			2500.00	
	Candidate Name Nancy Pelosi		Category/ Type		
	Office Sought: X House Disburse Senate President State: CA District: 08	ment For: 2006 Primary X General Other (specify) ▼			
s	UBTOTAL of Disbursements This Page (optional) .)	12500.00	
T	OTAL This Period (last page this line number only)				

	CHEDULE B (FEC FOIIII 3X)	Use seperate schedule(s)	FOR LINE (check onl		R:	PA	AGE 16	68 / 175
Τ	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28a	X 23 28b	24 28c	25	
	y Information copied from such Reports and Statem for commercial purposes, other than using the name								
\rangle	NAME OF COMMITTEE (In Full) National Association of Insurance and Finatee								
۸.	Full Name (Last, First, Middle Initial) Narragansett Bay PAC Mailing Address PO Box 8628				Date	action ID: of Disburse		ý 2 0	ў 6 °
	,	State Zip Code RI 02920			Amou	nt of Each	Disburse	ement th	is Period
	Purpose of Disbursement Contr. Narragansett Bay PAC (PAC to PAC)				L.			500	00.00
	Candidate Name			tegory/ Γype					
	Office Sought: Senate President State: Disburse X Annual	ment For: 2006 Primary General Other (specify)	1	•					
_	Full Name (Last, First, Middle Initial)				Trans	action ID:	D9051		
3.	People With Hart					of Disburse		/ · y ·	Y Y
	Mailing Address PO Box 435				1 0		6 / C	20	Ď 6 Ť
	,	State Zip Code PA 15090			Amou	nt of Each	Disburse	ement th	is Period
	Purpose of Disbursement Contr. Melissa A. Hart (PA-4-R-US House)			•	L.			300	0.00
	Candidate Name Melissa A. Hart			tegory/ Γype					
	Office Sought: X House Senate President State: PA District: 04	ment For: 2006 Primary X General Other (specify)	•						
	Full Name (Last, First, Middle Initial)				Trans	action ID:	D9088		
).	Rangel for Congress Committee				Date	of Disburse	ement		
	Mailing Address PO Box 5577 - Manhattal	nville Stati			10	M / D 1	8 /	ž0	Ď 6 Ť
	,	State Zip Code NY 10027			Amou	nt of Each	Disburse		
	Purpose of Disbursement Contr. Charles B. Rangel (NY-15-D-US			•	L.			250	0.00
	Candidate Name Charles B. Rangel			itegory/ Type					
	Office Sought: X House Senate President State: NY District: 15	ment For: 2006 Primary X General Other (specify)	1		House	e)			
s	UBTOTAL of Disbursements This Page (optional) .			▶				1050	0.00
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IT	EMIZED DISBURSEMENTS	for each o	category of the Summary Page		(check on 21b 27	ly one) 22 28a	X 23 28b	24 28c		25 29	26 30b
	y Information copied from such Reports and Statem for commercial purposes, other than using the name										5
\rangle	NAME OF COMMITTEE (In Full) National Association of Insurance and Finatee						IIDULIOIIS I	TOTT SUCTIV		illee	
	Full Name (Last, First, Middle Initial)					Trans	saction II	D: D9039			
۹.	Ray Meier for Congress Committee						of Disbur				
	Mailing Address PO Box 120					1 ^M 0	M / D	06	ž	0 ŏ 6	Y
		State NY	Zip Code 13503			Amou	int of Eac	h Disburse			
	Purpose of Disbursement Contr. Ray Meier (NY-24-R-US House)								2!	500.0	0
	Candidate Name Ray Meier				ategory/ Type						
	Senate President	ement For: Primary Other (spe	2006 X General cify) ▼								
	State: NY District: 24										
3.	Full Name (Last, First, Middle Initial) Rob Andrews For Congress					Date	of Disbur				
	Mailing Address Ellisburg Plaza 20 Brace Street, Suite 20	0				1 0	M / D	0 2 /	Ž	0 ŏ 6	Y
	,	State NJ	Zip Code 08034			Amou	int of Eac	h Disburse			
	Purpose of Disbursement Contr. Robert E. Andrews (NJ-1-D-US								. 2	500.0	00
	Candidate Name Robert E. Andrews				ategory/ Type						
	Office Sought: X House Senate President State: NJ Disburse	ement For: Primary Other (spe	2006 X General cify) ▼			Hous	e)				
	Full Name (Last, First, Middle Initial)					Trans	eaction II	D: D9033			
Э.	Sali for Congress					Date	of Disbur	sement	y	Υ	Υ
	Mailing Address PO Box 71					1 0		05	2 (0 ŏ 6	
	City Kuna	State ID	Zip Code 83634			Amou	ınt of Eac	h Disburse			
	Purpose of Disbursement Contr. Bill Sali (ID-1-R-US House)					<u> </u>			2	500.0	0
	Candidate Name Bill Sali				ategory/ Type						
	Office Sought: X House Disburse Senate President State: ID District: 01	ement For: Primary Other (spe	2006 X General cify)								
SUBTOTAL of Disbursements This Page (optional)											
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ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21	Ĺ	·	X 23 28b	24 28c	\vdash	25 29	26 30b
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NAME OF COMMITTEE (In Full)	o and address of any political c	ommutee t	JOUIC	it COLITIE	,uuoi 110	Jili Sucii (JOHIIIII		
National Association of Insurance and Fin- tee	ancial Advisors Political Ad	ction Con	nmit-						
Full Name (Last, First, Middle Initial)				Transa	ction ID:	D9021			
Sam Farr for Congress				Date of	Disburse	ement	v v	V ° V	
Mailing Address 555 Capitol Mall Suite 14	125			1 0 "	ر ا ا	4 ′	20	ŏ6	
City	State Zip Code			Amount	t of Each	Disburse	ement t	his Pe	riod
Sacramento Purpose of Disbursement	CA 95814						10	00.00)
Contr. Sam Farr (CA-17-D-US House)									
Candidate Name Sam Farr		Category/ Type							
Senate President	ement For: 2006 Primary X General Other (specify)								
State: CA District: 17									
Full Name (Last, First, Middle Initial) Simmons for Congress					ction ID: Disburse	ement			
Mailing Address P.O. Box 268 Drawer 271					/ D 1	8 /	ž	δ6	
City Stonington	State Zip Code CT 06378			Amount	t of Each	Disburse			-
Purpose of Disbursement Contr. Robert R. Simmons (CT-2-R-US							25	00.00)
Candidate Name Robert R. Simmons		Category/ Type							
Senate President	ement For: 2006 Primary X General Other (specify)			House)					
State: CT District: 02 Full Name (Last, First, Middle Initial)			-	_					
Spratt for Congress Committee				Date of	ction ID: Disburse	ement			
Mailing Address PO Box 830				1 0 M) b	6	20	ŏ6	
City York	State Zip Code SC 29745			Amount	t of Each	Disburse			-
Purpose of Disbursement Contr. John M. Spratt, Jr. (SC-5-D-US	Purpose of Disbursement						35	00.00)
Candidate Name John M. Spratt, Jr.	Candidate Name Ca								
Office Sought: X House Senate President State: SC District: 05	ement For: 2006 Primary X General Other (specify)			House)					
SUBTOTAL of Disbursements This Page (optional)			-				70	00.00	
TOTAL This Period (last page this line number only)			- ▶						$\overline{}$
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ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21) <u> </u>	22 X 23 28a 28		24	4 3c	25 29	26 30k
Any Information copied from such Reports and State										ıs
or for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full)	ne and address of any pointica	u com	millee i	Solicit	CITITIO	utions	rom suc	n com	millee	
National Association of Insurance and Fit	nancial Advisors Political	Actic	n Con	nmit-						
Full Name (Last, First, Middle Initial)				Ti	ansa	ction ID): D904	1		
A. Stabenow for Congress				D		Disburs		N.	.,, .	V/
Mailing Address PO Box 4945					10		06		ž o ŏ (6
City E Lansing	State Zip Code MI 48826			A	mount	of Eacl	h Disbu	rsemer	nt this I	Period
Purpose of Disbursement				, 					5000.	00
Contr. Debbie Stabenow (MI-D-US Senate)		L] -						
Candidate Name Debbie Stabenow			itegory/ Type							
	sement For: 2006	•								
χ Senate President	Primary X General Other (specify)									
State: MI District:	- Care (opening)									
Full Name (Last, First, Middle Initial) B. Stephanie Tubbs, Jones for US Congress				T	ansa	ction ID	: D906	:3		
Stephanie Tubbs Jones for US Congress					ate of	Disburs / D		V	v · v ·	V
Mailing Address 3729 Silsby Rd	Mailing Address 3729 Silsby Rd						0 9 /		ž 0 ŏ (3
City University Heights	City State Zip Code University Heights OH 44118				mount	t of Eacl	h Disbu	rsemer	nt this I	Period
Purpose of Disbursement									5000.	00
Contr. Stephanie Tubbs Jones (OH-11-D-US										
Candidate Name Stephanie Tubbs Jones		itegory/ Type								
	sement For: 2006		.) [-		,,,oo/					
Senate	Primary X General				ouse)					
State: OH District: 11	Other (specify) ▼									
Full Name (Last, First, Middle Initial) C. Stephen F Lynch for Congress Committe	۵					ction ID		7		
					M M	_	1 6	Y	ž 0 Ď (Y
Mailing Address 109 O Street				L	1 0		16	2	2006	D
City South Boston	State Zip Code MA 02127			A	mount	t of Eacl	h Disbu	rsemer	nt this I	Period
Purpose of Disbursement Contr. Stephen F. Lynch (MA-9-D-US				7 L	-			-	2500.	00
Candidate Name	Candidate Name			-						
Stephen F. Lynch	2000		Гуре							
Office Sought: X House Disburs	sement For: 2006 Primary X General			He	ouse)					
President	Other (specify) ▼									
State: MA District: 09										
SUBTOTAL of Disbursements This Page (optional)			<u> </u>				12	2500.	00
TOTAL This Period (last page this line number onl	y)									

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or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	and address of any political co	Jonninillee	io sull	OIL COLIE	DULIONS III	om Sucil	COMM	ıııı ce	
National Association of Insurance and Finatee	ncial Advisors Political Ad	ction Co	mmit	-					
Full Name (Last, First, Middle Initial)					action ID:				
The Jim Ramstad Volunteer Committee				Date o	f Disburs		Y Y	Y	Υ
Mailing Address 1809 South Plymouth/Su	ite 310B			10		06	2	0 Ď 6	
,	State Zip Code MN 55305			Amour	nt of Each	Disburse	ement	this P	eriod
Purpose of Disbursement	33303		╗				2	500.0	0
Contr. Jim M. Ramstad (MN-3-R-US House)		L							
Candidate Name Jim M. Ramstad		Category Type	"/						
Office Sought: X House Disburse Senate	ment For: 2006 Primary X General								
President	Other (specify)								
State: MN District: 03									
Full Name (Last, First, Middle Initial)					action ID:				
Vern Buchanan for Congress				Date o	f Disburs	ement	ΥΥ	Y	Υ
Mailing Address PO Box 48928				10) 4	2	0 Ď 6	
,	State Zip Code FL 34230			Amour	nt of Each	Disburse	ement	this P	eriod
Purpose of Disbursement			\neg				2	500.0	0
Contr. Vern Buchanan (FL-13-R-US House) Candidate Name		Category	./						
Vern Buchanan		Type	"						
Office Sought: X House Disburse									
Senate President	Primary X General Other (specify)								
State: FL District: 13	Cure (epochy) V								
Full Name (Last, First, Middle Initial) Walter Jones Jr. For Congress					action ID:				
				M	_	8 /	Υ Υ	0 ŏ 6	Υ
Mailing Address P.O. Box 99667				1 0					
,	State Zip Code NC 27624			Amour	nt of Each	Disburse	ement	this P	eriod
Purpose of Disbursement Contr. Walter B. Jones, Jr. (NC-3-R-US				L.			2	500.0	0
Candidate Name Walter B. Jones, Jr.		Category	//						
Office Sought: X House Disburse		71		House)				
Senate President	Primary X General Other (specify) ▼			110036	7				
State: NC District: 03	oulei (specily) ▼								
SUBTOTAL of Disbursements This Page (optional) .			•				7	500.0	0
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TOTAL This Period (last page this line number only)									

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5	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)		NUMBER: PAGE 173 / 175			
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check onli	y one)			
		Detailed Suffilliary Fage	27	28a 28b 28c 29 30b			
	y Information copied from such Reports and St for commercial purposes, other than using the	•		, ,			
$\overline{}$	NAME OF COMMITTEE (In Full)						
\rangle	National Association of Insurance and tee	Financial Advisors Political A	ction Commi	it-			
	Full Name (Last, First, Middle Initial)			Transaction ID: D9018			
۹.	Weldon For Congress Committee	Date of Disbursement					
	Mailing Address P.O. Box 1992			10 0 3 7 2 0 0 6			
	City	State Zip Code		Amount of Each Disbursement this Period			
	Media	PA 19063					
	Purpose of Disbursement Contr. Curt Weldon (PA-7-R-US House)		2000.00				
	Candidate Name		Category/				
	Curt Weldon		Туре				
	X	ursement For: 2006					
	Senate	Primary X General					
	President State: PA District: 07	Other (specify)					

SUBTOTAL of Disbursements This Page (optional)	•	2000.00
TOTAL This Period (last page this line number only)	•	283000.00

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S	CHEDULE B (FEC Form 3X)	Use sepera	te schedule(s)	FOR LINE	-		PAGE	174	/ 175				
IT	EMIZED DISBURSEMENTS	for each cat	tegory of the	(check only	- · -		-	1	$\overline{}$				
		Detailed Su	mmary Page	21b 27	22 23 X 28a 28		24 28c	25 29	Н	26 30b			
	y Information copied from such Reports and Staten for commercial purposes, other than using the nam								ns				
$\overline{\ }$	NAME OF COMMITTEE (In Full)												
\rangle	National Association of Insurance and Finatee	ancial Adviso	ors Political A	Action Commit	t-								
	Full Name (Last, First, Middle Initial)				Transaction	ID : D90	764						
۹.	Mr. Mike Ayres				Date of Disb								
	NA 27 A 11				10 /	^D 1 3	/ Y	00	a Y				
	Mailing Address 9514 Brookridge Court		10	13		. 0 0	3						
			Zip Code		Amount of Ea	ach Disb	ourseme	nt this	Perio	d			
	Wichita	KS	67205										
	Purpose of Disbursement Refund to Individual						50.	00					
	Candidate Name			Category/ Type									
	Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (specif	General y) ▼										
	Full Name (Last, First, Middle Initial)					=							
3.	Ms. Theresa K. Thompson		Transaction ID: D9092 Date of Disbursement										
	No. Theresa IV. Thompson		M M /			/ ° Y	Υ						
	Mailing Address 2200 Mountain Rd		1"0 ""	^D 1 8	2	ÓÓ	6						
	City	State 2	Zip Code		Amount of Ea	ach Disb	ourseme	nt this	Period	d			
	Springdale	AR	72764										
	Purpose of Disbursement Refund to Individual							10.	00				
	Candidate Name			Category/ Type									
	Office Sought: Senate President State: Disburse	ement For: Primary Other (specif	General y) ▼										

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	60.00
TOTAL This Period (last page this line number only)	•	60.00

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PAGE 175 / 175

DEBTS AND OBLIGATIONS Excluding Loans sche for numb					FOR LINE NUMBER: (check only one) 9 X 10				
N	AME OF COMMITTEE (In Full) ational Association of Insurance and Financi	al Advisors Political Action Con	mmit-		1 110				
	A. Full Name (Last, First, Middle Initial) of Debtor (NAIFA			ebt (Purpose): enefits, Suppli- s, etc					
	Mailing Address 2901 Telestar Court								
	City State Falls Church VA	ZIP Code 22042-1205							
	Outstanding Balance Beginning This Period		Trai	nsaction ID: DD#7711					
	133667.69								
	Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period				
	2909.45	25500.00)		111077.14				
					111077 14				
	SUBTOTALS This Period This Page (optional)		<u>. </u>		111077.14				
2)	2) TOTALS This Period (last page this line number only)								
3)	TOTALS OUTSTANDING LOANS from Schedul	e C (last page only)	•						

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)