

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Matsui For Congress

Mailing Address PO Box 1738

City Sacramento State CA Zip Code 95812

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Doris Matsui

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2015

Transaction ID : 13358435

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Sensenbrenner Committee

Mailing Address PO Box 575

City Brookfield State WI Zip Code 53008

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. F. James Sensenbrenner Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WI District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2015

Transaction ID : 13358436

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Virginia Foxx For Congress

Mailing Address P.O. Box 1100

City Clemmons State NC Zip Code 27012

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Virginia Foxx

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NC District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2015

Transaction ID : 13358439

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

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