

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

National Association of Insurance and Financial Advisors Political Action Comm

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="1134055.46"/>	<input type="text" value="1134055.46"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1134055.46"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="64877.21"/>	<input type="text" value="64877.21"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="1198932.67"/>	<input type="text" value="1198932.67"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="42156.59"/>	<input type="text" value="42156.59"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1156776.08"/>	<input type="text" value="1156776.08"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

National Association of Insurance and Financial Advisors Political Action Comm

Report Covering the Period: From: / / To: / /

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).....	8226.96	8226.96
(ii) Unitemized	56650.25	56650.25
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	64877.21	64877.21
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	64877.21	64877.21
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (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))..... ▶	64877.21	64877.21
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	64877.21	64877.21

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	156.59	156.59
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	156.59	156.59
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	42000.00	42000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	42156.59	42156.59
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	42156.59	42156.59

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)	64877.21	64877.21
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	64877.21	64877.21
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	156.59	156.59
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	156.59	156.59

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 20
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 Comm

A. Mr. Frederic A. Coffey III
 Full Name (Last, First, Middle Initial)
 Mailing Address 395 Sugar Mill Dr
 City Osprey State FL Zip Code 34229-9075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Coffey Insurance Agency, Inc Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 07 / 2016
Transaction ID : 13871316
 Amount of Each Receipt this Period
 500.00

B. Mr. Edward A. Zabielski Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 104 Clay Ct
 City Landenberg State PA Zip Code 19350-1380
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AIG Financial Network Occupation Financial Advisor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 10 / 2016
Transaction ID : 13871358
 Amount of Each Receipt this Period
 210.00

C. Mr. Lawrence E. Lounds
 Full Name (Last, First, Middle Initial)
 Mailing Address 2477 Valley Oaks Circle
 City Flint State MI Zip Code 48532-5405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Security 1st Benefits Corporation Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 10 / 2016
Transaction ID : 13871383
 Amount of Each Receipt this Period
 210.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 920.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Robert M. Nelson
Full Name (Last, First, Middle Initial)
Mailing Address 14712 Shirley Street
City Omaha State NE Zip Code 68144-2144
FEC ID number of contributing federal political committee. **C**
Name of Employer Nelson Murphy Insurance & Investments, Occupation Managing Partner
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt 01 / 10 / 2016
Transaction ID : 13871425
Amount of Each Receipt this Period 210.00

B. Mr. Vincent M. D'Addona
Full Name (Last, First, Middle Initial)
Mailing Address 341 Harbor Dr
City Lido Beach State NY Zip Code 11561-4906
FEC ID number of contributing federal political committee. **C**
Name of Employer Strategies for Wealth Occupation General Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 208.33

Date of Receipt 01 / 10 / 2016
Transaction ID : 13871710
Amount of Each Receipt this Period 208.33

C. Mr. David L. Stratton
Full Name (Last, First, Middle Initial)
Mailing Address 13115 Beach Cir
City Anchorage State AK Zip Code 99515-3748
FEC ID number of contributing federal political committee. **C**
Name of Employer Stratton Retirement Planning Occupation Managing Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 208.00

Date of Receipt 01 / 10 / 2016
Transaction ID : 13871794
Amount of Each Receipt this Period 208.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 626.33
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Mr. Stephen D. Estler

Mailing Address 2177 NE 63 St.

City State Zip Code
Fort Lauderdale FL 33308-1330

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Estler Financial Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.50

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 10 / 2016
Transaction ID : 13871826

Amount of Each Receipt this Period
208.50

Full Name (Last, First, Middle Initial)
B. Mr. Robert A. Miller

Mailing Address 727 Smith Ridge Rd

City State Zip Code
New Canaan CT 06840-3228

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Miller-Pomerantz AGENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 10 / 2016
Transaction ID : 13871974

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Mr. Robert M. Roach

Mailing Address 2390 Kensington Drive

City State Zip Code
Columbus OH 43221-3770

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NMFN - Kemelgor Financial Group Wealth Management Advisor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 10 / 2016
Transaction ID : 13872116

Amount of Each Receipt this Period
225.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 933.50

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Mr. John C. Johns
 Full Name (Last, First, Middle Initial)
 Mailing Address 5141 Lilly Rd.
 City Hazlehurst State MS Zip Code 39083-9490
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southern Farm Bureau Life Insurance Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 10 / 2016
Transaction ID : 13872279
 Amount of Each Receipt this Period
 210.00

B. Ms. Juli Y. McNeely
 Full Name (Last, First, Middle Initial)
 Mailing Address S764 Hanson Rd
 City Spencer State WI Zip Code 54479-9579
 FEC ID number of contributing federal political committee. **C**
 Name of Employer McNeely Financial Services, Inc. Occupation AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 10 / 2016
Transaction ID : 13872602
 Amount of Each Receipt this Period
 208.00

C. Mr. Todd G. Grantham
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Montcrest Dr
 City Durham State NC Zip Code 27713-8136
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northwestern Mutual Financial Network Occupation Financial Advisor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 228.80

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 10 / 2016
Transaction ID : 13873340
 Amount of Each Receipt this Period
 228.80

SUBTOTAL of Receipts This Page (optional).....▶	646.80
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mr. Terry K. Headley
 Full Name (Last, First, Middle Initial)
 Mailing Address 20704 Meadow Ridge Drive
 City Springfield State NE Zip Code 68059-7086
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Headley Financial Group Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 10 / 2016
Transaction ID : 13873454
 Amount of Each Receipt this Period
 400.00

B. Mr. James J. Silbernagel
 Full Name (Last, First, Middle Initial)
 Mailing Address N2248 State Road 67
 City Campbellsport State WI Zip Code 53010-2933
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Silbernagel Group Inc. Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 10 / 2016
Transaction ID : 13873846
 Amount of Each Receipt this Period
 450.00

C. Mr. William David Keltner
 Full Name (Last, First, Middle Initial)
 Mailing Address 95 Bridlepath Drive
 City Jackson State TN Zip Code 38305-5689
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Keltner Region Occupation Regional Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 11 / 2016
Transaction ID : 13876693
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1100.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Gregory A. Moore
 Full Name (Last, First, Middle Initial)
 Mailing Address 4312 W. Charleston Blvd.
 City Las Vegas State NV Zip Code 89102-1635
 FEC ID number of contributing federal political committee. **C**
 Name of Employer State Farm Occupation AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 11 / 2016
Transaction ID : 13876709
 Amount of Each Receipt this Period
 300.00

B. Mr. Martin T. Berger
 Full Name (Last, First, Middle Initial)
 Mailing Address 111 - 5th Ave SW PO Box 69
 City Epworth State IA Zip Code 52045-0069
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Berger Benefit Connections Occupation AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 12 / 2016
Transaction ID : 13876718
 Amount of Each Receipt this Period
 1500.00

C. Mr. David W. Cassidy
 Full Name (Last, First, Middle Initial)
 Mailing Address 376 O'Brien Drive
 City Agana State GU Zip Code 96910-5046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lincoln Financial Network Occupation General Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 14 / 2016
Transaction ID : 13876765
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	2050.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr. Thomas D. Currey			Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 20 / 2016 Transaction ID : 13876830
Mailing Address 701 W. Church St			Amount of Each Receipt this Period 417.00
City Grand Prairie	State TX	Zip Code 75050-5532	
FEC ID number of contributing federal political committee. C			
Name of Employer Thomas D. Currey	Occupation Advisor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 417.00		

Full Name (Last, First, Middle Initial) B. Ms. Karen Easterling			Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 20 / 2016 Transaction ID : 13876835
Mailing Address 2711 W. Anderson Ln #201			Amount of Each Receipt this Period 500.00
City Austin	State TX	Zip Code 78757-1121	
FEC ID number of contributing federal political committee. C			
Name of Employer State Farm Insurance Companies	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Mr. James G. Huckabee IV			Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 21 / 2016 Transaction ID : 13876881
Mailing Address 3615 Exeter Way			Amount of Each Receipt this Period 275.00
City Durham	State NC	Zip Code 27707-5109	
FEC ID number of contributing federal political committee. C			
Name of Employer Northwestern Mutual	Occupation Managing Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

SUBTOTAL of Receipts This Page (optional).....▶	1192.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Kevin M. Mayeux		Date of Receipt
Mailing Address 2901 Telestar Ct		M M M / D D D / Y Y Y Y Y Y 01 / 21 / 2016
City	State	Zip Code
Falls Church	VA	22042-1260
FEC ID number of contributing federal political committee.		Transaction ID : 13876895
C		Amount of Each Receipt this Period
		208.33
Name of Employer	Occupation	
NAIFA- Headquarters	CEO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	208.33	

Full Name (Last, First, Middle Initial) B. Mr. R. Douglas Hoops		Date of Receipt
Mailing Address P O Box 21		M M M / D D D / Y Y Y Y Y Y 01 / 22 / 2016
City	State	Zip Code
North Bend	NE	68649-0021
FEC ID number of contributing federal political committee.		Transaction ID : 13876901
C		Amount of Each Receipt this Period
		250.00
Name of Employer	Occupation	
Physicians Mutual	AGENT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	250.00	

Full Name (Last, First, Middle Initial) C. Mrs. Janelle J Fuhrmann		Date of Receipt
Mailing Address 511 E. Apple Creek Rd		M M M / D D D / Y Y Y Y Y Y 01 / 29 / 2016
City	State	Zip Code
Appleton	WI	54913-7649
FEC ID number of contributing federal political committee.		Transaction ID : 13876928
C		Amount of Each Receipt this Period
		300.00
Name of Employer	Occupation	
Thrivent Financial	Senior Partner	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	300.00	

SUBTOTAL of Receipts This Page (optional).....▶	758.33
TOTAL This Period (last page this line number only).....▶	8226.96

**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. National Republican Senatorial Committee

Mailing Address 425 Second Street SE

City Washington State DC Zip Code 20002

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 04 / 2016

Transaction ID : 13799259

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

B. Carlos Curbelo Congress

Mailing Address 8724 Sw 72nd Street

City Miami State FL Zip Code 33173

Purpose of Disbursement

011

Candidate Name

Rep. Carlos Curbelo

Category/
Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: FL District: 26

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2016

Transaction ID : 13831458

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends Of Erik Paulsen

Mailing Address P.O. Box 44369
250 Prairie Center Drive

City Eden Prairie State MN Zip Code 55344

Purpose of Disbursement

011

Candidate Name

Rep. Erik P. Paulsen

Category/
Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: MN District: 03

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2016

Transaction ID : 13831459

Amount of Each Disbursement this Period

1000.00

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

17000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<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. Tiberi For Congress

Mailing Address 2931 E Dublin Granville Road
Suite 190

City Columbus State OH Zip Code 43231

Purpose of Disbursement

011

Candidate Name

Rep. Pat J. Tiberi

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	12	/	2016

Transaction ID : 13831460

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Friends Of Schumer

Mailing Address 192 Lexington Avenue Suite 1001

City New York State NY Zip Code 10016

Purpose of Disbursement

011

Candidate Name

Sen. Charles E. Schumer

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	12	/	2016

Transaction ID : 13831461

Amount of Each Disbursement this Period

4500.00

Full Name (Last, First, Middle Initial)

C. Graves For Congress

Mailing Address 2345 Grand, Suite 2400

City Kansas City State MO Zip Code 64108

Purpose of Disbursement

011

Candidate Name

Rep. Samuel B. Graves Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MO District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	12	/	2016

Transaction ID : 13831462

Amount of Each Disbursement this Period

1000.00

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

7000.00

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

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**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. Renee Ellmers For Congress Committee

Mailing Address PO Box 99567

City Raleigh State NC Zip Code 27624

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Renee Ellmers RN

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NC District: 02

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2016

Transaction ID : 13831463

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Steve Knight For Congress

Mailing Address PO Box 984

City Willows State CA Zip Code 95988

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Steve Knight

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 25

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2016

Transaction ID : 13831464

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mobrooksforcongress.Com

Mailing Address 7610 Foxfire Dr.

City Huntsville State AL Zip Code 35802

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Mo Brooks

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: AL District: 05

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2016

Transaction ID : 13845503

Amount of Each Disbursement this Period

1000.00

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

4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<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. Robert Aderholt For Congress

Mailing Address P. O. Box 1158

City State Zip Code
Haleyville AL 35565

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Robert B. Aderholt

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: AL District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	6

Transaction ID : 13845504

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Ellison For Congress

Mailing Address PO Box 6072

City State Zip Code
Minneapolis MN 55406

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Keith Ellison

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MN District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	6

Transaction ID : 13845505

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Glenn Grothman For Congress

Mailing Address PO Box 1215

City State Zip Code
Fond Du Lac WI 54964

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Glenn Grothman

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WI District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	1	6

Transaction ID : 13853981

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

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

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

3	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

1	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

**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. Bennet For Colorado

Mailing Address PO Box 3078

City State Zip Code
Denver CO 80201

Purpose of Disbursement

011

Candidate Name

Sen. Michael F. Bennet

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CO District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		29		2016

Transaction ID : 13853982

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Denham For Congress

Mailing Address 2150 River Plaza Dr., #150

City State Zip Code
Sacramento CA 95833

Purpose of Disbursement

011

Candidate Name

Rep. Jeff Denham

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		29		2016

Transaction ID : 13853984

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Friends Of Dave Joyce

Mailing Address 320 Kenarden Drive

City State Zip Code
Cleveland OH 44143

Purpose of Disbursement

011

Candidate Name

Rep. Dave Joyce

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		29		2016

Transaction ID : 13853985

Amount of Each Disbursement this Period

2000.00

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

5000.00

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

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**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. Friends Of Frank Guinta

Mailing Address PO Box 877

City Manchester State NH Zip Code 03105

Purpose of Disbursement

011

Candidate Name

Frank Guinta

Category/Type

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify) ▼

State: NH District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	1	6

Transaction ID : 13853987

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Byrne For Congress Inc

Mailing Address PO Box 2743

City Mobile State AL Zip Code 36652

Purpose of Disbursement

011

Candidate Name

Rep. Bradley Byrne

Category/Type

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify) ▼

State: AL District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	1	6

Transaction ID : 13853989

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Rand Paul For Us Senate 2016

Mailing Address PO Box 72928

City Newport State KY Zip Code 41072

Purpose of Disbursement

011

Candidate Name

Sen. Rand Paul

Category/Type

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify) ▼

State: KY District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	1	6

Transaction ID : 13853990

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

4	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

4	0	0	0	0	0	0	0	0	0
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**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. Louie Gohmert For Congress Committee

Mailing Address PO Box 8060

City Tyler State TX Zip Code 75711

Purpose of Disbursement

Category/
Type

Candidate Name

Rep. Louie Gohmert

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 01

Date of Disbursement

/ /

Transaction ID : 13853991

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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