

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
National Association of Insurance and Financial Advisors Political Action Comm

ADDRESS (number and street) 2901 Telearstar Ct.  
 Check if different than previously reported. (ACC)  
Falls Church VA 22042

2. **FEC IDENTIFICATION NUMBER** C00005249  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 05 01 2008 through 05 31 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Peter C. Brown  
Signature of Treasurer Electronically Filed by Peter C. Brown Date 06 20 2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
National Association of Insurance and Financial Advisors Political Action Comm

Report Covering the Period: From: 

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		389938.49
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	390752.37									
(c) Total Receipts (from Line 19) .....	80067.16	378587.15								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	470819.53	768525.64								
7. Total Disbursements (from Line 31) .....	134930.82	432636.93								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	335888.71	335888.71								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	24509.39									

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**

Write or Type Committee Name

National Association of Insurance and Financial Advisors Political Action Comm

Report Covering the Period: From: 

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	29360.81	92134.06
(i) Itemized (use Schedule A) .....	50706.35	286453.09
(ii) Unitemized .....	80067.16	378587.15
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	80067.16	378587.15
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	80067.16	378587.15
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	80067.16	378587.15

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	31890.82	118304.43
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	31890.82	118304.43
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	103000.00	314200.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	40.00	132.50
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	40.00	132.50
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election 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))..	134930.82	432636.93
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	134930.82	432636.93

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	80067.16	378587.15
34. Total Contribution Refunds (from Line 28(d)) .....	40.00	132.50
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	80027.16	378454.65
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	31890.82	118304.43
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	31890.82	118304.43

**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 6 / 104
	<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.** Full Name (Last, First, Middle Initial)  
Ms. M. Kay Mielke-Crookshanks

Mailing Address 18542 Elderberry St SW

City State Zip Code  
Rochester WA 98579-8722

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

Name of Employer Occupation  
Insurance 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  
0 5 / 0 1 / 2 0 0 8

**Transaction ID:** 6727047

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Matthew S. Tassej

Mailing Address 5 Reggio Ave.

City State Zip Code  
Old Orchard Beach ME 04064-2709

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

Name of Employer Occupation  
Burwell & Burwell Sales Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 0 / 2 0 0 8

**Transaction ID:** 6942757

Amount of Each Receipt this Period  
72.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Michael L. Kerley

Mailing Address 2901 Telestar Court

City State Zip Code  
Falls Church VA 22042

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

Name of Employer Occupation  
NAIFA Senior Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 470.25

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 3 0 / 2 0 0 8

**Transaction ID:** 6942759

Amount of Each Receipt this Period  
52.25

**SUBTOTAL** of Receipts This Page (optional) ..... ► **374.25**

**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 / 104
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Kent A. Bennett		Date of Receipt	
	Mailing Address 280 Hollow Road		M M / D D / Y Y Y Y Y 0 5 / 1 0 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> 6942791
	Muncy	PA	17756-5789	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		87.50	
Name of Employer Kent A. Bennett & Assoc., Inc.		Occupation General Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		437.50		

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Kent A. Bennett		Date of Receipt	
	Mailing Address 280 Hollow Road		M M / D D / Y Y Y Y Y 0 5 / 2 3 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> 6942793
	Muncy	PA	17756-5789	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		750.00	
Name of Employer Kent A. Bennett & Assoc., Inc.		Occupation General Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		1187.50		

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Edward A. Zabielski, Jr.		Date of Receipt	
	Mailing Address 104 Clay Ct.		M M / D D / Y Y Y Y Y 0 5 / 1 0 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> 6942805
	Landenberg	PA	19350	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		105.00	
Name of Employer Edward A. Zabielski Jr & Co.		Occupation President/Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		525.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	942.50
<b>TOTAL</b> 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: PAGE 8 / 104  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. James W. Monteverde

Mailing Address WaterWorks Road

City State Zip Code  
Sewickley PA 15143

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

Name of Employer Occupation  
The Monteverde Group, LLC President & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 10 / 2008

**Transaction ID:** 6942809

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. William E. Knoble

Mailing Address 139 Merdith Way

City State Zip Code  
Newport News VA 23606

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

Name of Employer Occupation  
The Knoble Group, Inc President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 09 / 2008

**Transaction ID:** 6942825

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Glenford B. Malcolm, Sr.

Mailing Address P. O. Box 822315

City State Zip Code  
South Florida FL 33082-2315

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

Name of Employer Occupation  
Monumental Life Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
05 / 10 / 2008

**Transaction ID:** 6942845

Amount of Each Receipt this Period  
42.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **592.00**

**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 9 / 104
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Angelo T. Stath	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 7821 Massachusetts	<b>Transaction ID:</b> 6942857
	City State Zip Code Merrville IN 46410-5531	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Angelo T. Stath Ins. & Finance Occupation: President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Lawrence E. Lounds	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 2477 Valley Oaks Circle	<b>Transaction ID:</b> 6942871
	City State Zip Code Flint MI 48532	Amount of Each Receipt this Period 105.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Security 1st Benefits Corp. Occupation: President/Owner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 525.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. David A. Culley	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 4187 Club Drive N.E.	<b>Transaction ID:</b> 6942873
	City State Zip Code Atlanta GA 30319-1115	Amount of Each Receipt this Period 42.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Nease, Lagana, Eden & Culley Inc Occupation: Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>197.00</b>
<b>TOTAL</b> 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 / 104
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. T. Leslie Littleton		Date of Receipt MM / DD / YYYY 05 / 10 / 2008		
	Mailing Address 1025 E. Austin		<b>Transaction ID:</b> 6942939		
	City Nacogdoches	State TX	Zip Code 75965-2964	Amount of Each Receipt this Period 52.50	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Allstate Ins. Co	Occupation PRINCIPAL	Aggregate Year-to-Date 257.50		

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. John R. Dean		Date of Receipt MM / DD / YYYY 05 / 10 / 2008		
	Mailing Address 1700 S.W. 15th Ave.		<b>Transaction ID:</b> 6942941		
	City Willmar	State MN	Zip Code 56201	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Affiliated Financial Services Inc.	Occupation President	Aggregate Year-to-Date 250.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Robert M. Nelson		Date of Receipt MM / DD / YYYY 05 / 10 / 2008		
	Mailing Address 14712 Shirley Street		<b>Transaction ID:</b> 6942951		
	City Omaha	State NE	Zip Code 68144-2144	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Grace-Mayer Ins. Agency	Occupation Vice President	Aggregate Year-to-Date 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>152.50</b>
<b>TOTAL</b> 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: PAGE 11 / 104  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Mark A. Weber

Mailing Address 512 S. 158 Avenue Circle

City State Zip Code  
Omaha NE 68118-4110

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

Name of Employer Occupation  
SilverStone Group, Inc. Principal

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 19 / 2008

**Transaction ID:** 6942953

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. David A. Middaugh

Mailing Address 3273 Evergreen Road

City State Zip Code  
 Fargo ND 58102-1214

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

Name of Employer Occupation  
Middaugh & Associates, Inc. General Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

Date of Receipt  
MM / DD / YYYY  
05 / 10 / 2008

**Transaction ID:** 6942957

Amount of Each Receipt this Period  
126.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Carl James Maus

Mailing Address 432 Fort Saratoga

City State Zip Code  
Saint Charles MO 63303-1766

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

Name of Employer Occupation  
Insurance and Investment Services Career Development Supervisor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 312.00

Date of Receipt  
MM / DD / YYYY  
05 / 10 / 2008

**Transaction ID:** 6942969

Amount of Each Receipt this Period  
50.40

**SUBTOTAL** of Receipts This Page (optional) ..... ► **676.40**

**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: PAGE 12 / 104  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Richard L. Hill

Mailing Address 2611 Alvo Road

City State Zip Code  
Seward NE 68434

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

Name of Employer Occupation  
Unico Financial Services, Inc. General Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 8

**Transaction ID:** 6942975

Amount of Each Receipt this Period  
42.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Brian R. Phares

Mailing Address 1420 Hackberry Road

City State Zip Code  
North Platte NE 69101-6841

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

Name of Employer Occupation  
Phares Financial Services Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 297.50

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 8

**Transaction ID:** 6942977

Amount of Each Receipt this Period  
62.50

**C.** Full Name (Last, First, Middle Initial)  
Ms. Kelli J. Carmichael

Mailing Address 2914 S Coffman

City State Zip Code  
Casper WY 82604-4733

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

Name of Employer Occupation  
Lincoln Financial Advisors Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 2 0 / 2 0 0 8

**Transaction ID:** 6942979

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **154.50**

**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: PAGE 13 / 104  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Ms. Kelli J. Carmichael

Mailing Address 2914 S Coffman

City Casper State WY Zip Code 82604-4733

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

Name of Employer Lincoln Financial Advisors Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 212.50

Date of Receipt 05 / 14 / 2008  
**Transaction ID:** 6942981  
Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. William N. Haraway

Mailing Address 113 Fairview Ave

City Frederick State MD Zip Code 21701-4017

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

Name of Employer Haraway Financial Services Occupation Financial Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 10 / 2008  
**Transaction ID:** 6942999  
Amount of Each Receipt this Period 42.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. David V. Dellinger

Mailing Address 3052 Stanton Circle

City Carmichael State CA Zip Code 95608

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

Name of Employer NAIFA-California Occupation Executive Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 10 / 2008  
**Transaction ID:** 6943005  
Amount of Each Receipt this Period 42.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 184.00

**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 14 / 104
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Ms. Rae Lee Olson		Date of Receipt MM / DD / YYYY 05 / 10 / 2008		
	Mailing Address 218 N El Monte Ave		<b>Transaction ID:</b> 6943013		
	City Los Altos	State CA	Zip Code 94022-2354	Amount of Each Receipt this Period 42.50	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer The Vita Companies	Occupation Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 212.50			

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Stephen C. Shaw		Date of Receipt MM / DD / YYYY 05 / 20 / 2008		
	Mailing Address One Kaiser Plaza Ste. 1101		<b>Transaction ID:</b> 6943019		
	City Oakland	State CA	Zip Code 94612	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Sitzmann, Morris and Lavis	Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Karl Erik Hansen		Date of Receipt MM / DD / YYYY 05 / 10 / 2008		
	Mailing Address 900 North Shoreline Boulevard		<b>Transaction ID:</b> 6943031		
	City Mountain View	State CA	Zip Code 94043-1933	Amount of Each Receipt this Period 42.50	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer The Vita Companies	Occupation Brokerage Consultant			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 212.50			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>585.00</b>
<b>TOTAL</b> 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 15 / 104
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Jack H. Curtis	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 1508 Morning Glory Cr.	<b>Transaction ID:</b> 6943055
	City State Zip Code Tupelo MS 38801	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer United American Insurance Co. Occupation Branch Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Mark R. Warren	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 3603 Grandview	<b>Transaction ID:</b> 6943065
	City State Zip Code Plainview TX 79072-6625	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Warren Insurance Services Occupation MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Hollis O. Inglett, Jr.	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 31 Cone Rd	<b>Transaction ID:</b> 6943087
	City State Zip Code Ormond Beach FL 32174-7903	Amount of Each Receipt this Period 42.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Hayward Brown Inc. Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	142.00
<b>TOTAL</b> 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 16 / 104
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Thomas R. Laster	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 1713 Elmhurst Ave	<b>Transaction ID:</b> 6943093
	City Nichols Hills State OK Zip Code 73120	Amount of Each Receipt this Period 50.40
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Rogers Benefit Group Occupation Regional Representative Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 252.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Alex Hanson	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 7888 Glen Finnan Cir	<b>Transaction ID:</b> 6943105
	City Ft Myers State FL Zip Code 33912	Amount of Each Receipt this Period 42.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Dawson Companies Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 210.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Frank R. Nolimal	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 2017 Grafton Ave	<b>Transaction ID:</b> 6943139
	City Henderson State NV Zip Code 89014	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Assurance Ltd Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>152.40</b>
<b>TOTAL</b> 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: PAGE 17 / 104  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Jeffrey Leonard Allison

Mailing Address 401 Wampanoag Trail, #100

City State Zip Code  
Riverside RI 02915-1507

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

Name of Employer Occupation  
Oceanstate Financial Registered Representative-Financial Ad

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 8 / 2 0 0 8

Transaction ID: 6943141

Amount of Each Receipt this Period  
150.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Henry L Prien

Mailing Address 415 38th St S Ste E

City State Zip Code  
Fargo ND 58103-1190

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

Name of Employer Occupation  
American Family Life Insurance Co. District Sales Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 0 / 2 0 0 8

Transaction ID: 6943193

Amount of Each Receipt this Period  
50.40

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Daniel J. Scholz

Mailing Address 1510 So. 183 Circle

City State Zip Code  
Omaha NE 68130

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

Name of Employer Occupation  
Ameritas Financial Services AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 605.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 0 / 2 0 0 8

Transaction ID: 6943281

Amount of Each Receipt this Period  
125.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **325.40**

**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: PAGE 18 / 104

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

**A.**

Full Name (Last, First, Middle Initial)

Mr. S. Mark Weeks

Mailing Address 1389 South 500 East

City State Zip Code  
Salt Lake City UT 84105-2043

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

Name of Employer Occupation  
Bankers Life & Casualty Insurance Agent  
Co.

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 207.50

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 0 8

Transaction ID: 6943293

Amount of Each Receipt this Period

12.50

**B.**

Full Name (Last, First, Middle Initial)

Mr. Paul R. Decker

Mailing Address Box 1832

City State Zip Code  
Idaho Falls ID 83403-1832

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

Name of Employer Occupation  
Beneficial Life Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 252.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 8

Transaction ID: 6943299

Amount of Each Receipt this Period

50.40

**C.**

Full Name (Last, First, Middle Initial)

Mr. James W. Oglesby

Mailing Address P. O. Box 1555

City State Zip Code  
ENKA NC 28728

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

Name of Employer Occupation  
J.W. Oglesby & Associates Senior Sales Associate

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 715.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 8

Transaction ID: 6943311

Amount of Each Receipt this Period

143.00

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

205.90

**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: PAGE 19 / 104  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Mr. James W. Oglesby

Mailing Address P. O. Box 1555

City State Zip Code  
ENKA NC 28728

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

Name of Employer Occupation  
J.W. Oglesby & Associates Senior Sales Associate

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 825.00

Date of Receipt  
MM / DD / YYYY  
05 / 27 / 2008

**Transaction ID:** 6943315

Amount of Each Receipt this Period  
110.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Raymond H. Moran

Mailing Address 5463 Irvin Park Cove

City State Zip Code  
Memphis TN 38119

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

Name of Employer Occupation  
The Moran Company General Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
05 / 10 / 2008

**Transaction ID:** 6943339

Amount of Each Receipt this Period  
42.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Roy W. Kern

Mailing Address 3775 West Randall Road

City State Zip Code  
Springfield MO 65810

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

Name of Employer Occupation  
Roy W. Kern & Associate OWNER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
05 / 10 / 2008

**Transaction ID:** 6943345

Amount of Each Receipt this Period  
60.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **212.00**

**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: PAGE 20 / 104  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)

Mr. Ronald D. Brant

Mailing Address 10234 Hoffman

City State Zip Code  
Maybee MI 48159-9777

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

Name of Employer Occupation  
Lincoln Financial Network AGENT

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1040.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 8

Transaction ID: 6943347

Amount of Each Receipt this Period

208.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John M. Root

Mailing Address 1759 NW Riverview Dr

City State Zip Code  
Roseburg OR 97470-6104

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

Name of Employer Occupation  
Bill Moats and Associates AGENT

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 0 / 2 0 0 8

Transaction ID: 6943355

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Frank H. Briggs, Jr.

Mailing Address 2610 Bohler Rd NW

City State Zip Code  
Atlanta GA 30327-1418

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

Name of Employer Occupation  
Briggs & Associates/AXA Financial Consultant  
Advisors, LLC

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 8

Transaction ID: 6943383

Amount of Each Receipt this Period

50.00

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

508.00

**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: PAGE 21 / 104  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Walter C. Sprye, Jr.  
Mailing Address 101 Stoney Brook Rd.  
City Rocky Mount State NC Zip Code 27804  
FEC ID number of contributing federal political committee. **C**

Date of Receipt: 05 / 10 / 2008  
Transaction ID: 6943393  
Amount of Each Receipt this Period: 46.20

Name of Employer: AXA Advisors, LLC  
Occupation: Insurance Agent  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date: 231.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Lynda D. Turner  
Mailing Address 1070 S Bosque Loop  
City Bosque Farms State NM Zip Code 87068-9063  
FEC ID number of contributing federal political committee. **C**

Date of Receipt: 05 / 10 / 2008  
Transaction ID: 6943421  
Amount of Each Receipt this Period: 45.00

Name of Employer: AXA Advisors, LLC  
Occupation: AGENT  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date: 225.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Nicholas John Stosic  
Mailing Address 9820 Dixon Lane  
City Reno State NV Zip Code 89511-9455  
FEC ID number of contributing federal political committee. **C**

Date of Receipt: 05 / 10 / 2008  
Transaction ID: 6943469  
Amount of Each Receipt this Period: 60.00

Name of Employer: Farmers Insurance Group  
Occupation: General Agent  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date: 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... **151.20**

**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: PAGE 22 / 104  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Jeffrey J. Taggart

Mailing Address 1107 Cedar Ln.  
P.O. Box 2433

City State Zip Code  
Cody WY 82414-2433

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

Name of Employer Taggart Company Occupation General Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 10 / 2008  
Transaction ID: 6943553  
Amount of Each Receipt this Period: 50.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Thomas M. Hawco

Mailing Address 1425 Smith St

City State Zip Code  
Lincoln NE 68502-3653

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

Name of Employer Occupation Agency Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 212.50

Date of Receipt: 05 / 10 / 2008  
Transaction ID: 6943573  
Amount of Each Receipt this Period: 42.50

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Carol A. Anderson

Mailing Address 717 N. 87th St.

City State Zip Code  
Omaha NE 68114

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

Name of Employer Sharp Anderson Arena Curnes & Assoc Occupation Representative

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 10 / 2008  
Transaction ID: 6943579  
Amount of Each Receipt this Period: 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 142.50

**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: PAGE 23 / 104  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

Mailing Address 1456 Old Boones Creek Road

City State Zip Code  
Jonesborough TN 37659

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

Name of Employer Tennessee Financial Occupation Division Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 10 / 2008  
Transaction ID: 6943589  
Amount of Each Receipt this Period: 50.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Vincent M. D'Addona

Mailing Address 141 Greenway Road

City State Zip Code  
Lido Beach NY 11561-4828

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

Name of Employer D'Addona Rosenbaum Occupation General Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt: 05 / 10 / 2008  
Transaction ID: 6943591  
Amount of Each Receipt this Period: 105.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert J. Fashano

Mailing Address 350 Essjay Rd Ste 301

City State Zip Code  
Williamsville NY 14221

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

Name of Employer Alliance Advisory Group, Inc. Occupation General Agent/President & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 05 / 07 / 2008  
Transaction ID: 6943593  
Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **655.00**

**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: PAGE 24 / 104  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Debra L. Franklin-Schatzki

Mailing Address 380 W 12th St

City State Zip Code  
New York NY 10014-7200

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

Name of Employer Weiser Capital Management LLC  
Occupation Managing Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 0 / 2 0 0 8

**Transaction ID:** 6943601

Amount of Each Receipt this Period  
42.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Mark V. Snider

Mailing Address 44 Elmwood Place

City State Zip Code  
Athens OH 45701-1904

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

Name of Employer Snider, Fuller & Associates  
Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 0 / 2 0 0 8

**Transaction ID:** 6943605

Amount of Each Receipt this Period  
42.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Lanny D. Levin

Mailing Address 313 Laurel

City State Zip Code  
Highland Park IL 60035-2619

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

Name of Employer Lanny D. Levin Agency, Inc.  
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  
0 5 / 1 0 / 2 0 0 8

**Transaction ID:** 6943609

Amount of Each Receipt this Period  
42.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **126.00**

**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: PAGE 25 / 104  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. John A. Davidson  
Mailing Address 1497 Rancho Lane  
City Thousand Oaks State CA Zip Code 91362-2651  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Davidson Insurance & Financial Service Occupation President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 525.00  
Date of Receipt 05 / 10 / 2008  
Transaction ID: 6943621  
Amount of Each Receipt this Period 105.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Stephen G. Summerlin  
Mailing Address 4014 N. W. 15th Street  
City Gainesville State FL Zip Code 32605-1912  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Summerlin Financial Advisors, Inc. Occupation Certified Financial Planner  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00  
Date of Receipt 05 / 10 / 2008  
Transaction ID: 6943631  
Amount of Each Receipt this Period 42.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Norman A. Coltrane  
Mailing Address 1607 Hatherleigh Drive  
City Fayetteville State NC Zip Code 28304-3643  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Callahan & Rice Occupation Life Specialist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 357.50  
Date of Receipt 05 / 29 / 2008  
Transaction ID: 6943637  
Amount of Each Receipt this Period 55.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 202.00  
**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: PAGE 26 / 104  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Norman A. Coltrane

Mailing Address 1607 Hatherleigh Drive

City Fayetteville State NC Zip Code 28304-3643

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

Name of Employer Callahan & Rice Occupation Life Specialist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 302.50

Date of Receipt 05 / 10 / 2008  
**Transaction ID:** 6943647  
 Amount of Each Receipt this Period 60.50

**B.** Full Name (Last, First, Middle Initial)  
Mr. Ronald G. Hester

Mailing Address 261 New River Heights Rd.

City Boone State NC Zip Code 28607

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

Name of Employer Lincoln Financial Network Occupation Division Manager

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 233.75

Date of Receipt 05 / 10 / 2008  
**Transaction ID:** 6943649  
 Amount of Each Receipt this Period 46.75

**C.** Full Name (Last, First, Middle Initial)  
Mr. Douglas B. Massey

Mailing Address 3115 Southwest Blvd.

City San Angelo State TX Zip Code 76904-5772

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

Name of Employer Doug Massey Financial Services Occupation Insurance Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 212.50

Date of Receipt 05 / 10 / 2008  
**Transaction ID:** 6943659  
 Amount of Each Receipt this Period 42.50

**SUBTOTAL** of Receipts This Page (optional) ..... ► 149.75

**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: PAGE 27 / 104  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Richard Lee Harlow

Mailing Address 12250 Angel Wing Ct

City Reston State VA Zip Code 20191-1102

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

Name of Employer The Harlow Group, LLC Occupation Managing Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 10 / 2008

Transaction ID: 6943673

Amount of Each Receipt this Period 42.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Barton C. Pasco

Mailing Address 309 Running Cedar Lane

City Richmond State VA Zip Code 23229

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

Name of Employer Pasco Financial Group, LLC Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 267.50

Date of Receipt 05 / 10 / 2008

Transaction ID: 6943681

Amount of Each Receipt this Period 50.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Gary A. Bramon

Mailing Address 269 San Felipe Way

City Novato State CA Zip Code 94945-1687

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

Name of Employer Alders Financial Solutions Occupation General Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 10 / 2008

Transaction ID: 6943685

Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 142.00

**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: PAGE 28 / 104  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Marcus T. Henderson, Sr.

Mailing Address 109 Barrington Court East

City State Zip Code  
Franklin TN 37067

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

Name of Employer Occupation  
Henderson Financial Group, Inc. President & CEO

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 8

Transaction ID: 6943691

Amount of Each Receipt this Period

42.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Lance B. Kolbet

Mailing Address 4632 Mountain Park Rd.

City State Zip Code  
Pocatello ID 83202-1702

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

Name of Employer Occupation  
University Financial Group President

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 630.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 8

Transaction ID: 6943739

Amount of Each Receipt this Period

126.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Martin Montefel

Mailing Address 16932 SW 5th Way

City State Zip Code  
Weston FL 33326-1564

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

Name of Employer Occupation  
Montefel Inc. General Agent

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 432.50

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 8

Transaction ID: 6943745

Amount of Each Receipt this Period

50.00

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

218.00

**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: PAGE 29 / 104  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Mr. George B. Bryce

Mailing Address 2730 Ardon Ln

City State Zip Code  
Casper WY 82609-3902

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

Name of Employer Occupation  
The Insurance Agency General Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
05 / 10 / 2008

**Transaction ID:** 6943759

Amount of Each Receipt this Period  
42.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. David L. Stratton

Mailing Address 13115 Beach Cir.

City State Zip Code  
Anchorage AK 99515-3748

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

Name of Employer Occupation  
StrattonTurner LLC Managing Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 29 / 2008

**Transaction ID:** 6943779

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Joseph S. Pantozzi

Mailing Address PO Box 95063

City State Zip Code  
Las Vegas NV 89193

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

Name of Employer Occupation  
Alpha & Omega Financial Svcs. Brokerage Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
05 / 10 / 2008

**Transaction ID:** 6943819

Amount of Each Receipt this Period  
60.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **352.00**

**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: PAGE 30 / 104

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

**A.**

Full Name (Last, First, Middle Initial)

Mr. Joseph S. Pantozzi

Mailing Address PO Box 95063

City State Zip Code  
Las Vegas NV 89193

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

Name of Employer Occupation  
Alpha & Omega Financial Brokerage Manager  
Svcs.

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 6 / 2 0 0 8

Transaction ID: 6943821

Amount of Each Receipt this Period

-60.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Stephen D. Estler

Mailing Address 2177 NE 63 St.

City State Zip Code  
Fort Lauderdale FL 33308

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

Name of Employer Occupation  
Mass Mutual Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 212.50

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 8

Transaction ID: 6943837

Amount of Each Receipt this Period

42.50

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael O. Brown

Mailing Address 6512 Nell 3

City State Zip Code  
Edmond OK 73013

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

Name of Employer Occupation  
MassMutual Financial Group AGENT

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 8

Transaction ID: 6943861

Amount of Each Receipt this Period

60.00

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

42.50

**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 31 / 104
	<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.**

Full Name (Last, First, Middle Initial)  
Mr. Thomas R. Clark

Mailing Address 1603 22nd St Ste 202

City State Zip Code  
West Des Moines IA 50266-1410

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

Name of Employer Compensation Designs Occupation General Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
05 / 10 / 2008

**Transaction ID:** 6943883

Amount of Each Receipt this Period 60.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Byron Hyatt Erstad, Jr.

Mailing Address 2510 S Nantucket Way

City State Zip Code  
Boise ID 83706-5095

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

Name of Employer Erstad & Company Occupation General Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
MM / DD / YYYY  
05 / 10 / 2008

**Transaction ID:** 6943897

Amount of Each Receipt this Period 50.40

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Kenneth E. Knox

Mailing Address Unit 9, 10 East St

City State Zip Code  
Providence RI 02906-3069

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

Name of Employer Penn Mutual Occupation Regional Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
MM / DD / YYYY  
05 / 10 / 2008

**Transaction ID:** 6944009

Amount of Each Receipt this Period 50.40

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **160.80**

**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: PAGE 32 / 104

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Ms. Debbie K. Paul

Mailing Address 4001 MacArthur Blvd Suite 300

City State Zip Code  
Newport Beach CA 92660-2510

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Securian Financial Network Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 212.50

Date of Receipt 05 / 10 / 2008

**Transaction ID:** 6944023

Amount of Each Receipt this Period 42.50

**B.** Full Name (Last, First, Middle Initial)  
Mr. Darren Scott Mason

Mailing Address 178 Shorecliff Rd

City State Zip Code  
Corona Del Mar CA 92625-2648

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Advanced Benefit Systems General Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 208.30

Date of Receipt 05 / 10 / 2008

**Transaction ID:** 6944031

Amount of Each Receipt this Period 41.66

**C.** Full Name (Last, First, Middle Initial)  
Mr. James O. Geitgey

Mailing Address 279 Glenmore Dr.

City State Zip Code  
Springfield OH 45503

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Geitgey Financial Services President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 212.50

Date of Receipt 05 / 10 / 2008

**Transaction ID:** 6944039

Amount of Each Receipt this Period 42.50

**SUBTOTAL** of Receipts This Page (optional) ..... 126.66

**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: PAGE 33 / 104  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Richard D. Vonderlage

Mailing Address 15202 Sprague St

City State Zip Code  
Omaha NE 68116

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

Name of Employer Occupation  
Heritage Financial Svcs. Financial Advisor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
05 / 10 / 2008

**Transaction ID:** 6944087

Amount of Each Receipt this Period  
42.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. William J. Kosic

Mailing Address 56 E 54th St

City State Zip Code  
Savannah GA 31405-3314

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

Name of Employer Occupation  
Kosic Advisory Group Insurance Advisor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 12 / 2008

**Transaction ID:** 6944091

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. John C. Beckwith

Mailing Address 1908 Greenbriar Drive

City State Zip Code  
Portage MI 49024-5787

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

Name of Employer Occupation  
Ohio National Fin. Services General Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
05 / 10 / 2008

**Transaction ID:** 6944109

Amount of Each Receipt this Period  
42.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **334.00**

**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: PAGE 34 / 104  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Dermot T. Healey

Mailing Address 193 East Grand Ave, Unit #5

City State Zip Code  
Old Orchard Beach ME 04064

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

Name of Employer Occupation  
Self Employed Agent Executive V.P.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 0 8

**Transaction ID:** 6944139

Amount of Each Receipt this Period  
600.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. David S. Dickenson, II

Mailing Address 7535 Brigham Road

City State Zip Code  
Gates Mills OH 44040

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

Name of Employer Occupation  
Dickenson & Associates General Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 8

**Transaction ID:** 6944143

Amount of Each Receipt this Period  
42.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Douglas E. Aycock

Mailing Address 5113 Southwest Pkwy # 200

City State Zip Code  
Austin TX 78735-8915

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

Name of Employer Occupation  
Aycock Financial Group Employee Benefit Specialist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 212.50

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 8

**Transaction ID:** 6944165

Amount of Each Receipt this Period  
42.50

**SUBTOTAL** of Receipts This Page (optional) ..... ► **684.50**

**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 35 / 104
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. H. Larry Fortenberry	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 123 Northshore Pt	<b>Transaction ID:</b> 6944167
	City State Zip Code Madison MS 39110-7272	Amount of Each Receipt this Period 52.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer Executive Planning Group    Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 262.50	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Troy J. Shreve	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 7100 S 45th Street	<b>Transaction ID:</b> 6944169
	City State Zip Code Lincoln NE 68516-3016	Amount of Each Receipt this Period 42.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Benefit Management    Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. M. Jay Einstein	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 59 Margarete Dr.	<b>Transaction ID:</b> 6944207
	City State Zip Code Pittsgrove NJ 08318-3015	Amount of Each Receipt this Period 72.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer New York Life    Occupation General Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	166.50
<b>TOTAL</b> 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: PAGE 36 / 104  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Thomas F. Flournoy, Jr.

Mailing Address 5300 Zebulon Rd

City Macon State GA Zip Code 31210-2199

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

Name of Employer New York Life Occupation General Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 10 / 2008

Transaction ID: 6944225

Amount of Each Receipt this Period 42.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Ernest B. Whichard, Jr.

Mailing Address 611 Woodland Dr

City Greensboro State NC Zip Code 27408-7416

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

Name of Employer Whichard & Associates Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 27 / 2008

Transaction ID: 6944231

Amount of Each Receipt this Period 550.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Dennis A. Brumbaugh

Mailing Address 17 Conley Lane

City Elma State WA Zip Code 98541

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

Name of Employer Brumbaugh Insurance Services Occupation AGENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 212.50

Date of Receipt 05 / 10 / 2008

Transaction ID: 6944315

Amount of Each Receipt this Period 42.50

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **634.50**

**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: PAGE 37 / 104  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Dennis E. Green

Mailing Address P. O. Box 10088

City State Zip Code  
Yakima WA 98909-1088

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

Name of Employer Occupation  
Conover Insurance, Inc Insurance 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  
0 5 / 2 1 / 2 0 0 8

**Transaction ID:** 6944319

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Angelo Assad Haddad

Mailing Address 354 Garnsey Ave

City State Zip Code  
Bakersfield CA 93309-1849

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

Name of Employer Occupation  
New York Life Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 212.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 0 / 2 0 0 8

**Transaction ID:** 6944349

Amount of Each Receipt this Period  
42.50

**C.** Full Name (Last, First, Middle Initial)  
Mr. Gordon T. Colburn

Mailing Address 126 Crystal Springs Road

City State Zip Code  
San Dimas CA 91773

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

Name of Employer Occupation  
Colburn Ins. Services, In-c. President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 212.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 0 / 2 0 0 8

**Transaction ID:** 6944351

Amount of Each Receipt this Period  
42.50

**SUBTOTAL** of Receipts This Page (optional) ..... ► **335.00**

**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: PAGE 38 / 104  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial) Mr. Aldous Kawaihani Paalani		Date of Receipt MM / DD / YYYY 05 / 10 / 2008
Mailing Address 2219 Kaululaau Street		Transaction ID: 6944359
City Honolulu	State HI	
Zip Code 96813-1230		Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		
Name of Employer Equity Insurance Services, Inc	Occupation Representative	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**B.**

Full Name (Last, First, Middle Initial) Mr. Ken Simons		Date of Receipt MM / DD / YYYY 05 / 10 / 2008
Mailing Address 808 Thoroughbred Lane		Transaction ID: 6944363
City Artesia	State NM	
Zip Code 88210-2232		Amount of Each Receipt this Period 50.10
FEC ID number of contributing federal political committee. C		
Name of Employer New York Life Insurance	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.50	

**C.**

Full Name (Last, First, Middle Initial) Ms. Linda G. Hulbert		Date of Receipt MM / DD / YYYY 05 / 27 / 2008
Mailing Address 110 Cushman Street		Transaction ID: 6944377
City Fairbanks	State AK	
Zip Code 99701-4638		Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		
Name of Employer New York Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	200.10
<b>TOTAL</b> 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:	PAGE 39 / 104
	(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"/> 15
<input type="checkbox"/> 12	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Anthony D. Miller		Date of Receipt	
	Mailing Address 4502 Hi-Line Dr		M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> 6944401
	Billings	MT	59106	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		50.40	
Name of Employer Retirement Solutions		Occupation Financial Advisor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 252.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Robert C. Bye		Date of Receipt	
	Mailing Address 7208 Hollyberry Road		M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> 6944425
	Roanoke	VA	24018	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		250.00	
Name of Employer Northwestern Mutual		Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Charles D. Zaleski, CLU, ChFC		Date of Receipt	
	Mailing Address 28400 Ridgethorne Ct		M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> 6944441
	Rancho Palos Verde	CA	90275	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		42.00	
Name of Employer Zaleski Ins Svcs Inc		Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	342.40
<b>TOTAL</b> 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: PAGE 40 / 104  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 1287 Harrison Pond Drive

City State Zip Code  
New Albany OH 43054

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

Name of Employer Occupation  
NMFN - Kemelgor Financial Group General Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt  
MM / DD / YYYY  
05 / 10 / 2008

**Transaction ID:** 6944447

Amount of Each Receipt this Period  
125.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Richard A. Koob

Mailing Address 301 Frederick Street

City State Zip Code  
Waukesha WI 53186-8116

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

Name of Employer Occupation  
Northwestern Mutual Financial Representative

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
MM / DD / YYYY  
05 / 10 / 2008

**Transaction ID:** 6944459

Amount of Each Receipt this Period  
50.40

**C.** Full Name (Last, First, Middle Initial)  
Mr. James A. Buchan

Mailing Address 5716 W. Orlando Circle

City State Zip Code  
Broken Arrow OK 74011-1149

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

Name of Employer Occupation  
Northwestern Mutual AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
05 / 10 / 2008

**Transaction ID:** 6944477

Amount of Each Receipt this Period  
60.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **235.40**

**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: PAGE 41 / 104  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Russell D. Jenkins

Mailing Address 1988 Burlingame Rd.

City State Zip Code  
Emporia KS 66801

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

Name of Employer Occupation  
Northwestern Mutual Fin. Network Financial Representative

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 252.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 8

Transaction ID: 6944507

Amount of Each Receipt this Period

50.40

**B.**

Full Name (Last, First, Middle Initial)  
Mr. David B. Bianchi

Mailing Address 1125 Beldon Way

City State Zip Code  
Reno NV 89503-3164

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

Name of Employer Occupation  
Northwestern Mutual Financial Representative

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 8

Transaction ID: 6944515

Amount of Each Receipt this Period

60.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Shannon J. Enders

Mailing Address 5677 Westwood Drive

City State Zip Code  
Muskegon MI 49441

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

Name of Employer Occupation  
Lakeshore Employee Benefits President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 8

Transaction ID: 6944529

Amount of Each Receipt this Period

42.00

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

152.40

**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 42 / 104
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Terry M. Kaltenbach	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 1358 Ahlrich Ave	<b>Transaction ID:</b> 6944559
	City State Zip Code Encintas CA 92024-4029	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Phoenix Life Wealth Management Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Walter J. Scott	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 1022 WASHINGTON AVE.	<b>Transaction ID:</b> 6944573
	City State Zip Code OSHKOSH WI 54901-5354	Amount of Each Receipt this Period 50.40
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation W. F. Coe & Associates, LLC Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Larry J. Winkelhake	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 18600 Longview Ct	<b>Transaction ID:</b> 6944609
	City State Zip Code Brookfield WI 53045	Amount of Each Receipt this Period 90.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Mortensen-Winkelhake General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>265.40</b>
<b>TOTAL</b> 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: PAGE 43 / 104  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

**A.**

Full Name (Last, First, Middle Initial)  
Mr. William James DeBruin

Mailing Address 106 Edgewood Ln

City State Zip Code  
Combined Locks WI 54113

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

Name of Employer Occupation  
William J. DeBruin Financial Services, Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  
MM / DD / YYYY  
05 / 10 / 2008

**Transaction ID:** 6944617

Amount of Each Receipt this Period  
72.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Thomas E. Fowler

Mailing Address 13243 S.E. 51st Place

City State Zip Code  
Bellevue WA 98006

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

Name of Employer Occupation  
Fowler Financial Services, Inc. President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
537.50

Date of Receipt  
MM / DD / YYYY  
05 / 10 / 2008

**Transaction ID:** 6944619

Amount of Each Receipt this Period  
107.50

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Kenneth R. Evans

Mailing Address P. O. Box 103

City State Zip Code  
Midway UT 84049-0103

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

Name of Employer Occupation  
Principal Financial Group Certified Financial Planner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
525.00

Date of Receipt  
MM / DD / YYYY  
05 / 22 / 2008

**Transaction ID:** 6944629

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **204.50**

**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: PAGE 44 / 104

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

**A.**

Full Name (Last, First, Middle Initial)

Mr. Gary H. Pendleton

Mailing Address 2601 Oberlin Rd

City State Zip Code  
Raleigh NC 27608-1319

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

Name of Employer Occupation  
Pendleton Financial Consulting, Inc. President/Owner

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 229.15

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 8

Transaction ID: 6944633

Amount of Each Receipt this Period

45.83

**B.**

Full Name (Last, First, Middle Initial)

Mr Emmette F. Albritton, II

Mailing Address 20683 Running Creek Church Road  
Suite A

City State Zip Code  
Stanfield NC 28163

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

Name of Employer Occupation  
Albritton Insurance Group General Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 330.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 9 / 2 0 0 8

Transaction ID: 6944649

Amount of Each Receipt this Period

110.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Theodore J. Zouzounis

Mailing Address 820 Mariposa Rd

City State Zip Code  
Lafayette CA 94549-4211

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

Name of Employer Occupation  
AXIA Employment Benefit Insurance Srvc PARTNER

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 212.50

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 8

Transaction ID: 6944667

Amount of Each Receipt this Period

42.50

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

198.33

**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: PAGE 45 / 104  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. William T. Whitmore, Jr.  
Mailing Address 3495 Winding Trail Circle  
City Virginia Beach State VA Zip Code 23456  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Nationwide Provident Occupation Representative  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 05 / 10 / 2008  
Transaction ID: 6944671  
Amount of Each Receipt this Period 50.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Dawn A. Coleman-Hyman  
Mailing Address 2505 E 7th St  
City Long Beach State CA Zip Code 90804-4646  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Prudential Financial Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 05 / 06 / 2008  
Transaction ID: 6944679  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Lawrence J. Stack  
Mailing Address 28630 Glenbrook Dr  
City Southfield State MI Zip Code 48034-5543  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Michigan Financial Occupation Financial Advisor  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 05 / 10 / 2008  
Transaction ID: 6944707  
Amount of Each Receipt this Period 60.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 360.00  
**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: PAGE 46 / 104  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Randall D. Kaufmann

Mailing Address 356 Equus Drive

City State Zip Code  
Camp Hill PA 17011-8357

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

Name of Employer Prudential Financial Occupation Special Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 202.50

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 8

Transaction ID: 6944737

Amount of Each Receipt this Period  
45.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. April L. Howard

Mailing Address 3386 Williamsburg

City State Zip Code  
Boise ID 83706-5320

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

Name of Employer Howard Insurance Agency Occupation Agent/Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 8

Transaction ID: 6944749

Amount of Each Receipt this Period  
60.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. John C. Johns

Mailing Address 5141 Lilly Rd.

City State Zip Code  
Hazlehurst MS 39083

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 ▼ 212.50

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 8

Transaction ID: 6944779

Amount of Each Receipt this Period  
42.50

**SUBTOTAL** of Receipts This Page (optional) ..... ► **147.50**

**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: PAGE 47 / 104

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

**A.**

Full Name (Last, First, Middle Initial)

Ms. Cecilia H. Carlton

Mailing Address P. O. Box 636

City

Hazlehurst

State

MS

Zip Code

39083-0636

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Southern Farm Bureau Life Insurance

Occupation  
AGENT

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

MM / DD / YYYY  
05 / 10 / 2008

Transaction ID: 6944785

Amount of Each Receipt this Period

42.50

**B.**

Full Name (Last, First, Middle Initial)

Mr. Russell A. Smith

Mailing Address 22928 San Joaquin Drive East

City

Canyon Lake

State

CA

Zip Code

92587-7831

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Torimax Financial Group, Inc.

Occupation  
President & CEO

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

1042.00

Date of Receipt

MM / DD / YYYY  
05 / 10 / 2008

Transaction ID: 6944801

Amount of Each Receipt this Period

208.50

**C.**

Full Name (Last, First, Middle Initial)

Mr. H. Dan Smith

Mailing Address 1616 Rio Vista

City

Dallas

State

TX

Zip Code

75208-2338

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
State Farm Insurance Companies

Occupation  
Insurance Agent

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

MM / DD / YYYY  
05 / 10 / 2008

Transaction ID: 6944843

Amount of Each Receipt this Period

215.00

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

466.00

**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 48 / 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Daniel L. Rust	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 114 W. Arnold	<b>Transaction ID:</b> 6944853
	City State Zip Code Bozeman MT 59715-6129	Amount of Each Receipt this Period 90.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer State Farm Insurance Companies	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. John J. Bradley	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 148 Grove Street	<b>Transaction ID:</b> 6944886
	City State Zip Code Westwood MA 02090	Amount of Each Receipt this Period 41.66
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Bradley Insurance Agency, Inc	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.30	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. W. Adam Clatsoff	Date of Receipt MM / DD / YYYY 05 / 09 / 2008
	Mailing Address 3000 N.W. 101 Lane	<b>Transaction ID:</b> 6944900
	City State Zip Code Coral Springs FL 33065-3930	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Adcahb Life Group	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2631.66</b>
<b>TOTAL</b> 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: PAGE 49 / 104  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. R. Jan Pinney

Mailing Address 5152 Ellington Court

City State Zip Code  
Granite Bay CA 95746-7188

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

Name of Employer Pinney Insurance Center, Inc. Occupation General Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1040.00

Date of Receipt: 05 / 10 / 2008  
Transaction ID: 6944944  
Amount of Each Receipt this Period: 208.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Donald L. Maricle

Mailing Address 42 Pine Tree Ln.

City State Zip Code  
West Seneca NY 14224-4145

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

Name of Employer C & M Capital Resources, Inc. Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 23 / 2008  
Transaction ID: 6944946  
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Mitchell W. Ostrove

Mailing Address 4 New King Street

City State Zip Code  
White Plains NY 10604-1202

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

Name of Employer The Ostrove Group Inc. Occupation General Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 05 / 10 / 2008  
Transaction ID: 6944958  
Amount of Each Receipt this Period: 42.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **500.00**

**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 50 / 104
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. David M. Koll		Date of Receipt MM / DD / YYYY 05 / 10 / 2008		
	Mailing Address 1612 S. 152nd Street		<b>Transaction ID:</b> 6944968		
	City Omaha	State NE	Zip Code 68144-5121	Amount of Each Receipt this Period 105.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Mutual of Omaha	Occupation Insurance Agent	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼  
525.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Ms. Suzette F. Moline		Date of Receipt MM / DD / YYYY 05 / 20 / 2008		
	Mailing Address P.O. Box 488		<b>Transaction ID:</b> 6944984		
	City Sundance	State WY	Zip Code 82729-0488	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Mountain West Farm Bureau	Occupation Career Agent	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼  
250.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Michael J. Ables		Date of Receipt MM / DD / YYYY 05 / 10 / 2008		
	Mailing Address PO Box 2205		<b>Transaction ID:</b> 6945012		
	City Avila Beach	State CA	Zip Code 93424-2205	Amount of Each Receipt this Period 125.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Michael Ables Insurance Services	Occupation AGENT	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼  
605.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	380.00
<b>TOTAL</b> 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: PAGE 51 / 104

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

**A.**

Full Name (Last, First, Middle Initial)

Mr. David T. Koppa

Mailing Address 1105 Via Bolzano

City	State	Zip Code
Santa Barbara	CA	93111-1053

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

Name of Employer Cornerstone Insurance Ser- vices	Occupation Insurance Agent
---	-------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.50
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 0 8

Transaction ID: 6945018

Amount of Each Receipt this Period  
42.50

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jeffrey P. Case

Mailing Address 1311 33rd Avenue S.W.

City	State	Zip Code
Minot	ND	58701-7266

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

Name of Employer Case Financial Services Inc	Occupation General Agent
--	-----------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 165.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 0 8

Transaction ID: 6945042

Amount of Each Receipt this Period  
30.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jeffrey P. Case

Mailing Address 1311 33rd Avenue S.W.

City	State	Zip Code
Minot	ND	58701-7266

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

Name of Employer Case Financial Services Inc	Occupation General Agent
--	-----------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 0 8

Transaction ID: 6945046

Amount of Each Receipt this Period  
60.00

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

132.50

**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: PAGE 52 / 104  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Jeffrey P. Case

Mailing Address 1311 33rd Avenue S.W.

City State Zip Code  
Minot ND 58701-7266

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

Name of Employer Case Financial Services Inc  
Occupation General Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 255.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 0 / 2 0 0 8

Transaction ID: 6945048

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Leonard Martin

Mailing Address 98 Tennyson Rd

City State Zip Code  
Warwick RI 02888-1818

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

Name of Employer Martin & Associates  
Occupation OWNER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 252.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 8

Transaction ID: 6945146

Amount of Each Receipt this Period

50.40

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Jeffrey L. Collins

Mailing Address 1109 Culpepper Drive

City State Zip Code  
Rocky Mount NC 27803-2248

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

Name of Employer AXA Advisors  
Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 550.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 9 / 2 0 0 8

Transaction ID: 6945162

Amount of Each Receipt this Period

550.00

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

630.40

**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 53 / 104
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Thomas D. McNeil		Date of Receipt MM / DD / YYYY 05 / 10 / 2008		
	Mailing Address 49 Hagen Oaks Ct		<b>Transaction ID:</b> 6945258		
	City Alamo	State CA	Zip Code 94507	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Midland National Life	Occupation Regional Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Keith M. Gillies		Date of Receipt MM / DD / YYYY 05 / 10 / 2008		
	Mailing Address 109 W. Lakeview Dr.		<b>Transaction ID:</b> 6945266		
	City La Place	State LA	Zip Code 70068-2427	Amount of Each Receipt this Period 105.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer River Parishes Advisors Group, LLC	Occupation Managing Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 397.50			

<b>C.</b>	Full Name (Last, First, Middle Initial) Ms. Juli Y. McNeely		Date of Receipt MM / DD / YYYY 05 / 10 / 2008		
	Mailing Address S764 Hanson Road		<b>Transaction ID:</b> 6945376		
	City Spencer	State WI	Zip Code 54479	Amount of Each Receipt this Period 51.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer McNeely Financial Services Inc	Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 255.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	181.00
<b>TOTAL</b> 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: PAGE 54 / 104  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Patricia S. Lucas

Mailing Address 8375 Starlight Lane

City Boones Mill State VA Zip Code 24065-1909

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

Name of Employer Greystone Financial Group Occupation Financial Services Representative

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 05 / 10 / 2008  
Transaction ID: 6945516  
Amount of Each Receipt this Period: 42.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. John Everett

Mailing Address 531 Daniel

City Santa Maria State CA Zip Code 93454

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

Name of Employer Allstate Life Ins. Co./IL Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 05 / 10 / 2008  
Transaction ID: 6945534  
Amount of Each Receipt this Period: 42.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Carolyn S. Miller

Mailing Address 2469 W. Rosebush Rd

City Weidman State MI Zip Code 48893-9791

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

Name of Employer General Agency Company Occupation AGENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt: 05 / 10 / 2008  
Transaction ID: 6945550  
Amount of Each Receipt this Period: 21.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 105.00

**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: PAGE 55 / 104  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. James R. Christensen, Jr.

Mailing Address 440 Regency Pkwy Dr #139

City State Zip Code  
Omaha NE 68114

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

Name of Employer Occupation  
INSOURCE, Inc. General Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 525.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 8

**Transaction ID:** 6945686

Amount of Each Receipt this Period  
105.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert J. Hollander

Mailing Address 904 Rockhurst Dr.

City State Zip Code  
Lincoln NE 68510-4114

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

Name of Employer Occupation  
Farm Bureau Insurance Ser- AGENT  
vices

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 562.50

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 8

**Transaction ID:** 6945860

Amount of Each Receipt this Period  
112.50

**C.** Full Name (Last, First, Middle Initial)  
Mr. Dennis L. Miller

Mailing Address 649 State Road  
P.O. Box 186

City State Zip Code  
Vassar MI 48768-0186

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

Name of Employer Occupation  
Farm Bureau Life Ins Co/MI Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 212.50

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 8

**Transaction ID:** 6945876

Amount of Each Receipt this Period  
42.50

**SUBTOTAL** of Receipts This Page (optional) ..... ► 260.00

**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: PAGE 56 / 104  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Richard L. Hoover

Mailing Address 2920 S. Jones Blvd., #110

City State Zip Code  
Las Vegas NV 89146

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

Name of Employer Hoover and Associates Occupation Agency Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 8

**Transaction ID:** 6945932

Amount of Each Receipt this Period  
72.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. David G. Klemisch

Mailing Address 2801 26th Ave SW

City State Zip Code  
Fargo ND 58103

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

Name of Employer Klemisch Agency Occupation General Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 8

**Transaction ID:** 6945946

Amount of Each Receipt this Period  
51.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Thomas C. Besselman

Mailing Address 6421 Perkins Rd #2B

City State Zip Code  
Baton Rouge LA 70808-4125

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

Name of Employer The Besselman & Little Agency Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 8

**Transaction ID:** 6945994

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **173.00**

**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 57 / 104
	<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.** Full Name (Last, First, Middle Initial)  
Mr. Richard J. Chandik

Mailing Address 1332 Shorebird Ln

City Carlsbad State CA Zip Code 92011-4884

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

Name of Employer Lincoln Financial Network Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 237.50

Date of Receipt 05 / 10 / 2008

Transaction ID: 6946026

Amount of Each Receipt this Period 47.50

**B.** Full Name (Last, First, Middle Initial)  
Mr. Joseph J. Maltese

Mailing Address 4176 Arikakee Court

City Jacksonville State FL Zip Code 32223

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

Name of Employer John Hancock Della Porta Agency Occupation Investment Advisor Rep.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 10 / 2008

Transaction ID: 6946112

Amount of Each Receipt this Period 42.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Queenie M. Chee

Mailing Address 833 Waika Place

City Honolulu State HI Zip Code 96825-1061

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

Name of Employer The Principal Financial Group Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 10 / 2008

Transaction ID: 6946308

Amount of Each Receipt this Period 42.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **131.50**

**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 58 / 104
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Mark A. Chandik	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 42 Ritz Cove Drive	<b>Transaction ID:</b> 6946436
	City Dana Point State CA Zip Code 92629	Amount of Each Receipt this Period 105.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Financial Diligence Partners Occupation Agent/Owner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 525.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Jerry E. Jensen	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 190 So. 800 W.	<b>Transaction ID:</b> 6946444
	City Blackfoot State ID Zip Code 83221-6132	Amount of Each Receipt this Period 50.40
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Jensco, Inc. Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 252.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Timothy J. Brungardt	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 314 N. 5th.	<b>Transaction ID:</b> 6946448
	City Norfolk State NE Zip Code 68701-4093	Amount of Each Receipt this Period 42.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Heritage Financial Services Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>197.40</b>
<b>TOTAL</b> 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:	PAGE 59 / 104
	(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"/> 15
<input type="checkbox"/> 12	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Casey C. Knake		Date of Receipt MM / DD / YYYY 05 / 10 / 2008		
	Mailing Address 2902 Mach I Dr.		<b>Transaction ID:</b> 6946450		
	City Norfolk	State NE	Zip Code 68701-3238	Amount of Each Receipt this Period 42.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Heritage Financial Services, L.L.C.	Occupation Investment Specialist	Aggregate Year-to-Date 210.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Daniel L. Lawrence		Date of Receipt MM / DD / YYYY 05 / 10 / 2008		
	Mailing Address 5553 Peters Drive		<b>Transaction ID:</b> 6946458		
	City West Bend	State WI	Zip Code 53095	Amount of Each Receipt this Period 51.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Modern Woodmen of America	Occupation Agency Manager	Aggregate Year-to-Date 255.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Jaford D. Burgad		Date of Receipt MM / DD / YYYY 05 / 20 / 2008		
	Mailing Address 3842 N. 10th St.		<b>Transaction ID:</b> 6946530		
	City Fargo	State ND	Zip Code 58102-1044	Amount of Each Receipt this Period 60.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Mutual of Omaha Companies	Occupation Representative	Aggregate Year-to-Date 210.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>153.00</b>
<b>TOTAL</b> 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 60 / 104
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Scott D. Colby	Date of Receipt MM / DD / YYYY 05 / 20 / 2008
	Mailing Address 7077 E. Central #8	<b>Transaction ID:</b> 6946606
	City State Zip Code Wichita KS 67206-1929	Amount of Each Receipt this Period 1500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation New England Financial Financial Representative	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. James L. McConathy, Jr.	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 706 Trenton St., Apt. 6	<b>Transaction ID:</b> 6946722
	City State Zip Code West Monroe LA 71291	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation MetLife Financial Services Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Samuel H. Hazleton, IV	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 4220 Lakeshore Drive	<b>Transaction ID:</b> 6946822
	City State Zip Code Diamond Point NY 12824	Amount of Each Receipt this Period 42.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Northwestern Mutual Financial Representative	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1592.00
<b>TOTAL</b> 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 61 / 104
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Todd G. Grantham		Date of Receipt
	Mailing Address 203 Brandermill Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Durham	NC	27713
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 6946830
Name of Employer Northwestern Mutual Financial Network		Occupation Financial Representative	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 577.50	<input type="text"/> 115.50

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. James R. Goodrich		Date of Receipt
	Mailing Address 1860 Beech		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Mt. Pleasant	MI	48858-1280
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 6946838
Name of Employer Northwestern Mutual		Occupation Insurance Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 212.50	<input type="text"/> 42.50

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Steven B. Heinz		Date of Receipt
	Mailing Address 1341 E 600 N		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Orem	UT	84097
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 6946856
Name of Employer S. B. HEINZ & ASSOCIATES, INC.		Occupation Financial Rep	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 250.00	<input type="text"/> 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 208.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 / 104  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Eleanor B. Blaylock

Mailing Address 9439 Gay Lane

City State Zip Code  
Oil City LA 71061

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

Name of Employer Occupation  
Burke & Burke Insurance Agency Owner  
Mrktg, Inc.

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 355.00

Date of Receipt  
MM / DD / YYYY  
05 / 10 / 2008

**Transaction ID:** 6946941

Amount of Each Receipt this Period  
105.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Philip R. Lukins

Mailing Address P O Box 728

City State Zip Code  
Camas WA 98607

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

Name of Employer Occupation  
Principal Financial Group Regional Managing Director

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 19 / 2008

**Transaction ID:** 6946971

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Terry K. Headley

Mailing Address 20704 Meadow Ridge Dr

City State Zip Code  
Springfield NE 68059-7086

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

Name of Employer Occupation  
Headley / Scott & Associates General Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1040.00

Date of Receipt  
MM / DD / YYYY  
05 / 10 / 2008

**Transaction ID:** 6947009

Amount of Each Receipt this Period  
208.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1313.00**

**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: PAGE 63 / 104  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Richard D. Kimmel

Mailing Address 6525 Bellaire Drive S

City State Zip Code  
Ft Worth TX 76132-1138

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

Name of Employer Southwest Business Center 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  
0 5 / 1 0 / 2 0 0 8

Transaction ID: 6947041

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. John B. Kearns

Mailing Address 1802 First Ave

City State Zip Code  
Scottsbluff NE 69361

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

Name of Employer Jolliffe Capital, Inc. Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 212.50

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 8

Transaction ID: 6947153

Amount of Each Receipt this Period  
42.50

**C.**

Full Name (Last, First, Middle Initial)  
Mr. William A. Hume

Mailing Address 1075 Woodfield Lane

City State Zip Code  
Libertyville IL 60048

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

Name of Employer State Farm Insurance Companies Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 212.50

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 8

Transaction ID: 6947319

Amount of Each Receipt this Period  
42.50

**SUBTOTAL** of Receipts This Page (optional) ..... ► **135.00**

**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: PAGE 64 / 104  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Ms. Cylinda A. Clark

Mailing Address 4002 San Mateo

City State Zip Code  
Plano TX 75093-6618

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

Name of Employer: A&H Benefits Employee Benefits, Inc. Occupation: Sales Rep

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt: 05 / 10 / 2008  
**Transaction ID:** 6947383  
 Amount of Each Receipt this Period: 42.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. C. Robert Brown, Sr.

Mailing Address 8675 WestCott

City State Zip Code  
Germantown TN 38138-7738

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

Name of Employer: UCL Financial Group Occupation: President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 312.50

Date of Receipt: 05 / 10 / 2008  
**Transaction ID:** 6947477  
 Amount of Each Receipt this Period: 62.50

**C.** Full Name (Last, First, Middle Initial)  
Mr. Lane Boozar

Mailing Address 1400 N Corinth St Ste 109

City State Zip Code  
Corinth TX 76208-5444

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

Name of Employer: Don Boozar & Assoc. Occupation: Vice President - Marketing

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 10 / 2008  
**Transaction ID:** 6947577  
 Amount of Each Receipt this Period: 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **154.50**

**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 65 / 104
	<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

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Sharon L. Sparling

Mailing Address P.O. Box 1914

City State Zip Code  
Mount Vernon WA 98273-1914

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

Name of Employer Occupation  
Occupation PRODUCER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 0 / 2 0 0 8

**Transaction ID:** 6947613

Amount of Each Receipt this Period  
45.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Alan R. Zalewski

Mailing Address 6908 North 27th Street

City State Zip Code  
Tacoma WA 98407-1002

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

Name of Employer Occupation  
Burnley Wilson Associates President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 0 / 2 0 0 8

**Transaction ID:** 6947619

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Robert W. Smith

Mailing Address 244 N Rose Av

City State Zip Code  
Park Ridge IL 60068-2958

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

Name of Employer Occupation  
First Midwest Insurance Group LLC Insurance 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  
0 5 / 2 9 / 2 0 0 8

**Transaction ID:** 6947695

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **345.00**

**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: PAGE 66 / 104  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. James John Silbernagel

Mailing Address W 2329 Capital Drive

City State Zip Code  
Campbellsport WI 53010-3010

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

Name of Employer Occupation  
Silbernagel & Jasen Financial CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
05 / 10 / 2008

**Transaction ID:** 6947727

Amount of Each Receipt this Period  
60.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. John Palladino, Jr.

Mailing Address 15060 Becky Lane

City State Zip Code  
Monte Sereno CA 95030-2106

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

Name of Employer Occupation  
Link-Allen Benefit Group V.P

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
05 / 10 / 2008

**Transaction ID:** 6947759

Amount of Each Receipt this Period  
42.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Irv Wiese

Mailing Address 318 Stamford Bridge Rd

City State Zip Code  
Columbia SC 29212

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

Name of Employer Occupation  
MW Group Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
05 / 10 / 2008

**Transaction ID:** 6947775

Amount of Each Receipt this Period  
42.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **144.00**

**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: PAGE 67 / 104  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. David L. Sparks

Mailing Address PO Box 3509

City State Zip Code  
Hickory NC 28603

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

Name of Employer Capital Concepts Occupation Insurance Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 0 8

**Transaction ID:** 6947841

Amount of Each Receipt this Period  
137.50

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

Mailing Address 361 Pines Blvd.

City State Zip Code  
Lake Villa IL 60046-6600

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

Name of Employer Allstate Insurance Occupation Exclusive Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 8

**Transaction ID:** 6947901

Amount of Each Receipt this Period  
65.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Dallas H. Neal

Mailing Address 5130 Eastmoor Rd.

City State Zip Code  
Salt Lake City UT 84117-6915

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

Name of Employer Neal Insurance Benefits, LC Occupation OWNER

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 0 8

**Transaction ID:** 6947919

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **502.50**

**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: PAGE 68 / 104  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Robert W. Rensing

Mailing Address 2515 S. 105th Ave

City State Zip Code  
Omaha NE 68124-1825

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

Name of Employer  
Robert Rensing Agency, Inc

Occupation  
President/Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 0 / 2 0 0 8

**Transaction ID:** 6947923

Amount of Each Receipt this Period  
42.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. James E. Mitchell

Mailing Address 2209 Ontario

City State Zip Code  
Bellingham WA 98229-4027

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

Name of Employer  
Northwestern Financial Services

Occupation  
President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 0 / 2 0 0 8

**Transaction ID:** 6947959

Amount of Each Receipt this Period  
75.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Gary M. Owens

Mailing Address PO Box 835

City State Zip Code  
Sultan WA 98294

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

Name of Employer  
Gary M Owens Insurance Agency Inc

Occupation  
Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
212.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 0 / 2 0 0 8

**Transaction ID:** 6948081

Amount of Each Receipt this Period  
42.50

**SUBTOTAL** of Receipts This Page (optional) ..... ► **159.50**

**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: PAGE 69 / 104  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. John W. Wheeler, Jr.  
Mailing Address 1075 Aster Ln.  
City State Zip Code  
West Chicago IL 60185-1750  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00  
Date of Receipt: 05 / 10 / 2008  
Transaction ID: 6948085  
Amount of Each Receipt this Period: 42.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Joseph F. St. Pedro  
Mailing Address 103 Heffner Rd  
City State Zip Code  
Limerick PA 19468-1703  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
St. Pedro & Associates, Inc. President/CEO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt: 05 / 19 / 2008  
Transaction ID: 6948125  
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Daniel J. Wells  
Mailing Address 18830 Los Hermanos Ranch Rd  
City State Zip Code  
Valley Center CA 92082-6808  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Farmers Financial Services Owner/Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 287.50  
Date of Receipt: 05 / 10 / 2008  
Transaction ID: 6948159  
Amount of Each Receipt this Period: 47.50

**SUBTOTAL** of Receipts This Page (optional) ..... ► 339.50  
**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: PAGE 70 / 104  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Roger L. Owens

Mailing Address 104 Landing Lane

City State Zip Code  
Elkton MD 21921-5204

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

Name of Employer: Rymark Financial Services  
Occupation: Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 292.00

Date of Receipt: 05 / 10 / 2008  
Transaction ID: 6948213  
Amount of Each Receipt this Period: 62.50

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Robert J. Morales

Mailing Address 1125 Wyoming Avenue

City State Zip Code  
Reno NV 89503-3342

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

Name of Employer: Brecek & Young Advisors, Inc.  
Occupation: General Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 05 / 10 / 2008  
Transaction ID: 6948223  
Amount of Each Receipt this Period: 60.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Carolyn R. Watson

Mailing Address 2032 Hollis

City State Zip Code  
Abilene TX 79605-5726

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

Name of Employer: Ohio National Financial Services  
Occupation: Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 05 / 10 / 2008  
Transaction ID: 6948239  
Amount of Each Receipt this Period: 55.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **177.50**

**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 71 / 104
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Steven M. Stratton	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 17131 Parkview Dr	<b>Transaction ID:</b> 6948269
	City State Zip Code Morgan Hill CA 95037-6606	Amount of Each Receipt this Period 105.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Capital Planning Partners, LLC Occupation PARTNER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 575.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Bradley A. Peete	Date of Receipt MM / DD / YYYY 05 / 29 / 2008
	Mailing Address 100 Elmwood Terrace	<b>Transaction ID:</b> 6948271
	City State Zip Code Greensboro NC 27408	Amount of Each Receipt this Period 275.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Northwestern Mutual Financial Network Occupation Managing Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Boyd Lee Williams	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 7023 W. Willamette Ave	<b>Transaction ID:</b> 6948361
	City State Zip Code Kennewick WA 99336-1280	Amount of Each Receipt this Period 208.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kansas City Life Insurance Company Occupation Sales Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1040.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>588.00</b>
<b>TOTAL</b> 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: PAGE 72 / 104  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Thomas L. Wilkinson

Mailing Address 4315 S. 169 Circle

City State Zip Code  
Omaha NE 68135

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

Name of Employer: Heritage Financial Services  
Occupation: General Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt: 05 / 06 / 2008  
**Transaction ID:** 6948467  
 Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. John F. Nichols

Mailing Address 1331 W Norwood Avenue

City State Zip Code  
Chicago IL 60660-2509

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

Name of Employer: Disability Resource Group, Inc.  
Occupation: President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt: 05 / 10 / 2008  
**Transaction ID:** 6948525  
 Amount of Each Receipt this Period: 42.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. John F. Nichols

Mailing Address 1331 W Norwood Avenue

City State Zip Code  
Chicago IL 60660-2509

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

Name of Employer: Disability Resource Group, Inc.  
Occupation: President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt: 05 / 22 / 2008  
**Transaction ID:** 6948529  
 Amount of Each Receipt this Period: 150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **442.00**

**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 73 / 104
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Benson B. Terrell, Jr.		Date of Receipt MM / DD / YYYY 05 / 10 / 2008		
	Mailing Address 9261 Lanier Rd		Transaction ID: 6948591		
	City Lake Charles	State LA	Zip Code 70605	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Barry Terrell, CFP		Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Joseph A. Sztapka		Date of Receipt MM / DD / YYYY 05 / 10 / 2008		
	Mailing Address 3705 S. Judy Ave		Transaction ID: 6948595		
	City Sioux Falls	State SD	Zip Code 57103-7248	Amount of Each Receipt this Period 75.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Modern Woodmen of America		Occupation Agency Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. David G. Zick		Date of Receipt MM / DD / YYYY 05 / 22 / 2008		
	Mailing Address 851 Adams Court		Transaction ID: 6948713		
	City Bloomfield Hills	State MI	Zip Code 48304	Amount of Each Receipt this Period 625.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Group Associates, Inc.		Occupation General Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1250.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	750.00
<b>TOTAL</b> 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: PAGE 74 / 104  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. August P. Richter, IV

Mailing Address 401 Wild Oak Drive

City State Zip Code  
Manitowoc WI 54220-9054

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

Name of Employer Occupation  
Northwestern Mutual Special Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
MM / DD / YYYY  
05 / 10 / 2008

**Transaction ID:** 6948857

Amount of Each Receipt this Period  
50.40

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert E. Ross

Mailing Address 3918 S. Lisbon Way

City State Zip Code  
Aurora CO 80013-6032

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

Name of Employer Occupation  
Ross South Metro Agency, Inc. President & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
05 / 10 / 2008

**Transaction ID:** 6948995

Amount of Each Receipt this Period  
42.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Brian E. O'Brien

Mailing Address 1651 Wolf Run Dr.

City State Zip Code  
Richfield WI 53076-9686

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

Name of Employer Occupation  
The Principal Financial Group Managing Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
05 / 10 / 2008

**Transaction ID:** 6949009

Amount of Each Receipt this Period  
60.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **152.40**

**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: PAGE 75 / 104  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. James A. Shalek

Mailing Address 1706 Candleberry Lane

City State Zip Code  
Yorkville IL 60560-5810

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

Name of Employer Principal Financial Group      Occupation Insurance Agent

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 342.50

Date of Receipt 05 / 10 / 2008  
**Transaction ID: 6949019**  
Amount of Each Receipt this Period 75.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. D. David Russell

Mailing Address 8461 Eagle Preserve Way

City State Zip Code  
Sarasota FL 34241-9449

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

Name of Employer Rogers Benefit Group      Occupation Regional Mgr.

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 10 / 2008  
**Transaction ID: 6949031**  
Amount of Each Receipt this Period 50.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Ron Mullen

Mailing Address 6902 Mesa Drive

City State Zip Code  
Austin TX 78731-2822

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

Name of Employer Small Employer Benefits, L.P.      Occupation Insurance Agent

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 09 / 2008  
**Transaction ID: 6949033**  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 375.00

**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: PAGE 76 / 104

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

**A.**

Full Name (Last, First, Middle Initial)

Mr. Lester E. Westgard

Mailing Address 2714 26th Ave SW

City State Zip Code  
 Fargo ND 58103-5006

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

Name of Employer Occupation  
 The Principal Financial Group Special Marketing Developer

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 8

Transaction ID: 6949035

Amount of Each Receipt this Period

60.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Susan Waters

Mailing Address 2901 Telestar Ct

City State Zip Code  
 Falls Church VA 22042

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

Name of Employer Occupation  
 NAIFA Deputy CEO

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 75.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 3 0 / 2 0 0 8

Transaction ID: 6949097

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Susan Waters

Mailing Address 2901 Telestar Ct

City State Zip Code  
 Falls Church VA 22042

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

Name of Employer Occupation  
 NAIFA Deputy CEO

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 200.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 3 0 / 2 0 0 8

Transaction ID: 6949099

Amount of Each Receipt this Period

125.00

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

210.00

**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: PAGE 77 / 104  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Michael W. Struebing

Mailing Address 16112 Parker Street

City State Zip Code  
Omaha NE 68118-2429

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

Name of Employer Occupation  
Heritage Financial Services, LLC Representative

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 212.50

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	0	/	2	0	0	8

**Transaction ID:** 6949131

Amount of Each Receipt this Period  
42.50

**B.** Full Name (Last, First, Middle Initial)  
Mr. Earl A. Thompson

Mailing Address 21014 Pricewood Manor Ct.

City State Zip Code  
Cypress TX 77433

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

Name of Employer Occupation  
State Farm Insurance Companies Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 235.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	0	/	2	0	0	8

**Transaction ID:** 6949231

Amount of Each Receipt this Period  
47.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Edward F. Randolph

Mailing Address 1515 Mill Bay Road

City State Zip Code  
Kodiak AK 99615-6233

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

Name of Employer Occupation  
Edward F Randolph Ins. Agency President

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 210.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	0	/	2	0	0	8

**Transaction ID:** 6949235

Amount of Each Receipt this Period  
42.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **131.50**

**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: PAGE 78 / 104  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Brad Tison

Mailing Address 3216 Southern Woods Drive

City State Zip Code  
Des Moines IA 50321

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

Name of Employer Occupation  
The Achievement Group/Maxx Regional Marketing Officer  
Financial

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 252.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 8

Transaction ID: 6949299

Amount of Each Receipt this Period

50.40

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Richard R. Rios

Mailing Address 8720 El Chapul Way

City State Zip Code  
Fair Oaks CA 95628-5454

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

Name of Employer Occupation  
Brecek & Young Advisors Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 8

Transaction ID: 6949307

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Cliff F. Wilson

Mailing Address 1458 W. Bahia Court

City State Zip Code  
Gilbert AZ 85233-5600

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

Name of Employer Occupation  
Southeast Arizona Ins. Se- General Agent  
rvices, LTD /

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 630.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 8

Transaction ID: 6949355

Amount of Each Receipt this Period

126.00

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

226.40

**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: PAGE 79 / 104  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. William R. Anderson

Mailing Address 1842 Vermont Ave NW

City State Zip Code  
Washington DC 20001-5006

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

Name of Employer NAIFA Occupation Sr VP Law & Govt Rel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 187.47

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 3 0 / 2 0 0 8

**Transaction ID:** 6949445

Amount of Each Receipt this Period  
20.83

**B.** Full Name (Last, First, Middle Initial)  
Mr. William R. Anderson

Mailing Address 1842 Vermont Ave NW

City State Zip Code  
Washington DC 20001-5006

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

Name of Employer NAIFA Occupation Sr VP Law & Govt Rel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 208.30

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 3 0 / 2 0 0 8

**Transaction ID:** 6949447

Amount of Each Receipt this Period  
20.83

**C.** Full Name (Last, First, Middle Initial)  
Mr. Charles A. Webb

Mailing Address 2516 Longview Ave.

City State Zip Code  
Roanoke VA 24014

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

Name of Employer Benefits Group, Inc. Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 212.50

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 8

**Transaction ID:** 6949543

Amount of Each Receipt this Period  
42.50

**SUBTOTAL** of Receipts This Page (optional) ..... ► **84.16**

**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: PAGE 80 / 104  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)

Mr. Miguel Paredes

Mailing Address 5927 Tamarisk

City State Zip Code  
San Luis Obispo CA 93401-8281

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

Name of Employer Occupation  
Neal Truesdale Ins. Benefits

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 8

Transaction ID: 6949616

Amount of Each Receipt this Period

42.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jason Middaugh

Mailing Address 3307 Maple Street

City State Zip Code  
Fargo ND 58102-1230

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

Name of Employer Occupation  
Middaugh & Associates, In- AGENT

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 0 / 2 0 0 8

Transaction ID: 6949866

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Paul L. Farr

Mailing Address PO Box 112

City State Zip Code  
Point Harbor NC 27964-0112

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

Name of Employer Occupation  
Southern Farm Bureau Life Insurance AGENT

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 0 8

Transaction ID: 6950160

Amount of Each Receipt this Period

275.00

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

617.00

**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: PAGE 81 / 104  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Sharon G. Heierman

Mailing Address 2990 Kemp Rd

City State Zip Code  
Havana FL 32333

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

Name of Employer Florida Association of Insurance & Fin  
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
0	5	/	1	0	/	2	0	0	8

**Transaction ID:** 6950196

Amount of Each Receipt this Period  
42.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. David L. Belk

Mailing Address 2 Bay Tree Court

City State Zip Code  
Greensboro NC 27455

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

Name of Employer Belk Financial Group  
Occupation President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
231.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	0	/	2	0	0	8

**Transaction ID:** 6950260

Amount of Each Receipt this Period  
46.20

**C.** Full Name (Last, First, Middle Initial)  
Mr. Christopher Luke Simons

Mailing Address 713 Carper Dr

City State Zip Code  
Artesia NM 88210-2344

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

Name of Employer Simons and Associates  
Occupation Insurance Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
252.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	0	/	2	0	0	8

**Transaction ID:** 6950274

Amount of Each Receipt this Period  
50.40

**SUBTOTAL** of Receipts This Page (optional) ..... ► **138.60**

**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: PAGE 82 / 104  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Paul Adams

Mailing Address 5101 Missy Maric Lane

City State Zip Code  
Las Vegas NV 89130

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

Name of Employer Clearline Financial Group      Occupation Field Representative

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 05 / 10 / 2008  
Transaction ID: 6950284  
Amount of Each Receipt this Period: 150.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Rex W. Oliver

Mailing Address 1173 South 250 West Suite 201

City State Zip Code  
Saint George UT 84770-6739

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

Name of Employer Oliver Insurance and Financial      Occupation Insurance Agent

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 212.50

Date of Receipt: 05 / 10 / 2008  
Transaction ID: 6950326  
Amount of Each Receipt this Period: 42.50

**C.** Full Name (Last, First, Middle Initial)  
Mr Joseph L Morton, III

Mailing Address 5487 N. Bach

City State Zip Code  
Meridian ID 83642

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

Name of Employer Intermountain Legal Group      Occupation Attorney At Law

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

Date of Receipt: 05 / 10 / 2008  
Transaction ID: 6950342  
Amount of Each Receipt this Period: 126.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **318.50**

**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: PAGE 83 / 104  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. J Michael Clinton

Mailing Address 3525 Tilford Cir

City State Zip Code  
Monroe LA 71201

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

Name of Employer Occupation  
MetLife Financial Services Field Service Rep

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 10 / 2008

**Transaction ID:** 6950534

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. James E. Codr

Mailing Address 3434 N. 140th Cir.

City State Zip Code  
Omaha NE 68154

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

Name of Employer Occupation  
Wiig Codr Underwriters Co. Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 08 / 2008

**Transaction ID:** 6950939

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Jack J. Barry

Mailing Address 222 SW Columbia St Ste 825

City State Zip Code  
Portland OR 97201-6640

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

Name of Employer Occupation  
Oregon Financial Services Group Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 21 / 2008

**Transaction ID:** 6950973

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **550.00**

**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: PAGE 84 / 104  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

**A.**

Full Name (Last, First, Middle Initial)  
Mrs. Casey Lou-Ann Kolar

Mailing Address PO Box 280

City State Zip Code  
Currituck NC 27929-0280

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

Name of Employer Southern Farm Bureau Life Insurance  
Occupation AGENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
206.25

Date of Receipt  
MM / DD / YYYY  
05 / 27 / 2008

**Transaction ID:** 6951026

Amount of Each Receipt this Period  
137.50

**B.**

Full Name (Last, First, Middle Initial)  
Mrs. Diane K. Neely

Mailing Address 6635 SW Ventura Dr

City State Zip Code  
Portland OR 97223

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

Name of Employer  
Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
630.00

Date of Receipt  
MM / DD / YYYY  
05 / 10 / 2008

**Transaction ID:** 6951074

Amount of Each Receipt this Period  
105.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Alan J. Silver

Mailing Address 12150 Blythen Way

City State Zip Code  
Oakland CA 94619

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

Name of Employer Provada  
Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 21 / 2008

**Transaction ID:** 6951098

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **742.50**

**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 85 / 104
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Lisa M. Lettenmaier	Date of Receipt MM / DD / YYYY 05 / 21 / 2008
	Mailing Address 12977 Donald Rd. NE	<b>Transaction ID:</b> 6951110
	City State Zip Code Aurora OR 97002-8704	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Health Source NW Occupation General Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. James C. Clabuesch	Date of Receipt MM / DD / YYYY 05 / 10 / 2008
	Mailing Address 11375 Fairway Dr	<b>Transaction ID:</b> 6951156
	City State Zip Code Roscommon MI 48653	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Clabuesch Financial Services Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. E. Scott McKnight	Date of Receipt MM / DD / YYYY 05 / 31 / 2008
	Mailing Address 520 Pitchercane Rd	<b>Transaction ID:</b> 6951168
	City State Zip Code Hot Springs Nation AR 71901-8402	Amount of Each Receipt this Period 180.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer New York Life Occupation AGENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 195.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>480.00</b>
<b>TOTAL</b> 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 86 / 104
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. E. Scott McKnight	Date of Receipt MM / DD / YYYY 05 / 31 / 2008
	Mailing Address 520 Pitchercane Rd	<b>Transaction ID:</b> 6951170
	City State Zip Code Hot Springs Nation AR 71901-8402	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation New York Life AGENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Susan Waters	Date of Receipt MM / DD / YYYY 05 / 30 / 2008
	Mailing Address 2901 Telestar Ct	<b>Transaction ID:</b> 6963910
	City State Zip Code Falls Church VA 22042	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation NAIFA Deputy CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Susan Waters	Date of Receipt MM / DD / YYYY 05 / 30 / 2008
	Mailing Address 2901 Telestar Ct	<b>Transaction ID:</b> 6963916
	City State Zip Code Falls Church VA 22042	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation NAIFA Deputy CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	260.00
<b>TOTAL</b> 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:		PAGE 87 / 104	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Susan Waters		Date of Receipt																					
	Mailing Address 2901 Telestar Ct		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		3	0		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	5		3	0		2	0	0	8														
	City	State	Zip Code		<b>Transaction ID:</b> 6963918																			
	Falls Church	VA	22042																					
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>		Amount of Each Receipt this Period																				
Name of Employer NAIFA		Occupation Deputy CEO		<input type="text" value="150.00"/>																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="550.00"/>																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="150.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="29360.81"/>

# 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Wicker For Senate</p> <p>Mailing Address PO Box 64</p> <p>City Jackson State MS Zip Code 39205</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Wicker For Senate</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p><b>Transaction ID:</b> 6738587 <b>Date of Disbursement</b> 05 / 05 / 2008</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">5000.00</span></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Schakowsky For Congress</p> <p>Mailing Address P.O. Box 5130</p> <p>City Evanston State IL Zip Code 60204</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Rep. Janice D. Schakowsky</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 09</p>	<p><b>Transaction ID:</b> 6738603 <b>Date of Disbursement</b> 05 / 05 / 2008</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">1500.00</span></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Charles Boustany Jr Md For Congress Inc</p> <p>Mailing Address PO Box 80126</p> <p>City Lafayette State LA Zip Code 70598</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Rep. Charles W. Boustany, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: LA District: 07</p>	<p><b>Transaction ID:</b> 6738604 <b>Date of Disbursement</b> 05 / 05 / 2008</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">1000.00</span></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<span style="border: 1px solid black; padding: 5px; display: inline-block;">7500.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 5px; display: inline-block;"> </span>



# 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Levin For Congress  Mailing Address PO Box 37  City Roseville State MI Zip Code 48066  Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Rep. Sander M. Levin Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 12	Transaction ID: 6738605 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 8  Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">2500.00</div>
<b>B.</b>	Full Name (Last, First, Middle Initial) Robert Aderholt For Congress  Mailing Address P. O. Box 1158 940 Hwy 13  City Haleyville State AL Zip Code 35565  Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Rep. Robert B. Aderholt Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AL District: 04	Transaction ID: 6738606 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 8  Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div>
<b>C.</b>	Full Name (Last, First, Middle Initial) Dave Camp For Congress 2008  Mailing Address 5915 Eastman Ave. Suite 100  City Midland State MI Zip Code 48640  Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Rep. David Lee Camp Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 04	Transaction ID: 6738607 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 8  Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">2500.00</div>

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

**6000.00**

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Becerra For Congress</p> <p>Mailing Address P.O. Box 261060</p> <p>City Los Angeles State CA Zip Code 90026</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Rep. Xavier Becerra</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 6738608 <b>Date of Disbursement</b>  <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td>/</td><td>0</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">2500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	5	/	0	5	/	2	0	0	8	2500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	5	/	0	5	/	2	0	0	8													
2500.00																						
<p><b>B.</b> Full Name (Last, First, Middle Initial) Marion Berry For Congress</p> <p>Mailing Address P.O. Box 8084</p> <p>City Jonesboro State AR Zip Code 72403</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Rep. Marion Berry</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 01</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 6738609 <b>Date of Disbursement</b>  <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td>/</td><td>0</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	5	/	0	5	/	2	0	0	8	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	5	/	0	5	/	2	0	0	8													
1000.00																						
<p><b>C.</b> Full Name (Last, First, Middle Initial) Citizens For Tom Petri</p> <p>Mailing Address P.O. Box 270</p> <p>City Fond Du Lac State WI Zip Code 54936</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Rep. Thomas E. Petri</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 06</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 6743991 <b>Date of Disbursement</b>  <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td>/</td><td>0</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	5	/	0	6	/	2	0	0	8	1500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	5	/	0	6	/	2	0	0	8													
1500.00																						

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

5000.00

**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

A.	Full Name (Last, First, Middle Initial) Mike Pence Committee	Transaction ID: 6743993 Date of Disbursement 05 / 06 / 2008
	Mailing Address P. O. Box 408	
	City Anderson State IN Zip Code 46015	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Candidate Name Rep. Michael R. Pence Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 06	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) DAKPAC	Transaction ID: 6745436 Date of Disbursement 05 / 07 / 2008
	Mailing Address 420 C Street, NE/Lower Level	
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Candidate Name	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Defend America PAC	Transaction ID: 6747415 Date of Disbursement 05 / 07 / 2008
	Mailing Address PO Box 2626	
	City Tuscaloosa State AL Zip Code 35403	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Candidate Name	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	11000.00
<b>TOTAL</b> 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

A.	Full Name (Last, First, Middle Initial) Team Emerson For Jo Ann Emerson	Transaction ID: 6748806 Date of Disbursement 05 / 07 / 2008
	Mailing Address PO Box 822 P.O. Box 822	Amount of Each Disbursement this Period 1500.00
	City Cape Girardeau State MO Zip Code 63702	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Jo Ann Emerson	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 08	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Citizens For Harkin	Transaction ID: 6750687 Date of Disbursement 05 / 07 / 2008
	Mailing Address P O Box 811	Amount of Each Disbursement this Period 5000.00
	City Des Moines State IA Zip Code 50304	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Sen. Tom Harkin	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Committee To Re-Elect Nydia M. Velazquez To Congre	Transaction ID: 6757060 Date of Disbursement 05 / 07 / 2008
	Mailing Address 315 Inspiration Lane	Amount of Each Disbursement this Period 1500.00
	City Gaithersburg State MD Zip Code 20878	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Nydia M. Velazquez	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 12	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	8000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 93 / 104

<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

A.	Full Name (Last, First, Middle Initial) Durbin For Senate Committee	Transaction ID: 6793045 Date of Disbursement 05 / 12 / 2008
	Mailing Address PO Box 1949	Amount of Each Disbursement this Period 2500.00
	City Springfield State IL Zip Code 62705	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Richard Durbin	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Shelley Moore Capito For Congress	Transaction ID: 6794913 Date of Disbursement 05 / 13 / 2008
	Mailing Address P.O. Box 11519	Amount of Each Disbursement this Period 4000.00
	City Charleston State WV Zip Code 25339	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Shelley Moore Capito	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Blumenauer For Congress	Transaction ID: 6796015 Date of Disbursement 05 / 14 / 2008
	Mailing Address 830 Ne Holladay Suite 105	Amount of Each Disbursement this Period 2500.00
	City Portland State OR Zip Code 97232	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Earl Blumenauer	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	9000.00
<b>TOTAL</b> 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

A.	Full Name (Last, First, Middle Initial) Cole For Congress	Transaction ID: 6796076 Date of Disbursement 05 / 14 / 2008
	Mailing Address P.O. Box 722256	Amount of Each Disbursement this Period 2500.00
	City Norman State OK Zip Code 73070	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Thomas Cole	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 04	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Wally Herger For Congress Committee	Transaction ID: 6804832 Date of Disbursement 05 / 19 / 2008
	Mailing Address P.O. Box 1500	Amount of Each Disbursement this Period 2500.00
	City Chico State CA Zip Code 95927	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Wally Herger	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 02	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Bachus For Congress Committee	Transaction ID: 6804835 Date of Disbursement 05 / 19 / 2008
	Mailing Address P.O. Box 131134	Amount of Each Disbursement this Period 2500.00
	City Birmingham State AL Zip Code 35213	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Spencer Thomas Bachus, III	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 06	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7500.00
<b>TOTAL</b> 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

A.	Full Name (Last, First, Middle Initial) Committee To Re-Elect Artur Davis To Congress, The	Transaction ID: 6804988 Date of Disbursement 05 / 19 / 2008
	Mailing Address PO Box 1845	Amount of Each Disbursement this Period 1000.00
	City Birmingham State AL Zip Code 35201	
	Purpose of Disbursement Candidate Name Rep. Artur Davis Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 07	011 Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Citizens For Bunning	Transaction ID: 6805341 Date of Disbursement 05 / 19 / 2008
	Mailing Address 1717 Dixie Highway Suite 180	Amount of Each Disbursement this Period 1500.00
	City Ft Wright State KY Zip Code 41011	
	Purpose of Disbursement Candidate Name Sen. James Bunning Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District:	011 Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Citizens For Bunning	Transaction ID: 6806269 Date of Disbursement 03 / 21 / 2007
	Mailing Address 1717 Dixie Highway Suite 180	Amount of Each Disbursement this Period 2500.00
	City Ft Wright State KY Zip Code 41011	
	Purpose of Disbursement Contribution: Jim Bunning (KY-R-US Senate) Funds Reported On April 20, 2007 report Candidate Name Sen. James Bunning Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District:	011 Category/Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> Contribution: Jim Bunning (KY-R-US Senate) Funds Reported On April 20, 2007 report

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2500.00
<b>TOTAL</b> 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Citizens For Bunning</p> <p>Mailing Address 1717 Dixie Highway Suite 180</p> <p>City Ft Wright State KY Zip Code 41011</p> <p>Purpose of Disbursement Contribution: Jim Bunning (KY-R-US Senate) Re-designated funds for trans. dated 3/21/2007</p> <p>Candidate Name Sen. James Bunning</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 6806270 <b>Date of Disbursement</b> 05 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p><b>[MEMO ITEM]</b> Contribution: Jim Bunning (KY-R-US Senate) Re-designated funds for trans. dated 3/21/2007</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Westmoreland For Congress</p> <p>Mailing Address P.O. Box 458</p> <p>City Sharpsburg State GA Zip Code 30277</p> <p>Purpose of Disbursement Void - Westmoreland for Congress</p> <p>Candidate Name Rep. Lynn A. Westmoreland</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 6806277 <b>Date of Disbursement</b> 05 / 20 / 2008</p> <p>Amount of Each Disbursement this Period -1000.00</p> <p>Void - Westmoreland for Congress</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Devin Nunes Campaign Committee</p> <p>Mailing Address PO Box 6545</p> <p>City Visalia State CA Zip Code 93290</p> <p>Purpose of Disbursement</p> <p>Candidate Name Rep. Devin G. Nunes</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 21</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 6814009 <b>Date of Disbursement</b> 05 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>

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

1500.00

**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

A.	Full Name (Last, First, Middle Initial) Richardson For Congress	Transaction ID: 6814010 Date of Disbursement
	Mailing Address 1212 S Victory Blvd	<input type="text" value="05"/> / <input type="text" value="22"/> / <input type="text" value="2008"/>
	City Burbank State CA Zip Code 91502	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name Rep. Laura Richardson	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 37	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Cantor For Congress	Transaction ID: 6814011 Date of Disbursement
	Mailing Address P. O. Box 17813	<input type="text" value="05"/> / <input type="text" value="22"/> / <input type="text" value="2008"/>
	City Richmond State VA Zip Code 23226	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="4000.00"/>
	Candidate Name Rep. Eric I. Cantor	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Marsha Blackburn For Congress Inc.	Transaction ID: 6814012 Date of Disbursement
	Mailing Address PO Box 682185	<input type="text" value="05"/> / <input type="text" value="22"/> / <input type="text" value="2008"/>
	City Franklin State TN Zip Code 37068	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name Rep. Marsha Blackburn	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 07	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="11500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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)

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<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

A.	Full Name (Last, First, Middle Initial) Alexander for Senate 2008 Inc.	Transaction ID: 6814013 Date of Disbursement 05 / 22 / 2008
	Mailing Address 228 S Washington Street/Suite 115	Amount of Each Disbursement this Period 4000.00
	City Alexandria State VA Zip Code 22314	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Lamar Alexander	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District:	

B.	Full Name (Last, First, Middle Initial) Woolsey For Congress	Transaction ID: 6814017 Date of Disbursement 05 / 22 / 2008
	Mailing Address P.O. Box 750176	Amount of Each Disbursement this Period 1500.00
	City Petaluma State CA Zip Code 94975	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Lynn C. Woolsey	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 06	

C.	Full Name (Last, First, Middle Initial) Mary Landrieu for Senate Committee Inc	Transaction ID: 6823589 Date of Disbursement 05 / 28 / 2008
	Mailing Address 650 Poydras Street, Suite 1434	Amount of Each Disbursement this Period 3000.00
	City New Orleans State LA Zip Code 70130	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Mary Landrieu	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: LA District:	

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

8500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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

A.	Full Name (Last, First, Middle Initial) Friends Of Rosa Delauro	Transaction ID: 6823590 Date of Disbursement 05 / 28 / 2008
	Mailing Address 12 Trumbull Street	Amount of Each Disbursement this Period 2500.00
	City New Haven State CT Zip Code 06511	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Rosa L. DeLauro	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Walberg For Congress	Transaction ID: 6823591 Date of Disbursement 05 / 28 / 2008
	Mailing Address 6769 Teachout Rd.	Amount of Each Disbursement this Period 2500.00
	City Tipton State MI Zip Code 49287	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Tim Walberg	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 07	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) The Madison PAC	Transaction ID: 6823592 Date of Disbursement 05 / 28 / 2008
	Mailing Address 235 State Street, Suite 206	Amount of Each Disbursement this Period 5000.00
	City Springfield State MA Zip Code 01103	
	Purpose of Disbursement	011 Category/Type
	Candidate Name The Madison PAC	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	10000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 100 / 104

<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

A.	Full Name (Last, First, Middle Initial) Goode For Congress	Transaction ID: 6823593 Date of Disbursement 05 / 28 / 2008
	Mailing Address 235 South Main Street	Amount of Each Disbursement this Period 1000.00
	City Rocky Mount State VA Zip Code 24151	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Virgil H. Goode, Jr.	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Rush Holt For Congress	Transaction ID: 6827933 Date of Disbursement 05 / 30 / 2008
	Mailing Address PO Box 782	Amount of Each Disbursement this Period 1000.00
	City Pennington State NJ Zip Code 08534	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Rush D. Holt	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 12	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Gregg Harper For Congress	Transaction ID: 6828041 Date of Disbursement 05 / 30 / 2008
	Mailing Address Post Office Box 54344	Amount of Each Disbursement this Period 5000.00
	City Pearl State MS Zip Code 39288	
	Purpose of Disbursement debt retirement	011 Category/ Type
	Candidate Name Mr. Gregg Harper	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 03	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Debt Runoff2008

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

7000.00

**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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Johanns For Senate Incorporated</p> <p>Mailing Address 1201 O Street Suite 101</p> <p>City Lincoln State NE Zip Code 68506</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Mr. Michael Johanns</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District:</p>	<p><b>Transaction ID:</b> 6828042 <b>Date of Disbursement</b> 05 / 30 / 2008</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">5000.00</span></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Lee Terry For Congress</p> <p>Mailing Address P.O. Box 540098</p> <p>City Omaha State NE Zip Code 68154</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Rep. Lee Terry</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 02</p>	<p><b>Transaction ID:</b> 6828044 <b>Date of Disbursement</b> 05 / 30 / 2008</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">1000.00</span></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Friends Of Glenn Thompson</p> <p>Mailing Address 198 Park Road</p> <p>City Howard State PA Zip Code 16841</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Mr. Glenn Thompson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 05</p>	<p><b>Transaction ID:</b> 6828072 <b>Date of Disbursement</b> 05 / 30 / 2008</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">1000.00</span></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<span style="border: 1px solid black; padding: 5px; display: inline-block;">7000.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 5px; display: inline-block;"> </span>

**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)

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<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

A.

Full Name (Last, First, Middle Initial)

Chris Hackett For Congress

Transaction ID: 6828073

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	0		2	0	0	8

Mailing Address 23 Dallas Shopping Center

City State Zip Code  
Dallas PA 18612

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement

011
Category/ Type

Candidate Name  
Mr. Christopher Hackett

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: PA District: 10

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

1000.00
---------

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

103000.00
-----------

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

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

FOR LINE NUMBER: (check only one)

PAGE 103 / 104

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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

A.

Full Name (Last, First, Middle Initial)

Wachovia

Mailing Address P.O. box 40031

City  
Roanoke

State Zip Code  
VA 24022-0031

Purpose of Disbursement  
bank fees

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 6963886

Date of Disbursement

05 / 28 / 2008

Amount of Each Disbursement this Period

3179.16

bank fees

B.

Full Name (Last, First, Middle Initial)

NAIFA

Mailing Address 2901 Telestar Ct

City  
Falls Church

State Zip Code  
VA 22042

Purpose of Disbursement  
Payroll, Benefits, supplies, copies, etc.

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 6963888

Date of Disbursement

05 / 29 / 2008

Amount of Each Disbursement this Period

28711.66

Payroll, Benefits, supplies, copies, etc.

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

31890.82

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

31890.82

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 104 / 104	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> National Association of Insurance and Financial Advisors Political Action Comm			Nature of Debt (Purpose): Payroll, Benefits, copies, supplies, etc.
Mailing Address 2901 Telestar Court			
City Falls Church	State VA	ZIP Code 22042	

Outstanding Balance Beginning This Period		<b>Transaction ID: 6964069</b>	
53221.05			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	28711.66	24509.39	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	24509.39
2) <b>TOTALS</b> This Period (last page this line number only).....	24509.39
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	24509.39