

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

National Association of Insurance and Financial Advisors Political Action Comm

ADDRESS (number and street) 2901 Telestar Ct.

Check if different than previously reported. (ACC) Falls Church VA 22042

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C 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 Year-End 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 (12S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

- (d) 30-Day POST-Election Report for the:
- General (30G) Runoff (30R) Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 04 / 01 / 2015 through 04 / 30 / 2015

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 Matthew S. Tassej

Signature of Treasurer Matthew S. Tassej [Electronically Filed] Date 05 / 18 / 2015

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									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

National Association of Insurance and Financial Advisors Political Action Comm

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		835979.05
(b) Cash on Hand at Beginning of Reporting Period.....	866191.64	
(c) Total Receipts (from Line 19)	86059.47	351882.67
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	952251.11	1187861.72
7. Total Disbursements (from Line 31).....	73173.01	308783.62
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	879078.10	879078.10
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

National Association of Insurance and Financial Advisors Political Action Comm

Report Covering the Period: From: 04 / 01 / 2015 To: 04 / 30 / 2015

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	31793.68	88241.03
(ii) Unitemized	54265.79	253641.64
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	86059.47	341882.67
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	86059.47	351882.67
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	86059.47	351882.67
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	86059.47	351882.67

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	153.01	635.12
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	153.01	635.12
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	73000.00	306250.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	20.00	1898.50
(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)).....	20.00	1898.50
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	73173.01	308783.62
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	73173.01	308783.62

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	86059.47	351882.67
34. Total Contribution Refunds (from Line 28(d))	20.00	1898.50
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	86039.47	349984.17
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	153.01	635.12
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	153.01	635.12

**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 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Jules O. Gaudreau Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 7 Laurel Ln

City Wilbraham State MA Zip Code 01095-1565

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

Name of Employer The Gaudreau Group, Inc. Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 01 / 2015
Transaction ID : 13279090

Amount of Each Receipt this Period
 4500.00

B. Satendra P. Singh
Full Name (Last, First, Middle Initial)

Mailing Address 1200 Country Club Dr #2406

City Largo State FL Zip Code 33771-2166

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

Name of Employer Bryon Holz & Associates Occupation Investment Advisor Rep.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 01 / 2015
Transaction ID : 13279108

Amount of Each Receipt this Period
 250.00

C. Mr. John R. Milam
Full Name (Last, First, Middle Initial)

Mailing Address 426 Heathermoor Dr

City Knoxville State TN Zip Code 37934-2559

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

Name of Employer Willis of Tennessee, Inc. Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 02 / 2015
Transaction ID : 13279111

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	5250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. John William Felton IV
 Full Name (Last, First, Middle Initial)
 Mailing Address 5212 Bent River Blvd
 City Knoxville State TN Zip Code 37919-9350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tennessee Brokerage Agency, Inc. Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 02 / 2015
Transaction ID : 13279117
 Amount of Each Receipt this Period
 500.00

B. Mr. Michael J. Bussard
 Full Name (Last, First, Middle Initial)
 Mailing Address 5256 Lysander Lane
 City Brentwood State TN Zip Code 37027-3110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Insurance Company Occupation Regional Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 02 / 2015
Transaction ID : 13279119
 Amount of Each Receipt this Period
 250.00

C. Mr. Kevin S. Proffitt
 Full Name (Last, First, Middle Initial)
 Mailing Address 1507 Robin Rd
 City Maryville State TN Zip Code 37803-6525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northwestern Mutual - Knoxville Occupation Managing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 02 / 2015
Transaction ID : 13279125
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
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 8 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Kevin M. Yuenger
Full Name (Last, First, Middle Initial)

Mailing Address 118 Arkansas Court

City Murfreesboro State TN Zip Code 37129-4709

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

Name of Employer Cincinnati Life Occupation Field Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
04 / 02 / 2015
Transaction ID : 13279126

Amount of Each Receipt this Period
250.00

B. Mr. Mark D. Johnson
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 187

City Superior State WI Zip Code 54880-0187

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

Name of Employer RETIRED Occupation Agent/Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
04 / 03 / 2015
Transaction ID : 13279130

Amount of Each Receipt this Period
250.00

C. Mr. Allen A. Skogebo
Full Name (Last, First, Middle Initial)

Mailing Address 1500 Cheltenham Court East

City Crownsville State MD Zip Code 21032-2227

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

Name of Employer National Planning Corp. / Skogebo Asso Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
04 / 03 / 2015
Transaction ID : 13279132

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 800.00

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 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mr. Douglas R. VanWyck
 Full Name (Last, First, Middle Initial)
 Mailing Address 1852 Eagle Peak Ave
 City Clayton State CA Zip Code 94517-1802
 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 03 / 2015
Transaction ID : 13279141
 Amount of Each Receipt this Period
 300.00

B. Mr. Joseph R. Nienhaus
 Full Name (Last, First, Middle Initial)
 Mailing Address N65 W34599 Whittaker Rd
 City Oconomowoc State WI Zip Code 53066-5124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Woodbury Financial Occupation Regional Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 03 / 2015
Transaction ID : 13279144
 Amount of Each Receipt this Period
 600.00

C. Mr. D. Scott Brennan
 Full Name (Last, First, Middle Initial)
 Mailing Address 1418 E Wayne St
 City South Bend State IN Zip Code 46615-1040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Brennan Group Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 06 / 2015
Transaction ID : 13279148
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
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 10 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mr. Timothy D. Foster
 Full Name (Last, First, Middle Initial)
 Mailing Address 627 Park St E
 City Wayzata State MN Zip Code 55391-1043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Foster Klima & Company Inc. Occupation SR. PARTNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 06 / 2015
Transaction ID : 13279157
 Amount of Each Receipt this Period
 500.00

B. Mr. Phillip C. Richards
 Full Name (Last, First, Middle Initial)
 Mailing Address 16001 Collins Ave 3901
 City Sunny Isles Beach State FL Zip Code 33160-5511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North Star Resource Group Occupation Chairman/CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 699.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 06 / 2015
Transaction ID : 13279161
 Amount of Each Receipt this Period
 660.00

C. Mr. Jack B. Turner
 Full Name (Last, First, Middle Initial)
 Mailing Address 310 Fairway Drive
 City Clarksville State TN Zip Code 37043-4729
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Jack B. Turner & Associates, Inc Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 08 / 2015
Transaction ID : 13279173
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1660.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr. Gene H. Storms		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 08 / 2015 Transaction ID : 13279177
Mailing Address 18663 St. Mellion Place		Amount of Each Receipt this Period 1000.00
City Eden Prairie	State MN	Zip Code 55347-3484
FEC ID number of contributing federal political committee. C	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 ▼ 1500.00	

Full Name (Last, First, Middle Initial) B. Mr. Jack P. Dewald Jr.		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 08 / 2015 Transaction ID : 13279179
Mailing Address 8930 Calumet Cove		Amount of Each Receipt this Period 500.00
City Germantown	State TN	Zip Code 38138-8248
FEC ID number of contributing federal political committee. C	Name of Employer Agency Services Incorporated	Occupation General Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 537.50	

Full Name (Last, First, Middle Initial) C. Mr. Matthew S. Tassej		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 10 / 2015 Transaction ID : 13279228
Mailing Address 5 Reggio Ave		Amount of Each Receipt this Period 105.00
City Old Orchard Beach	State ME	Zip Code 04064-2709
FEC ID number of contributing federal political committee. C	Name of Employer E A Scribner Insurance Agency	Occupation AGENT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

SUBTOTAL of Receipts This Page (optional).....▶	1605.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Randy L. Scritchfield
Full Name (Last, First, Middle Initial)

Mailing Address 10105 Nightingale St.

City Gaithersburg State MD Zip Code 20882-4019

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

Name of Employer Montgomery Financial Group, Inc. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2015
Transaction ID : 13279253

Amount of Each Receipt this Period
 105.00

B. Mr. Kent A. Bennett
Full Name (Last, First, Middle Initial)

Mailing Address 280 Hollow Road

City Muncy State PA Zip Code 17756-5789

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

Name of Employer Kent A. Bennett & Associates, Inc. Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2015
Transaction ID : 13279255

Amount of Each Receipt this Period
 87.50

C. Mr. Edward A. Zabielski Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 104 Clay Ct

City Landenberg State PA Zip Code 19350-1380

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

Name of Employer AIG Financial Network Occupation Financial Advisor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2015
Transaction ID : 13279261

Amount of Each Receipt this Period
 210.00

SUBTOTAL of Receipts This Page (optional).....▶	402.50
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 13 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 427 4th St

City Marietta State OH Zip Code 45750-2004

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

Name of Employer The Schwendeman Agency, Inc. Occupation PRESIDENT/OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 04 / 10 / 2015
Transaction ID : 13279278

Amount of Each Receipt this Period 60.00

B. Mr. Lawrence E. Lounds
Full Name (Last, First, Middle Initial)

Mailing Address 2477 Valley Oaks Circle

City Flint State MI Zip Code 48532-5405

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

Name of Employer Security 1st Benefits Corporation Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt 04 / 10 / 2015
Transaction ID : 13279286

Amount of Each Receipt this Period 210.00

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

Mailing Address 3632 Petersburg Rd.

City Burlington State KY Zip Code 41005-8776

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

Name of Employer Charles Brown CLU & Company Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 10 / 2015
Transaction ID : 13279298

Amount of Each Receipt this Period 75.00

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: (check only one)	PAGE 14 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr. Robert M. Nelson		Date of Receipt
Mailing Address 14712 Shirley Street		M M M / D D D / Y Y Y Y Y Y 04 / 10 / 2015
City	State	Zip Code
Omaha	NE	68144-2144
FEC ID number of contributing federal political committee.		Transaction ID : 13279332
C		Amount of Each Receipt this Period
		210.00
Name of Employer	Occupation	
Nelson Murphy Insurance & Investments,	Managing Partner	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	840.00	

Full Name (Last, First, Middle Initial) B. Mr. Brian R. Phares		Date of Receipt
Mailing Address 1420 Hackberry Road		M M M / D D D / Y Y Y Y Y Y 04 / 10 / 2015
City	State	Zip Code
North Platte	NE	69101-6841
FEC ID number of contributing federal political committee.		Transaction ID : 13279341
C		Amount of Each Receipt this Period
		60.00
Name of Employer	Occupation	
Phares Financial Services	Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	240.00	

Full Name (Last, First, Middle Initial) C. Mr. Karl E. Hansen		Date of Receipt
Mailing Address 2068 Cynthia Way		M M M / D D D / Y Y Y Y Y Y 04 / 10 / 2015
City	State	Zip Code
Los Altos	CA	94024-7274
FEC ID number of contributing federal political committee.		Transaction ID : 13279361
C		Amount of Each Receipt this Period
		125.00
Name of Employer	Occupation	
The Vita Companies	Brokerage Consultant	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	500.00	

SUBTOTAL of Receipts This Page (optional).....▶	395.00
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 15 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Frank R. Nolimal
Full Name (Last, First, Middle Initial)

Mailing Address 7 Vita Fresco Court

City Henderson State NV Zip Code 89011-3156

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

Name of Employer Assurance Ltd Occupation AGENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 10 / 2015
Transaction ID : 13279422

Amount of Each Receipt this Period
 60.00

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

Mailing Address 1510 So. 183 Circle

City Omaha State NE Zip Code 68130

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

Name of Employer Ameritas Occupation AGENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1668.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 10 / 2015
Transaction ID : 13279487

Amount of Each Receipt this Period
 417.00

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

Mailing Address 144 Stonecrest Drive

City Asheville State NC Zip Code 28803-8514

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 363.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 10 / 2015
Transaction ID : 13279495

Amount of Each Receipt this Period
 22.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 499.00

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 16 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr. Elwood B. Syverson		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 10 / 2015 Transaction ID : 13279554
Mailing Address 509 Loomis Drive		Amount of Each Receipt this Period 30.00
City Mauston	State WI	Zip Code 53948-1522
FEC ID number of contributing federal political committee. C	Name of Employer The Syverson Agency, LLC	Occupation Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 295.00	

Full Name (Last, First, Middle Initial) B. Mr. Matt S. Huntington		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 10 / 2015 Transaction ID : 13279559
Mailing Address 2598 S. Oswego Street		Amount of Each Receipt this Period 60.00
City Aurora	State CO	Zip Code 80014-1814
FEC ID number of contributing federal political committee. C	Name of Employer Matt Huntington Insurance Agency, Inc.	Occupation Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Mr. Bryon A. Holz		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 10 / 2015 Transaction ID : 13279591
Mailing Address 207 Cindy Lane		Amount of Each Receipt this Period 104.50
City Brandon	State FL	Zip Code 33510-3905
FEC ID number of contributing federal political committee. C	Name of Employer Bryon Holz & Associates	Occupation Independent Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 468.00	

SUBTOTAL of Receipts This Page (optional).....▶	194.50
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 17 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Randall C. Wimsatt
Full Name (Last, First, Middle Initial)

Mailing Address 4400 Hannon Dr.

City Farmington State NM Zip Code 87402-8718

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

Name of Employer Randy Wimsatt Agency, Inc. Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

Date of Receipt 04 / 10 / 2015
Transaction ID : 13279598

Amount of Each Receipt this Period 51.00

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

Mailing Address 1512 Buchanan

City Wichita Falls State TX Zip Code 76309-2208

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

Name of Employer Boley-Featherston Ins. Occupation Financial Advisor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 534.00

Date of Receipt 04 / 10 / 2015
Transaction ID : 13279612

Amount of Each Receipt this Period 8.50

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

Mailing Address 341 Harbor Dr

City Lido Beach State NY Zip Code 11561-4906

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

Name of Employer Strategies for Wealth Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 833.32

Date of Receipt 04 / 10 / 2015
Transaction ID : 13279634

Amount of Each Receipt this Period 208.33

SUBTOTAL of Receipts This Page (optional).....▶ 267.83

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 18 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mr. John A. Davidson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1497 Rancho Ln
 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 ▼ 420.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 10 / 2015
Transaction ID : 13279649
 Amount of Each Receipt this Period
 105.00

B. Mr. Douglas B. Massey
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 60707
 City San Angelo State TX Zip Code 76906-0707
 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 ▼ 280.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 10 / 2015
Transaction ID : 13279669
 Amount of Each Receipt this Period
 70.00

C. Mr. Marcus T. Henderson Sr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 109 Barrington Court East
 City Franklin State TN Zip Code 37067-5003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Henderson Financial Group, Inc. Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 10 / 2015
Transaction ID : 13279682
 Amount of Each Receipt this Period
 75.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.00
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 19 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Mr. Dee K. Carter

Mailing Address 3207 Baumann Ave

City Midland State TX Zip Code 79701-5515

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

Name of Employer Carter Financial Group Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 10 / 2015

Transaction ID : 13279720

Amount of Each Receipt this Period
105.00

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

Mailing Address 13115 Beach Cir

City Anchorage State AK Zip Code 99515-3748

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

Name of Employer StrattonTurner LLC Occupation Managing Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 10 / 2015

Transaction ID : 13279723

Amount of Each Receipt this Period
105.00

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

Mailing Address 5734 San Florentine

City Las Vegas State NV Zip Code 89141-3912

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

Name of Employer Alpha & Omega Financial Occupation Brokerage Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **201.60**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 10 / 2015

Transaction ID : 13279746

Amount of Each Receipt this Period
50.40

SUBTOTAL of Receipts This Page (optional).....▶	260.40
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 20 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2177 NE 63 St.

City Fort Lauderdale State FL Zip Code 33308-1330

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

Name of Employer Estler Financial Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **834.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 10 / 2015

Transaction ID : 13279758

Amount of Each Receipt this Period
208.50

B. Mr. Michael O. Brown
Full Name (Last, First, Middle Initial)

Mailing Address 6512 NE 113th St

City Edmond State OK Zip Code 73013-8351

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

Name of Employer MassMutual Financial Group Occupation AGENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **416.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 10 / 2015

Transaction ID : 13279770

Amount of Each Receipt this Period
104.00

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

Mailing Address 2241 Lyons Bend Dr

City Knoxville State TN Zip Code 37919-8931

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

Name of Employer Capital Fin. Group, LLC Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 10 / 2015

Transaction ID : 13279775

Amount of Each Receipt this Period
84.00

SUBTOTAL of Receipts This Page (optional).....▶	396.50
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 21 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr. Byron Hyatt Erstad Jr.		Date of Receipt MM / DD / YYYY 04 / 10 / 2015 Transaction ID : 13279788
Mailing Address 2510 S Nantucket Way		Amount of Each Receipt this Period 90.00
City Boise	State ID	Zip Code 83706-5095
FEC ID number of contributing federal political committee. C		
Name of Employer Erstad & Company	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) B. Mr. Kenneth E. Knox		Date of Receipt MM / DD / YYYY 04 / 10 / 2015 Transaction ID : 13279835
Mailing Address Unit 9, 10 East St		Amount of Each Receipt this Period 50.40
City Providence	State RI	Zip Code 02906-3069
FEC ID number of contributing federal political committee. C		
Name of Employer Penn Mutual	Occupation Regional Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.60	

Full Name (Last, First, Middle Initial) C. Mr. H. Larry Fortenberry		Date of Receipt MM / DD / YYYY 04 / 10 / 2015 Transaction ID : 13279891
Mailing Address 123 Northshore Pt		Amount of Each Receipt this Period 105.00
City Madison	State MS	Zip Code 39110-7272
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 ▼ 420.00	

SUBTOTAL of Receipts This Page (optional).....▶	245.40
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 22 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Robert A. Miller
 Full Name (Last, First, Middle Initial)
 Mailing Address 727 Smith Ridge Rd
 City New Canaan State CT Zip Code 06840-3228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Miller-Pomerantz Occupation AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 04 / 10 / 2015
Transaction ID : 13279908
 Amount of Each Receipt this Period
 500.00

B. Mr. Donald T. Fulton
 Full Name (Last, First, Middle Initial)
 Mailing Address 43 Bridleshire Rd
 City Newark State DE Zip Code 19711-6217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New York Life Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 04 / 10 / 2015
Transaction ID : 13279913
 Amount of Each Receipt this Period
 60.00

C. Mr. Aldous Kawaihani Paalani
 Full Name (Last, First, Middle Initial)
 Mailing Address 2219 Kaululau Street
 City Honolulu State HI Zip Code 96813-1230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Equity Insurance Services, Inc Occupation Representative
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 04 / 10 / 2015
Transaction ID : 13280000
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	660.00
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 23 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr. Anthony D. Miller		Date of Receipt
Mailing Address 4502 Hi-Line Dr		M M M / D D D / Y Y Y Y Y Y 04 / 10 / 2015
City	State	Zip Code
Billings	MT	59106-4703
FEC ID number of contributing federal political committee.		Transaction ID : 13280022
C		Amount of Each Receipt this Period
		84.00
Name of Employer	Occupation	
Retirement Solutions	Financial Advisor	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	336.00	

Full Name (Last, First, Middle Initial) B. Mr. Mitchell C. Barnes		Date of Receipt
Mailing Address 8216 Limehouse Ln		M M M / D D D / Y Y Y Y Y Y 04 / 10 / 2015
City	State	Zip Code
Louisville	KY	40220-3833
FEC ID number of contributing federal political committee.		Transaction ID : 13280040
C		Amount of Each Receipt this Period
		50.40
Name of Employer	Occupation	
Northwestern Mutual	Wealth Management Advisor	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	201.60	

Full Name (Last, First, Middle Initial) C. Mr. Robert M. Roach		Date of Receipt
Mailing Address 1287 Harrison Pond Drive		M M M / D D D / Y Y Y Y Y Y 04 / 10 / 2015
City	State	Zip Code
Columbus	OH	43215
FEC ID number of contributing federal political committee.		Transaction ID : 13280051
C		Amount of Each Receipt this Period
		225.00
Name of Employer	Occupation	
NMFN - Kemelgor Financial Group	Wealth Management Advisor	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	900.00	

SUBTOTAL of Receipts This Page (optional).....▶	359.40
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 24 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Mr. John C. Haffner

Mailing Address P O Box 609

City Zionsville State IN Zip Code 46077-0609

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

Name of Employer Northwestern Mutual Occupation Financial Representative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt
04 / 10 / 2015

Transaction ID : 13280054

Amount of Each Receipt this Period
55.00

Full Name (Last, First, Middle Initial)
B. Ms. Laura P. DeGolier

Mailing Address 114 S. Main Street PMB 301

City Fond Du Lac State WI Zip Code 54935-4229

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

Name of Employer DeGolier Insurance Services, LLC Occupation OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
04 / 10 / 2015

Transaction ID : 13280064

Amount of Each Receipt this Period
125.00

Full Name (Last, First, Middle Initial)
C. Mr. Garry S. Bury

Mailing Address 622 Woodlake Dr

City Louisville State KY Zip Code 40245-5121

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

Name of Employer Northwestern Mutual Occupation Estate and Business Planning Advisor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt
04 / 10 / 2015

Transaction ID : 13280065

Amount of Each Receipt this Period
85.00

SUBTOTAL of Receipts This Page (optional)..... **265.00**

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 25 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Brian G. Blanchard
 Full Name (Last, First, Middle Initial)
 Mailing Address 19888 214th Avenue, NW
 City State Zip Code
 Big Lake MN 55309-8968
 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 ▼
 215.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2015
Transaction ID : 13280078
 Amount of Each Receipt this Period
 12.50

B. Mr. Lawrence J. Stack
 Full Name (Last, First, Middle Initial)
 Mailing Address 28630 GLENBROOK DR.
 Suite 1300
 City State Zip Code
 Farmington Hills MI 48331-2318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Michigan Financial VP - Financial Planning
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2015
Transaction ID : 13280171
 Amount of Each Receipt this Period
 125.00

C. Mr. Robert Eddy Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 203 Autumn Oak Bend
 City State Zip Code
 Lafayette LA 70508-8004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Prudential Financial DBA - Pinnacle Gr Financial Planner
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2015
Transaction ID : 13280178
 Amount of Each Receipt this Period
 85.00

SUBTOTAL of Receipts This Page (optional).....▶	222.50
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 26 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. George W. Hasse
Full Name (Last, First, Middle Initial)

Mailing Address 3728 Deer Flats St

City Las Vegas State NV Zip Code 89129-7042

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 ▼ **240.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 10 / 2015

Transaction ID : 13280186

Amount of Each Receipt this Period
60.00

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

Mailing Address 356 Equus Drive

City Camp Hill State PA Zip Code 17011-8357

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

Name of Employer Kaufmann & Associates, LLC Occupation Special Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 10 / 2015

Transaction ID : 13280193

Amount of Each Receipt this Period
120.00

C. Mr. Jack P. Dewald Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 8930 Calumet Cove

City Germantown State TN Zip Code 38138-8248

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

Name of Employer Agency Services Incorporated Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 10 / 2015

Transaction ID : 13280202

Amount of Each Receipt this Period
12.50

SUBTOTAL of Receipts This Page (optional)..... ▶ **192.50**

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 27 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 5141 Lilly Rd.

City Hazlehurst State MS Zip Code 39083-9490

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

Name of Employer Southern Farm Bureau Life Insurance Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **840.00**

Date of Receipt
04 / 10 / 2015
Transaction ID : 13280217

Amount of Each Receipt this Period
210.00

B. Mr. Daniel L. Rust
Full Name (Last, First, Middle Initial)

Mailing Address 114 W. Arnold

City Bozeman State MT Zip Code 59715-6129

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

Name of Employer State Farm Insurance Companies Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
04 / 10 / 2015
Transaction ID : 13280257

Amount of Each Receipt this Period
75.00

C. Mr. Paul A. Hagemann
Full Name (Last, First, Middle Initial)

Mailing Address 19800 S.W. Tile Flat Road

City Beaverton State OR Zip Code 97007-8700

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 ▼ **220.00**

Date of Receipt
04 / 10 / 2015
Transaction ID : 13280269

Amount of Each Receipt this Period
55.00

SUBTOTAL of Receipts This Page (optional)..... **340.00**

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 28 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr. Mitchell W. Ostrove		Date of Receipt MM / DD / YYYY 04 / 10 / 2015 Transaction ID : 13280307
Mailing Address 232 Norman Road		Amount of Each Receipt this Period 84.00
City New Rochelle	State NY	Zip Code 10804-3114
FEC ID number of contributing federal political committee. C		
Name of Employer Ameritas	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	

Full Name (Last, First, Middle Initial) B. Mr. Dave M. Koll		Date of Receipt MM / DD / YYYY 04 / 10 / 2015 Transaction ID : 13280312
Mailing Address 1612 S. 152nd Street		Amount of Each Receipt this Period 166.40
City Omaha	State NE	Zip Code 68144-5121
FEC ID number of contributing federal political committee. C		
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 ▼ 665.60	

Full Name (Last, First, Middle Initial) C. Mr. David T. Koppa		Date of Receipt MM / DD / YYYY 04 / 10 / 2015 Transaction ID : 13280332
Mailing Address 1105 Via Bolzano		Amount of Each Receipt this Period 55.50
City Santa Barbara	State CA	Zip Code 93111-1053
FEC ID number of contributing federal political committee. C		
Name of Employer Cornerstone Insurance Services	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 222.00	

SUBTOTAL of Receipts This Page (optional).....▶	305.90
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: (check only one)	PAGE 29 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mr. Leonard Martin
 Full Name (Last, First, Middle Initial)
 Mailing Address 1045 Warwick Ave
 Suite 104
 City Warwick State RI Zip Code 02888-3657
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Leonard Martin & Associates Inc Occupation OWNER
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **336.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2015
Transaction ID : 13280395
 Amount of Each Receipt this Period
84.00

B. Mr. Peter D. Holler
 Full Name (Last, First, Middle Initial)
 Mailing Address 112 Evergreen Pl
 City Bristol State TN Zip Code 37620-3059
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SBS Services Occupation President
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **220.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2015
Transaction ID : 13280409
 Amount of Each Receipt this Period
55.00

C. Mr. C. David Isaac
 Full Name (Last, First, Middle Initial)
 Mailing Address 1705 Timber Valley Ct
 City Kokomo State IN Zip Code 46902-5097
 FEC ID number of contributing federal political committee. **C**
 Name of Employer David Isaac & Associates Occupation OWNER
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2015
Transaction ID : 13280458
 Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... **239.00**
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 30 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Ms. Brenda D. Doty		Date of Receipt
Mailing Address 504 Industrial Drive		<input type="text" value="04"/> / <input type="text" value="10"/> / <input type="text" value="2015"/>
City	State	Zip Code
Horseshoe Bend	AR	72512-1351
FEC ID number of contributing federal political committee.		Transaction ID : 13280487
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="51.00"/>
Name of Employer	Occupation	
The Doty Group, Inc.	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="204.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ms. Juli Y. McNeely		Date of Receipt
Mailing Address S764 Hanson Rd		<input type="text" value="04"/> / <input type="text" value="10"/> / <input type="text" value="2015"/>
City	State	Zip Code
Spencer	WI	54479-9579
FEC ID number of contributing federal political committee.		Transaction ID : 13280545
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="208.00"/>
Name of Employer	Occupation	
McNeely Financial Services, Inc.	AGENT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="832.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. Richard L. Miller		Date of Receipt
Mailing Address 1214 Karr Ave.		<input type="text" value="04"/> / <input type="text" value="10"/> / <input type="text" value="2015"/>
City	State	Zip Code
Yakima	WA	98902-5026
FEC ID number of contributing federal political committee.		Transaction ID : 13280566
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="87.50"/>
Name of Employer	Occupation	
Northwestern Mutual Financial Network	Financial_Advisor	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="350.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="346.50"/>
TOTAL 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: (check only one)	PAGE 31 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mrs. Sherry K. Flynn		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 10 / 2015
Mailing Address 58 C R 5151		Transaction ID : 13280582
City Bloomfield	State NM	Zip Code 87413-9700
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 51.00
Name of Employer Flynn Financial Services	Occupation Investment Adviser Representative	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 204.00	

Full Name (Last, First, Middle Initial) B. Mr. John Everett		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 10 / 2015
Mailing Address 531 Daniel		Transaction ID : 13280627
City Santa Maria	State CA	Zip Code 93454-7898
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 84.00
Name of Employer Allstate Life Insurance Company	Occupation AGENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	

Full Name (Last, First, Middle Initial) C. Mr. Kenneth G. Gallacher		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 10 / 2015
Mailing Address 1500 Rawhide		Transaction ID : 13280669
City Henderson	State NV	Zip Code 89002-8814
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.40
Name of Employer American National Insurance Company	Occupation Regional Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.60	

SUBTOTAL of Receipts This Page (optional).....▶	185.40
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 32 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr. Jay R. Denny III		Date of Receipt
Mailing Address 8707 Standish Ln.		M M M / D D D / Y Y Y Y Y Y 04 / 10 / 2015
City	State	Zip Code
Richmond	VA	23229-7922
FEC ID number of contributing federal political committee.		Transaction ID : 13280764
C		Amount of Each Receipt this Period
		125.00
Name of Employer	Occupation	
AXA Advisors, LLC	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	500.00	

Full Name (Last, First, Middle Initial) B. Mr. Charles H. Craddock Jr.		Date of Receipt
Mailing Address 161 Cordelia Dr		M M M / D D D / Y Y Y Y Y Y 04 / 10 / 2015
City	State	Zip Code
Ruckersville	VA	22968-3600
FEC ID number of contributing federal political committee.		Transaction ID : 13280777
C		Amount of Each Receipt this Period
		85.00
Name of Employer	Occupation	
Craddock Insurance Services Inc	President/CEO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	340.00	

Full Name (Last, First, Middle Initial) C. Mr. Gregory Lynn Grimes		Date of Receipt
Mailing Address 4604 Shale Oaks Ave.		M M M / D D D / Y Y Y Y Y Y 04 / 10 / 2015
City	State	Zip Code
Columbia	MO	65203-8566
FEC ID number of contributing federal political committee.		Transaction ID : 13280841
C		Amount of Each Receipt this Period
		55.00
Name of Employer	Occupation	
Financial Resource Group, LLC	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	220.00	

SUBTOTAL of Receipts This Page (optional).....▶	265.00
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 33 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Kevin L. Bell
Full Name (Last, First, Middle Initial)

Mailing Address 318 W Greyhound Pass

City Carmel State IN Zip Code 46032-7007

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

Name of Employer Guardian Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2015

Transaction ID : 13280858

Amount of Each Receipt this Period
 105.00

B. Mr. William Clay Birdwell
Full Name (Last, First, Middle Initial)

Mailing Address 9239 Brushboro Drive

City Brentwood State TN Zip Code 37027-6112

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

Name of Employer Birdwell Insurance Group, LLC Occupation Broker Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2015

Transaction ID : 13280869

Amount of Each Receipt this Period
 70.00

C. Mr. Casey C. Knake
Full Name (Last, First, Middle Initial)

Mailing Address 2902 Mach I Dr.

City Norfolk State NE Zip Code 68701-3238

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

Name of Employer Heritage Financial Services, LLC Occupation Investment Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2015

Transaction ID : 13281091

Amount of Each Receipt this Period
 84.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 259.00

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 34 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Daniel L. Lawrence
 Full Name (Last, First, Middle Initial)
 Mailing Address 5553 Peters Drive
 City West Bend State WI Zip Code 53095-8301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Modern Woodmen of America Occupation Agency Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 505.00

Date of Receipt 04 / 10 / 2015
Transaction ID : 13281093
 Amount of Each Receipt this Period 70.00

B. Mr. Rolando G. Barrera
 Full Name (Last, First, Middle Initial)
 Mailing Address 2621 Camargo
 City Corpus Christi State TX Zip Code 78415-5649
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Roland Barrera Insurance Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 467.00

Date of Receipt 04 / 10 / 2015
Transaction ID : 13281177
 Amount of Each Receipt this Period 104.25

C. Mr. Chris Hatton
 Full Name (Last, First, Middle Initial)
 Mailing Address 2021 Wanderlust Dr
 City Lewisville State TX Zip Code 75067-7414
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Money Matters Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 04 / 10 / 2015
Transaction ID : 13281194
 Amount of Each Receipt this Period 105.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 279.25
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 35 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Curtis Lowell Eskew Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1680 Keely Lane
 City Sarasota State FL Zip Code 34232-3061
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New York Life Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2015
Transaction ID : 13281215
 Amount of Each Receipt this Period
 84.00

B. Ms. Kap-Sun C. Enders
 Full Name (Last, First, Middle Initial)
 Mailing Address 10620 Wahington Circle
 City Anchorage State AK Zip Code 99515-2505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New York Life Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2015
Transaction ID : 13281249
 Amount of Each Receipt this Period
 75.00

C. Mr. Rodger K. Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 910 N. Houston
 City Bullard State TX Zip Code 75757-5128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New York Life Occupation Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2015
Transaction ID : 13281256
 Amount of Each Receipt this Period
 84.00

SUBTOTAL of Receipts This Page (optional).....▶	243.00
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 36 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Bruce W. Laughlin
Full Name (Last, First, Middle Initial)

Mailing Address 11335 Merlin Ct.

City Indianapolis State IN Zip Code 46239-8400

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

Name of Employer Bruce Laughlin Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2015

Transaction ID : 13281270

Amount of Each Receipt this Period
 12.50

B. Mr. Randy Collins
Full Name (Last, First, Middle Initial)

Mailing Address 3241 Tudor Dr

City Lexington State KY Zip Code 40503-3430

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

Name of Employer Occupation ADVISOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 201.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2015

Transaction ID : 13281278

Amount of Each Receipt this Period
 50.40

C. Mr. Todd G. Grantham
Full Name (Last, First, Middle Initial)

Mailing Address 4 Montcrest Drive Drive

City Durham State NC Zip Code 27713-8136

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

Name of Employer Northwestern Mutual Financial Network Occupation Financial Advisor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 915.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2015

Transaction ID : 13281295

Amount of Each Receipt this Period
 228.80

SUBTOTAL of Receipts This Page (optional)..... ▶ 291.70

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 37 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mr. James R. Goodrich
 Full Name (Last, First, Middle Initial)
 Mailing Address 1860 Beech
 City State Zip Code
 Mt. Pleasant MI 48858-1280
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Northwestern Mutual Insurance Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2015
Transaction ID : 13281305
 Amount of Each Receipt this Period
 105.00

B. Mr. Lance P. Franczyk
 Full Name (Last, First, Middle Initial)
 Mailing Address 2224 E 24th St
 City State Zip Code
 Tulsa OK 74114-2912
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Northwestern Mutual Managing Partner
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2015
Transaction ID : 13281327
 Amount of Each Receipt this Period
 84.00

c. Mr. O. Taylor Davis
 Full Name (Last, First, Middle Initial)
 Mailing Address 104 Hanover Square
 City State Zip Code
 Lafayette LA 70508-4843
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 The Louisiana Group Financial Representative
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2015
Transaction ID : 13281331
 Amount of Each Receipt this Period
 62.50

SUBTOTAL of Receipts This Page (optional).....▶	251.50
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 38 OF 81
	<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. Mrs. Eleanor B. Blaylock
 Full Name (Last, First, Middle Initial)
 Mailing Address 9439 Gay Lane
 City State Zip Code
 Oil City LA 71061-9705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Burke & Burke Insurance Marketing, Inc Agency Owner
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2015
Transaction ID : 13281368
 Amount of Each Receipt this Period
 112.50

B. Mr. Terry K. Headley
 Full Name (Last, First, Middle Initial)
 Mailing Address 20704 Meadow Ridge Drive
 City State Zip Code
 Springfield NE 68059-7086
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Headley Financial Group President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1510.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2015
Transaction ID : 13281412
 Amount of Each Receipt this Period
 320.00

C. Mr. Mark A. Kolterman
 Full Name (Last, First, Middle Initial)
 Mailing Address 2577 Waverly Road
 City State Zip Code
 Seward NE 68434-8030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Kolterman Agency, Inc. President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2015
Transaction ID : 13281413
 Amount of Each Receipt this Period
 85.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 517.50
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 39 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Mr. Richard D. Kimmel		Date of Receipt
Mailing Address 6525 Bellaire Drive S		M M M / D D D / Y Y Y Y Y Y 04 / 10 / 2015
City State Zip Code Ft Worth TX 76132-1138		Transaction ID : 13281421
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Principal Financial Group	Occupation Regional Managing Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Mr. Gregory P. Daigle		Date of Receipt
Mailing Address 117 Barton Terrace		M M M / D D D / Y Y Y Y Y Y 04 / 10 / 2015
City State Zip Code Youngsville LA 70592-5741		Transaction ID : 13281469
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Pinnacle Group	Occupation Financial Advisor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Mr. John B. Kearns		Date of Receipt
Mailing Address 1605 Broadway		M M M / D D D / Y Y Y Y Y Y 04 / 10 / 2015
City State Zip Code Scottsbluff NE 69361-3153		Transaction ID : 13281480
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer MONUMENT FINANCIAL SERVICES LLC	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

SUBTOTAL of Receipts This Page (optional).....▶	285.00
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 40 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Ms. Lisa Laliberte		Date of Receipt
Mailing Address 17 Grove Street		<input type="text" value="04"/> / <input type="text" value="10"/> / <input type="text" value="2015"/>
City	State	Zip Code
Lewiston	ME	04240-3425
FEC ID number of contributing federal political committee.		Transaction ID : 13281520
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="60.00"/>
Name of Employer	Occupation	
State Farm Insurance Companies	Lisa Laliberte	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mrs. Melissa H. Snively		Date of Receipt
Mailing Address 16104 Ternglade Drive		<input type="text" value="04"/> / <input type="text" value="10"/> / <input type="text" value="2015"/>
City	State	Zip Code
Lithia	FL	33547-5858
FEC ID number of contributing federal political committee.		Transaction ID : 13281529
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="105.00"/>
Name of Employer	Occupation	
Melissa Snively State Farm Insurance	State Farm Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="420.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. C. Robert Brown Sr.		Date of Receipt
Mailing Address 8675 WestCott		<input type="text" value="04"/> / <input type="text" value="10"/> / <input type="text" value="2015"/>
City	State	Zip Code
Germantown	TN	38138-7738
FEC ID number of contributing federal political committee.		Transaction ID : 13281661
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="155.00"/>
Name of Employer	Occupation	
Ameritas	President	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="620.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="320.00"/>
TOTAL 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: (check only one)	PAGE 41 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 281 Moonraker Drive

City Slidell State LA Zip Code 70458-5524

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

Name of Employer New York Life Occupation AGENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt **04 / 10 / 2015**

Transaction ID : 13281711

Amount of Each Receipt this Period **84.00**

B. Mr. Mark D. Olson
Full Name (Last, First, Middle Initial)

Mailing Address 34 Stryker Ct

City Bridgewater State NJ Zip Code 08807-1639

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

Name of Employer Horizon Wealth Strategies, LLC Occupation Financial Planner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **04 / 10 / 2015**

Transaction ID : 13281810

Amount of Each Receipt this Period **60.00**

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

Mailing Address N2248 State Road 67

City Campbellsport State WI Zip Code 53010-2933

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

Name of Employer The Silbernagel Group Inc. Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **04 / 10 / 2015**

Transaction ID : 13281811

Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... **244.00**

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 42 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr. Irv Wiese		Date of Receipt
Mailing Address 250 Yale Road		M M M / D D D / Y Y Y Y Y Y 04 / 10 / 2015
City	State	Zip Code
Lexington	SC	29072-2289
FEC ID number of contributing federal political committee.		Transaction ID : 13281840
C		Amount of Each Receipt this Period
		52.00
Name of Employer	Occupation	
MW Group	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	208.00	

Full Name (Last, First, Middle Initial) B. Mr. Michael G. Murphy		Date of Receipt
Mailing Address 2041 S 88 St		M M M / D D D / Y Y Y Y Y Y 04 / 10 / 2015
City	State	Zip Code
Omaha	NE	68124-2111
FEC ID number of contributing federal political committee.		Transaction ID : 13281959
C		Amount of Each Receipt this Period
		84.00
Name of Employer	Occupation	
Nelson Murphy Insurance & Investments,	PARTNER	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	336.00	

Full Name (Last, First, Middle Initial) C. Mr. Gregory T. Toscano		Date of Receipt
Mailing Address 24 Snelling Ave		M M M / D D D / Y Y Y Y Y Y 04 / 10 / 2015
City	State	Zip Code
Duluth	MN	55812-1158
FEC ID number of contributing federal political committee.		Transaction ID : 13281967
C		Amount of Each Receipt this Period
		210.00
Name of Employer	Occupation	
Johnson Insurance Consultants	Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	840.00	

SUBTOTAL of Receipts This Page (optional).....▶	346.00
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 43 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr. James J. Van Ham			Date of Receipt
Mailing Address 2748 Newport Drv			M M M / D D D / Y Y Y Y Y Y 04 / 10 / 2015
City	State	Zip Code	Transaction ID : 13281992
Naperville	IL	60565-6711	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		105.00
Name of Employer	Occupation		
Strategic Financial Group, Inc.	Insurance Agent		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼	420.00		

Full Name (Last, First, Middle Initial) B. Mr. John W W. Wheeler Jr.			Date of Receipt
Mailing Address 1075 Aster Ln			M M M / D D D / Y Y Y Y Y Y 04 / 10 / 2015
City	State	Zip Code	Transaction ID : 13281994
West Chicago	IL	60185-1750	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		104.50
Name of Employer	Occupation		
Water Tower Financial Partners, LLC	Executive Vice President		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼	418.00		

Full Name (Last, First, Middle Initial) C. Mr. Daniel J. Wells			Date of Receipt
Mailing Address 18830 Los Hermanos Ranch Rd			M M M / D D D / Y Y Y Y Y Y 04 / 10 / 2015
City	State	Zip Code	Transaction ID : 13282035
Valley Center	CA	92082-6808	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		75.00
Name of Employer	Occupation		
Daniel Wells Insurance & Financial Ser	Owner/Agent		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼	300.00		

SUBTOTAL of Receipts This Page (optional).....▶	284.50
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 44 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 104 Landing Lane

City Elkton State MD Zip Code 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 ▼ 240.00

Date of Receipt 04 / 10 / 2015
Transaction ID : 13282060

Amount of Each Receipt this Period 60.00

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

Mailing Address 112 Mechanic St

City Westbrook State ME Zip Code 04092-2843

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

Name of Employer Mosley Financial Group Occupation Financial Advisor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt 04 / 10 / 2015
Transaction ID : 13282308

Amount of Each Receipt this Period 84.00

C. Mr. Harold T. Morris Sr.
Full Name (Last, First, Middle Initial)

Mailing Address 438 Mechunk Creek Dr

City Troy State VA Zip Code 22974-9742

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

Name of Employer Morris Ins Agency Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 04 / 10 / 2015
Transaction ID : 13282427

Amount of Each Receipt this Period 35.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 179.00

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 45 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1706 Candleberry Lane

City Yorkville State IL Zip Code 60560-5810

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

Name of Employer: Principal Financial Group Occupation: Senior Financial Representative

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt: **04 / 10 / 2015**

Transaction ID : 13282441

Amount of Each Receipt this Period: **75.00**

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

Mailing Address 8461 Eagle Preserve Way

City Sarasota State FL Zip Code 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 ▼ **420.00**

Date of Receipt: **04 / 10 / 2015**

Transaction ID : 13282444

Amount of Each Receipt this Period: **105.00**

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

Mailing Address 1458 W Bahia Ct

City Gilbert State AZ Zip Code 85233-5600

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

Name of Employer: Southeast Arizona Insurance Services, Occupation: General Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **543.00**

Date of Receipt: **04 / 10 / 2015**

Transaction ID : 13282631

Amount of Each Receipt this Period: **126.00**

SUBTOTAL of Receipts This Page (optional)..... **306.00**

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 46 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Mr. John R. Wheeler

Mailing Address 5421 Upland Trail

City Middleton State WI Zip Code 53562-5220

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

Name of Employer John Patrick Planning Group Occupation PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **212.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 10 / 2015

Transaction ID : 13282642

Amount of Each Receipt this Period
12.50

Full Name (Last, First, Middle Initial)
B. Mr. Tom Cothron

Mailing Address 4280 SW 20th Ave

City Ocala State FL Zip Code 34474-5950

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

Name of Employer Southern Farm Bureau Life Occupation Agency Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **418.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 10 / 2015

Transaction ID : 13282766

Amount of Each Receipt this Period
104.50

Full Name (Last, First, Middle Initial)
C. Mr. Paul R. Dougherty

Mailing Address 10709 Croom Road

City Upper Marlboro State MD Zip Code 20772-8406

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

Name of Employer State Farm Insurance Companies Occupation AGENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 10 / 2015

Transaction ID : 13282848

Amount of Each Receipt this Period
112.50

SUBTOTAL of Receipts This Page (optional)..... ▶ **229.50**

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 47 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Mr. Rod Whited

Mailing Address 2344 S W 95th Ter

City Gainesville State FL Zip Code 32607-3241

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

Name of Employer Northwestern Mutual Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **418.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 10 / 2015

Transaction ID : 13282887

Amount of Each Receipt this Period
104.50

Full Name (Last, First, Middle Initial)
B. Ms. Connie Golleher

Mailing Address 20910 Beallsville Road

City Dickerson State MD Zip Code 20842-9072

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

Name of Employer The Golleher Group Occupation PRINCIPAL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **204.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 10 / 2015

Transaction ID : 13282948

Amount of Each Receipt this Period
51.00

Full Name (Last, First, Middle Initial)
C. Mr. Kevin Lammers

Mailing Address 18 Carriage Lane

City Newark State DE Zip Code 19711-2045

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

Name of Employer Kevin Lammers Insurance Agency Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 10 / 2015

Transaction ID : 13282952

Amount of Each Receipt this Period
85.00

SUBTOTAL of Receipts This Page (optional).....▶	240.50
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 48 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Matthew B. Stone
Full Name (Last, First, Middle Initial)

Mailing Address 5016 Bartons Enclave Lane

City Raleigh State NC Zip Code 27613-8564

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

Name of Employer Farm Bureau Insurance Companies Occupation AGENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
04 / 10 / 2015
Transaction ID : 13282972

Amount of Each Receipt this Period
55.00

B. Mr. Larry G. Johnson
Full Name (Last, First, Middle Initial)

Mailing Address 44466 Albert

City Plymouth State MI Zip Code 48170-3902

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

Name of Employer Farm Bureau Ins Co Occupation AGENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
04 / 10 / 2015
Transaction ID : 13282986

Amount of Each Receipt this Period
60.00

C. Ms. Hollie C. Gandy
Full Name (Last, First, Middle Initial)

Mailing Address 7812 Tripp

City Amarillo State TX Zip Code 79121-1726

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

Name of Employer Safe Money Solutions Group Occupation Owner/Senior Producer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt
04 / 10 / 2015
Transaction ID : 13283001

Amount of Each Receipt this Period
57.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 172.50

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 49 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 523 Castle Hall Rd

City Mount Pleasant State SC Zip Code 29464-6231

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

Name of Employer Ameriprise Financial Services, Inc. Occupation Certified Financial Planner Practition

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **04 / 10 / 2015**

Transaction ID : 13283025

Amount of Each Receipt this Period **75.00**

B. Mr. William K. Bridgers
Full Name (Last, First, Middle Initial)

Mailing Address 1005 E 450 S

City Pleasant Grove State UT Zip Code 84062-3186

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

Name of Employer William K Bridgers, Insurance Consulta Occupation Independent Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **04 / 10 / 2015**

Transaction ID : 13283081

Amount of Each Receipt this Period **100.00**

C. Mr. Edward A. Hely
Full Name (Last, First, Middle Initial)

Mailing Address 4041 Valley Rd

City Paducah State KY Zip Code 42001-4777

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

Name of Employer Northwestern Mutual Occupation Investment Specialist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **201.60**

Date of Receipt **04 / 10 / 2015**

Transaction ID : 13283114

Amount of Each Receipt this Period **50.40**

SUBTOTAL of Receipts This Page (optional)..... **225.40**

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 50 OF 81
	<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. Mrs. Deborah J. Dale
Full Name (Last, First, Middle Initial)
Mailing Address 10972 Reutzel Dr
City Boise State ID Zip Code 83709-5032
FEC ID number of contributing federal political committee. **C**
Name of Employer United Long Term Care, Inc. Occupation President
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **204.00**

Date of Receipt **04 / 10 / 2015**
Transaction ID : 13283120
Amount of Each Receipt this Period **51.00**

B. Mr. Paul Adams
Full Name (Last, First, Middle Initial)
Mailing Address 15328 32nd Avenue
City Mill Creek State WA Zip Code 98012-8311
FEC ID number of contributing federal political committee. **C**
Name of Employer Sound Financial Group Occupation Field Representative
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **400.00**

Date of Receipt **04 / 10 / 2015**
Transaction ID : 13283152
Amount of Each Receipt this Period **100.00**

C. Mr. Joseph L. Morton III
Full Name (Last, First, Middle Initial)
Mailing Address 5487 N Bach
City Meridian State ID Zip Code 83646-4711
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 **504.00**

Date of Receipt **04 / 10 / 2015**
Transaction ID : 13283198
Amount of Each Receipt this Period **126.00**

SUBTOTAL of Receipts This Page (optional)..... **277.00**
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 51 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mr. Neal A. Kloke
Full Name (Last, First, Middle Initial)

Mailing Address 1241 St. Paul Street

City Bellingham State WA Zip Code 98229-2124

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

Name of Employer Kloke Financial Services, Inc. Occupation Investment Advisor Representative

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 04 / 10 / 2015
Transaction ID : 13283204

Amount of Each Receipt this Period 70.00

B. Mr. Trent D. Bryson
Full Name (Last, First, Middle Initial)

Mailing Address 3777 Long Beach Boulevard Ste 500

City Long Beach State CA Zip Code 90807-3325

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

Name of Employer Bryson Financial Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt 04 / 10 / 2015
Transaction ID : 13283213

Amount of Each Receipt this Period 105.00

C. Mr. George W. Williams Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 4109 Woodway Drive

City Monroe State LA Zip Code 71201-2218

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

Name of Employer Benefit Plan Service Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 04 / 10 / 2015
Transaction ID : 13283353

Amount of Each Receipt this Period 55.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 230.00

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 52 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Patrick Alex Kessel
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 E Harrison Ave
 City State Zip Code
 Fairfield IA 52556-3836
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Farm Bureau Fin. Services Insurance Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2015
Transaction ID : 13283412
 Amount of Each Receipt this Period
 84.00

B. Mrs. Heather L. Lindsley
 Full Name (Last, First, Middle Initial)
 Mailing Address 2251 Warm Springs Ct
 City State Zip Code
 Green Bay WI 54311-5032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Woodmen Financial Resources Registered Representative
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 345.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2015
Transaction ID : 13283472
 Amount of Each Receipt this Period
 30.00

C. Mr. Mark E. Kull
 Full Name (Last, First, Middle Initial)
 Mailing Address 3008 S 6th St
 City State Zip Code
 Louisville KY 40208-1314
 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 ▼
 204.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2015
Transaction ID : 13283537
 Amount of Each Receipt this Period
 51.00

SUBTOTAL of Receipts This Page (optional).....▶ 165.00
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 53 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 485 Devon Pl.

City Lake Mary State FL Zip Code 32746-5001

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

Name of Employer Central Florida Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt
04 / 10 / 2015
Transaction ID : 13283577

Amount of Each Receipt this Period
21.00

B. Mr. R. Stephen Surbaugh
Full Name (Last, First, Middle Initial)

Mailing Address 508 Norman Lane

City Virginia Beach State VA Zip Code 23452-5741

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

Name of Employer Commonwealth Planning Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 234.00

Date of Receipt
04 / 10 / 2015
Transaction ID : 13283647

Amount of Each Receipt this Period
8.50

C. Mr. Richard A. Balch
Full Name (Last, First, Middle Initial)

Mailing Address 321 Heidelberg Ct

City Green Bay State WI Zip Code 54302-4950

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

Name of Employer Woodmen Financial Resources Occupation Financial Planner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
04 / 10 / 2015
Transaction ID : 13283842

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 44.50

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 54 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr. Carl W. Zeidler		Date of Receipt MM / DD / YYYY 04 / 10 / 2015 Transaction ID : 13284066
Mailing Address P O Box 706 14918 Lippold RD		Amount of Each Receipt this Period 105.00
City Carlinville	State IL	Zip Code 62626-0706
FEC ID number of contributing federal political committee. C		
Name of Employer Wall Street Fin. Group	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) B. Mr. Bryan K. Johnson		Date of Receipt MM / DD / YYYY 04 / 10 / 2015 Transaction ID : 13284139
Mailing Address 8530 Eagle Pt Rd Ste 200		Amount of Each Receipt this Period 12.50
City Lake Elmo	State MN	Zip Code 55042-8649
FEC ID number of contributing federal political committee. C		
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 ▼ 215.00	

Full Name (Last, First, Middle Initial) C. Ms. Michele Grassley Clarke		Date of Receipt MM / DD / YYYY 04 / 10 / 2015 Transaction ID : 13284148
Mailing Address 409 Washington Street Suite A		Amount of Each Receipt this Period 94.00
City Cedar Falls	State IA	Zip Code 50613-2812
FEC ID number of contributing federal political committee. C		
Name of Employer NAIFA - Iowa	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 376.00	

SUBTOTAL of Receipts This Page (optional).....▶	211.50
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 55 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Mr. James D. Curtis			Date of Receipt
Mailing Address 130 S Highland St			<input type="text" value="04"/> / <input type="text" value="10"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : 13284314
Du Bois	PA	15801-2039	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="84.00"/>
Name of Employer	Occupation		
Ameritas	General Agent		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="336.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Ms. Andrea M. Ames			Date of Receipt
Mailing Address 12001 Dessau Road #2022			<input type="text" value="04"/> / <input type="text" value="10"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : 13284502
Austin	TX	78754-1953	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="100.00"/>
Name of Employer	Occupation		
A&D Advisors, LLC	Partner		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Mr. Dermot T. Healey			Date of Receipt
Mailing Address 400 Ocean Trail Way #103			<input type="text" value="04"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : 13284594
Jupiter	FL	33477-5524	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="500.00"/>
Name of Employer	Occupation		
Self-Employed	OWNER		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="684.00"/>
TOTAL 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: (check only one)	PAGE 56 OF 81		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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

Full Name (Last, First, Middle Initial) A. Mr. Dermot T. Healey		Date of Receipt M M / D D / Y Y Y Y Y 04 / 13 / 2015 Transaction ID : 13284595	
Mailing Address 400 Ocean Trail Way #103		Amount of Each Receipt this Period 500.00	
City Jupiter State FL Zip Code 33477-5524	FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation OWNER	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Mr. G. Joseph Pasman Jr.		Date of Receipt M M / D D / Y Y Y Y Y 04 / 14 / 2015 Transaction ID : 13284622	
Mailing Address 7397 Heather Ridge Ct SE		Amount of Each Receipt this Period 250.00	
City Caledonia State MI Zip Code 49316-9010	FEC ID number of contributing federal political committee. C		
Name of Employer PasmanGSL Financial	Occupation Insurance Agent	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Mr. M. John Mackin		Date of Receipt M M / D D / Y Y Y Y Y 04 / 15 / 2015 Transaction ID : 13284655	
Mailing Address 581 Pinto Ct.		Amount of Each Receipt this Period 300.00	
City Incline Village State NV Zip Code 89451-8118	FEC ID number of contributing federal political committee. C		
Name of Employer Foresight Benefit & Ins. Svs.	Occupation President	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....	1050.00
TOTAL This Period (last page this line number only).....	1050.00

**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 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr. John F. Nichols		Date of Receipt MM / DD / YYYY 04 / 16 / 2015 Transaction ID : 13284683
Mailing Address 2550 N. Lakeview #603		Amount of Each Receipt this Period 2500.00
City Chicago	State IL	Zip Code 60614-2045
FEC ID number of contributing federal political committee.	C	
Name of Employer Disability Resource Group, Inc.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) B. Ms. Terry L. Breitbord		Date of Receipt MM / DD / YYYY 04 / 17 / 2015 Transaction ID : 13284690
Mailing Address 21849 Town Place Drive		Amount of Each Receipt this Period 300.00
City Boca Raton	State FL	Zip Code 33433-3712
FEC ID number of contributing federal political committee.	C	
Name of Employer New York Life	Occupation Sales Representative	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) C. Mr. Richard P. Dodd		Date of Receipt MM / DD / YYYY 04 / 20 / 2015 Transaction ID : 13284700
Mailing Address 7078 E Genesee St		Amount of Each Receipt this Period 500.00
City Fayetteville	State NY	Zip Code 13066-1123
FEC ID number of contributing federal political committee.	C	
Name of Employer Greater New York Grp - Dodd Financial	Occupation Managing Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	3300.00
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 58 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 6308 Queens Chapel Rd.

City State Zip Code
University Park MD 20782-2130

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

Name of Employer Occupation
WHB Financial Advisors, LLc Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
04 / 22 / 2015
Transaction ID : 13284727

Amount of Each Receipt this Period
500.00

B. Mr. Brian Dee Counterman
Full Name (Last, First, Middle Initial)

Mailing Address 7893 W. Quarto Ave.

City State Zip Code
Littleton CO 80128-4335

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

Name of Employer Occupation
Allstate Counterman Owner/Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
04 / 23 / 2015
Transaction ID : 13284736

Amount of Each Receipt this Period
50.00

C. Mr. Marvin H. Feldman
Full Name (Last, First, Middle Initial)

Mailing Address 2016 Eagle Pointe

City State Zip Code
Palm Harbor FL 34685-3339

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

Name of Employer Occupation
Feldman Financial Group President/Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
04 / 24 / 2015
Transaction ID : 13284773

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1050.00

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 59 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Mr. Merrell E. Dean		Date of Receipt
Mailing Address 724 Terrace Place		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City State Zip Code Norman OK 73069-5056		Transaction ID : 13284777
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="300.00"/>
Name of Employer Merrell Dean Insurance Agency	Occupation Agency Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) B. Mr. F. Nicholas Kelley		Date of Receipt
Mailing Address 1323 S. 174 St.		<input type="text" value="04"/> / <input type="text" value="28"/> / <input type="text" value="2015"/>
City State Zip Code Omaha NE 68130-4601		Transaction ID : 13284826
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="280.00"/>
Name of Employer Kelley Financial Services, Inc	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="414.40"/>	

Full Name (Last, First, Middle Initial) C. Mr. Timothy H. Holladay		Date of Receipt
Mailing Address 7127 US HWY 19		<input type="text" value="04"/> / <input type="text" value="28"/> / <input type="text" value="2015"/>
City State Zip Code New Port Richey FL 34652-1638		Transaction ID : 13284830
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="125.00"/>
Name of Employer State Farm Ins.	Occupation AGENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="705.00"/>
TOTAL 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: (check only one)	PAGE 60 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr. Ben L. Calhoun Jr.		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 28 / 2015 Transaction ID : 13284831
Mailing Address 6212 Highway 49		Amount of Each Receipt this Period 150.00
City Hattiesburg	State MS	Zip Code 39401-4748
FEC ID number of contributing federal political committee. C		
Name of Employer State Farm Insurance Companies	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) B. Mr. Thomas L. Taylor		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 28 / 2015 Transaction ID : 13284837
Mailing Address 1038 Gwens Trail SW		Amount of Each Receipt this Period 250.00
City Lilburn	State GA	Zip Code 30047-2393
FEC ID number of contributing federal political committee. C		
Name of Employer T. L. Taylor & Associates	Occupation Chief Marketing Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. Mr. Scott D. Dial		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 30 / 2015 Transaction ID : 13284886
Mailing Address 1011 Harness Lane		Amount of Each Receipt this Period 250.00
City Richardson	State TX	Zip Code 75081-2511
FEC ID number of contributing federal political committee. C		
Name of Employer Opes One Advisors	Occupation Disability Income Supervisor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	650.00
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 61 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Aaron Brooks
Full Name (Last, First, Middle Initial)

Mailing Address 4104 Wabeek Lake Drive

City Bloomfield Hills State MI Zip Code 48302-1660

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

Name of Employer Brooks Financial Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 04 / 30 / 2015
Transaction ID : 13284887

Amount of Each Receipt this Period 100.00

B. Mr. Randy Taylor
Full Name (Last, First, Middle Initial)

Mailing Address 741 Abby Mist Dr.

City Jacksonville State FL Zip Code 32259-6901

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

Name of Employer State Farm Occupation Exclusive Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 30 / 2015
Transaction ID : 13284896

Amount of Each Receipt this Period 250.00

C. Mr. Dee D. Whittier
Full Name (Last, First, Middle Initial)

Mailing Address 2763 Tipperary Lane

City Idaho Falls State ID Zip Code 83404-7363

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 ▼ -8.00

Date of Receipt 04 / 20 / 2015
Transaction ID : 13303286

Amount of Each Receipt this Period 0.00

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$20.00 This changes the YTD Total to \$-8.00

SUBTOTAL of Receipts This Page (optional).....▶	350.00
TOTAL This Period (last page this line number only).....▶	31793.68

**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 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

Full Name (Last, First, Middle Initial)

A. Wells Fargo

Mailing Address P.O. box 40031

City Roanoke State VA Zip Code 24022-0031

Purpose of Disbursement
Bank Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 13287944

Amount of Each Disbursement this Period

Bank Fees

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Jason Smith For Congress

Mailing Address PO Box 1324

City Cape Girardeau State MO Zip Code 63702

Purpose of Disbursement
Void - Jason Smith For Congress

011

Category/
Type

Candidate Name

Rep. Jason T. Smith

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MO District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	5

Transaction ID : 13192124

Amount of Each Disbursement this Period

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

Void - Jason Smith For Congress

Full Name (Last, First, Middle Initial)

B. Kristi For Congress

Mailing Address PO Box 852

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement
Void - Kristi For Congress

011

Category/
Type

Candidate Name

Rep. Kristi Lynn Noem

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: SD District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	5

Transaction ID : 13192125

Amount of Each Disbursement this Period

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

Void - Kristi For Congress

Full Name (Last, First, Middle Initial)

C. George Holding For Congress Inc.

Mailing Address PO Box 97187

City Raleigh State NC Zip Code 27624

Purpose of Disbursement
Void - George Holding For Congress Inc.

011

Category/
Type

Candidate Name

Rep. George E.B. Holding

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NC District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	5

Transaction ID : 13192126

Amount of Each Disbursement this Period

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

Void - George Holding For Congress Inc.

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

-	6	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

-	6	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Ralph Abraham For Congress

Mailing Address P.O. Box 270

City Archibald State LA Zip Code 71218

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Ralph Abraham MD

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: LA District: 05

Date of Disbursement

MM / DD / YYYY
04 / 06 / 2015

Transaction ID : 13199017

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Kline For Congress

Mailing Address 350 W Burnsville Pkwy
Ste 375

City Burnsville State MN Zip Code 55337

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. John P. Kline

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MN District: 02

Date of Disbursement

MM / DD / YYYY
04 / 06 / 2015

Transaction ID : 13199018

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Langevin For Congress

Mailing Address 181a Knight Street

City Warwick State RI Zip Code 02886

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Jim R. Langevin

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: RI District: 02

Date of Disbursement

MM / DD / YYYY
04 / 06 / 2015

Transaction ID : 13199019

Amount of Each Disbursement this Period

500.00

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

4000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Zeldin For Congress

Mailing Address 47 Flintlock Drive

City Shirley State NY Zip Code 11967

Purpose of Disbursement

011

Candidate Name

Rep. Lee Zeldin

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	1	5

Transaction ID : 13199020

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. John Carney For Congress

Mailing Address PO Box 2162

City Wilmington State DE Zip Code 19899

Purpose of Disbursement

011

Candidate Name

Rep. John C. Carney Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: DE District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	1	5

Transaction ID : 13199021

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Friends Of Todd Young, Inc.

Mailing Address PO Box 1053

City Bloomington State IN Zip Code 47402

Purpose of Disbursement

011

Candidate Name

Rep. Todd Young

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IN District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	1	5

Transaction ID : 13199022

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

7	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

7	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Hoosiers For Rokita, Inc.

Mailing Address 314 Arsenal Ave.

City Indianapolis State IN Zip Code 46201

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Todd Rokita

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IN District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	1	5

Transaction ID : 13199073

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. Stutzman For Congress

Mailing Address PO Box 129

City Howe State IN Zip Code 46746

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Marlin Stutzman

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IN District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	1	5

Transaction ID : 13199194

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. Deb Fischer For Us Senate Inc

Mailing Address 5555 South St

City Lincoln State NE Zip Code 68506

Purpose of Disbursement

011

Category/
Type

Candidate Name

Debra Fischer

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NE District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	1	5

Transaction ID : 13199257

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

3	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

3	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Jeff Fortenberry For United States Congress

Mailing Address PO Box 30265

City Lincoln State NE Zip Code 68503

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Jeff Fortenberry

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NE District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	1	5

Transaction ID : 13199258

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. French Hill For Arkansas

Mailing Address PO Box 7841

City Little Rock State AR Zip Code 72217

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. French Hill

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: AR District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	1	5

Transaction ID : 13199259

Amount of Each Disbursement this Period

2	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Robert Aderholt For Congress

Mailing Address P. O. Box 1158

City Haleyville State AL Zip Code 35565

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Robert B. Aderholt

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: AL District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	1	5

Transaction ID : 13199260

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

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

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

4	5	0	0	.	0	0
---	---	---	---	---	---	---

1	5	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Jason Smith For Congress

Mailing Address PO Box 1324

City Cape Girardeau State MO Zip Code 63702

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Jason T. Smith

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MO District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	1	5

Transaction ID : 13199261

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. Kristi For Congress

Mailing Address PO Box 852

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Kristi Lynn Noem

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: SD District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	1	5

Transaction ID : 13199262

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. George Holding For Congress Inc.

Mailing Address PO Box 97187

City Raleigh State NC Zip Code 27624

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. George E.B. Holding

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NC District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	1	5

Transaction ID : 13199263

Amount of Each Disbursement this Period

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

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

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

6	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Becerra For Congress

Mailing Address P.O. Box 71584

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Xavier Becerra

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: CA District: 34

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	1	5

Transaction ID : 13202597

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Ryan For Congress, Inc.

Mailing Address PO Box 1488

City Janesville State WI Zip Code 53547

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Paul D. Ryan

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: WI District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	1	5

Transaction ID : 13202598

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Lynn Jenkins For Congress

Mailing Address PO Box 1441

City Topeka State KS Zip Code 66601

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Lynn Jenkins

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: KS District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	1	5

Transaction ID : 13202599

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

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

4	5	0	0	0	0	0	0	0	0

4	5	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Carlos Curbelo Congress

Mailing Address 8724 Sw 72nd Street

City Miami State FL Zip Code 33173

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Carlos Curbelo

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: FL District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		07		2015

Transaction ID : 13202600

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Rodney For Congress

Mailing Address PO Box 344

City Taylorville State IL Zip Code 62568

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Rodney L. Davis

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		13		2015

Transaction ID : 13237612

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Tom Reed For Congress

Mailing Address PO Box 391

City Geneva State NY Zip Code 14456

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Tom Reed

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		13		2015

Transaction ID : 13237614

Amount of Each Disbursement this Period

2000.00

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

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

4500.00

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Graves For Congress

Mailing Address PO Box 335

City Calhoun State GA Zip Code 30703

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Tom Graves

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: GA District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	3		2	0	1	5

Transaction ID : 13237615

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. Mike Crapo For Us Senate

Mailing Address P.O. Box 1948

City Boise State ID Zip Code 83701

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Mike Crapo

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: ID District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	3		2	0	1	5

Transaction ID : 13237616

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Rick W. Allen For Congress

Mailing Address P. O. Box 338

City Augusta State GA Zip Code 30903

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Rick Allen

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: GA District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	3		2	0	1	5

Transaction ID : 13237617

Amount of Each Disbursement this Period

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

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

4	5	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

4	5	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Walters For Congress

Mailing Address C/O 8001 Irvine Center Drive, #400

City Irvine State CA Zip Code 92618

Purpose of Disbursement

011

Candidate Name

Rep. Mimi Walters

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 45

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	13	/	2015

Transaction ID : 13237618

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Devin Nunes Campaign Committee

Mailing Address PO Box 6545

City Visalia State CA Zip Code 93290

Purpose of Disbursement

011

Candidate Name

Rep. Devin G. Nunes

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 22

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	13	/	2015

Transaction ID : 13237619

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Garret Graves For Congress

Mailing Address PO Box 64845

City Baton Rouge State LA Zip Code 70896

Purpose of Disbursement

011

Candidate Name

Garret Graves

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: LA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	13	/	2015

Transaction ID : 13237620

Amount of Each Disbursement this Period

500.00

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

6500.00

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

--

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Portman For Senate Committee

Mailing Address 9856 Archer Lane

City Dublin State OH Zip Code 43017

Purpose of Disbursement

011

Candidate Name

Sen. Rob Portman

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District:

Date of Disbursement

MM / DD / YYYY
04 / 20 / 2015

Transaction ID : 13254188

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Kenny Marchant For Congress

Mailing Address PO Box 110187

City Carrollton State TX Zip Code 75011

Purpose of Disbursement

011

Candidate Name

Rep. Kenny Marchant

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 24

Date of Disbursement

MM / DD / YYYY
04 / 20 / 2015

Transaction ID : 13254191

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Scott For Congress

Mailing Address Post Office Box 251

City Newport News State VA Zip Code 23607

Purpose of Disbursement

011

Candidate Name

Rep. Robert C. Scott

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: VA District: 03

Date of Disbursement

MM / DD / YYYY
04 / 20 / 2015

Transaction ID : 13254192

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Friends Of Todd Young, Inc.

Mailing Address PO Box 1053

City Bloomington State IN Zip Code 47402

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Todd Young

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: IN District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	1	5

Transaction ID : 13254193

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Ryan Costello For Congress

Mailing Address PO Box 3154

City West Chester State PA Zip Code 19381

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Ryan Costello

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: PA District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	1	5

Transaction ID : 13254194

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Tony Cardenas For Congress

Mailing Address 3700 Wilshire Blvd Suite 1050-B

City Los Angeles State CA Zip Code 90010

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Tony Cardenas

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: CA District: 29

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	1	5

Transaction ID : 13254195

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

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

4	0	0	0	0	0	0	0	0	0

1	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Heller For Senate

Mailing Address PO Box 371907

City Las Vegas State NV Zip Code 89137

Purpose of Disbursement

011

Candidate Name

Sen. Dean Heller

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NV District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	20	/	2015

Transaction ID : 13254196

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends Of Joe Pitts

Mailing Address PO Box 775

City Unionville State PA Zip Code 19375

Purpose of Disbursement

011

Candidate Name

Rep. Joe R. Pitts

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	20	/	2015

Transaction ID : 13254197

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Kirk For Senate

Mailing Address P.O. Box 8

City Winnetka State IL Zip Code 60093

Purpose of Disbursement

011

Candidate Name

Sen. Mark Steven Kirk

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	20	/	2015

Transaction ID : 13254198

Amount of Each Disbursement this Period

1000.00

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

3500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Sanford Bishop For Congress

Mailing Address P. O. Box 909

City State Zip Code
Columbus GA 31902

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Sanford D. Bishop Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: GA District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	1	5

Transaction ID : 13254199

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. Randy Hultgren For Congress

Mailing Address PO Box 717

City State Zip Code
St Charles IL 60174

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Randy Hultgren

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	1	5

Transaction ID : 13254200

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. Tim Scott For Senate

Mailing Address 1405 Ashley River Road

City State Zip Code
Charleston SC 29407

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Tim Scott

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: SC District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	1	5

Transaction ID : 13254201

Amount of Each Disbursement this Period

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

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

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

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Byrne For Congress Inc

Mailing Address PO Box 2743

City State Zip Code
Mobile AL 36652

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Bradley Byrne

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: AL District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		22		2015

Transaction ID : 13260339

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mike Bost For Congress Committee

Mailing Address PO Box 1212

City State Zip Code
Murphysboro IL 62966

Purpose of Disbursement

011

Category/
Type

Candidate Name

Michael Bost

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		22		2015

Transaction ID : 13260340

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends Of Sherrod Brown

Mailing Address PO Box 15293

City State Zip Code
Washington DC 20003

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Sherrod Brown

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: OH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		22		2015

Transaction ID : 13260341

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Austin Scott For Congress Inc

Mailing Address PO Box 2530

City Tifton State GA Zip Code 31793

Purpose of Disbursement

011

Candidate Name

Rep. Austin Scott

Category/
Type

Office Sought: House
 Senate
 President
State: GA District: 08

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 22 / 2015

Transaction ID : 13260342

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Lucille Roybal-Allard For Congress

Mailing Address 6 E Street, Se

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Candidate Name

Rep. Lucille Roybal-Allard

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 40

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 22 / 2015

Transaction ID : 13260343

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Himes For Congress

Mailing Address 857 Post Road, #312

City Fairfield State CT Zip Code 06824

Purpose of Disbursement

011

Candidate Name

Rep. Jim A. Himes

Category/
Type

Office Sought: House
 Senate
 President
State: CT District: 04

Disbursement For: 2016
 Primary General
 Other (specify) ▼
Convention2016

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 28 / 2015

Transaction ID : 13261966

Amount of Each Disbursement this Period

2500.00

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

4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Hoyer For Congress

Mailing Address 700 13th Street, Nw
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement

011

Candidate Name

Rep. Steny H. Hoyer

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MD District: 05

Date of Disbursement

MM / DD / YYYY
04 / 28 / 2015

Transaction ID : 13262065

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Dold For Congress

Mailing Address PO Box 6312

City Libertyville State IL Zip Code 60048

Purpose of Disbursement

011

Candidate Name

Rep. Robert J. Dold

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 10

Date of Disbursement

MM / DD / YYYY
04 / 28 / 2015

Transaction ID : 13262066

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Friends Of Jeb Hensarling

Mailing Address PO Box 820504

City Dallas State TX Zip Code 75382

Purpose of Disbursement

011

Candidate Name

Rep. Jeb Hensarling

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 05

Date of Disbursement

MM / DD / YYYY
04 / 28 / 2015

Transaction ID : 13262067

Amount of Each Disbursement this Period

2500.00

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

10000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. George Holding For Congress Inc.

Mailing Address PO Box 97187

City Raleigh State NC Zip Code 27624

Purpose of Disbursement

011

Candidate Name

Rep. George E.B. Holding

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NC District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	1	5

Transaction ID : 13262069

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Kristi For Congress

Mailing Address PO Box 852

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement

011

Candidate Name

Rep. Kristi Lynn Noem

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: SD District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	1	5

Transaction ID : 13262072

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Kristi For Congress

Mailing Address PO Box 852

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement

011

Candidate Name

Rep. Kristi Lynn Noem

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: SD District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	1	5

Transaction ID : 13262073

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0

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

2	0	0	0	0	0	0	0	0	0

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

2	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Lobiondo For Congress

Mailing Address P. O. Box 550

City Vineland State NJ Zip Code 08362

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Frank A. LoBiondo

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NJ District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	28	/	2015

Transaction ID : 13262074

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

1000.00

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

73000.00
