

**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)..... ▶