

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

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FEC MAIL ROOM

2000 OCT 29 A 10:46

TYPE OR PRINT

1. NAME OF COMMITTEE (in full) National Association of Insurance and Financial Advisors Pol Action Comm		2. FEC IDENTIFICATION NUMBER C00005249
ADDRESS (number and street) ☐ Check if different than previously reported 2901 Telestar Court		
CITY, STATE and ZIP CODE Falls Church, VA 22042		
3. ☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)		

4. TYPE OF REPORT

☒ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

☐ July 31 Mid Year Report (Non-election Year Only)

☐ Termination Report

Monthly Report Due On:

☐ February 20	☐ June 20	☐ October 20
☐ March 20	☐ July 20	☐ November 20
☐ April 20	☐ August 20	☐ December 20
☐ May 20	☐ September 20	☐ January 31

☒ 12-Day Pre-Election Report for the _____
(Type of Election)

election on _____ in the State of _____

☐ 30-Day Post-Election Report following the General Election

on _____ in the State of _____

(d) Is this Report an Amendment?

☐ YES

☒ NO

January 1, 2000

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 10/01/00 through 10/18/00			
6. (a)	Cash on Hand January 1, 19__		\$ 421,315.92
(b)	Cash on Hand at Beginning of Reporting Period	\$ 200,717.57	
(c)	Total Receipts (from Line 10)	\$ 93226.50	\$ 683,519.98
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(b) and 6(c) for Column B)	\$ 293,944.07	\$ 1,104,835.90
7.	Total Disbursements (from Line 8)	\$ 115,952.70	\$ 926,844.53
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 177,991.37	\$ 177,991.37
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20485 Toll Free 800-424-9530 Local 202-694-1100
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 44057.91	
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 Kevin M. Madden, C.P.A.			
Signature of Treasurer 		Date 10/25/00	

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 9437g.

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FEC FORM 3X
(revised 9/98)

DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/81)

NAME OF COMMITTEE National Association of Life Underwriters Political Action Committee		REPORT COVERING PERIOD FROM 10/1/00 TO 10/18/00	
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11 Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees		15,425.77	131,761.43
i. Itemized (use Schedule A) _____			
ii. Unitemized _____		77,800.73	551,758.58
iii. Total _____ (add i and ii) >		93,226.50	683,520.01
b. Political Party Committees _____			
c. Other Political Committees (such as PACs) _____			
d. Total Contributions _____ (add a iii, b and c) >		93,226.50	683,520.01
12. Transfers From Affiliated/Other Party Committees _____			
13. All Loans Received _____			
14. Loan Repayments Received _____			
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) _____			
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees _____			
17. Other Federal Receipts (Dividends, Interest, etc.) _____			
18. Transfers from Nonfederal Account for Joint Activity _____			
19. Total Receipts _____ (add 11 d, 12, 13, 14, 15, 16, 17, and 18) >		93,226.50	683,520.01
20. Total Federal Receipts _____ (subtract line 18 from line 19) >		93,226.50	683,520.01
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal Non-Federal Activity (from Schedule 1-14)			
i. Federal Share _____			
ii. Non-Federal Share _____			
b. Other Federal Operating Expenditures _____		-30,581.30	203,346.53
c. Total Operating Expenditures _____ (add a i, ii, and b) >		-30,581.30	203,346.53
22. Transfers to Affiliated/Other Party Committees _____		146,500.00	722,575.00
23. Contributions to Federal Candidates/Committees and Other Political Committees _____			
24. Independent Expenditures (use Schedule E) _____			
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..			
26. Loan Repayments Made _____			
27. Loans Made _____			
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees _____		34.00	923.00
b. Political Party Committees _____			
c. Other Political Committees (such as PACs) _____			
d. Total Contribution Refunds _____ (add a, b and c) >		34.00	923.00
29. Other Disbursements _____			
30. Total Disbursements _____ (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		115,952.70	926,844.53
31. Total Federal Disbursements _____ (subtract line 24 ii from line 30) >		115,952.70	926,844.53
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d) _____		93,226.50	683,520.01
33. Total Contribution Refunds (from line 28d) ..		34.00	923.00
34. Net Contributions (other than loans) (subtract line 33 from line 32) _____		93,192.50	682,597.01
35. Total Federal Operating Expenditures _____ (add 21 a i and 21 b) >		-30,581.30	203,346.53
36. Offsets to Operating Expenditures (from line 15) _____		0	
37. Net Operating Expenditures _____ (subtract line 36 from line 35) >		30,581.30	203,346.53

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 33
FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (itemized)

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

NAME OF COMMITTEE (in Full) National Association of Insurance and Financial Advisors Political Action Committee			
Full Name, Mailing Address and ZIP Code Michael J. Ables LUTCF P.O. Box 2205 Avila Beach, CA 93424 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 420.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$42.00
Full Name, Mailing Address and ZIP Code James M. Allen 414 McCall Street Waukesha, WI 53186-6009 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 300.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$30.00
Full Name, Mailing Address and ZIP Code Stephen D. Andersen 1621 Dixie Trail Lincoln, NE 68527-9431 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 504.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$50.40
Full Name, Mailing Address and ZIP Code Carol A. Anderson LUTCF, CFP 1310 North 58th St Omaha, NE 68132-1307 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 504.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$50.40
Full Name, Mailing Address and ZIP Code Robert B. Anderson CLU 109 E. Main St., #204 Jonesborough, TN 37659-0127 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 462.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$42.00
Full Name, Mailing Address and ZIP Code Felix Arceneaux CLU, ChFC, LUT 8315 Suffolk Drive Shreveport, LA 71106-5913 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 225.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$22.50
Full Name, Mailing Address and ZIP Code James Benson Barton 338 W. Maple Street Granville, OH 43023-1143 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 250.00	Date (month, day, year) 10/06/2000	Amount of Each Receipt this Period \$250.00
SUBTOTAL of Receipts This Page (optional)			\$ 487.30
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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PAGE 2 OF 33
FORM LINE NUMBER 11(a)(i)

Contributions From Individuals (itemized)

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NAME OF COMMITTEE (in Full) National Association of Insurance and Financial Advisors Political Action Committee			
Full Name, Mailing Address and ZIP Code Jeffrey Lynn Battles Sr., LUTCF 9512 Wolf Creek Pike Dayton, OH 45426-4146 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 210.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$21.00
Full Name, Mailing Address and ZIP Code Craig Beachnaw LIC 511 South Washington Avenue Lansing, MI 48933 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 500.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$50.00
Full Name, Mailing Address and ZIP Code Fred R. Bean CLU 5208 Crestwood Little Rock, AR 72207 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 504.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$50.40
Full Name, Mailing Address and ZIP Code Kent A. Bennett LUTCF RR #3, Box 350-D Muncy, PA 17756 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 420.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$42.00
Full Name, Mailing Address and ZIP Code Robert A. Berg CLU, LUTCF 1405 Blackberry Lane Stevens Point, WI 54481-9140 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 252.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$25.20
Full Name, Mailing Address and ZIP Code David B. Bianchi CLU 1125 Beldon Way Reno, NV 89503-3164 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 320.40	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$50.40
Full Name, Mailing Address and ZIP Code Richard F. Biborisch 645 Lakeview Circle Newtown Square, PA 19073-2608 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 650.00	Date (month, day, year) 10/17/2000	Amount of Each Receipt this Period \$250.00
SUBTOTAL of Receipts This Page (optional)			\$ 489.00
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 3 OF 33
FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (Itemized)

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NAME OF COMMITTEE (In Full) National Association of Insurance and Financial Advisors Political Action Committee			
Full Name, Mailing Address and ZIP Code John J. Bradley CLU 148 Grove Street Westwood, MA 02090	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 416.60	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$41.66
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code Gary A. Bramon CLU, ChFC 269 San Felipe Way Novato, CA 94945-1687	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 425.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$42.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code William J. Brannon CLU 7-C Terrace Way Greensboro, NC 27403-3659	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 275.00	Date (month, day, year) 10/17/2000	Amount of Each Receipt this Period \$275.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code Frank H. Briggs Jr., CLU, ChFC 3348 Peachtree Rd., NE, Suite 870 Atlanta, GA 30326-1008	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 399.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code C. Robert Brown CLU, LUTCF 8675 Westcott Germentown, TN 38138-7738	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 550.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code William D. Burke CLU, CFP 960 Blemer Road Danville, CA 94526-1502	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 210.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code Robert D. Buxbaum CLU, ChFC 4 Linwood Rd. Wellesley, MA 02181-2519	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 210.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
SUBTOTAL of Receipts This Page (optional)			\$ 493.16
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 4 OF 33
FORM LINE NUMBER
11(a)(i)

Contributions From Individuals (itemized)

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NAME OF COMMITTEE (in Full) National Association of Insurance and Financial Advisors Political Action Committee			
Full Name, Mailing Address and ZIP Code Joe D. Byars CLU, LUTCF 214 No. 12th St Ft Smith, AR 72901-2713	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 252.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$25.20
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code Jeffrey P. Case LUTCF 1311 33rd Avenue S.W. Minot, ND 58701-7266	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 320.40	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$50.40
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code Thomas R. Clark CLU, ChFC 1201 63rd Street Des Moines, IA 50311	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 600.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$60.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code Anne Cleveland-Ames 1650 W 82nd St #850 Minneapolis, MN 55431-1460	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 208.30	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$20.83
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code George S. Condes 4350 Hebron Drive Las Vegas, NV 89117-4944	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 252.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$25.20
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code Thomas E. Cooper LUTCF, RHU 2341 McVay Cove Memphis, TN 38138	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 550.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code David Lewis Corrie 462 S 4th Ave #1900/ NML Louisville, KY 40202-3445	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 504.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$50.40
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
SUBTOTAL of Receipts This Page (optional)			\$ 282.03
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE: 5 OF 33
FORM LINE NUMBER
11(a)(i)

Contributions From Individuals (itemized)

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NAME OF COMMITTEE (in Full) National Association of Insurance and Financial Advisors Political Action Committee			
Full Name, Mailing Address and ZIP Code Orris Crum 5826 Fontana Drive Shawnee Mission, KS 66205	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 504.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$50.40
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code R. Scott Culbertson CFP, CEBS 2023 Cato Drive, #102 State College, PA 16801-2765	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 420.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code Vincent M. D'Addona CLU, ChFC 141 Greenway Road Lido Beach, NY 11561-4828	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 425.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$42.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code Steven M. Daniel CLU, ChFC, LUT 2600 Meadowbrook Dr Butte, MT 59701-4028	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 396.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$25.20
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code John A. Davidson LUTCF 1329 E Thousand Oaks Blvd., Suite 128 Thousand Oaks, CA 91362	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 420.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code Joseph L. Davis CLU, ChFC, CFP 1420 Primrose Road N.W. Washington, DC 20012-1224	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 504.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$50.40
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code William James DeBruin LUTCF 106 Edgewood Lane Combined Locks, WI 54113	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 453.60	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$50.40
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
SUBTOTAL of Receipts This Page (optional)			\$ 302.90
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE **6** OF **33**
FOR LINE NUMBER
11(a)(i)

Contributions From Individuals (itemized)

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NAME OF COMMITTEE (in Full) National Association of Insurance and Financial Advisors Political Action Committee			
Full Name, Mailing Address and ZIP Code John R. Dean CLU, ChFC, MSF 1700 S.W. 15th Ave. Willmar, MN 56201	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 210.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code Robert W. Decoursey CLU 705 W Mt Airy Ave Phila, PA 19119-3323	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 210.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code Dayton E. Dennington LUTCF P.O. Box 746 Tupelo, MS 38802-0746	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 210.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code David S. Dickenson II, CLU, ChFC 7535 Brigham Road Gates Mills, OH 44040	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 420.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code James J. Dinsmore LUTCF 104 Lehman Drive Cogan Station, PA 17728-9228	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 209.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code Kenneth R. Divilbiss CLU, ChFC, LUT 3828 Northridge Rd Norman, OK 73072	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 240.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$6.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code Michael D. Dixon CLU 4505 Las Virgenes Rd. #200 Calabasas, CA 91302-1956	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 420.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
SUBTOTAL of Receipts This Page (optional)			\$ 174.00
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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Detailed Summary Page

PAGE 7 OF 33
FOR LINE NUMBER 11(a)(1)

Contributions From Individuals (Itemized)

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NAME OF COMMITTEE (in Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name, Mailing Address and ZIP Code Gilbert H. Dudrow Jr., LUTC 5500 Eagle Way #2 Little River, SC 29566	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 318.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code Daniel D. Duren LUTC 2932 Coronado Dr Lincoln, NE 68516	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 252.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$25.20
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code Steven D. Earhart CLU, ChFC MSFS 40 Monument Rd Bala Cynwyd, PA 19004	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 800.00	Date (month, day, year) 10/13/2000	Amount of Each Receipt this Period \$400.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code William J. Egan III, CFP 30 Garfield Ave Avon, NJ 07717-1443	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 240.00	Date (month, day, year) 10/05/2000	Amount of Each Receipt this Period \$120.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code Donald A. Eichelberger CLU, ChFC, LUT 3217 Highway D65 Dyersburg, TN 37724-9750	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 504.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$50.40
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code Ronald L. Engel CLU, ChFC 3397 St. Helena Hwy N, St. Helena, CA 94574-9660	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 210.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code Ronald W. Erickson CLU 3002 St. Regis Greensboro, NC 27408-4407	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 346.50	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$46.20
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
SUBTOTAL of Receipts This Page (optional)			\$ 704.80
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 8 OF 33
FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (itemized)

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

NAME OF COMMITTEE (in full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name, Mailing Address and ZIP Code Byron Hyatt Erstad Jr. 2510 S Nantucket Way Boise, ID 83706-5095	Name of Employer Self-employed	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$50.40
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance Agent Aggregate Year-to-Date \$ 277.20		
Full Name, Mailing Address and ZIP Code Stephen D. Estler CLU, ChFC 600 Corporate Dr. #200 Ft Lauderdale, FL 33334-3603	Name of Employer Self-employed	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$22.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance Agent Aggregate Year-to-Date \$ 225.00		
Full Name, Mailing Address and ZIP Code Gerald E. Ferrier LUTCF, CTP 608 Sudden Valley Bellingham, WA 98226-4812	Name of Employer Self-employed	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance Agent Aggregate Year-to-Date \$ 420.00		
Full Name, Mailing Address and ZIP Code Jeffery L. Ferrier LUTCF, RHU 2012 Niagara Drive Bellingham, WA 98226-5914	Name of Employer Self-employed	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance Agent Aggregate Year-to-Date \$ 500.00		
Full Name, Mailing Address and ZIP Code Thomas F. Flournoy Jr., CLU 2651 Stanislaus Circle Macon, GA 31204-2849	Name of Employer Self-employed	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance Agent Aggregate Year-to-Date \$ 420.00		
Full Name, Mailing Address and ZIP Code John J. Flynn CLU 9460 N. Spruce Road River Hills, WI 53217	Name of Employer Self-employed	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$50.40
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance Agent Aggregate Year-to-Date \$ 302.40		
Full Name, Mailing Address and ZIP Code Steven M. Frank CLU 5666 Winside Court Thousand Oaks, CA 91362	Name of Employer Self-employed	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance Agent Aggregate Year-to-Date \$ 420.00		
SUBTOTAL of Receipts This Page (optional)			\$ 299.30
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 9 OF 33
FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (itemized)

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

NAME OF COMMITTEE (in full) National Association of Insurance and Financial Advisors Political Action Committee			
Full Name, Mailing Address and ZIP Code Debra L. Franklin CLU, CFP 888 7th Avenue, Ste. 201 New York, NY 10106 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 420.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$42.00
Full Name, Mailing Address and ZIP Code Ralph C. Freibert III, MBA 18742 Santa Maria Pkwy Baton Rouge, LA 70800 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 210.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$21.00
Full Name, Mailing Address and ZIP Code Donald A. Frost PGA 1614 Hemlock Circle Corona, CA 92879 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 210.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$21.00
Full Name, Mailing Address and ZIP Code Peter Enchiron CLU, LUTCF 411 San Andreas Drive Novato, CA 94945-1237 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 615.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$75.00
Full Name, Mailing Address and ZIP Code Rodney G. Furniss CLU, ChFC 493 N. 4138 East Rigby, ID 83442-5549 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 252.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$25.20
Full Name, Mailing Address and ZIP Code Del D. Gab LUTCF Box 2094 Dickinson, ND 58602-2094 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 270.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$30.00
Full Name, Mailing Address and ZIP Code Richard E. Geno CLU, ChFC, CFP 21449 Toll Gate Road Saratoga, CA 95070-5771 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 425.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$42.50
SUBTOTAL of Receipts This Page (optional)			\$ 256.70
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 10 OF 33
FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (itemized)

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NAME OF COMMITTEE (in Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name, Mailing Address and ZIP Code Keith M. Gillies CLU, ChFC, CFP 295 Doral Ln. LaPlace, LA 70068-1707	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 289.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code Lee M. Goerres LUTC 320 Express Way #A Missoula, MT 59808	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 294.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$15.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code Roy E. Grady Jr. 1316 King Street, Suite 1 Bellingham, WA 98226	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 250.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code Michael P. Grossman CFP 152 Hampshire Dr Glastonbury, CT 06033-3059	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 420.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code Bruce A. Hager 808 Harwood Drive Fargo, ND 58104	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 504.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$50.40
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code Karl Erik Hansen CLU, ChFC, LUT 218 N. El Monte Avenue Los Altos, CA 94022-2354	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 425.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$42.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code Sharon L. Hansen P. O. Box 2305 Mt Vernon, WA 98273-7305	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 250.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
SUBTOTAL of Receipts This Page (optional)			\$ 220.90
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

PAGE 11 OF 33
FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (itemized)

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NAME OF COMMITTEE (in Full) National Association of Insurance and Financial Advisors Political Action Committee			
Full Name, Mailing Address and ZIP Code Alex Hanson CLU, ChFC One Harding Road Portsmouth, NH 03801-5814 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 504.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$50.40
Full Name, Mailing Address and ZIP Code Thomas M. Hawco CLU, ChFC 900 Rockhurst Drive Lincoln, NE 68510-4114 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 502.80	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$60.00
Full Name, Mailing Address and ZIP Code Samuel H. Hazleton IV, CLU, ChFC 957 Douglas Ct Schenectady, NY 12304 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 420.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$42.00
Full Name, Mailing Address and ZIP Code Terry K. Headley LUTCF, LIC 20704 Meadow Ridge Dr. Springfield, NE 68059 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 2,496.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$249.60
Full Name, Mailing Address and ZIP Code Dennis L. Helgeson CLU, ChFC 2601 Bel Air Drive Minot, ND 58703-1749 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 152.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$25.20
Full Name, Mailing Address and ZIP Code Amy K. Hemann 419 N. Shoreline Blvd. Mountain View, CA 94043-4605 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 210.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$21.00
Full Name, Mailing Address and ZIP Code Edward J. Hendricks LUTCF 45 Margarita Court Reno, NV 89511-6616 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 277.20	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$50.40
SUBTOTAL of Receipts This Page (optional)			\$ 498.60
TOTAL This Period (Just page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **12** OF **33**
FOR LINE NUMBER
11(a)(i)

Contributions From Individuals (Itemized)

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NAME OF COMMITTEE (in Full) National Association of Insurance and Financial Advisors Political Action Committee			
Full Name, Mailing Address and ZIP Code Kevin J. Hermenting 2245 County Rd., KK Mosinee, WI 54455	Name of Employer Self-employed	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance Agent Aggregate Year-to-Date \$ 275.50		
Full Name, Mailing Address and ZIP Code Ronald G. Hester CLU, ChFC Route 5 Box 23 Boone, NC 28607-9302	Name of Employer Self-employed	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$46.75
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance Agent Aggregate Year-to-Date \$ 522.50		
Full Name, Mailing Address and ZIP Code Edward C. Hiers CLU, ChFC 75 South Hills Dr Bedford, NH 03110-4922	Name of Employer Self-employed	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$25.20
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance Agent Aggregate Year-to-Date \$ 252.00		
Full Name, Mailing Address and ZIP Code Richard L. Hill CLU, ChFC, LUT 5431 Brandywine Circle Lincoln, NE 68516-5048	Name of Employer Self-employed	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$50.40
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance Agent Aggregate Year-to-Date \$ 504.00		
Full Name, Mailing Address and ZIP Code Michael J. Hiller ChFC W. 267 S. 7930 Stony Pt. Ct. Mukwonago, WI 53149-9687	Name of Employer Self-employed	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$25.20
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance Agent Aggregate Year-to-Date \$ 252.00		
Full Name, Mailing Address and ZIP Code Gary W. Hirschbckron FSA 205 S.E. Spokane Street, P.O. Box 3917 Portland, OR 97208	Name of Employer Self-employed	Date (month, day, year) 10/02/2000	Amount of Each Receipt this Period \$500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance Agent Aggregate Year-to-Date \$ 500.00		
Full Name, Mailing Address and ZIP Code David R. Hokanson CLU, ChFC, MSF 11207 Rosewood Leawood, KS 66211-1765	Name of Employer Self-employed	Date (month, day, year) 10/06/2000	Amount of Each Receipt this Period \$120.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance Agent Aggregate Year-to-Date \$ 300.00		
SUBTOTAL of Receipts This Page (optional)			\$ 817.55
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **13** OF **33**
FOR LINE NUMBER
11(a)(i)

Contributions From Individuals (itemized)

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NAME OF COMMITTEE (in full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name, Mailing Address and ZIP Code Darrel V. Hovde P. O. Box 1806 Minot, ND 58702-1806	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 252.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$25.20
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code Albert T. Hurst Jr., FICF 1422 Spring Street Little Rock, AR 72202	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 252.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$25.20
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code William V. Irons CLU, LUTCF 325 Newman Ave Rumford, RI 02916-1255	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 600.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$60.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code Troy R. Jackson Jr., , CEBS 3512 Lubbock Drive Raleigh, NC 27612-5016	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 258.50	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$9.35
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code James A. Jacobs CLU, ChFC 3325 Wood Dale Road Chester, VA 23831	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 285.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$8.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code Donald C. Jayne CLU, ChFC 20402 Tulsa Street Chatsworth, CA 91311-1723	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 250.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code Russell D. Jenkins LUTCF 1988 Burlingame Rd. Emporia, KS 66801	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 600.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$60.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			

SUBTOTAL of Receipts This Page (optional)

\$ 213.25

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

PAGE 14 OF 33
FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (itemized)

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NAME OF COMMITTEE (In Full) National Association of Insurance and Financial Advisors Political Action Committee			
Full Name, Mailing Address and ZIP Code E. Dunbar Jewell, CLU, ChFC 1212 South Boulevard #102 Charlotte, NC 28203-4208 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 231.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$23.10
Full Name, Mailing Address and ZIP Code J. Richard Jones, LUTCF 122 Heritage Court Macon, GA 31210 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 210.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$21.00
Full Name, Mailing Address and ZIP Code Terry M. Kallenbach, CLU, ChFC 1358 Ahlrich Ave Encinitas, CA 92024-4029 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 500.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$50.00
Full Name, Mailing Address and ZIP Code Stephen M. Karp, CLU, ChFC 43 Cynthia Rd. Newton, MA 02159-2836 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 210.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$21.00
Full Name, Mailing Address and ZIP Code John B. Kearns, LUTCF P. O. Box 1029 Scottsbluff, NE 69363-1029 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 152.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$25.20
Full Name, Mailing Address and ZIP Code Michael L. Kerley 9424 Talisman Drive Vienna, VA 22182-3419 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 484.68	Date (month, day, year) 10/16/2000 10/16/2000	Amount of Each Receipt this Period \$23.08 \$23.08
Full Name, Mailing Address and ZIP Code Edward B. Kibble, CLU 6755 Beach Dr. SW Seattle, WA 98136-1760 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 300.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$100.00
SUBTOTAL of Receipts This Page (optional)			\$ 286.46
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE OF
15 33
FOR LINE NUMBER
11(a)(i)

Contributions From Individuals (Itemized)

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NAME OF COMMITTEE (In Full) National Association of Insurance and Financial Advisors Political Action Committee			
Full Name, Mailing Address and ZIP Code David G. Klemisch LUTCF 3456 18th Street S. Fargo, ND 58104-6533	Name of Employer Self-employed	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$27.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance Agent Aggregate Year-to-Date \$ 270.00		
Full Name, Mailing Address and ZIP Code Casey C. Knake 2902 Mach I Dr. Norfolk, NE 68701-3238	Name of Employer Self-employed	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$50.40
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance Agent Aggregate Year-to-Date \$ 504.00		
Full Name, Mailing Address and ZIP Code Kenneth E. Knox CLU, ChFC Unit 9, 10 East St Providence, RI 02906-3069	Name of Employer Self-employed	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$50.40
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance Agent Aggregate Year-to-Date \$ 303.00		
Full Name, Mailing Address and ZIP Code Richard A. Koob CLU, ChFC, AEP 301 Frederick Street Waukesha, WI 53186-8116	Name of Employer Self-employed	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$50.40
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance Agent Aggregate Year-to-Date \$ 504.00		
Full Name, Mailing Address and ZIP Code Michael J. Kraft CLU 1127 Union Street Alameda, CA 94501	Name of Employer Self-employed	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$42.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance Agent Aggregate Year-to-Date \$ 425.00		
Full Name, Mailing Address and ZIP Code Ronald F. Kramer LUTCF P. O. Box 26 Pierce, NE 68767-0026	Name of Employer Self-employed	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$25.20
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance Agent Aggregate Year-to-Date \$ 252.00		
Full Name, Mailing Address and ZIP Code James H. Krueger CLU,MSFS,MSM,C 6 Wagon Wheel Tr Appleton, WI 54915-9782	Name of Employer Self-employed	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$25.20
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance Agent Aggregate Year-to-Date \$ 252.00		
SUBTOTAL of Receipts This Page (optional)			\$ 271.10
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 16 OF 33
FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (itemized)

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NAME OF COMMITTEE (in Full) National Association of Insurance and Financial Advisors Political Action Committee			
Full Name, Mailing Address and ZIP Code Thomas R. Laster RHU 5823 Mosteller Dr. #100 Oklahoma City, OK 73112	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 270.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$27.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code Donald J. Levine CLU, ChFC, CFP 18 College View Way Belmont, CA 94002-2213	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 485.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$8.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code Bruce C. Lichtenberg LUTCF 2265 Cypress Point Discovery Bay, CA 94514	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 210.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code Lawrence E. Lounds CLU, ChFC, LUT G-3526 Miller Rd. Ste-B Flint, MI 48507-1236	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 428.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$40.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code Donald C. Lutterman LUTCF 440 Regency Pkwy Dr#250 Omaha, NE 68114	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 246.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$25.20
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code William J. Lynch LUTCF 5075 SW Griffith Dr. #200 Beaverton, OR 97005	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 250.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code William J. Lynch III 18 Fairfield St. Boston, MA 02116	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 300.00	Date (month, day, year) 10/11/2000	Amount of Each Receipt this Period \$300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
SUBTOTAL of Receipts This Page (optional)			\$ 477.70
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 17 OF 33
	FOR LINE NUMBER 11(a)(1)

Contributions From Individuals (Itemized)

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

NAME OF COMMITTEE (In Full) National Association of Insurance and Financial Advisors Political Action Committee			
Full Name, Mailing Address and ZIP Code J. Peter Lyons CLU, ChFC, MSP 54 Cranmore Road Wellesley, MA 02181-1330	Name of Employer Self-employed	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$33.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance Agent Aggregate Year-to-Date \$ 335.00		
Full Name, Mailing Address and ZIP Code Hawley H. MacLean 12590 Creekerest Dr. Reno, NV 89511-7783	Name of Employer Self-employed	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$50.40
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance Agent Aggregate Year-to-Date \$ 277.20		
Full Name, Mailing Address and ZIP Code Waylon T. Mangum LUTCF 9197 Fair Hill Place Mechanicsville, VA 23116	Name of Employer Self-employed	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance Agent Aggregate Year-to-Date \$ 420.00		
Full Name, Mailing Address and ZIP Code Dennis J. Manning CLU, ChFC Seven Hanover Square, 27th Floor New York, NY 10004	Name of Employer Self-employed	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance Agent Aggregate Year-to-Date \$ 500.00		
Full Name, Mailing Address and ZIP Code Jan I. Mariakis CLU, ChFC, LUT 130 Louise Lane San Mateo, CA 94403-3349	Name of Employer Self-employed	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance Agent Aggregate Year-to-Date \$ 210.00		
Full Name, Mailing Address and ZIP Code Claude A. Marlowe Jr., LUTCF 1101 Radcliffe Avenue Kingsport, TN 37664-2025	Name of Employer Self-employed	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance Agent Aggregate Year-to-Date \$ 231.00		
Full Name, Mailing Address and ZIP Code Darren Scott Mason CLU, ChFC 178 Shorecliff Rd Corona Del Mar, CA 92625-2648	Name of Employer Self-employed	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$41.66
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance Agent Aggregate Year-to-Date \$ 416.60		
SUBTOTAL of Receipts This Page (optional)			\$ 709.56
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **18** OF **33**
FOR LINE NUMBER
11(a)(i)

Contributions From Individuals (itemized)

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

NAME OF COMMITTEE (in Full) National Association of Insurance and Financial Advisors Political Action Committee			
Full Name, Mailing Address and ZIP Code Carl James Maus LUTCF 417 Monitor Way St. Charles, MO 63303	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 2,604.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$50.40
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code Ben E. McCoy CLU, ChFC, RHU 2164 Sandston Rd Columbus, OH 43220-5403	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 500.00	Date (month, day, year) 10/16/2000	Amount of Each Receipt this Period \$500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code Mark W. McGorry CLU, ChFC 21 East 40th Street New York, NY 10016-0501	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 500.00	Date (month, day, year) 10/06/2000	Amount of Each Receipt this Period \$500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code Mickl R. McKinnon LUTCF 4800 W. Yellowstone Street Kennewick, WA 99336	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 205.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code Richard E. McKinnon 2632 W. Kennewick Kennwick, WA 99336-3123	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 420.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code Robert F. McKown CLU, ChFC 17 White Rd Wayland, MA 01778-2416	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 425.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$42.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code David L. Mead CLU 6530 Bay Tree Court Falls Church, VA 22041-1002	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 300.00	Date (month, day, year) 10/12/2000	Amount of Each Receipt this Period \$300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
SUBTOTAL of Receipts This Page (optional)			\$ 1,459.90
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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

 PAGE 19 OF 33
FOR LINE NUMBER 11(a)(1)

Contributions From Individuals (itemized)

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

NAME OF COMMITTEE (in Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name, Mailing Address and ZIP Code Carl F. Mehlhop CLU, ChFC 89 Van Ripper Ln. Orinda, CA 94563-1129	Name of Employer Self-employed	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance Agent Aggregate Year-to-Date \$ 210.00		
Full Name, Mailing Address and ZIP Code Robert T. Merchen CLU, ChFC 34 Tidewater Way Savannah, GA 31411-2129	Name of Employer Self-employed	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$22.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance Agent Aggregate Year-to-Date \$ 220.00		
Full Name, Mailing Address and ZIP Code Dennis R. Merideth CLU, ChFC 5960 N. Camino Esquina Tucson, AZ 85718-4627	Name of Employer Self-employed	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$50.40
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance Agent Aggregate Year-to-Date \$ 504.00		
Full Name, Mailing Address and ZIP Code Lenn M. Mezrah 623 Island Place Way Tampa, FL 33602	Name of Employer Self-employed	Date (month, day, year) 10/16/2000	Amount of Each Receipt this Period \$500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance Agent Aggregate Year-to-Date \$ 500.00		
Full Name, Mailing Address and ZIP Code Todd M. Mezrah 2902 Hawthorne Road Tampa, FL 33611-2830	Name of Employer Self-employed	Date (month, day, year) 10/16/2000	Amount of Each Receipt this Period \$300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance Agent Aggregate Year-to-Date \$ 700.00		
Full Name, Mailing Address and ZIP Code David A. Middaugh CLU, AEP 3273 Evergreen Road Fargo, ND 58102-1214	Name of Employer Self-employed	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$72.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance Agent Aggregate Year-to-Date \$ 2,856.00		
Full Name, Mailing Address and ZIP Code Carl W. Middleton 8500 Gordon Dr NE Rain Bridge Is., WA 98110-3003	Name of Employer Self-employed	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance Agent Aggregate Year-to-Date \$ 210.00		
SUBTOTAL of Receipts This Page (optional)			\$ 986.40
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 20 OF 33
FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (Itemized)

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

NAME OF COMMITTEE (In Full) National Association of Insurance and Financial Advisors Political Action Committee			
Full Name, Mailing Address and ZIP Code Harlan V. Miller CLU, ChFC 5839 Overhill Lane Dayton, OH 45429-6043 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 250.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$25.00
Full Name, Mailing Address and ZIP Code Milwaukee AIFA C/o Kathy Dickinson, P.O. Box 510898 New Berlin, WI 53151-0898 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 600.00	Date (month, day, year) 10/16/2000	Amount of Each Receipt this Period \$600.00
Full Name, Mailing Address and ZIP Code Herbert F. Mischke CLU, ChFC 322 East County Road D Little Canada, MN 55117 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 210.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$21.00
Full Name, Mailing Address and ZIP Code James W. Montverde CLU, ChFC, AEP WaterWorks Road Sewickley, PA 15143 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 500.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$50.00
Full Name, Mailing Address and ZIP Code Raymond H. Moran CLU, ChFC 1072 Island Drive Memphis, TN 38103-5815 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 462.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$42.00
Full Name, Mailing Address and ZIP Code Herbert F. Morgan PO Box 13856 Tallahassee, FL 32317 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 420.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$42.00
Full Name, Mailing Address and ZIP Code Robert M. Nelson CLU, LUTCF 14712 Shirley Street Omaha, NE 68144-2144 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 600.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$60.00
SUBTOTAL of Receipts This Page (optional)			\$ 840.00
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **21** OF **33**
FORM LINE NUMBER
11(a)(i)

Contributions From Individuals (itemized)

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

NAME OF COMMITTEE (in Full) National Association of Insurance and Financial Advisors Political Action Committee			
Full Name, Mailing Address and ZIP Code Shirley A. Nielsen LUTCF 1524 COVENTRY LN #53 GRAND ISLAND, NE 68801-7009	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 320.40	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$50.40
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code Frank R. Nolimal CLU, ChFC, LUT 2017 Grafton Ave Henderson, NV 89014	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 320.40	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$50.40
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code P. Frank Norton CLU, ChFC 130 Draxes Drive Dr Bryn Mawr, PA 19004	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 250.00	Date (month, day, year) 10/12/2000	Amount of Each Receipt this Period \$250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code James F. O'Connell CLU 400 S. Jefferson #450 Spokane, WA 99204-3177	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 420.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code E. Ted O'Hara CLU, ChFC, MSF 1273 Stratford Rd Schenectady, NY 12308-2411	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 286.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code James W. Oglesby LUTCF P. O. Box 7156 Asheville, NC 28802-7156	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 715.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$66.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code James B. Ollis P. O. Box 1209 Laurinburg, NC 28353-1209	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 349.25	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$46.75
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
SUBTOTAL of Receipts This Page (optional)			\$ 547.55
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **22** OF **33**
FOR LINE NUMBER
11(a)(i)

Contributions From Individuals (itemized)

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NAME OF COMMITTEE (in Full) National Association of Insurance and Financial Advisors Political Action Committee			
Full Name, Mailing Address and ZIP Code Martha N. Olmstead CLU, ChFC 56 Divisadero Street San Francisco, CA 94117-3211	Name of Employer Self-employed	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance Agent		
	Aggregate Year-to-Date \$ 210.00		
Full Name, Mailing Address and ZIP Code Rae Lee Olson 218 N. El Monte Ave. Los Altos, CA 94022-2354	Name of Employer Self-employed	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$42.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance Agent		
	Aggregate Year-to-Date \$ 425.00		
Full Name, Mailing Address and ZIP Code Mitchell W. Ostruve CLU, ChFC 4 New King Street White Plains, NY 10604-1202	Name of Employer Self-employed	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance Agent		
	Aggregate Year-to-Date \$ 420.00		
Full Name, Mailing Address and ZIP Code John C. Parker RHU 47 LAUREL HILL DR. NIAHTIC, CT 06357-1536	Name of Employer Self-employed	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance Agent		
	Aggregate Year-to-Date \$ 378.30		
Full Name, Mailing Address and ZIP Code Barton C. Pasco CLU, ChFC, LUT 307 Marston Ln Richmond, VA 23221-3705	Name of Employer Self-employed	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance Agent		
	Aggregate Year-to-Date \$ 210.00		
Full Name, Mailing Address and ZIP Code Rick Patterson CLU, ChFC, LUT 204 Thistlewood CL Longwood, FL 32779	Name of Employer Self-employed	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance Agent		
	Aggregate Year-to-Date \$ 432.50		
Full Name, Mailing Address and ZIP Code Debbie K. Paul CLU, ChFC 4001 MacArthur Blvd. Newport Beach, CA 92660-2510	Name of Employer Self-employed	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance Agent		
	Aggregate Year-to-Date \$ 210.00		
SUBTOTAL of Receipts This Page (optional)			\$ 210.50
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 23 OF 33
FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (Itemized)

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NAME OF COMMITTEE (in Full) National Association of Insurance and Financial Advisors Political Action Committee			
Full Name, Mailing Address and ZIP Code Ralph W. Pellechia CLU, ChFC 1A Brooklyn Blvd., P.O. Box 259 Sea Girt, NJ 08750 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 1,080.00	Date (month, day, year) 10/18/2000	Amount of Each Receipt this Period \$600.00
Full Name, Mailing Address and ZIP Code Gary H. Pendleton CLU, ChFC 2908 Lake Boone Street, Suite 201 Raleigh, NC 27608 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 458.30	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$45.83
Full Name, Mailing Address and ZIP Code Dennis W. Pike Jr., CLU, ChFC 2112 Hunters Wood Ln. Lexington, KY 40502-3066 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 252.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$25.20
Full Name, Mailing Address and ZIP Code R. Ian Pinney CLU, ChFC, CPC 5152 Ellington Court Granite Bay, CA 95746-7188 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 420.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$42.00
Full Name, Mailing Address and ZIP Code William Poe Jr., CLU 2397 Samuelson Rd Portage, IN 46368-2531 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 210.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$21.00
Full Name, Mailing Address and ZIP Code Bradley W. Pratt CLU, LUTCF 121 E. Main #106, P O Box 3045 Mankato, MN 56002 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 210.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$21.00
Full Name, Mailing Address and ZIP Code John S. Pugh CLU, MSFS 6612 Oceanfront Virginia Beach, VA 23451-2052 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 250.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$25.00
SUBTOTAL of Receipts This Page (optional)			\$ 780.03
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 24 OF 33
FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (Itemized)

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NAME OF COMMITTEE (in Full) National Association of Insurance and Financial Advisors Political Action Committee			
Full Name, Mailing Address and ZIP Code Karl H. Rakow LUTCF, RHU 3801 Lockport Street, Suite 3 Bismarck, ND 58503	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 300.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$30.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code William Riechert 118 Riviera Drive Massapequa, NY 11758-8518	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 210.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code Robert Danny Riley LUTCF P. O. Box 1545 Tupelo, MS 38802-1545	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 210.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code Robert M. Roach CLU, ChFC 980 Ridge Crest Drive Gallena, OH 43230	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 437.50	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$42.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code John L. Robinson Jr., CLU, ChFC 4347 Caldwell Mill Road Birmingham, AL 35243-4038	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 500.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code Lee Rogers LUTCF P. O. Box 3207 Gulfport, MS 39505	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 226.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code Shelley M. Rowe LUTCF 8045 Garrison Ct #A Arvada, CO 80005-2264	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 214.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
SUBTOTAL of Receipts This Page (optional)			\$ 664.50
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **25** OF **33**
FOR LINE NUMBER
11(a)(i)

Contributions From Individuals (itemized)

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

NAME OF COMMITTEE (in Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name, Mailing Address and ZIP Code David Russell, CLU, ChFC, LUT 2423 Carlisle Place Sarasota, FL 34231-7613	Name of Employer Self-employed	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance Agent Aggregate Year-to-Date \$ 428.00		
Full Name, Mailing Address and ZIP Code Daniel L. Rust, LUTCF 114 W. Arnold Bozeman, MT 59715-6129	Name of Employer Self-employed	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$30.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance Agent Aggregate Year-to-Date \$ 357.00		
Full Name, Mailing Address and ZIP Code Gregory B. Schaeffer, LUTCF, FIC 2315 30th Ave. Kenosha, WI 53144	Name of Employer Self-employed	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$27.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance Agent Aggregate Year-to-Date \$ 270.00		
Full Name, Mailing Address and ZIP Code Walter M. Schieffer Jr., LUTCF 17501 John Wayne Perry, OK 73077-9513	Name of Employer Self-employed	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$25.20
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance Agent Aggregate Year-to-Date \$ 252.00		
Full Name, Mailing Address and ZIP Code Daniel J. Scholz, CLU, ChFC 1510 So. 183 Circle Omaha, NE 68130	Name of Employer Self-employed	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$50.40
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance Agent Aggregate Year-to-Date \$ 402.00		
Full Name, Mailing Address and ZIP Code James D. Schulz, CLU, ChFC 6601 South 66th St. Lincoln, NE 68516-3657	Name of Employer Self-employed	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$50.40
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance Agent Aggregate Year-to-Date \$ 504.00		
Full Name, Mailing Address and ZIP Code Mark R. Schwendeman 427 4th St Marietta, OH 45750-2004	Name of Employer Self-employed	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$30.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance Agent Aggregate Year-to-Date \$ 219.00		
SUBTOTAL of Receipts This Page (optional)			\$ 263.00
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 26 OF 33
FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (itemized)

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

NAME OF COMMITTEE (in Full) National Association of Insurance and Financial Advisors Political Action Committee			
Full Name, Mailing Address and ZIP Code Walter J. Scott Jr., CLU 1022 WASHINGTON AVE. OSHKOSH, WI 54901-5354	Name of Employer Self-employed	Date (month, day, year) 11/10/2000	Amount of Each Receipt this Period \$50.40
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance Agent Aggregate Year-to-Date \$ 504.00		
Full Name, Mailing Address and ZIP Code James P. Shaheen LUTCF 3939 Linden Ave Long Beach, FL 90807-2714	Name of Employer Self-employed	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance Agent Aggregate Year-to-Date \$ 250.00		
Full Name, Mailing Address and ZIP Code Mark S. Shipp 6401 N. Sheridan Rd Peoria, IL 61614-2930	Name of Employer Self-employed	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance Agent Aggregate Year-to-Date \$ 250.00		
Full Name, Mailing Address and ZIP Code James John Silbermangel LUTCF W 2329 Capital Drive Campbellsport, WI 53010-3010	Name of Employer Self-employed	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$50.40
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance Agent Aggregate Year-to-Date \$ 504.00		
Full Name, Mailing Address and ZIP Code Ken Simons CLU, ChFC, LUT 808 West Fairground Artesia, NM 88210-2232	Name of Employer Self-employed	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$50.10
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance Agent Aggregate Year-to-Date \$ 501.00		
Full Name, Mailing Address and ZIP Code Gary R. Sitzmann CLU 29 Sierra Ave. Piedmont, CA 94611	Name of Employer Self-employed	Date (month, day, year) 10/11/2000	Amount of Each Receipt this Period \$150.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance Agent Aggregate Year-to-Date \$ 250.00		
Full Name, Mailing Address and ZIP Code Robert H. Sloan Jr., CLU, ChFC 5 Dart Ct. East Greenwich, RI 02818-1129	Name of Employer Self-employed	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$25.20
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance Agent Aggregate Year-to-Date \$ 252.00		
SUBTOTAL of Receipts This Page (optional)			\$ 376.10
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **27** OF **33**
FOR LINE NUMBER
11(a)(i)

Contributions From Individuals (Itemized)

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

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name, Mailing Address and ZIP Code Paul M. Smith Sr., CLU 433 Ward Parkway 3N Kansas City, MO 64122	Name of Employer Self-employed	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$51.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance Agent Aggregate Year-to-Date \$ 510.00		
Full Name, Mailing Address and ZIP Code Robert J. Smith Jr. 39-856 Morningside Drive Rancho Mirage, CA 92270	Name of Employer Self-employed	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance Agent Aggregate Year-to-Date \$ 267.00		
Full Name, Mailing Address and ZIP Code Russell A. Smith CLU, ChFC 30251 Channel Way Dr. Canyon Lake, CA 92587-7986	Name of Employer Self-employed	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance Agent Aggregate Year-to-Date \$ 500.00		
Full Name, Mailing Address and ZIP Code Dave Smithkey CLU G-3526 Miller Rd Ste-B Flint, MI 48507-1236	Name of Employer Self-employed	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$60.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance Agent Aggregate Year-to-Date \$ 249.00		
Full Name, Mailing Address and ZIP Code Mark V. Snider CLU, ChFC 44 Elmwood Place Athens, OH 45701-1904	Name of Employer Self-employed	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance Agent Aggregate Year-to-Date \$ 336.00		
Full Name, Mailing Address and ZIP Code Walter C. Sprye Jr., CLU, ChFC PO Box 8388 Rocky Mount, NC 27804-1388	Name of Employer Self-employed	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$23.10
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance Agent Aggregate Year-to-Date \$ 231.00		
Full Name, Mailing Address and ZIP Code Billy J. Stanfill CLU 948 N. Main St Mooreville, NC 28115	Name of Employer Self-employed	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$66.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance Agent Aggregate Year-to-Date \$ 660.00		

SUBTOTAL of Receipts This Page (optional)

\$ 334.10

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **28** OF **33**
FOR LINE NUMBER
11(a)(i)

Contributions From Individuals (itemized)

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

NAME OF COMMITTEE (in full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name, Mailing Address and ZIP Code Angelo T. Stath 7821 Massachusetts Merriville, IN 46410-5531	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 500.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code John P. Steele LUTCF P. O. Box 369 Manhattan, MT 59741-0369	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 231.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$15.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code Walter G. Stern CLU, ChFC 37 BRIAR CLIFF ST. LOUIS, MO 63124-1753	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 240.00	Date (month, day, year) 10/13/2000	Amount of Each Receipt this Period \$120.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code Joseph Stone CLU, ChFC 35 Wander Drive Hingham, MA 02043	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 1,000.00	Date (month, day, year) 10/16/2000	Amount of Each Receipt this Period \$500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code David L. Stratton CLU, ChFC 13115 Beach Circle Anchorage, AK 99515-3748	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 1,000.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$75.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code Steven M. Stratton LUTCF 16335 Oak Glen Ave Morgan Hill, CA 95037	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 210.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code Michael W. Stronebing LUTCF 16112 Parker Street Omaha, NE 68118-2429	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 259.80	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$33.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			

SUBTOTAL of Receipts This Page (optional)

\$ 814.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 29 OF 33
FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (itemized)

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

NAME OF COMMITTEE (in full) National Association of Insurance and Financial Advisors Political Action Committee			
Full Name, Mailing Address and ZIP Code Mark Phelan Sudderberg 1751 Clinton St. Rockford, IL 61103 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 210.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$21.00
Full Name, Mailing Address and ZIP Code Donald R. Svoboda CLU, ChFC 5930 S 58th St #2 Lincoln, NE 68516-3653 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 300.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$30.00
Full Name, Mailing Address and ZIP Code Jeffrey J. Taggart CLU, ChFC, LUT 1107 Cedar Ln. Cody, WY 82414-5201 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 210.00	Date (month, day, year) 10/10/2000 10/12/2000	Amount of Each Receipt this Period \$42.00 (\$42.00)
Full Name, Mailing Address and ZIP Code Robert W. Talbott CLU, LUTCF 2500 W 22nd Eugene, OR 97405-1402 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 210.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$21.00
Full Name, Mailing Address and ZIP Code Matthew S. Tasscy CLU, LUTCF 5 Reggio Ave. Old Orchard Beh, ME 04064-2709 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 277.20	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$50.40
Full Name, Mailing Address and ZIP Code John Michael Taylor CLU, ChFC 911 Rugate Rd. Columbus, GA 31904 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 420.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$42.00
Full Name, Mailing Address and ZIP Code Robert L. Tedoldi CLU, ChFC, CFP 9 Pond View Road Bolton, CT 06043-7558 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 420.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$42.00
SUBTOTAL of Receipts This Page (optional)			\$ 206.40
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **30** OF **33**
FOR LINE NUMBER
11(a)(i)

Contributions From Individuals (itemized)

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

NAME OF COMMITTEE (In Full) National Association of Insurance and Financial Advisors Political Action Committee			
Full Name, Mailing Address and ZIP Code Gregory M. Telge CLU, ChFC 118 Madeline Road Manchester, NH 03104	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 252.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$25.20
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code Neal A. Thomas CLU, ChFC 4435 E. Eden Lincoln, NE 68506-2541	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 300.00	Date (month, day, year) 10/16/2000	Amount of Each Receipt this Period \$300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code Klaus Tubinga LUTCF 421 West Mendenhall Bozeman, MT 59715-3448	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 294.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$10.20
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code Lynda D. Turner LUTCF 1070 South Bosque Loop Bosque Farms, NM 87068-9063	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 252.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$25.20
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code David R. Tuzson 1226 Peacock Drive Scottsbluff, NE 69361	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 252.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$25.20
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code Howard Raymond Utz LUTCF PO Box 480 Mars, PA 16046	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 425.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$42.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
Full Name, Mailing Address and ZIP Code Robert D. Vieluf LUTCF 403 Crestwood Estates Collinsville, IL 62234-2324	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 210.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
SUBTOTAL of Receipts This Page (optional)			\$ 449.30
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 31 OF 33
FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (Itemized)

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

NAME OF COMMITTEE (In Full) National Association of Insurance and Financial Advisors Political Action Committee			
Full Name, Mailing Address and ZIP Code Sylvia J. Walker LUTCF, CPIW 805 Terrace Drive Newport News, VA 23601-2240 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 310.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$21.00
Full Name, Mailing Address and ZIP Code James J. Wanek CLU 629 Karl Street Green Bay, WI 54301-2218 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 234.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$25.20
Full Name, Mailing Address and ZIP Code David R. Watson CLU, ChFC, AEP 7 Elm Drive Medford, NJ 08055-8840 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 436.80	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$42.00
Full Name, Mailing Address and ZIP Code Marlin D. Wells CLU, ChFC, LUT 2407 Woodbine Way Roswell, NM 88201-9261 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 300.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$30.00
Full Name, Mailing Address and ZIP Code Lester E. Westgard 2714 26th Ave SW Fargo, ND 58103-5006 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 480.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$60.00
Full Name, Mailing Address and ZIP Code Elton R. White CLU, ChFC 4095 Charter Oak Drive Flint, MI 48507 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 210.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$21.00
Full Name, Mailing Address and ZIP Code Susan Wier CFP, LUTCF, Ch 8023 South Zikes Rd Bloomington, IN 47401-9178 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Insurance Agent Aggregate Year-to-Date \$ 420.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$42.00
SUBTOTAL of Receipts This Page (optional)			\$ 241.20
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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

 PAGE 32 OF 33
FOR LINE NUMBER 11(a)(1)

Contributions From Individuals (Itemized)

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

NAME OF COMMITTEE (in Full) National Association of Insurance and Financial Advisors Political Action Committee			
Full Name, Mailing Address and ZIP Code Leroy L. Wilbers Jr., CLU, LUTC 309 Deerfield Pl Jefferson City, MO 65109	Name of Employer Self-employed	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$30.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance Agent Aggregate Year-to-Date \$ 273.00		
Full Name, Mailing Address and ZIP Code Gary W. Williams PO Box 397 Vinton, VA 24179-0397	Name of Employer Self-employed	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance Agent Aggregate Year-to-Date \$ 210.00		
Full Name, Mailing Address and ZIP Code Jeffrey S. Williams CLU 800 SE 4 Street #206 Fort Lauderdale, FL 33301	Name of Employer Self-employed	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance Agent Aggregate Year-to-Date \$ 210.00		
Full Name, Mailing Address and ZIP Code Larry J. Winklbake CLU, ChFC 18600 Longview Ct Brookfield, WI 53045	Name of Employer Self-employed	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$50.40
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance Agent Aggregate Year-to-Date \$ 463.20		
Full Name, Mailing Address and ZIP Code David A. Winston 9210 Grassland Place Fairfax, VA 22031-1913	Name of Employer Self-employed	Date (month, day, year) 10/16/2000 10/16/2000	Amount of Each Receipt this Period \$11.54 \$11.54
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance Agent Aggregate Year-to-Date \$ 242.34		
Full Name, Mailing Address and ZIP Code Ronald L. Woodmansee CLU, ChFC 25 Picadilly Circle Marlton, NJ 08053-4235	Name of Employer Self-employed	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance Agent Aggregate Year-to-Date \$ 250.00		
Full Name, Mailing Address and ZIP Code Mark L. Yavornitzki CAE 14 Bridle Place E. Greenbush, NY 12061-1111	Name of Employer Self-employed	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$21.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance Agent Aggregate Year-to-Date \$ 210.00		
SUBTOTAL of Receipts This Page (optional)			\$ 191.48
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **33** OF **33**
FOR LINE NUMBER
11(a)(i)

Contributions From Individuals (itemized)

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

NAME OF COMMITTEE (in Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alan R. Zalewski CLU, ChFC, LUT 6908 North 27th Street Tacoma, WA 98407-1002	Self-employed	10/10/2000	\$42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance Agent Aggregate Year-to-Date \$ 243.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Theodore J. Zouzounis CLU 3332 Las Huertas Rd. Lafayette, CA 94549-5109	Self-employed	10/10/2000	\$35.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Insurance Agent Aggregate Year-to-Date \$ 350.00		

SUBTOTAL of Receipts This Page (optional)	\$ 77.00
TOTAL This Period (last page this line number only)	\$ 15,425.77

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

PAGE 1 OF 1
FOR LINE NUMBER
21a ii

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NAME OF COMMITTEE (in Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name, Mailing Address and ZIP Code National Association of Insurance and Financial Advisors 2901 Telesat Court Falls Church, VA 22042	Purpose of Disbursement Administrative expense reimbursement Disbursement for: ☐ Primary ☐ General ☒ Other (specify)	Date (month, day, year) 10/18/00	Amount of Each Disbursement This Period -30,581.30
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☒ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

-30,581.30

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary PagePAGE 1 OF 11
FOR LINE NUMBER 23

Contributions to Federal Candidates/Committees

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NAME OF COMMITTEE (in Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Returned Check #9037 dated 12/10/1999 for Leadership 21	Date (month, day, year)	Amount of Each Disbursement this Period
Leadership 21 5501 Cherokee Avenue Suite 112 Alexandria, VA 22312	Disbursement For: ☐ Primary ☐ General ☒ Other: Annual 1999	10/17/2000	(\$2,500.00)
Full Name, Mailing Address and ZIP Code Akaka for Senate Post Office Box 3169 Honolulu, HI 96813	Purpose of Disbursement Contribution: Daniel K. Akaka (HI-D-US Senate) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/03/2000	Amount of Each Disbursement this Period \$2,000.00
Full Name, Mailing Address and ZIP Code Tom Allen for Congress 237 Oxford Street, Suite 23 Portland, ME 04101	Purpose of Disbursement Contribution: Thomas H. Allen (ME-1-D-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/10/2000	Amount of Each Disbursement this Period \$1,000.00
Full Name, Mailing Address and ZIP Code Alliance for the West 1156 15th Street, NE Suite 550 Washington, DC 20005	Purpose of Disbursement Contribution: Alliance for the West (PAC to PAC contribution) Disbursement For: ☐ Primary ☐ General ☒ Other: Annual 2000	Date (month, day, year) 10/13/2000	Amount of Each Disbursement this Period \$2,500.00
Full Name, Mailing Address and ZIP Code Rob Andrews for Congress Ellisburg Plaza 20 Brace Street, Suite 200 Cherry Hill, NJ 08034	Purpose of Disbursement Contribution: Robert E. Andrews (NJ-1-D-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/10/2000	Amount of Each Disbursement this Period \$1,000.00
Full Name, Mailing Address and ZIP Code Ashcroft for Senate 7710 Carondelet Suite 101 Clayton, MO 63105	Purpose of Disbursement Contribution: John Ashcroft (MO-R-US Senate) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/03/2000	Amount of Each Disbursement this Period \$2,000.00
Full Name, Mailing Address and ZIP Code Bob Barr for Congress PO Box 4323 Marietta, GA 30061	Purpose of Disbursement Contribution: Bob Barr (GA-7- R-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/12/2000	Amount of Each Disbursement this Period \$1,000.00
Full Name, Mailing Address and ZIP Code Bass Victory Committee PO Box 3451 Concord, NH 03302	Purpose of Disbursement Contribution: Charles F. Bass (NH-2-R-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/10/2000	Amount of Each Disbursement this Period \$1,000.00
Full Name, Mailing Address and ZIP Code Becerra for Congress PO Box 261060 Los Angeles, CA 90026	Purpose of Disbursement Contribution: Xavier Becerra (CA-30-D-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/13/2000	Amount of Each Disbursement this Period \$500.00
SUBTOTAL of Disbursements This Page (optional)			\$8,500.00
TOTAL This Period (last page this line number only)			

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary PagePAGE 2 OF 11
FOR LINE NUMBER 23

Contributions to Federal Candidates/Committees

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NAME OF COMMITTEE (in Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name, Mailing Address and ZIP Code Becerra for Congress PO Box 261060 Los Angeles, CA 90026	Purpose of Disbursement Contribution: Xavier Becerra (CA-30-D-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/03/2000	Amount of Each Disbursement this Period \$2,000.00
Full Name, Mailing Address and ZIP Code Bilbray for Congress 970 Seacoast Drive Imperial Beach, CA 91932	Purpose of Disbursement Contribution: Brian Bilbray (CA- 49-R-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/12/2000	Amount of Each Disbursement this Period \$500.00
Full Name, Mailing Address and ZIP Code Brady for Congress PO Box 9277 Woodlands, TX 77387	Purpose of Disbursement Contribution: Kevin Brady (TX- 8-R-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/11/2000	Amount of Each Disbursement this Period \$2,500.00
Full Name, Mailing Address and ZIP Code The Burns Committee PO Box 3311 Billings, MT 59103	Purpose of Disbursement Contribution: Conrad Burns (MT-R-US Senate) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/03/2000	Amount of Each Disbursement this Period \$1,500.00
Full Name, Mailing Address and ZIP Code Callahan For Congress PO Box 7641 Mobile, AL 36607	Purpose of Disbursement Contribution: Sonny Callahan (AL-1-R-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/06/2000	Amount of Each Disbursement this Period \$500.00
Full Name, Mailing Address and ZIP Code Ken Calvert For Congress PO Box 1414 Riverside, CA 92502	Purpose of Disbursement Contribution: Ken Calvert (CA- 43-R-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/13/2000	Amount of Each Disbursement this Period \$1,000.00
Full Name, Mailing Address and ZIP Code Castle Campaign Fund PO Box 133 Wilmington, DE 19899	Purpose of Disbursement Contribution: Michael N. Castle (DE-1-R-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/06/2000	Amount of Each Disbursement this Period \$1,000.00
Full Name, Mailing Address and ZIP Code Chambliss For Congress PO Box 4084 Macon, GA 31208	Purpose of Disbursement Contribution: Saxby Chambliss (GA-8-R-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/02/2000	Amount of Each Disbursement this Period \$1,000.00
Full Name, Mailing Address and ZIP Code Chambliss For Congress PO Box 4084 Macon, GA 31208	Purpose of Disbursement Contribution: Saxby Chambliss (GA-8-R-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/12/2000	Amount of Each Disbursement this Period \$1,000.00
SUBTOTAL of Disbursements This Page (optional)			\$11,000.00
TOTAL This Period (last page this line number only)			

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary PagePAGE 3 OF 11
FOR LINE NUMBER 23

Contributions to Federal Candidates/Committees

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NAME OF COMMITTEE (in Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name, Mailing Address and ZIP Code Clay Jr. for Congress 6023 Waterman Unit 1W St. Louis, MO 63112	Purpose of Disbursement Contribution: William Lacy Clay, Jr. (MO-1-D-House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/10/2000	Amount of Each Disbursement this Period \$1,000.00
Full Name, Mailing Address and ZIP Code Crane For Congress 1450 S. New Wilke Road, #101 Arlington Hgts, IL 60005	Purpose of Disbursement Contribution: Philip M. Crane (IL-8-R-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/16/2000	Amount of Each Disbursement this Period \$5,000.00
Full Name, Mailing Address and ZIP Code Cubin for Congress P.O. Box 4657 Casper, WY 82604	Purpose of Disbursement Contribution: Barbara Cubin (WY-1-R-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/12/2000	Amount of Each Disbursement this Period \$1,000.00
Full Name, Mailing Address and ZIP Code DeLauro for Congress 49 Huntington Street New Haven, CT 06511	Purpose of Disbursement Contribution: Rosa L. DeLauro (CT-3-D-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/06/2000	Amount of Each Disbursement this Period \$1,000.00
Full Name, Mailing Address and ZIP Code Tom DeLay for Congress 10707 Corporate Drive/Suite 130 Stafford, TX 77477	Purpose of Disbursement Contribution: Tom DeLay (TX- 22-R-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/03/2000	Amount of Each Disbursement this Period \$2,000.00
Full Name, Mailing Address and ZIP Code DeWine for US Senate PO Box 340188 Columbus, OH 43234	Purpose of Disbursement Contribution: Mike DeWine (OH-R-US Senate) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/03/2000	Amount of Each Disbursement this Period \$2,500.00
Full Name, Mailing Address and ZIP Code Delahunt for Congress Committee 500 Victory Road Quincy, MA 02171	Purpose of Disbursement Contribution: William D. Delahunt (MA-10-D-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/10/2000	Amount of Each Disbursement this Period \$1,000.00
Full Name, Mailing Address and ZIP Code Dooley for Congress PO Box 1367 Visalia, CA 93279	Purpose of Disbursement Contribution: Calvin M. Dooley (CA-20-D-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/02/2000	Amount of Each Disbursement this Period \$500.00
Full Name, Mailing Address and ZIP Code Doolittle for Congress 2140 Professional Drive Suite 200 Roseville, CA 95661	Purpose of Disbursement Contribution: John T. Doolittle (CA-4-R-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/12/2000	Amount of Each Disbursement this Period \$1,000.00
SUBTOTAL of Disbursements This Page (optional)			\$15,000.00
TOTAL This Period (last page this line number only)			

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary PagePAGE 4 OF 11
FOR LINE NUMBER 23

Contributions to Federal Candidates/Committees

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NAME OF COMMITTEE (in Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name, Mailing Address and ZIP Code Ehrlich for Congress Committee 1301 York Rd Suite 705 Lutherville, MD 21093	Purpose of Disbursement Contribution: Robert L. Ehrlich, Jr. (MD-2-R-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/10/2000	Amount of Each Disbursement this Period \$1,000.00
Full Name, Mailing Address and ZIP Code Engel for Congress 462 California Rd Bronxville, NY 10708	Purpose of Disbursement Contribution: Eliot L. Engel (NY- 17-D-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/10/2000	Amount of Each Disbursement this Period \$1,000.00
Full Name, Mailing Address and ZIP Code Ewing for Congress PO Box 1964 Muskogee, OK 74402	Purpose of Disbursement Contribution: Andy Ewing (OK- 2-R-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/12/2000	Amount of Each Disbursement this Period \$2,500.00
Full Name, Mailing Address and ZIP Code Feinstein for Senate 909 Montgomery Street Ste 102 San Francisco, CA 94133	Purpose of Disbursement Contribution: Dianne Feinstein (CA-D-US Senate) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/07/2000	Amount of Each Disbursement this Period \$1,000.00
Full Name, Mailing Address and ZIP Code Mike Ferguson for Congress 340 North Avenue E Suite 6 Cranford, NJ 07016	Purpose of Disbursement Contribution: Mike Ferguson (NJ-7-R-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/12/2000	Amount of Each Disbursement this Period \$2,000.00
Full Name, Mailing Address and ZIP Code Bob Franks for U.S. Senate 310 W. Westfield Avenue Roselle Park, NJ 07204	Purpose of Disbursement Contribution: Bob Franks (N.J.-R- US Senate) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/13/2000	Amount of Each Disbursement this Period \$2,500.00
Full Name, Mailing Address and ZIP Code The Washington Fund 4428 133rd SW Mukilteo, WA 98275	Purpose of Disbursement Contribution: Fund (PAC to PAC contribution) Disbursement For: ☐ Primary ☐ General ☒ Other: Annual 2000	Date (month, day, year) 10/11/2000	Amount of Each Disbursement this Period \$5,000.00
Full Name, Mailing Address and ZIP Code People For Ganske 521 East Locust, 2nd Floor Des Moines, IA 50309	Purpose of Disbursement Contribution: Greg Ganske (IA- 4-R-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/02/2000	Amount of Each Disbursement this Period \$500.00
Full Name, Mailing Address and ZIP Code Citizens for Gillmor PO Box 910 Port Clinton, OH 43452	Purpose of Disbursement Contribution: Paul E. Gillmor (OH-5-R-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/10/2000	Amount of Each Disbursement this Period \$2,500.00
SUBTOTAL of Disbursements This Page (optional)			\$18,000.00
TOTAL This Period (last page this line number only)			

SCHEDULE B

ITEMIZED DISBURSEMENTS

(Use separate schedule(s)
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Detailed Summary PagePAGE 5 OF 11
FOR LINE NUMBER 23

Contributions to Federal Candidates/Committees

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NAME OF COMMITTEE (in Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name, Mailing Address and ZIP Code Slade Gorton for Senate PO Box 3348 Bellevue, WA 98009-3348	Purpose of Disbursement Contribution: Slade Gorton (WA-R-US Senate) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/02/2000	Amount of Each Disbursement this Period \$5,000.00
Full Name, Mailing Address and ZIP Code Porter Goss Re-Election Team PO Box 517 Fort Myers, FL 33902	Purpose of Disbursement Contribution: Porter J. Goss (FL 14-R-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/03/2000	Amount of Each Disbursement this Period \$2,500.00
Full Name, Mailing Address and ZIP Code People With Hart PO Box 435 Wexford, PA 15090	Purpose of Disbursement Contribution: Melissa Hart (PA- 4-R-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/12/2000	Amount of Each Disbursement this Period \$500.00
Full Name, Mailing Address and ZIP Code People With Hart PO Box 435 Wexford, PA 15090	Purpose of Disbursement Contribution: Melissa Hart (PA- 4-R-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/03/2000	Amount of Each Disbursement this Period \$1,000.00
Full Name, Mailing Address and ZIP Code Hatch Election Committee 257 East 200 South Suite 950 Salt Lake City, UT 84111	Purpose of Disbursement Contribution: Orrin G. Hatch (UT-R-US Senate) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/03/2000	Amount of Each Disbursement this Period \$5,000.00
Full Name, Mailing Address and ZIP Code Hayes for Congress PO Box 2000 Concord, NC 28026	Purpose of Disbursement Contribution: Robin Hayes (NC- 8-R-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/12/2000	Amount of Each Disbursement this Period \$1,000.00
Full Name, Mailing Address and ZIP Code Wally Herger for Congress Committee PO Box 1500 Chico, CA 95927	Purpose of Disbursement Contribution: Wally Herger (CA- 2-R-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/06/2000	Amount of Each Disbursement this Period \$2,500.00
Full Name, Mailing Address and ZIP Code Friends of Maurice Hinchey PO Box 4497 Klugston, NY 12402	Purpose of Disbursement Contribution: Maurice D. Hinchey (NY-26-D-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/12/2000	Amount of Each Disbursement this Period \$1,000.00
Full Name, Mailing Address and ZIP Code Hobson for Congress Committee 2525 N Limestone Springfield, OH 45503	Purpose of Disbursement Contribution: David L. Hobson (OH-7-R-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/10/2000	Amount of Each Disbursement this Period \$1,000.00
SUBTOTAL of Disbursements This Page (optional)			\$19,500.00
TOTAL This Period (last page this line number only)			

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary PagePAGE: 6 OF 11
FOR LINE NUMBER 23

Contributions to Federal Candidates/Committees

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NAME OF COMMITTEE (in Full) National Association of Insurance and Financial Advisors Political Action Committee			
Full Name, Mailing Address and ZIP Code Hutchison for U.S. Senate 517 2nd St. NE Washington, DC 20002	Purpose of Disbursement Returned Check #9092 dated 02/29/2000 for Kay Bailey Hutchison (R-TX - US Senate) Disbursement For: ☒ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/16/2000	Amount of Each Disbursement this Period (\$3,500.00)
Full Name, Mailing Address and ZIP Code Nancy Johnson For Congress P.O. Box 1986 New Britain, CT 06050	Purpose of Disbursement Contribution: Nancy L. Johnson (CT-6-R-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/10/2000	Amount of Each Disbursement this Period \$2,500.00
Full Name, Mailing Address and ZIP Code Walter Jones Jr. For Congress P.O. Box 99667 Raleigh, NC 27624	Purpose of Disbursement Contribution: Walter B. Jones (NC-3-R-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/13/2000	Amount of Each Disbursement this Period \$1,500.00
Full Name, Mailing Address and ZIP Code Kelleher for Congress 410 W Hovey Normal, IL 61761	Purpose of Disbursement Contribution: Mike Kelleher (IL- 15-D-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/12/2000	Amount of Each Disbursement this Period \$1,000.00
Full Name, Mailing Address and ZIP Code Friends of Jack Kingston P O Box 2133 Savannah, GA 31402	Purpose of Disbursement Contribution: Jack Kingston (GA-1-R-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/06/2000	Amount of Each Disbursement this Period \$2,000.00
Full Name, Mailing Address and ZIP Code Friends of Jerry Kleczka 3150A S 12th St Milwaukee, WI 53215	Purpose of Disbursement Contribution: Gerald D. Kleczka (WI-4-D-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/12/2000	Amount of Each Disbursement this Period \$2,000.00
Full Name, Mailing Address and ZIP Code Kuster for Congress PO Box 3595 Arlington, WA 98213	Purpose of Disbursement Contribution: John Kuster (WA- 2-R-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/12/2000	Amount of Each Disbursement this Period \$2,000.00
Full Name, Mailing Address and ZIP Code Jon Kyl for U S Senate Post Office Box 10246 Phoenix, AZ 85064	Purpose of Disbursement Contribution: Jon Kyl (AZ-R-US Senate) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/03/2000	Amount of Each Disbursement this Period \$1,500.00
Full Name, Mailing Address and ZIP Code LaTourette for Congress Committee 7200 Center Street Suite 102 Mentor, OH 44060	Purpose of Disbursement Contribution: Steve C. LaTourette (OH-19-R-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/06/2000	Amount of Each Disbursement this Period \$1,000.00
SUBTOTAL of Disbursements This Page (optional)			\$10,000.00
TOTAL This Period (last page this line number only)			

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary PagePAGE 7 OF 11
FOR LINE NUMBER 23

Contributions to Federal Candidates/Committees

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NAME OF COMMITTEE (in Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name, Mailing Address and ZIP Code Langevin for Congress P. O. Box 55 Providence, RI 02901	Purpose of Disbursement Contribution: James R. Langevin (RI-1-D-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/12/2000	Amount of Each Disbursement this Period \$2,500.00
Full Name, Mailing Address and ZIP Code Largent for Congress 2000 4312 E 51st Tulsa, OK 74135	Purpose of Disbursement Contribution: Steve Largent (OK-1-R-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/02/2000	Amount of Each Disbursement this Period \$500.00
Full Name, Mailing Address and ZIP Code Lewis for Congress Box 247 Redlands, CA 92373	Purpose of Disbursement Contribution: Jerry Lewis (CA- 40-R-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/06/2000	Amount of Each Disbursement this Period \$2,500.00
Full Name, Mailing Address and ZIP Code Ron Lewis For Congress P.O. Box 307 Elizabethtown, KY 42702	Purpose of Disbursement Contribution: Ron Lewis (KY-2- R-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/16/2000	Amount of Each Disbursement this Period \$1,000.00
Full Name, Mailing Address and ZIP Code Trent Lott for Mississippi PO Box 22824 Jackson, MS 39225	Purpose of Disbursement Contribution: Trent Lott (MS-R- US Senate) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/05/2000	Amount of Each Disbursement this Period \$5,000.00
Full Name, Mailing Address and ZIP Code Lucas for Congress PO Box 26825 Oklahoma City, OK 73126	Purpose of Disbursement Contribution: Frank D. Lucas (OK-6-R-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/03/2000	Amount of Each Disbursement this Period \$500.00
Full Name, Mailing Address and ZIP Code Ken Lucas for Congress PO Box 17344 Covington, KY 41017	Purpose of Disbursement Contribution: Ken Lucas (KY-4- D-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/02/2000	Amount of Each Disbursement this Period \$1,000.00
Full Name, Mailing Address and ZIP Code Friends of Dick Lugar 8465 Keystone Crossing Suite 200 Indianapolis, IN 46240	Purpose of Disbursement Contribution: Richard G. Lugar (IN-R-US Senate) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/03/2000	Amount of Each Disbursement this Period \$2,500.00
Full Name, Mailing Address and ZIP Code Minge for Congress 360 10th Avenue Granite Falls, MN 56241	Purpose of Disbursement Contribution: David Minge (MN- 2-D-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/13/2000	Amount of Each Disbursement this Period \$1,000.00
SUBTOTAL of Disbursements This Page (optional)			\$16,500.00
TOTAL This Period (last page this line number only)			

SCHEDULE B

ITEMIZED DISBURSEMENTS

 Use separate schedule(s)
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Detailed Summary Page

 PAGE 8 OF 11
FOR LINE NUMBER 23

Contributions to Federal Candidates/Committees

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NAME OF COMMITTEE (in Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name, Mailing Address and ZIP Code Myrick For Congress PO Box 37091 Charlotte, NC 28237	Purpose of Disbursement Contribution: Sue Myrick (NC-9-R-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/06/2000	Amount of Each Disbursement this Period \$1,000.00
Full Name, Mailing Address and ZIP Code Nethercull For Congress PO Box 1925 Spokane, WA 99210	Purpose of Disbursement Contribution: George R. Nethercull, Jr. (WA-5-R-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/13/2000	Amount of Each Disbursement this Period \$1,000.00
Full Name, Mailing Address and ZIP Code Anne Northup for Congress PO Box 7313 Louisville, KY 40257	Purpose of Disbursement Contribution: Anne Meagher Northup (KY-3-R-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/12/2000	Amount of Each Disbursement this Period \$1,000.00
Full Name, Mailing Address and ZIP Code R.O.Y.B. PAC PO Box 5412 Alexandria, VA 22205	Purpose of Disbursement Returned Check #9046 dated 12/14/1999 for R.O.Y.B. PAC Disbursement For: ☐ Primary ☐ General ☒ Other: Annual 1999	Date (month, day, year) 10/16/2000	Amount of Each Disbursement this Period (\$1,000.00)
Full Name, Mailing Address and ZIP Code Pascrell for Congress 63 Quartz Lane Paterson, NJ 07501	Purpose of Disbursement Contribution: William J. Pascrell, Jr. (NJ-8-D-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/02/2000	Amount of Each Disbursement this Period \$1,000.00
Full Name, Mailing Address and ZIP Code Price for Congress Committee 3622 Haworth Drive Raleigh, NC 27609	Purpose of Disbursement Contribution: David E. Price (NC-4-D-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/12/2000	Amount of Each Disbursement this Period \$1,000.00
Full Name, Mailing Address and ZIP Code The Freedom Project 111 C Street, SE Washington, DC 20003	Purpose of Disbursement Contribution: Freedom Project (PAC to PAC) Disbursement For: ☐ Primary ☐ General ☒ Other: Annual 2000	Date (month, day, year) 10/03/2000	Amount of Each Disbursement this Period \$5,000.00
Full Name, Mailing Address and ZIP Code Pryce for Congress 145 E Rich Street Columbus, OH 43215	Purpose of Disbursement Contribution: Deborah Pryce (OH-15-R-House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/10/2000	Amount of Each Disbursement this Period \$2,000.00
Full Name, Mailing Address and ZIP Code The Jim Ramstad Volunteer Committee 8100 Penn Avenue South Suite 104 Bloomington, MN 55431	Purpose of Disbursement Contribution: Jim Ramstad (MN-3-R-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/03/2000	Amount of Each Disbursement this Period \$2,500.00
SUBTOTAL of Disbursements This Page (optional)			\$13,500.00
TOTAL This Period (last page this line number only)			

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

PAGE OF
91 11
FOR LINE NUMBER
23

Contributions to Federal Candidates/Committees

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NAME OF COMMITTEE (in Full)
National Association of Insurance and Financial Advisors Political Action Committee

Full Name, Mailing Address and ZIP Code Rehberg for Congress PO Box 1597 Helena, MT 59624	Purpose of Disbursement Contribution: Dennis Rehberg (MT-1-R-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/10/2000	Amount of Each Disbursement this Period \$1,500.00
Full Name, Mailing Address and ZIP Code Reynolds for Congress 1850 Winton Rd South Rochester, NY 14618	Purpose of Disbursement Contribution: Thomas M. Reynolds (NY-27-R-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/12/2000	Amount of Each Disbursement this Period \$1,000.00
Full Name, Mailing Address and ZIP Code Committee to Re-Elect Congresswoman Marge Roukema P O Box 625 Ridgewood, NJ 07451	Purpose of Disbursement Contribution: Marge S. Roukema (NJ-5-R-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/10/2000	Amount of Each Disbursement this Period \$1,000.00
Full Name, Mailing Address and ZIP Code Shadeegg For Congress P.O. Box 45444 Phoenix, AZ 85064	Purpose of Disbursement Contribution: John Shadeegg (AZ 4-R-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/06/2000	Amount of Each Disbursement this Period \$1,000.00
Full Name, Mailing Address and ZIP Code Don Sherwood for Congress C/O Taylor Packing Co PO Box 188 Wyalusing, PA 18853	Purpose of Disbursement Contribution: Don Sherwood (PA-10-R-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/12/2000	Amount of Each Disbursement this Period \$1,000.00
Full Name, Mailing Address and ZIP Code Simpson for Congress 786 Hoff Drive Blackfoot, ID 83221	Purpose of Disbursement Contribution: Michael K. Simpson (ID-2-R-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/10/2000	Amount of Each Disbursement this Period \$1,000.00
Full Name, Mailing Address and ZIP Code Stenholm For Congress Committee Box 1032 Stamford, TX 79553	Purpose of Disbursement Contribution: Charles W. Stenholm (TX-17-D-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/02/2000	Amount of Each Disbursement this Period \$1,000.00
Full Name, Mailing Address and ZIP Code Stenholm For Congress Committee Box 1032 Stamford, TX 79553	Purpose of Disbursement Contribution: Charles W. Stenholm (TX-17-D-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/18/2000	Amount of Each Disbursement this Period \$2,000.00
Full Name, Mailing Address and ZIP Code Ted Strickland for Congress PO Box 580 1337 Thomas Hollow Road Lucasville, OH 45648	Purpose of Disbursement Contribution: Ted Strickland (OH-6-D-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/10/2000	Amount of Each Disbursement this Period \$1,000.00
SUBTOTAL of Disbursements This Page (optional)			\$10,500.00
TOTAL This Period (last page this line number only)			

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 10 OF 11
FOR LINE NUMBER 23

Contributions to Federal Candidates/Committees

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NAME OF COMMITTEE (in Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name, Mailing Address and ZIP Code Friends of John Tanner P.O. Box 1988 Union City, TN 38261	Purpose of Disbursement Contribution: John S. Tanner (TN-8-D-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/16/2000	Amount of Each Disbursement this Period \$2,500.00
Full Name, Mailing Address and ZIP Code Taylor for Congress PO Box 2353 Asheville, NC 28802	Purpose of Disbursement Contribution: Charles H. Taylor (NC-11-R-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/12/2000	Amount of Each Disbursement this Period \$1,500.00
Full Name, Mailing Address and ZIP Code Bill Thomas Campaign Comm. Box 395 Bakersfield, CA 93302	Purpose of Disbursement Contribution: William M. Thomas (CA-21-R-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/03/2000	Amount of Each Disbursement this Period \$5,000.00
Full Name, Mailing Address and ZIP Code Thornberry for Congress PO Box 9392 Amarillo, TX 79105	Purpose of Disbursement Contribution: Mac Thornberry (TX-13-R-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/13/2000	Amount of Each Disbursement this Period \$500.00
Full Name, Mailing Address and ZIP Code Committee to Reelect Ed Towns 360 Clinton Avenue Suite 6R Brooklyn, NY 11238	Purpose of Disbursement Contribution: Edolphus Towns (NY-10-D-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/10/2000	Amount of Each Disbursement this Period \$1,500.00
Full Name, Mailing Address and ZIP Code Upton for All of Us P.O. Box 490 Stevensville, MI 49127	Purpose of Disbursement Contribution: Frederick S. Upton (MI-6-R-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/02/2000	Amount of Each Disbursement this Period \$2,500.00
Full Name, Mailing Address and ZIP Code David Vitter for Congress 2520 Metairie Road Metairie, LA 70001	Purpose of Disbursement Contribution: David Vitter (LA- 1-R-US House) Disbursement For: ☒ Primary ☐ General ☐ Other: 2000	Date (month, day, year) 10/10/2000	Amount of Each Disbursement this Period \$1,000.00
Full Name, Mailing Address and ZIP Code Walsh for Congress Committee 306 Winkworth Parkway Syracuse, NY 13215	Purpose of Disbursement Contribution: James T. Walsh (NY-25-R-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/07/2000	Amount of Each Disbursement this Period \$1,000.00
Full Name, Mailing Address and ZIP Code Mel Watt for Congress Committee PO Box 36831 Charlotte, NC 28236	Purpose of Disbursement Contribution: Melvin L. Watt (NC-12-D-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/10/2000	Amount of Each Disbursement this Period \$1,500.00
SUBTOTAL of Disbursements This Page (optional)			\$17,000.00
TOTAL This Period (Just page this line number only)			

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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PAGE 11 OF 11
FOLIO LINE NUMBER 23

Contributions to Federal Candidates/Committees

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NAME OF COMMITTEE (in Full)
National Association of Insurance and Financial Advisors Political Action Committee

Full Name, Mailing Address and ZIP Code Weller for Congress PO Box 687 Morris, IL 60450	Purpose of Disbursement Contribution: Jerry Weller (IL-11-R-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/06/2000	Amount of Each Disbursement this Period \$2,500.00
Full Name, Mailing Address and ZIP Code Weygand Committee P O Box 7818 235 Promenade Street Warwick, RI 02887	Purpose of Disbursement Contribution: Robert A. Weygand (RI-D-US Senate) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/12/2000	Amount of Each Disbursement this Period \$7,500.00
Full Name, Mailing Address and ZIP Code Whitfield For Congress P.O. Box 391 Hopkinsville, KY 42241	Purpose of Disbursement Contribution: Edward Whitfield (KY-1-R-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/12/2000	Amount of Each Disbursement this Period \$1,000.00
Full Name, Mailing Address and ZIP Code Heather Wilson for Congress PO Box 14070 Albuquerque, NM 87191	Purpose of Disbursement Contribution: Heather Wilson (NM-1-R-US House) Disbursement For: ☐ Primary ☒ General ☐ Other: 2000	Date (month, day, year) 10/02/2000	Amount of Each Disbursement this Period \$1,000.00
Don Sherwood For Congress c/o Taylor Packing Co. PO Box 188 Wyalusing, PA 18853	Contribution: Don Sherwood (PA-10-US House) ☒ Primary	10/18/2000	(\$2,000.00) contribution to be re-designated
Don Sherwood for Congress c/o Taylor Packing Co. PO Box 188 Wyalusing, PA 18853	Contribution: Don Sherwood (PA-10-US House) ☒ General	10/18/2000	\$2,000.00 re-designating to general election

SUBTOTAL of Disbursements This Page (optional)	\$7,000.00
TOTAL This Period (last page this line number only)	\$146,500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

PAGE 1 OF 1
FOR LINE NUMBER 28(a)

Refunds of Contributions To Individuals

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NAME OF COMMITTEE (in full)
National Association of Insurance and Financial Advisors Political Action Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Joseph Hamilton P.O. Box 35097 Canton, OH 44735-5097	Refund to Individual	10/18/2000	\$34.00
Disbursement for: ☐ Primary ☐ General ☒ Other: Other			

SUBTOTAL of Disbursements This Page (optional)	\$34.00
TOTAL This Period (last page this line number only)	\$34.00

SCHEDULE D

(Revised 3/80)

DEBTS AND OBLIGATIONS

Excluding Loans

Page ____ of ____ for
LINC NUMBER ____
(Use separate schedules
for each numbered line)

Name of Committee (in Full) NAIFA - PAC	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor NATIONAL ASSOCIATION OF Insurance and Financial Advisors 2901 Teletex St Falls Church, VA 22042	44,057.91	0	0	44,057.91
Nature of Debt (Purpose):				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTAL 9 This Period This Page (optional)				
2) TOTALS This Period (last page in this line only)				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

☐ Hand Delivered	Date of Receipt
☐ First Class Mail	POSTMARKED
☒ Registered/Certified Mail	POSTMARKED (R/C) 10 26 -w
☐ No Postmark	
☐ Postmark Illegible	
☐ Received from the House office of Records and Registration	Date of Receipt
☐ Received from the Senate Office of Public Records	Date of Receipt
☐ Other (Specify):	Postmarked and/or Date of Receipt
☐ Electronic Filing	
1m G PREPARER 10 29 -w DATE PREPARED	