

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

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

FOR LINE NUMBER: PAGE 41 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Mr. Herbert F. Morgan		Date of Receipt M / D / Y 06 / 10 / 2003
Mailing Address PD Box 13856		Transaction ID: R1390028
City Tallahassee	State FL	Zip Code 32317
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
Name of Employer Self-employed	Occupation Insurance Agent	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	

Full Name (Last, First, Middle Initial) B. Ms. Connie K. Morrison		Date of Receipt M / D / Y 06 / 23 / 2003
Mailing Address 19794 Wildwood		Transaction ID: R1390678
City West Linn	State OR	Zip Code 97068-2252
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self-employed	Occupation Insurance Agent	Check
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Mr. Peter W. Miller, GLU		Date of Receipt M / D / Y 06 / 23 / 2003
Mailing Address 340 S Westgate		Transaction ID: R1390741
City Los Angeles	State CA	Zip Code 90049-4208
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-employed	Occupation Insurance Agent	Check
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	842.00
TOTAL This Period (last page this line number only)	