

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 03 01 2010 through 03 31 2010

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 Randy L. Scritchfield

Signature of Treasurer Electronically Filed by Randy L. Scritchfield Date 04 06 2010

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		699737.41
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	740671.40									
(c) Total Receipts (from Line 19)	76130.35	200868.63								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	816801.75	900606.04								
7. Total Disbursements (from Line 31)	117962.79	201767.08								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	698838.96	698838.96								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	48133.30									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

National Association of Insurance and Financial Advisors Political Action Comm

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	15900.25	33455.35
(ii) Unitemized	59730.10	161913.28
(iii) TOTAL (add Lines 11(a)(i) and (ii)	75630.35	195368.63
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	75630.35	200368.63
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	500.00	500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	76130.35	200868.63
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	76130.35	200868.63

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	41922.79	48012.08
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	41922.79	48012.08
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	76000.00	153500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	40.00	255.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	40.00	255.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	117962.79	201767.08
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	117962.79	201767.08

DETAILED SUMMARY PAGE
of Disbursements

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	75630.35	200368.63
34. Total Contribution Refunds (from Line 28(d))	40.00	255.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	75590.35	200113.63
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	41922.79	48012.08
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	41922.79	48012.08

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 6 / 52	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

A.

Full Name (Last, First, Middle Initial) Friends Of Chris Dodd		Date of Receipt	
Mailing Address PO Box 270701		M M / D D / Y Y Y Y 03 / 31 / 2010	
City	State	Zip Code	Transaction ID: 9046675
West Hartford	CT	06127	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C C00347310		500.00	
Name of Employer	Occupation		
Receipt For: 2010	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	500.00		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Ms. Kathryn N. Watrous	Date of Receipt MM / DD / YYYY 03 / 03 / 2010
	Mailing Address 2330 Cottontail Avenue	Transaction ID: 9054814
	City State Zip Code Simi Valley CA 93063-6026	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer State Farm Occupation Agency Field Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Mr. Reginald N. Rabjohns	Date of Receipt MM / DD / YYYY 03 / 04 / 2010
	Mailing Address 8700 West Bryn Mawr Ave Ste 600 S.	Transaction ID: 9054904
	City State Zip Code Chicago IL 60631-3507	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Rabjohns Financial Group Occupation Managing Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Mr. Brad L. Christian	Date of Receipt MM / DD / YYYY 03 / 04 / 2010
	Mailing Address 120 Washington	Transaction ID: 9054910
	City State Zip Code Clatonia NE 68328-5013	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Financial Network Investment Corp (FNI) Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 52
(check only one)

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

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

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

Mailing Address 10456 North 134th Way

City State Zip Code
Scottsdale AZ 85259-5446

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

Name of Employer Occupation
ECA Financial Services, Inc President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
03 / 05 / 2010

Transaction ID: 9054964

Amount of Each Receipt this Period
600.00

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

Mailing Address 2901 Telestar Court

City State Zip Code
Falls Church VA 22042

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

Name of Employer Occupation
NAIFA Senior Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt
MM / DD / YYYY
03 / 05 / 2010

Transaction ID: 9054974

Amount of Each Receipt this Period
52.25

C. Full Name (Last, First, Middle Initial)
Mr. Joseph P. Fox

Mailing Address 1751 Upper 55th St, E.

City State Zip Code
Inver Grove Height MN 55077

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

Name of Employer Occupation
North Star Resource Group Senior Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 05 / 2010

Transaction ID: 9054990

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **902.25**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 52

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

A.

Full Name (Last, First, Middle Initial)

Mr. Mike Van Pelt

Mailing Address 916 Tradition Lane

City Inman State SC Zip Code 29349

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

Name of Employer Advantage Insurance Agency Occupation Sales Executive

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

Date of Receipt

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

Transaction ID: 9055028

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Daniel J. Scholz

Mailing Address 3619 S 55th St

City Omaha State NE Zip Code 68106-4415

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

Name of Employer Ameritas Life Insurance Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00

Date of Receipt

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

Transaction ID: 9055122

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Mr. James W. Oglesby

Mailing Address P. O. Box 1555

City ENKA State NC Zip Code 28728-1555

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

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

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 473.00

Date of Receipt

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

Transaction ID: 9055144

Amount of Each Receipt this Period

165.00

SUBTOTAL of Receipts This Page (optional) ▶

565.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 52
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
National Association of Insurance and Financial Advisors Political Action Comm

A.

Full Name (Last, First, Middle Initial)
Mr. George J. Geldin

Mailing Address 243 Park View Drive

City State Zip Code
Oak Park CA 91377-1124

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

Name of Employer: Geldin Insurance Services
Occupation: Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 08 / 2010

Transaction ID: 9055259

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Will S. Hornsby, III

Mailing Address Heritage Plz., 111 Vertans Blvd St

City State Zip Code
Metairie LA 70005

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

Name of Employer: Northwestern Mutual
Occupation: General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 08 / 2010

Transaction ID: 9055297

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 5 Reggio Ave.

City State Zip Code
Old Orchard Beach ME 04064-2709

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

Name of Employer: Burwell & Burwell
Occupation: Sales Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
216.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2010

Transaction ID: 9055347

Amount of Each Receipt this Period
72.00

SUBTOTAL of Receipts This Page (optional) ► **822.00**

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mr. Peter Fulchiron	Date of Receipt MM / DD / YYYY 03 / 10 / 2010
	Mailing Address 411 San Andreas Drive	Transaction ID: 9055349
	City State Zip Code Novato CA 94945-1237	Amount of Each Receipt this Period 105.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Allstate Life Insurance Company	Occupation Agency Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

B.	Full Name (Last, First, Middle Initial) Mr. Todd S. Healy	Date of Receipt MM / DD / YYYY 03 / 09 / 2010
	Mailing Address 3624 University	Transaction ID: 9055361
	City State Zip Code Dallas TX 75205	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer IPS Advisors, Inc.	Occupation PRINCIPAL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Mr. Kent A. Bennett	Date of Receipt MM / DD / YYYY 03 / 10 / 2010
	Mailing Address 280 Hollow Road	Transaction ID: 9055381
	City State Zip Code Muncy PA 17756-5789	Amount of Each Receipt this Period 87.50
	FEC ID number of contributing federal political committee. C	
Name of Employer Kent A. Bennett & Assoc., Inc.	Occupation General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 262.50	

SUBTOTAL of Receipts This Page (optional)	442.50
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 52
(check only one)

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

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

A.

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

Mailing Address 104 Clay Ct.

City Landenberg State PA Zip Code 19350

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

Name of Employer Edward A. Zabielski Jr & Co. Occupation President/Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt 03 / 10 / 2010
Transaction ID: 9055471
Amount of Each Receipt this Period 105.00

B.

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

Mailing Address 1420 Hackberry Road

City North Platte State NE Zip Code 69101-6841

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

Name of Employer Phares Financial Services Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 212.50

Date of Receipt 03 / 10 / 2010
Transaction ID: 9055489
Amount of Each Receipt this Period 75.00

C.

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

Mailing Address 3273 Evergreen Road

City Fargo State ND Zip Code 58102-1214

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 849.60

Date of Receipt 03 / 10 / 2010
Transaction ID: 9055507
Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) ► 480.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 52
(check only one)

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

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

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

Mailing Address 2477 Valley Oaks Circle

City State Zip Code
Flint MI 48532

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

Name of Employer Security 1st Benefits Corp.
Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2010

Transaction ID: 9055541

Amount of Each Receipt this Period
105.00

B. Full Name (Last, First, Middle Initial)
Mr. Terry M. Kaltenbach

Mailing Address 1358 Ahlrich Ave

City State Zip Code
Encintas CA 92024-4029

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

Name of Employer Saybrus Partners
Occupation Wealth Management Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2010

Transaction ID: 9055677

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
Mr. Larry J. Winkelhake

Mailing Address 18600 Longview Ct

City State Zip Code
Brookfield WI 53045

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

Name of Employer Mortensen-Winkelhake
Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2010

Transaction ID: 9055699

Amount of Each Receipt this Period
90.00

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

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Mr. Martin Berger		Date of Receipt
	Mailing Address 111 - 5th Ave SW PO Box 69		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 09 / 2010
	City	State	Zip Code
	Epworth	IA	52045
	FEC ID number of contributing federal political committee. C		Transaction ID: 9055721
Name of Employer Berger Benefit Connections		Occupation AGENT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 600.00

B.	Full Name (Last, First, Middle Initial) Mr. Thomas E. Fowler		Date of Receipt
	Mailing Address 13243 SE 51st PI		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 10 / 2010
	City	State	Zip Code
	Bellevue	WA	98006
	FEC ID number of contributing federal political committee. C		Transaction ID: 9055767
Name of Employer Fowler Financial Services, Inc.		Occupation President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 107.50

C.	Full Name (Last, First, Middle Initial) Mr. Lawrence J. Stack		Date of Receipt
	Mailing Address 28630 Glenbrook Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 10 / 2010
	City	State	Zip Code
	Southfield	MI	48034-5543
	FEC ID number of contributing federal political committee. C		Transaction ID: 9055837
Name of Employer Michigan Financial		Occupation Financial Advisor	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 75.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 782.50
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 52
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mr. Russell A. Smith

Mailing Address 22928 San Joaquin Drive East

City State Zip Code
Canyon Lake CA 92587-7831

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

Name of Employer
Torimax Financial Group, Inc.

Occupation
President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
708.50

Date of Receipt
MM / DD / YYYY
03 / 10 / 2010

Transaction ID: 9055914

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 141 Greenway Road

City State Zip Code
Lido Beach NY 11561-4828

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

Name of Employer
D'Addona Rosenbaum

Occupation
General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
624.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2010

Transaction ID: 9055930

Amount of Each Receipt this Period
208.00

C.

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

Mailing Address 114 W. Arnold

City State Zip Code
Bozeman MT 59715-6129

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

Name of Employer
State Farm Insurance Companies

Occupation
General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2010

Transaction ID: 9056066

Amount of Each Receipt this Period
90.00

SUBTOTAL of Receipts This Page (optional) ► **548.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 52
(check only one)

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

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

A.

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

Mailing Address 5152 Ellington Court

City State Zip Code
Granite Bay CA 95746-7188

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 624.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2010

Transaction ID: 9056172

Amount of Each Receipt this Period
208.00

B.

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

Mailing Address 4632 Mountain Park Rd.

City State Zip Code
Pocatello ID 83202-1702

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

Name of Employer University Financial Group Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 378.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2010

Transaction ID: 9056230

Amount of Each Receipt this Period
126.00

C.

Full Name (Last, First, Middle Initial)
Mr. David M. Koll

Mailing Address 1612 S. 152nd Street

City State Zip Code
Omaha NE 68144-5121

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

Name of Employer Mutual of Omaha Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2010

Transaction ID: 9056367

Amount of Each Receipt this Period
105.00

SUBTOTAL of Receipts This Page (optional) ▶ **439.00**

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

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

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

FOR LINE NUMBER: PAGE 17 / 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Charles M. Olson

Mailing Address 15836 Howard St.

City State Zip Code
Omaha NE 68118-2108

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

Name of Employer: OCI Insurance & Financial Services
Occupation: AGENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt: 03 / 10 / 2010
Transaction ID: 9056699
 Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Mr. M. Jay Einstein

Mailing Address 59 Margarete Dr.

City State Zip Code
Pittsgrove NJ 08318-3015

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

Name of Employer: South Jersey General Office
Occupation: General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
216.00

Date of Receipt: 03 / 10 / 2010
Transaction ID: 9056819
 Amount of Each Receipt this Period: 72.00

C. Full Name (Last, First, Middle Initial)
Mr. Keith M. Gillies

Mailing Address 109 W. Lakeview Dr.

City State Zip Code
La Place LA 70068-2427

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

Name of Employer: River Parishes Advisors Group, LLC
Occupation: Managing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
624.00

Date of Receipt: 03 / 10 / 2010
Transaction ID: 9056979
 Amount of Each Receipt this Period: 208.00

SUBTOTAL of Receipts This Page (optional) ► **780.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 18 / 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Glenn P. Deal, Jr.
Mailing Address 58 Golf Course Ln.
City State Zip Code
Taylorsville NC 28681-7847
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Thrivent Financial for Lu-therans Financial Associate
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 222.75
Date of Receipt
M M / D D / Y Y Y Y Y
03 / 10 / 2010
Transaction ID: 9057122
Amount of Each Receipt this Period
74.25

B. Full Name (Last, First, Middle Initial)
Mr. James R. Christensen, Jr.
Mailing Address 440 Regency Pkwy Dr #210A
City State Zip Code
Omaha NE 68114
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
INSOURCE, Inc. General Agent
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 315.00
Date of Receipt
M M / D D / Y Y Y Y Y
03 / 10 / 2010
Transaction ID: 9057732
Amount of Each Receipt this Period
105.00

C. Full Name (Last, First, Middle Initial)
Mr. Dilip A. Jhaveri
Mailing Address 6901 Rockledge Dr. #800
City State Zip Code
Bethesda MD 20817-1817
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
New York Life AGENT
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 420.75
Date of Receipt
M M / D D / Y Y Y Y Y
03 / 10 / 2010
Transaction ID: 9058290
Amount of Each Receipt this Period
4.25

SUBTOTAL of Receipts This Page (optional) ► 183.50
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 52

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

A.

Full Name (Last, First, Middle Initial)

Mr. David B. Malkin

Mailing Address 15 Canoe Brook Drive

City State Zip Code
Livingston NJ 07039-6121

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

Name of Employer
NJ Life & Casualty Associates, LLC

Occupation
General Agent

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 10 / 2010

Transaction ID: 9058348

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. James R. Goodrich

Mailing Address 1860 Beech

City State Zip Code
Mt. Pleasant MI 48858-1280

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

Name of Employer
Northwestern Mutual

Occupation
Insurance Agent

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 10 / 2010

Transaction ID: 9058630

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)

Mr. Todd G. Grantham

Mailing Address 203 Brandermill Drive

City State Zip Code
Durham NC 27713

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

Name of Employer
Northwestern Mutual Financial Network

Occupation
Financial Representative

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

346.50

Date of Receipt

M M / D D / Y Y Y Y
03 / 10 / 2010

Transaction ID: 9058708

Amount of Each Receipt this Period

115.50

SUBTOTAL of Receipts This Page (optional)

690.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 52
(check only one)

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

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

A.

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

Mailing Address 9439 Gay Lane

City State Zip Code
Oil City LA 71061

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 315.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 10 / 2010

Transaction ID: 9058732

Amount of Each Receipt this Period
105.00

B.

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

Mailing Address 20704 Meadow Ridge Dr

City State Zip Code
Springfield NE 68059-7086

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

Name of Employer Occupation
Headley Financial Group Managing Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 666.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 10 / 2010

Transaction ID: 9058996

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 361 Pines Blvd.

City State Zip Code
Lake Villa IL 60046-6600

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

Name of Employer Occupation
Allstate Insurance Exclusive Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 222.50

Date of Receipt
M M / D D / Y Y Y Y
03 / 10 / 2010

Transaction ID: 9059578

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional) ► **430.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 52
(check only one)

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

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

A.

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

Mailing Address PO Box 3509

City State Zip Code
Hickory NC 28603

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

Name of Employer Capital Concepts Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 346.50

Date of Receipt
MM / DD / YYYY
03 / 10 / 2010

Transaction ID: 9059624

Amount of Each Receipt this Period
115.50

B.

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

Mailing Address 1706 Candleberry Lane

City State Zip Code
Yorkville IL 60560-5810

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

Name of Employer Principal Financial Group Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2010

Transaction ID: 9059644

Amount of Each Receipt this Period
75.00

C.

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

Mailing Address 8461 Eagle Preserve Way

City State Zip Code
Sarasota FL 34241-9449

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

Name of Employer Rogers Benefit Group Occupation Regional Mgr.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2010

Transaction ID: 9059658

Amount of Each Receipt this Period
105.00

SUBTOTAL of Receipts This Page (optional) ► **295.50**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 52
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Mr. Timothy J. O'Connor

Mailing Address 2112 West John St.

City State Zip Code
Grand Island NE 68803-5815

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

Name of Employer
O'Connor & Associates Inc.

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 10 / 2010

Transaction ID: 9059676

Amount of Each Receipt this Period
250.00

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

Mailing Address 3990 Jones Ln

City State Zip Code
Bellingham WA 98225-8544

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

Name of Employer
Mitchell Financial Services

Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 10 / 2010

Transaction ID: 9059794

Amount of Each Receipt this Period
75.00

C. Full Name (Last, First, Middle Initial)
Mr. Steven M. Stratton

Mailing Address 17131 Parkview Dr

City State Zip Code
Morgan Hill CA 95037-6606

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

Name of Employer
Financial & Insurance Services

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 10 / 2010

Transaction ID: 9060194

Amount of Each Receipt this Period
105.00

SUBTOTAL of Receipts This Page (optional) ► **430.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 23 / 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Boyd Lee Williams

Mailing Address 7023 W. Willamette Ave

City State Zip Code
Kennewick WA 99336-1280

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

Name of Employer Occupation
Kansas City Life Insurance Sales Manager
Company

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 624.00

Date of Receipt

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

Transaction ID: 9060230

Amount of Each Receipt this Period
208.00

B. Full Name (Last, First, Middle Initial)
Mr. Joseph A. Sztapka

Mailing Address 3705 S. Judy Ave

City State Zip Code
Sioux Falls SD 57103-7248

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

Name of Employer Occupation
Modern Woodmen of America Regional Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 225.00

Date of Receipt

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

Transaction ID: 9060510

Amount of Each Receipt this Period
75.00

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

Mailing Address 5101 Missy Maric Lane

City State Zip Code
Las Vegas NV 89130

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

Name of Employer Occupation
Clearline Financial Group Field Representative

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 450.00

Date of Receipt

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

Transaction ID: 9060768

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional) ► **433.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 52
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mr. Joseph L Morton, III

Mailing Address 5487 N Bach

City Meridian State ID Zip Code 83642

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

Name of Employer Intermountain Legal Group Occupation Attorney At Law

Receipt For:
 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 378.00

Date of Receipt 03 / 10 / 2010

Transaction ID: 9060830

Amount of Each Receipt this Period 126.00

B.

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

Mailing Address 1458 W. Bahia Court

City Gilbert State AZ Zip Code 85233-5600

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

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

Receipt For:
 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 378.00

Date of Receipt 03 / 10 / 2010

Transaction ID: 9060996

Amount of Each Receipt this Period 126.00

C.

Full Name (Last, First, Middle Initial)
Mr. Simon Singer

Mailing Address 4266 Valley Meadow Road

City Encino State CA Zip Code 91436

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

Name of Employer Occupation Insurance Agent

Receipt For:
 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 11 / 2010

Transaction ID: 9062567

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 502.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 52
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.

Full Name (Last, First, Middle Initial)
Mr. James M. Pollock

Mailing Address 10 Foxtail

City State Zip Code
Portola Valley CA 94028-8018

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

Name of Employer Pollock Financial Group Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2010

Transaction ID: 9062611

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 2901 Telestar Court

City State Zip Code
Falls Church VA 22042

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

Name of Employer NAIFA Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 261.25

Date of Receipt
MM / DD / YYYY
03 / 12 / 2010

Transaction ID: 9062633

Amount of Each Receipt this Period
52.25

C.

Full Name (Last, First, Middle Initial)
Mr. Gene H. Storms

Mailing Address 18663 St. Mellion Place

City State Zip Code
Eden Prairie MN 55347-3484

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

Name of Employer NMFN Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 12 / 2010

Transaction ID: 9062639

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **802.25**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 52
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
National Association of Insurance and Financial Advisors Political Action Comm

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

Mailing Address 17573 Bearpath Trail

City State Zip Code
Eden Prairie MN 55347-3488

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

Name of Employer Occupation
NMFN/Blake Financial Group Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 12 / 2010

Transaction ID: 9062641

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. Paul S. McCready

Mailing Address 15639 Wake St NE

City State Zip Code
Ham Lake MN 55304-5937

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

Name of Employer Occupation
Counsel Financial, Inc. President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 12 / 2010

Transaction ID: 9062663

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Ms. Ellen E. Burmester

Mailing Address 9178 Rolling Tree Lane

City State Zip Code
Fair Oaks CA 95628

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

Name of Employer Occupation
State Farm AGENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2010

Transaction ID: 9062693

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 27 / 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Phillip C. Richards

Mailing Address 5709 East Glen Dr.

City State Zip Code
Paradise Valley AZ 85253-2732

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

Name of Employer Occupation
North Star Resource Group CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2010

Transaction ID: 9062717

Amount of Each Receipt this Period
600.00

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

Mailing Address P.O. Box 93893

City State Zip Code
Lubbock TX 79493-3893

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

Name of Employer Occupation
Sanford Insurance Agency Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 16 / 2010

Transaction ID: 9062733

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr. Albert Moriarty

Mailing Address 245 N 14th Street

City State Zip Code
Grover Beach CA 93433-2253

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

Name of Employer Occupation
Moriarty Enterprises General Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 17 / 2010

Transaction ID: 9062829

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1350.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 52
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mr. Michael T. Smith

Mailing Address 2217 Stony Ridge Dr.

City State Zip Code
Waukesha WI 53186

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

Name of Employer Occupation
CPS Horizon Financial Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 17 / 2010

Transaction ID: 9062864

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
Mr. Mitch Kay

Mailing Address 16100 Fairview Road, Ste 400

City State Zip Code
Charlotte NC 28210

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

Name of Employer Occupation
Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
03 / 18 / 2010

Transaction ID: 9062924

Amount of Each Receipt this Period
275.00

C.

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

Mailing Address 441 Carter Street

City State Zip Code
Bowling Green KY 42103-9046

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

Name of Employer Occupation
McCay & Associates Inc. Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 22 / 2010

Transaction ID: 9062978

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **875.00**

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mr. Alfred J. Opas, Jr.	Date of Receipt MM / DD / YYYY 03 / 22 / 2010
	Mailing Address 1471 Cardinal Dr	Transaction ID: 9062996
	City State Zip Code Saint Joseph MI 49085-9762	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Rep & LPL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Mr. Frederic R. Marschner	Date of Receipt MM / DD / YYYY 03 / 23 / 2010
	Mailing Address 51 Fieldbrook Place	Transaction ID: 9063040
	City State Zip Code Moraga CA 94556-1101	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Northwestern Mutual Financial Representative Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Mr. Richard J. Rosenthal	Date of Receipt MM / DD / YYYY 03 / 23 / 2010
	Mailing Address 8912 SW 81 Terr	Transaction ID: 9063086
	City State Zip Code Miami FL 33173-4189	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation The Rosenthal Agency, Inc President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mr. Jon C. Hutchison		Date of Receipt MM / DD / YYYY 03 / 25 / 2010		
	Mailing Address 4539 Mountaingate		Transaction ID: 9063108		
	City Rocklin	State CA	Zip Code 95765-5276	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Hutchinson	Occupation OWNER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) Mr. Steven H. Way		Date of Receipt MM / DD / YYYY 03 / 31 / 2010		
	Mailing Address 204 Clyde Drive		Transaction ID: 9063110		
	City Walnut Creek	State CA	Zip Code 94598	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Northwestern Mutual	Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) Mr. Michael L. Kerley		Date of Receipt MM / DD / YYYY 03 / 31 / 2010		
	Mailing Address 2901 Telestar Court		Transaction ID: 9063194		
	City Falls Church	State VA	Zip Code 22042	Amount of Each Receipt this Period 52.25	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NAIFA	Occupation Senior Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 313.50			

SUBTOTAL of Receipts This Page (optional)	▶	552.25
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 52
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Ms. Anna M. Barbee

Mailing Address 1085 Windchime Way

City State Zip Code
Pensacola FL 32503-2545

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

Name of Employer Combined Insurance Services
Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 29 / 2010

Transaction ID: 9063198

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. Dale L. White, III

Mailing Address 14785 Preston Road #175

City State Zip Code
Dallas TX 75254-7893

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

Name of Employer Ayres Financial Group
Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
-5.00

Date of Receipt
MM / DD / YYYY
03 / 12 / 2010

Transaction ID: 9065209

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B
Totaling \$10.00 This changes the YTD Total to \$-5.00

C. Full Name (Last, First, Middle Initial)
Mr. Lindy Basconcillo

Mailing Address 227 Bloomfield Ct.

City State Zip Code
Lincoln CA 95648-2328

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

Name of Employer MassMutual Financial Group
Occupation Brokerage Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
-30.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2010

Transaction ID: 9065210

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B
Totaling \$30.00 This changes the YTD Total to \$-30.00

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	15900.25

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

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

FOR LINE NUMBER:
(check only one)

PAGE 32 / 52

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

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

A.	Full Name (Last, First, Middle Initial) Lee Terry For Congress	Transaction ID: 8980525 Date of Disbursement 03 / 02 / 2010
	Mailing Address PO Box 540098	Amount of Each Disbursement this Period 1000.00
	City Omaha State NE Zip Code 68154	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Lee Terry	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Allyson Schwartz For Congress	Transaction ID: 8980526 Date of Disbursement 03 / 02 / 2010
	Mailing Address P.O. Box 2232	Amount of Each Disbursement this Period 1000.00
	City Jenkintown State PA Zip Code 19046	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Allyson Y. Schwartz	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends For Harry Reid	Transaction ID: 8980527 Date of Disbursement 03 / 02 / 2010
	Mailing Address P.O. Box 19163	Amount of Each Disbursement this Period 1000.00
	City Las Vegas State NV Zip Code 89132	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Sen. Harry Reid	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

A.

Full Name (Last, First, Middle Initial)

Glacier PAC

Mailing Address 818 Connecticut Avenue, NW/Suite 1

City Washington State DC Zip Code 20006

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 8980528

Date of Disbursement

03 / 02 / 2010

Amount of Each Disbursement this Period

2500.00

011
Category/
Type

B.

Full Name (Last, First, Middle Initial)

Stephanie Herseth Sandlin For South Dakota

Mailing Address PO Box 2009

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement

Candidate Name Rep. Stephanie Herseth Sandlin

Office Sought: House Senate President

State: SD District: 01

Disbursement For: 2010 Primary General Other (specify) ▼

Transaction ID: 8980529

Date of Disbursement

03 / 02 / 2010

Amount of Each Disbursement this Period

3000.00

011
Category/
Type

C.

Full Name (Last, First, Middle Initial)

Brian Bilbray For Congress

Mailing Address 2466 Unicornio Street

City Carlsbad State CA Zip Code 92009

Purpose of Disbursement

Candidate Name Rep. Brian P. Bilbray

Office Sought: House Senate President

State: CA District: 50

Disbursement For: 2010 Primary General Other (specify) ▼

Transaction ID: 8993569

Date of Disbursement

03 / 04 / 2010

Amount of Each Disbursement this Period

500.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ►

6000.00

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Shelley Moore Capito For Congress	Transaction ID: 9000223 Date of Disbursement
	Mailing Address P.O. Box 11519	<input type="text" value="03"/> / <input type="text" value="08"/> / <input type="text" value="2010"/>
	City Charleston State WV Zip Code 25339	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2000.00"/>
	Candidate Name Rep. Shelley Moore Capito	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Bennet For Colorado	Transaction ID: 9000224 Date of Disbursement
	Mailing Address 1900 Grant Street Suite 1170	<input type="text" value="03"/> / <input type="text" value="08"/> / <input type="text" value="2010"/>
	City Denver State CO Zip Code 80203	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name Sen. Michael F. Bennet	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Growth & Prosperity PAC	Transaction ID: 9000225 Date of Disbursement
	Mailing Address 1155 21st Street, NW/Suite 300	<input type="text" value="03"/> / <input type="text" value="08"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name Growth & Prosperity PAC	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="9500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Jackie Speier For Congress	Transaction ID: 9000226 Date of Disbursement																			
	Mailing Address Post Office Box 112	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	8		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	8		2	0	1	0												
	City Burlingame State CA Zip Code 94011	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name Rep. Jackie Speier	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 12	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) Blaine For Congress, Inc.	Transaction ID: 9000227 Date of Disbursement																			
	Mailing Address PO Box 1526	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	8		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	8		2	0	1	0												
	City Columbia State MO Zip Code 65205	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name Mr. Blaine Luetkemeyer	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 09	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) Friends Of Schumer	Transaction ID: 9000228 Date of Disbursement																			
	Mailing Address 509 Madison Ave Suite 1902	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	8		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	8		2	0	1	0												
	City New York State NY Zip Code 10022	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name Sen. Charles E. Schumer	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional) ►

3000.00

TOTAL This Period (last page this line number only) ►

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Pennsylvanians For Kanjorski	Transaction ID: 9000229 Date of Disbursement 03 / 08 / 2010
	Mailing Address 103 South Hanover Street	Amount of Each Disbursement this Period 2500.00
	City Nanticoke State PA Zip Code 18634	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Paul E. Kanjorski	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 11	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Clay Jr. For Congress	Transaction ID: 9000231 Date of Disbursement 03 / 08 / 2010
	Mailing Address P.O. Box 4544 Suite 300	Amount of Each Disbursement this Period 2000.00
	City St. Louis State MO Zip Code 63108	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. William Lacy Clay, Jr.	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Geoff Davis For Congress	Transaction ID: 9000232 Date of Disbursement 03 / 08 / 2010
	Mailing Address 3161 Dixie Highway Suite F	Amount of Each Disbursement this Period 2500.00
	City Erlanger State KY Zip Code 41018	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Geoffrey Davis	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 37 / 52

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

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

A.	Full Name (Last, First, Middle Initial) Bennett For Senate		Transaction ID: 9000233	
	Mailing Address 257 East 200 South Suite 950		Date of Disbursement 03 / 08 / 2010	
	City Salt Lake City	State UT	Zip Code 84111	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement		011 Category/ Type	
Candidate Name Robert Bennett				
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: UT District:				
B.	Full Name (Last, First, Middle Initial) Jim Gerlach For Congress Committee		Transaction ID: 9000234	
	Mailing Address PO Box 87		Date of Disbursement 03 / 08 / 2010	
	City Uwchland	State PA	Zip Code 19480	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. James W. Gerlach				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: PA District: 06				
C.	Full Name (Last, First, Middle Initial) Maloney For Congress		Transaction ID: 9000235	
	Mailing Address 49 East 92nd Street		Date of Disbursement 03 / 08 / 2010	
	City New York	State NY	Zip Code 10128	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. Carolyn B. Maloney				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NY District: 14				

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Friends Of Charlie Wilson	Transaction ID: 9000236 Date of Disbursement 03 / 08 / 2010
	Mailing Address P.O. Box 61	Amount of Each Disbursement this Period 2500.00
	City St. Clairsville State OH Zip Code 43950	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Charles Wilson	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) South Dakota First PAC	Transaction ID: 9000251 Date of Disbursement 03 / 08 / 2010
	Mailing Address PO Box 155	Amount of Each Disbursement this Period -5000.00
	City Sioux Falls State SD Zip Code 57101	
	Purpose of Disbursement Void - South Dakota First PAC	011 Category/ Type
	Candidate Name South Dakota First PAC	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Void - South Dakota First PAC

C.	Full Name (Last, First, Middle Initial) DAKPAC	Transaction ID: 9000589 Date of Disbursement 03 / 08 / 2010
	Mailing Address 420 C Street, NE/Lower Level	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Dina Titus For Congress	Transaction ID: 9000938 Date of Disbursement 03 / 09 / 2010
	Mailing Address P. O. Box 50614 Suite C5	Amount of Each Disbursement this Period 500.00
	City Henderson State NV Zip Code 89016	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Dina Constadina Titus	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends Of Schumer	Transaction ID: 9006497 Date of Disbursement 03 / 11 / 2010
	Mailing Address 509 Madison Ave Suite 1902	Amount of Each Disbursement this Period 500.00
	City New York State NY Zip Code 10022	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Sen. Charles E. Schumer	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends Of Schumer	Transaction ID: 9006499 Date of Disbursement 03 / 11 / 2010
	Mailing Address 509 Madison Ave Suite 1902	Amount of Each Disbursement this Period 5000.00
	City New York State NY Zip Code 10022	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Sen. Charles E. Schumer	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Lungren For Congress Mailing Address 9321 Silverbend Lane City Elk Grove State CA Zip Code 95624 Purpose of Disbursement Candidate Name Rep. Daniel E. Lungren Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9006502 Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2010 Amount of Each Disbursement this Period 1000.00 011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Friends Of Chris Dodd Mailing Address PO Box 270701 City West Hartford State CT Zip Code 06127 Purpose of Disbursement Funds Reported On July Monthly Report Candidate Name Sen. Christopher J. Dodd Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9010179 Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2009 Amount of Each Disbursement this Period 2000.00 011 Category/ Type [MEMO ITEM] Funds Reported On July Monthly Report
C.	Full Name (Last, First, Middle Initial) Chris Dodd for President Inc. Mailing Address PO Box 270701 City West Hartford State CT Zip Code 06127 Purpose of Disbursement debt retirement Re-designated funds for trans. dated 06/17/2009 Candidate Name Chris Dodd for President Inc. Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Primary Debt 2008	Transaction ID: 9010180 Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2010 Amount of Each Disbursement this Period 1500.00 011 Category/ Type [MEMO ITEM] debt retirement Re-designated funds for trans. dated 06/17/2009

SUBTOTAL of Disbursements This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Demint For Senate Committee Inc	Transaction ID: 9015345 Date of Disbursement
	Mailing Address PO Box 12425	<input type="text" value="03"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Columbia State SC Zip Code 29211	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name Sen. James W. DeMint	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SC District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Bob Corker for Senate, Inc.	Transaction ID: 9015346 Date of Disbursement
	Mailing Address PO Box 848	<input type="text" value="03"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Chattanooga State TN Zip Code 37401	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Bob Corker	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TN District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Neugebauer Congressional Committee	Transaction ID: 9015349 Date of Disbursement
	Mailing Address PO Box 54175	<input type="text" value="03"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Lubbock State TX Zip Code 79453	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. Robert R. Neugebauer	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 19	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) The Reed Committee	Transaction ID: 9015350 Date of Disbursement 03 / 16 / 2010
	Mailing Address PO Box 8628	Amount of Each Disbursement this Period 2500.00
	City Cranston State RI Zip Code 02920	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Jack Reed	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Mica For Congress	Transaction ID: 9015353 Date of Disbursement 03 / 16 / 2010
	Mailing Address P. O. Box 181546	Amount of Each Disbursement this Period 1000.00
	City Casselberry State FL Zip Code 32718	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. John L. Mica	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 07	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends Of Charlie Wilson	Transaction ID: 9032835 Date of Disbursement 03 / 18 / 2010
	Mailing Address P.O. Box 61	Amount of Each Disbursement this Period 1500.00
	City St. Clairsville State OH Zip Code 43950	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Charles Wilson	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

A.

Full Name (Last, First, Middle Initial)

Coffman For Congress

Mailing Address 9249 South Broadway
#200-501

City Highlands Ranch State CO Zip Code 80129

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Mike Coffman

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: CO District: 06

Transaction ID: 9032837

Date of Disbursement

03 / 18 / 2010

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Maloney For Congress

Mailing Address 49 East 92nd Street

City New York State NY Zip Code 10128

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Carolyn B. Maloney

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NY District: 14

Transaction ID: 9032838

Date of Disbursement

03 / 18 / 2010

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Friends Of Schumer

Mailing Address 509 Madison Ave Suite 1902

City New York State NY Zip Code 10022

Purpose of Disbursement
Void - Friends Of Schumer

011
Category/
Type

Candidate Name
Sen. Charles E. Schumer

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NY District:

Transaction ID: 9033662

Date of Disbursement

03 / 19 / 2010

Amount of Each Disbursement this Period

-5000.00

Void - Friends Of Schumer

SUBTOTAL of Disbursements This Page (optional) ▶

-1500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Friends Of Schumer <hr/> Mailing Address 509 Madison Ave Suite 1902 <hr/> City New York State NY Zip Code 10022 <hr/> Purpose of Disbursement 011 Candidate Name Sen. Charles E. Schumer Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District:	Transaction ID: 9033678 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">500.00</div>
B.	Full Name (Last, First, Middle Initial) Citizens For Tom Petri <hr/> Mailing Address P.O. Box 270 <hr/> City Fond Du Lac State WI Zip Code 54936 <hr/> Purpose of Disbursement 011 Candidate Name Rep. Thomas E. Petri Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WI District: 06	Transaction ID: 9033682 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1500.00</div>
C.	Full Name (Last, First, Middle Initial) Moore For Congress <hr/> Mailing Address PO Box 16646 <hr/> City Milwaukee State WI Zip Code 53216 <hr/> Purpose of Disbursement 011 Candidate Name Rep. Gwen Moore Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WI District: 04	Transaction ID: 9033683 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>

SUBTOTAL of Disbursements This Page (optional)	<div style="border: 1px solid black; padding: 5px;">3000.00</div>
TOTAL This Period (last page this line number only)	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Becerra For Congress</p> <p>Mailing Address P.O. Box 261060</p> <p>City Los Angeles State CA Zip Code 90026</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Xavier Becerra</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 31</p>	<p>Transaction ID: 9037036 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	9		2	0	1	0	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	9		2	0	1	0													
1000.00																						
<p>B. Full Name (Last, First, Middle Initial) Friends Of Schumer</p> <p>Mailing Address 509 Madison Ave Suite 1902</p> <p>City New York State NY Zip Code 10022</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Sen. Charles E. Schumer</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District:</p>	<p>Transaction ID: 9037037 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	9		2	0	1	0	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	9		2	0	1	0													
1000.00																						
<p>C. Full Name (Last, First, Middle Initial) Matheson For Congress</p> <p>Mailing Address P.O. Box 521048 Suite A</p> <p>City Salt Lake City State UT Zip Code 84152</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. James D. Matheson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: UT District: 02</p>	<p>Transaction ID: 9037038 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">2500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	9		2	0	1	0	2500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	9		2	0	1	0													
2500.00																						

SUBTOTAL of Disbursements This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Boren For Congress	Transaction ID: 9037039 Date of Disbursement 03 / 19 / 2010
	Mailing Address PO Box 1924	Amount of Each Disbursement this Period 1000.00
	City Muskogee State OK Zip Code 74402	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Daniel Boren	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends Of Charlie Wilson	Transaction ID: 9037040 Date of Disbursement 03 / 19 / 2010
	Mailing Address P.O. Box 61	Amount of Each Disbursement this Period 2500.00
	City St. Clairsville State OH Zip Code 43950	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Charles Wilson	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Robert Aderholt For Congress	Transaction ID: 9037041 Date of Disbursement 03 / 19 / 2010
	Mailing Address P. O. Box 1158 940 Hwy 13	Amount of Each Disbursement this Period 1000.00
	City Haleyville State AL Zip Code 35565	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Robert B. Aderholt	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

A.

Full Name (Last, First, Middle Initial)
Friends Of Charlie Wilson

Mailing Address P.O. Box 61

City State Zip Code
St. Clairsville OH 43950

Purpose of Disbursement
Void - Friends Of Charlie Wilson

Candidate Name
Rep. Charles Wilson

Office Sought: House Senate President
State: OH District: 06
Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 9038843
Date of Disbursement

03 / 25 / 2010

Amount of Each Disbursement this Period

-2500.00

Void - Friends Of Charlie Wilson

B.

Full Name (Last, First, Middle Initial)
Friends Of Dave Reichert

Mailing Address P. O. Box 53322

City State Zip Code
Bellevue WA 98015

Purpose of Disbursement

Candidate Name
Rep. David George Reichert

Office Sought: House Senate President
State: WA District: 08
Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 9038847
Date of Disbursement

03 / 25 / 2010

Amount of Each Disbursement this Period

1500.00

C.

Full Name (Last, First, Middle Initial)
Cathy McMorris For Congress

Mailing Address Box 137

City State Zip Code
Spokane WA 99210

Purpose of Disbursement

Candidate Name
Rep. Cathy McMorris Rodgers

Office Sought: House Senate President
State: WA District: 05
Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 9038849
Date of Disbursement

03 / 25 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Friends Of John Barrow	Transaction ID: 9038850 Date of Disbursement 03 / 25 / 2010
	Mailing Address PO Box 8166	Amount of Each Disbursement this Period 2500.00
	City Savannah State GA Zip Code 31412	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. John Barrow	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Jim Gerlach For Congress Committee	Transaction ID: 9044071 Date of Disbursement 03 / 30 / 2010
	Mailing Address PO Box 87	Amount of Each Disbursement this Period 1000.00
	City Uwchland State PA Zip Code 19480	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. James W. Gerlach	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Berkley For Congress	Transaction ID: 9044072 Date of Disbursement 03 / 30 / 2010
	Mailing Address 3069 Conquista Court	Amount of Each Disbursement this Period 1000.00
	City Las Vegas State NV Zip Code 89121	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Shelley Berkley	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Sensenbrenner Committee</p> <p>Mailing Address P. O. Box 575</p> <p>City Brookfield State WI Zip Code 53008</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. F. James Sensenbrenner, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9044073 Date of Disbursement 03 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Klein For Congress</p> <p>Mailing Address 21301 Powerline Road, Suite 204</p> <p>City Boca Raton State FL Zip Code 33431</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Ronald Klein</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9044074 Date of Disbursement 03 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 3000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Scalise For Congress</p> <p>Mailing Address P.O. Box 23219 Suite 301</p> <p>City Jefferson State LA Zip Code 70183</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Steve Scalise</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9044082 Date of Disbursement 03 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Friends Of Jack Kingston	Transaction ID: 9044083 Date of Disbursement 03 / 30 / 2010
	Mailing Address PO Box 2133	Amount of Each Disbursement this Period 1000.00
	City Savannah State GA Zip Code 31402	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Jack Kingston	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Adler For Congress	Transaction ID: 9044084 Date of Disbursement 03 / 30 / 2010
	Mailing Address 14 Knightswood Drive	Amount of Each Disbursement this Period 1000.00
	City Marlton State NJ Zip Code 08053	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. John Herbert Adler	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Judy Biggert For Congress	Transaction ID: 9044085 Date of Disbursement 03 / 30 / 2010
	Mailing Address P.O. Box 637	Amount of Each Disbursement this Period 2000.00
	City Hinsdale State IL Zip Code 60522	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Judy Biggert	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 13	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	76000.00

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

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) Wachovia <hr/> Mailing Address P.O. box 40031 <hr/> City Roanoke State VA Zip Code 24022-0031 <hr/> Purpose of Disbursement bank fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9065201 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 1 0
	Amount of Each Disbursement this Period 1429.56
	Category/Type 001
	bank fees
B. Full Name (Last, First, Middle Initial) NAIFA <hr/> Mailing Address 2901 Telestar Ct <hr/> City Falls Church State VA Zip Code 22042 <hr/> Purpose of Disbursement Payroll, Benefite supplis, copies Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9065202 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 1 0
	Amount of Each Disbursement this Period 40493.23
	Category/Type 001
	Payroll, Benefite supplis, copies

SUBTOTAL of Disbursements This Page (optional) ▶	41922.79
TOTAL This Period (last page this line number only) ▶	41922.79

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 52 / 52
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor National Association of Insurance and Financial Advisors Political Action Comm	Nature of Debt (Purpose): payroll, Benefits, Suppl- es, Copies
Mailing Address 2901 Telestar Ct	
City State ZIP Code Falls Church VA 22042	

Outstanding Balance Beginning This Period		Transaction ID: 9065211	
	88626.53		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	40493.23	48133.30	

1) SUBTOTALS This Period This Page (optional).....	48133.30
2) TOTALS This Period (last page this line number only).....	48133.30
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	48133.30