Image# 202308189596689020
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PAGE 1 / 150

FEC A	EPORT OF ND DISBUR or Other Than An Au	RSEMENTS		Office Use Only
1. NAME OF T COMMITTEE (in full)	YPE OR PRINT ▼	Example: If typing, over the lines.	type 12FE4M	5
ADDRESS (number and street)	999 E Street, NW	ance Professional		\ <b>C)</b>
Check if different than previously reported. (ACC)	Suite 400           Washington			20004
2. FEC IDENTIFICATION NUM		TY 🔺	STATE 🔺	ZIP CODE
C C00283135		IS THIS X NE REPORT X (N)		IENDED
<ul> <li><b>4. TYPE OF REPORT</b> (Choose One)</li> <li>(a) Quarterly Reports:</li> <li>April 15 Quarterly Report (Q1</li> <li>July 15 Quarterly Report (Q2</li> </ul>	) (c) 12-Day	ur 20 (M3)	20 (M6) Sep 20 (M7) Oct 2 General	
October 15 Quarterly Report (Q3 January 31 Year-End Report (YE July 31 Mid-Year Report (Non-election	) Electi	on on		in the State of
Year Only) (MY) Termination Report (TER)	POST-Election Report for the: Electi	General (30G)	Runoff (3	in the State of
5. Covering Period	/ D D / Y Y Y 01 2023	through	M M / D D / 07 31	2023
I certify that I have examined this Type or Print Name of Treasurer Signature of Treasurer	Report and to the best o Murphy, Jennifer, , , y, Jennifer, , ,	f my knowledge and bel	Date	1 complete.
NOTE: Submission of false, erroned Office Use Only	ous, or incomplete information	on may subject the persor	n signing this Report to th	re penalties of 52 U.S.C. § 30109 FEC FORM 3X Rev. 05/2016

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

National Association of Benefits and Insurance Professionals PAC (NA	ABIP PAC)
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R	Report Covering the Period: From: 07	7 01 2023 To:	M         M         /         D         D         /         Y
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2023		278198.46
	(b) Cash on Hand at Beginning of Reporting Period	319532.82	
	(c) Total Receipts (from Line 19)	32929.17	358839.69
	<ul> <li>(d) Subtotal (add Lines 6(b) and</li> <li>6(c) for Column A and Lines</li> <li>6(a) and 6(c) for Column B)</li> </ul>	352461.99	637038.15
7.	Total Disbursements (from Line 31)	14017.96	298594.12
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	338444.03	338444.03
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

X

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

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

#### DETAILED SUMMARY PAGE

of Receipts

Page 3

358839.69

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Report Covering the Period: From:	/ 01 / Y Y Y Y 2023 To	D: 07 / 07 / 07 / 07 / 07 / 07 / 07 / 07
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
<ol> <li>Contributions (other than loans) From:         <ul> <li>(a) Individuals/Persons Other</li> <li>Than Political Committees</li> </ul> </li> </ol>		
(i) Itemized (use Schedule A)	25547.17	215544.02
(ii) Unitemized (iii) TOTAL (add	7382.00	143295.67
Lines 11(a)(i) and (ii)	32929.17	358839.69
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
<ul> <li>(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)</li> </ul>	32929.17	358839.69
. Transfers From Affiliated/Other Party Committees	0.00	0.00
. All Loans Received	0.00	0.00
. Loan Repayments Received	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
to Federal Candidates and Other Political Committees	0.00	0.00
. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
<ol> <li>Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))</li> </ol>	32929.17	358839.69
<ol> <li>Total Federal Receipts</li> </ol>		

32929.17

(subtract Line 18(c) from Line 19)......

#### DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) Page 4 COLUMN A COLUMN B **II. Disbursements Total This Period Calendar Year-to-Date** 21. Operating Expenditures: Allocated Federal/Non-Federal (a) Activity (from Schedule H4) 0.00 0.00 Federal Share ..... (i) 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 682.96 7259.12 Expenditures ..... (c) Total Operating Expenditures 7259.12 (add 21(a)(i), (a)(ii), and (b)) 682.96 22. Transfers to Affiliated/Other Party Committees..... 0.00 0.00 23 Contributions to Federal Candidates/Committees 13000.00 288000.00 and Other Political Committees... 24. Independent Expenditures (use Schedule E)...... Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... 0.00 0.00 25. 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 Loans Made.... Refunds of Contributions To: (a) Individuals/Persons Other 0.00 27. 28. 0.00 Than Political Committees 335.00 3335.00 (b) Political Party Committees ..... 0.00 0.00 Other Political Committees (C) (such as PACs)..... 0.00 0.00 Total Contribution Refunds (d) (add Lines 28(a), (b), and (c))...... 335.00 3335.00 29. Other Disbursements (Including 0.00 Non-Federal Donations)..... 0.00 30. Federal Election Activity (52 U.S.C. § 30101(20)) (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share ..... 0.00 0.00 (ii) "Levin" Share..... 0.00 0.00 (b) Federal Election Activity Paid Entirely With Federal Funds ..... 0.00 0.00 Total Federal Election Activity (add (C) 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)).. 14017.96 298594.12 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... 14017.96 298594.12

L

#### DETAILED SUMMARY PAGE

of Disbursements

	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)	32929.17	358839.69
34.	Total Contribution Refunds (from Line 28(d))	335.00	3335.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	32594.17	355504.69
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	682.96	7259.12
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	682.96	7259.12

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	y information copied from such Reports and Sta for commercial purposes, other than using the r			
$\setminus$	NAME OF COMMITTEE (In Full)			
	National Association of Benefits	and Insu	urance Professionals P	AC (NABIP PAC)
Α.	Full Name of Individual (Last, First, Middle Initia Stiles, Mark, , ,	ll) or Full O	Organization Name	Date of Receipt
	Mailing Address 426 E Ingram St			07 / 01 / Y Y Y Y 07 01
	City Mesa	State AZ	Zip Code 85203-2505	Transaction ID : 17460324
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer (for Individual) AmWins	Occ	upation (for Individual)	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		210.00	
в.	Full Name of Individual (Last, First, Middle Initia Shaw, Wanda, D., ,	ll) or Full O	Organization Name	Date of Receipt
	Mailing Address 212 South 10 Street			07 02 2023
	City	State	Zip Code	Transaction ID : 17460350
	Griffin	GA	30224-2804	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer (for Individual) Insurance Brokers of Georgia, Inc.	Occ Bro	cupation (for Individual) ker	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	
с.	Full Name of Individual (Last, First, Middle Initia Semons, Nathan, H., ,	ll) or Full O	Organization Name	Date of Receipt
	Mailing Address 2824 Pole Line Road			07 / D / Y Y Y Y 02 / 2023
	City Pocatello	State ID	Zip Code 83201-6177	Transaction ID : 17460355         Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer (for Individual) Real Benefit Solutions	Occi	upation (for Individual)	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00	
	UBTOTAL of Receipts This Page (optional)			90.00
11	<b>OTAL</b> This Period (last page this line number or	iiy)	▶	

FOR LINE NUMBER:

PAGE 7 OF

IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)           X         11a         11b         11c         12           13         14         15         16         17
	y information copied from such Reports and Sta for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Benefits	and Insu	uddress of any political committee	e to solicit contributions from such committee.
Α.	Full Name of Individual (Last, First, Middle Initia Bagley, Calvin, Dean, , Mailing Address 2300 W Sahara Ave	al) or Full O	rganization Name	Date of Receipt
	Ste 650, Box 29       City       Las Vegas	State NV	Zip Code 89102-4398	Transaction ID : 17460356         Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer (for Individual) Nuvo Health		upation (for Individual) naging Partner	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 410.00	
B.	Full Name of Individual (Last, First, Middle Initia Kennedy-Simington, Dierdre, , CHRS, LI Mailing Address 550 E. Green Street, Second Fi	PRT,	rganization Name	Date of Receipt
	City Pasadena	State CA	Zip Code 91101-2034	Transaction ID : 17460360 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		42.00
	Name of Employer (for Individual) BenAssist Health Insurance Services, L	Occ Bro	upation (for Individual) ker	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 314.00	
C.	Full Name of Individual (Last, First, Middle Initia Boop, Deborah, R., ,	al) or Full O	organization Name	Date of Receipt
	Mailing Address 145 North Chestnut Street Suite 202 City	State	Zip Code	07 / 02 / 2023 Transaction ID : 17460362
	Ravenna	OH	44266-4009	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer (for Individual) Kaczmarek Insurance Services	Brok		Memo Item
-	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 260.00	
s	UBTOTAL of Receipts This Page (optional)			102.00
т	OTAL This Period (last page this line number o	nly)		

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the r			
NAME OF COMMITTEE (In Full)			
National Association of Benefits	and Insi	urance Professionals P	AC (NABIP PAC)
Full Name of Individual (Last, First, Middle Initia A. Baker, Misty, J., ,	al) or Full C	Organization Name	Date of Receipt
Mailing Address 117 Green Valley Dr			07 02 2023
City	State	Zip Code	Transaction ID : 17460363
Leander	TX	78641-9755	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) BenefitMall		upation (for Individual) e President	Memo Item
Receipt For:	Aggregate	Year-to-Date <b>V</b>	
Primary General Other (specify) ▼	· · · ·	210.00	
			1
Full Name of Individual (Last, First, Middle Initia	al) or Full C	Organization Name	
B. Giardina, Charles, J., , Mailing Address 5440 Mounes Street, Suite 112			Date of Receipt
			07 02 2023
City	State	Zip Code	Transaction ID : 17460365
New Orleans	LA	70123-3296	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		85.00
Name of Employer (for Individual) MassMutual		cupation (for Individual) ker	Memo Item
Receipt For:	Aggregate	Year-to-Date <b>V</b>	
Primary General Other (specify) ▼		847,00	
Full Name of Individual (Last, First, Middle Initia C. Sloan, Karen, , ,	al) or Full C	Organization Name	Date of Receipt
Mailing Address 58 Verano Loop			07 02 2023
City	State	Zip Code	Transaction ID : 17460369
Santa Fe	NM	87508-8827	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) KMS Insurance Solutions	Occ	upation (for Individual)	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify)		210.00	
SUBTOTAL of Receipts This Page (optional)			145.00
TOTAL This Period (last page this line number or		· ·	

FOR LINE NUMBER:

(check only one)

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			for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	y information copied from such Reports and Sta for commercial purposes, other than using the r			
$\backslash$	NAME OF COMMITTEE (In Full)			
	National Association of Benefits	and Insu	urance Professionals PA	AC (NABIP PAC)
Α.	Full Name of Individual (Last, First, Middle Initia Dorroh, Thomas, Allen, ,	ll) or Full C	Drganization Name	Date of Receipt
	Mailing Address PO Box 996	Otata	Zin Oode	07 03 2023
	City Killeen	State TX	Zip Code 76540-0996	Transaction ID : 17460391           Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer (for Individual) BKCW Insurance Agency		cupation (for Individual) ployee Benefits Advisor	Memo Item
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		210.00	
В.	Full Name of Individual (Last, First, Middle Initia Norris, Michael, A., ,	l) or Full C	Drganization Name	Date of Receipt
	Mailing Address 295 E Palmer Street			07 03 2023
	City	State	Zip Code	Transaction ID : 17460393
	Franklin	NC	28734	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer (for Individual) Wayah Employee Benefits / EbenConcepts		cupation (for Individual) oker	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia King, Carolyn, J., ,	l) or Full C	Drganization Name	Date of Receipt
	Mailing Address 6 Country Lane			07 03 Y Y Y Y Y 2023
	City Sussex	State NJ	Zip Code 07461	Transaction ID : 17460398 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer (for Individual) Carolyn J King Insurance	Occ Brok	cupation (for Individual) ker	Memo Item
	Receipt For:	Aggregate	e Year-to-Date ▼	-
	Primary General Other (specify)		210.00	
s	UBTOTAL of Receipts This Page (optional)		▶	110.00
т	OTAL This Period (last page this line number or	ıly)		

FOR LINE NUMBER:

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170			Use separate schedule(s)	(check or	nly or	ne)				
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 13		11b 14	11c 15	12	г	17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the	atements ma name and a	ay not be sold or used by any pe address of any political committee	rson for the to solicit co	e purp ontrib	oose of utions f	soliciting	contri	butio nittee	ins e.
$\setminus$	NAME OF COMMITTEE (In Full)									
	National Association of Benefits	and Insu	urance Professionals P	AC (NAI	BIP	PAC	)			
Α.	Full Name of Individual (Last, First, Middle Initia Dinkel, Matthew, Kim, ,	al) or Full O	organization Name	Date	of Re	ceipt				
	Mailing Address 13700 Six Mile Cypress Pkwy			07	M /	03	/ Y	2023		
	City Fort Myers	State FL	Zip Code 33912-4324				1746040 eceipt th		od	
	FEC ID number of contributing federal political committee.	С						8	35.00	
	Name of Employer (for Individual) AWA Insurance Agency	Occu Brok	upation (for Individual) ker		Memo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 595.00							
	Full Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name							
Β.	Cohen, Lillian, R., ,			Date of	of Re	ceipt				
	Mailing Address 600 Sandtree Drive, Ste 208			07	M /	03	/ Y	2023		
	City	State FL	Zip Code				1746040			
	Palm Beach Gardens		33403-1538	Amou	nt of	Each R	eceipt th	is Peri	od	
	FEC ID number of contributing federal political committee.	С						3	30.00	
	Name of Employer (for Individual) Rogers Benefit Group - Central & South	Occi Brol	upation (for Individual) ker		Nemo	Item				
	Receipt For:	Aggregate	Year-to-Date ▼							
	Other (specify) ▼		210.00							
с.	Full Name of Individual (Last, First, Middle Initia Stockstill, Julia Beckie, , ,	al) or Full O	organization Name	Date	of Re	ceipt				
	Mailing Address 125 E. San Augustine			M 07		03	JL	2023		
	City Deer Park	State TX	Zip Code 77536-4160				1746040 eceipt th		od	
	FEC ID number of contributing federal political committee.	С				y .	y	4	12.00	
	Name of Employer (for Individual) Stockstill & Associates	Occu Brok	upation (for Individual) ker		Memo	ltem				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 294.00							
⊢	UBTOTAL of Receipts This Page (optional)				-	, .		15	57.00	

FOR LINE NUMBER:

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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 solicitions from such reports and statements may not be sold or used by any person for the purpose of solicitions from such Reports and Statements may not be sold or used by any person for the purpose of solicitions from such Reports and Statements and address of any political committee to solid contributions from such Reports and Statements and address of any political committee to solid contributions from such Reports and Statements and address of any political committee to solid contributions from such Reports and Statements and Insurance Professionals PAC (NABIP PAC)         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         A. Bethel, Lee, V., CLU, REBC, R,       Date of Receipt         Mailing Address 5668 General Washington Drive, # A       City         City       State       Zip Code         Ame of Employer (for Individual)       Occupation (for Individual)       Memo Item         Comprehensive Benefit Services, Inc.       Broker       Date of Receipt         Primary       General       Other (specify) ▼       425.00         FEC ID number of contributing federal political committee.       Malling Address 14117 Jones Bridge Road       Transaction ID : 174604         Amount of Each Receipt for:       Malling Address 14117 Jones Bridge Road       City       Transaction ID : 174604         Mailing Address 14117 Jones Bridge Road       Cithy       Senior Account Executive <t< th=""><th>2023 06 his Period 85.00 2023 09</th></t<>	2023 06 his Period 85.00 2023 09
NAME OF COMMITTEE (In Full)         National Association of Benefits and Insurance Professionals PAC (NABIP PAC)         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name         A. Bethel, Lee, V., CLU,REBC,R,         Mailing Address 5568 General Washington Drive, # A         City         Alexandria         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Comprehensive Benefit Services, Inc.         Primary       General         Other (specify) ▼         Mailing Address 14117 Jones Bridge Road         City       State         Different Mailing Address 14117 Jones Bridge Road         City       State         Name of Employer (for Individual)         City       State         Pill Name of Individual (Last, First, Middle Initial) or Full Organization Name         B. Poole, Eugene, ,         Mailing Address 14117 Jones Bridge Road         City       State         Upper Marlboro       State         FEC ID number of contributing federal political committee.       C         Name of Employer (for Individual)       Occupation (for Individual)         Senior Account Executive       Memo Item         Receipt For:       Primary       Gener	2023 06 his Period 85.00 2023 09
National Association of Benefits and Insurance Professionals PAC (NABIP PAC)         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name         A. Bethel, Lee, V., CLU,REBC,R,         Mailing Address 5568 General Washington Drive, # A         City         Alexandria         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Comprehensive Benefit Services, Inc.         Receipt For:         Primary         General         Other (specify) ▼         Mailing Address 14117 Jones Bridge Road         City         Mame of Employer (for Individual)         Comprehensive Benefit Services, Inc.         B. Poole, Eugene,         Mailing Address 14117 Jones Bridge Road         City         Upper Mariboro         FEC ID number of contributing federal political committee.         City         Upper Mariboro         FEC ID number of contributing federal political committee.         Receipt For:         Name of Employer (for Individual)         Aggregate Year-to-Date ▼         Other (specify) ▼         Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       Aggregate Ye	2023 06 his Period 85.00 2023 09
A.       Bethel, Lee, V., CLU, REBC, R,       Date of Receipt         Mailing Address 5568 General Washington Drive, # A       Of 7 ' 0 3 ' 0 Transaction ID: 174604         City       Alexandria       VA       22312-2465         FEC ID number of contributing federal political committee.       C       Image: Control ID: 174604         Name of Employer (for Individual)       Occupation (for Individual)       Image: Control ID: 174604         Comprehensive Benefit Services, Inc.       Broker       Memo Item         Primary       General       Aggregate Year-to-Date ▼       Image: Control ID: 174604         Walling Address 14117 Jones Bridge Road       City       State       Zip Code         Mailing Address 14117 Jones Bridge Road       City       State       Zip Code         Mailing Address 14117 Jones Bridge Road       City       State       Zip Code         Upper Marlboro       Mail       Control ID: 174604       Amount of Each Receipt         Mailing Address 14117 Jones Bridge Road       City       State       Zip Code         Mailing Address 14117 Jones Bridge Road       City       Mailing Address 14117 Jones Bridge Road       Mount of Each Receipt 1         FEC ID number of contributing federal political committee.       City       Mailing Address 14117 Jones Bridge Road       Mount of Each Receipt 1	2023 06 his Period 85.00 2023 09
City       State       Zip Code       Transaction ID: 174604         Alexandria       VA       22312-2465       Amount of Each Receipt for         FEC ID number of contributing federal political committee.       C       Image: Comprehensive Benefit Services, Inc.         Name of Employer (for Individual)       Occupation (for Individual)       Memo Item         Comprehensive Benefit Services, Inc.       Aggregate Year-to-Date ▼       Image: Comprehensive Benefit Services, Inc.         Primary       General       425.00       Image: Comprehensive Benefit Services, Inc.         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         B. Poole, Eugene, , ,       Mailing Address 14117 Jones Bridge Road       Image: Comprehensive Benefit Services, Inc.         City       State       Zip Code       Zip Code         Upper Mariboro       Mat       Zip Code       Transaction ID: 174604         Very Mariboro       Mate       Zip Code       Transaction ID: 174604         Amount of Each Receipt for:       Magregate Year-to-Date ▼       Image: Comprehensive Benefit Services, Inc.         Name of Employer (for Individual)       Occupation (for Individual)       Amount of Each Receipt Image: Committee       Image: Committee         Name of Employer (for Individual)       Aggregate Year-to-Date ▼       Image: Co	2023 06 his Period 85.00 2023 09
Alexandria       VA       22312-2465       Amount of Each Receipt 1         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt 1         Name of Employer (for Individual)       Occupation (for Individual)       Memo Item         Comprehensive Benefit Services, Inc.       Broker       Memo Item         Receipt For:       Aggregate Year-to-Date ▼       425.00         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         B. Poole, Eugene, , ,       Mailing Address 14117 Jones Bridge Road       07       03         City       State       Zip Code       Transaction ID : 174604         Upper Mariboro       MD       20774-8585       Transaction ID : 174604         Amount of Each Receipt For:       Aggregate Year-to-Date ▼       Memo Item         Mailing Address 14117 Jones Bridge Road       C       Transaction ID : 174604         Mamount of Each Receipt For:       Magregate Year-to-Date ▼       Memo Item         Maine of Employer (for Individual)       Occupation (for Individual)       Memo Item         Aligned Benefits Group, Inc.       Aggregate Year-to-Date ▼       Memo Item         Primary       General       210,00       Aggregate Year-to-Date ▼         Other (specify) ▼       Aggregate Year-	his Period 85.00 2023 09
federal political committee.       Image: Comprehensive Benefit Services, Inc.       Occupation (for Individual) Broker       Memo Item         Receipt For:       Aggregate Year-to-Date ▼       Image: Comprehensive Benefit Services, Inc.       Memo Item         B. Poole, Eugene, , ,       Aggregate Year-to-Date ▼       Image: Comprehensive Benefit Services, Inc.       Date of Receipt         B. Poole, Eugene, , ,       Mailing Address 14117 Jones Bridge Road       Image: Comprehensive Benefit Services, Inc.       Date of Receipt         City       State       Zip Code       Momo Item       Date of Receipt         Image: Comprehensive Benefit Services, Inc.       State       Zip Code       Transaction ID : 174604         Upper Mariboro       MD       20774-8585       Date of Receipt       Memo Item         FEC ID number of contributing federal political committee.       Comprehensits Group, Inc.       Memo Item       Memo Item         Name of Employer (for Individual)       Occupation (for Individual)       Senior Account Executive       Memo Item         Receipt For:       Primary       General       210,00       Memo Item       Date of Receipt         C. Bibian, Jolene, , ,       Tull Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt       Date of Receipt	2023 09
Comprehensive Benefit Services, Inc.       Broker         Receipt For:       Aggregate Year-to-Date ▼         Other (specify) ▼       425.00         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         B. Poole, Eugene, , ,       Mailing Address 14117 Jones Bridge Road       Date of Receipt         City       State       Zip Code       More 20774-8585         FEC ID number of contributing       C       Transaction ID : 174604         Aligned Benefits Group, Inc.       Cupation (for Individual)       Senior Account Executive         Receipt For:       Aggregate Year-to-Date ▼       Memo Item         Primary       General       Other (specify) ▼       Date of Receipt         Transaction ID : 174604       Mount of Each Receipt       Memo Item         Mailing Address 14117 Jones Bridge Road       Occupation (for Individual)       Memo Item         FEC ID number of contributing federal political committee.       Memo Item       Memo Item         Name of Employer (for Individual)       Aggregate Year-to-Date ▼       Memo Item         Primary       General       210.00       Date of Receipt         C.       Bibian, Jolene, , ,       Date of Receipt       Date of Receipt	2023 09
Primary       General         Other (specify)       Image: State of the	2023 09
B. Poole, Eugene, , ,       Mailing Address 14117 Jones Bridge Road       Date of Receipt         City       State       Zip Code         Upper Marlboro       MD       20774-8585         FEC ID number of contributing federal political committee.       C       Mailing Address 14117 Jones Bridge Road         Name of Employer (for Individual)       Occupation (for Individual)       Amount of Each Receipt for         Name of Employer (for Individual)       Occupation (for Individual)       Memo Item         Alligned Benefits Group, Inc.       Aggregate Year-to-Date ▼       Memo Item         Primary       General       210,00       Date of Receipt         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         C.       Bibian, Jolene, , ,       Date of Receipt	2023 09
City       State       Zip Code         Upper Marlboro       MD       20774-8585         FEC ID number of contributing       C       Amount of Each Receipt t         federal political committee.       C       MD         Name of Employer (for Individual)       Occupation (for Individual)         Aligned Benefits Group, Inc.       Senior Account Executive         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       210.00         Eull Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt	2023 09
Upper Marlboro       MD       20774-8585       Amount of Each Receipt the second term of the second term of the second term of term	
federal political committee.       C         Name of Employer (for Individual)       Occupation (for Individual)         Alligned Benefits Group, Inc.       Senior Account Executive         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       210.00         Evel Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt	his Period
Alligned Benefits Group, Inc.       Senior Account Executive         Receipt For:       Aggregate Year-to-Date ▼         Other (specify) ▼       210.00         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         Bibian, Jolene, , ,       Date of Receipt	30.00
Primary       General         Other (specify)       ✓         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name         Bibian, Jolene, , ,       Date of Receipt	
C. Bibian, Jolene, , , Date of Receipt	
Mailing Address 255 Maple Ct # 212 07 03	2023
City     State     Zip Code     Transaction ID : 174604       Ventura     CA     93003-9122     Amount of Each Receipt the second sec	
FEC ID number of contributing federal political committee.	30.00
Name of Employer (for Individual)     Occupation (for Individual)       Mills + Maple Insurance Solutions     Broker       Receipt For:     Aggregate Year to Date Vertor	
Primary       General         Other (specify)	
SUBTOTAL of Receipts This Page (optional)	145.00

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	y information copied from such Reports and Sta for commercial purposes, other than using the r			
$\backslash$	NAME OF COMMITTEE (In Full)			
	National Association of Benefits	and Insi	urance Professionals P	AC (NABIP PAC)
Α.	Full Name of Individual (Last, First, Middle Initia Murphy, Stacy, , ,	al) or Full C	rganization Name	Date of Receipt
	Mailing Address 3080 S Jog Rd	State	Zip Code	07 / 03 / 2023
	Greenacres	FL	33467-2053	Transaction ID : 17460442         Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		85.00
	Name of Employer (for Individual) Absolute Best Insurance	Occ Age	upation (for Individual) ent	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		595.00	
в.	Full Name of Individual (Last, First, Middle Initia Nolimal, Frank, R, ,	al) or Full C	organization Name	Date of Receipt
	Mailing Address 5740 S. Arville, Ste 204			07 04 2023
	City	State	Zip Code	Transaction ID : 17460466
	Las Vegas	NV	89118-3071	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual) Assurance Ltd.	Occ Age	upation (for Individual) ent	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 700.00	
<u> </u>	Full Name of Individual (Last, First, Middle Initia Carroll, Ryan, John, ,	al) or Full C	organization Name	Date of Receipt
	Mailing Address 2101 Florence Ave			07 / D D / Y Y Y Y 2023
	City Cincinnati	State OH	Zip Code 45206-2426	Transaction ID : 17460467 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		85.00
	Name of Employer (for Individual) Cornerstone Broker Insurance Services	Occ Brok	upation (for Individual) ser	Memo Item
	Receipt For:		Year-to-Date V	_
	Primary General Other (specify)		595.00	
s	UBTOTAL of Receipts This Page (optional)		•	270.00
т	OTAL This Period (last page this line number of	nly)	••••••	

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			Detailed Summary Page		11a	11b	11c		12	
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	y information copied from such Reports and S for commercial purposes, other than using the									
$\left  \right\rangle$	NAME OF COMMITTEE (In Full)									
	National Association of Benefit			PAC	(NAB	IP PA	NC)			
Α.	Full Name of Individual (Last, First, Middle In Kiebler, John, , HIA,LUTCF,,	itial) or Full C	organization Name		Date of	Receipt	t			
	Mailing Address 4168 Clearwater Way				м м 07		04	۲ 2	023	Y
	City	State	Zip Code		Trans	action I	D : 174604	69		
	Lexington	KY	40515-6021	/	Amount	of Each	n Receipt t	his F	Period	
	FEC ID number of contributing federal political committee.	С				-			30.	
	Name of Employer (for Individual) Humana	Occ Bro	upation (for Individual) ker		Me	emo Iter	n			
	Receipt For:	Anareaate	Year-to-Date ▼							
	Primary General	7.99109410		11.						
	Other (specify)		210.00	4						
В.	Full Name of Individual (Last, First, Middle In Cagliola, David, A., ,	itial) or Full C	organization Name		Date of	Receipt	t			
	Mailing Address 1041 Old Cassatt Rd				м м 07		04	Y 20	)23	Y
	City	State	Zip Code		Trans	action II	D : 174604	73	_	
	Berwyn	PA	19312-1152				n Receipt t		Period	
	FEC ID number of contributing federal political committee.	С							170.	00
	Name of Employer (for Individual) Simkiss & Block	Occ	upation (for Individual) ker		Me	emo Iter	n			
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General	Aggregate		11						
	Other (specify) V		, 1190.00							
C.	Full Name of Individual (Last, First, Middle In Messina, Beverly, , ,	itial) or Full C	organization Name		Date of	Receipt	t			
	Mailing Address 20061 Ridgeway Ct				<sup>M</sup> 07		04		)23 <sup>°</sup>	Y
	City	State MI	Zip Code				D : 174604			
	Clinton Township	IVII	48038-2290	/	Amount	of Each	n Receipt t	his F	Period	
	FEC ID number of contributing federal political committee.	С				,			30.	00
	Name of Employer (for Individual)	Occ Brol	upation (for Individual) ker		M	emo Iter	n			
	Receipt For:	Aggregate	Year-to-Date <b>V</b>							
	Primary General Other (specify)		210.00							
s	UBTOTAL of Receipts This Page (optional)					.,	,		230.0	00

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171				se separate schedule(s)	(ch	eck only	y one)					
111	EMIZED RECEIPTS			or each category of the letailed Summary Page		✓ 11a 13	111	b	11c 15	12		17
	y information copied from such Reports and Sta for commercial purposes, other than using the n NAME OF COMMITTEE (In Full)					for the	purpos		oliciting	contrib		-
$\rangle$	National Association of Benefits a	and Insu	urar	nce Professionals P	AC	(NAB	IP P	AC)				
A.	Full Name of Individual (Last, First, Middle Initia Martin, Ingrid, L., ,	l) or Full O	rgan	ization Name		Date of	Recei	ot				
	Mailing Address 3857 Grand Oak Drive					м м 07	/ [	05	/ Y	y y 2023	Y	
	City Brunswick	State OH		Zip Code 44212-3594					746048 ceipt th	8 is Perio	d	
	FEC ID number of contributing federal political committee.	С									2.00	
	Name of Employer (for Individual) Mid-America Associates, Inc.	Occi Brol	•	on (for Individual)		M	emo Ite	m				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	-to-Date ▼ 218.00								
B.	Full Name of Individual (Last, First, Middle Initia Crosby, Neil, R., ,	l) or Full O	rgan	ization Name		Date of	Recei	ot				
	Mailing Address 2710 Conejo Canyon Ct Unit 21					M M 07	/ [	05	/ Y	2023	Y	
	City Thousand Oaks	State CA		Zip Code 91362					7460489 ceipt thi	9 is Perio	d	
	FEC ID number of contributing federal political committee.	С				<u> </u>	-		-7-	85	5.00	
	Name of Employer (for Individual) Employee Benefits Professional		•	on (for Individual) of Sales		M	emo Ite	m				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	r-to-Date ▼ 595.00								
с.	Full Name of Individual (Last, First, Middle Initia Kirk, Stephanie, S., ,	l) or Full O	rgan	ization Name		Date of	Recei	ot				
	Mailing Address 18887 State Highway 305 Suite 300					07 <sup>M</sup>	/ [	05	/ Y	2023 Y	Y	
	City Poulsbo	State WA		Zip Code 98370-7461					746049 ceipt thi	6 is Perio	d	
	FEC ID number of contributing federal political committee.	С				<u> </u>	. ,		y	30	0.00	
	Name of Employer (for Individual) J.C. Madison Inc		•	on (for Individual) President & Licensed Produce	r	M	emo Ite	em				
	Receipt For: Primary General Other (specify)	Aggregate	Year	-to-Date ▼ 210.00								
s	UBTOTAL of Receipts This Page (optional)			•••••			· · ·		ŋ	157	.00	
_						1.1.1						

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ITEMIZED RECEIPTS		for each category of the	X 11a 11b 11c 12
		Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
National Association of Ben	efits and Ins	urance Professionals F	PAC (NABIP PAC)
Full Name of Individual (Last, First, Midd A. Wham, Scott, , ,	le Initial) or Full C	organization Name	Date of Receipt
Mailing Address 15 Plymwood Dr			07 05 / Y Y Y Y 2023
City	State	Zip Code	Transaction ID: 17460502
Plymouth Meeting	PA	19462-2636	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		42.00
Name of Employer (for Individual) Kistler Tiffany Benefits		upation (for Individual) actor of Compliance Services	Memo Item
Receipt For:	Aggregate	Year-to-Date V	
Primary General Other (specify) ▼		344.00	]
Full Name of Individual (Last, First, Midd B. Gualtieri, Peter, L., ,	le Initial) or Full C	organization Name	Date of Receipt
Mailing Address 1600 JFK Boulevard, Sui	ite 1220		07 05 2023
City	State	Zip Code	Transaction ID : 17460503
Philadelphia	PA	19103-2810	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer (for Individual) Savoy	Occ Bro	upation (for Individual) ker	Memo Item
Receipt For:	Aggregate	Year-to-Date V	
Primary     General       Other (specify) ▼		, 210.00	]
Full Name of Individual (Last, First, Midd C. Sale, Raymer, M., ,	le Initial) or Full C	organization Name	Date of Receipt
Mailing Address 2905 Premiere Parkway Suite 285			07 05 2023
City	State	Zip Code	Transaction ID : 17460508
Duluth	GA	30097-5246	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer (for Individual) E2E Benefits Services	Occ Brol	upation (for Individual) ker	Memo Item
Receipt For:	Aggregate	Year-to-Date <b>V</b>	
Other (specify)		700.00	]
SUBTOTAL of Receipts This Page (optional	al)		172.00
TOTAL This Period (last page this line nur	nber only)		

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

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	y information copied from such Reports and Stat for commercial purposes, other than using the na											S
	NAME OF COMMITTEE (In Full)											
$\Big\rangle$	National Association of Benefits a	and Ins	urance Professionals P	AC	(NAB	IP	PAC	)				
Α.	Full Name of Individual (Last, First, Middle Initial York, Melanie, , ,	) or Full C	organization Name		Date of	Re	ceipt					
	Mailing Address 4401 82nd St	1			<sup>M</sup> 07	1	D D D 05	/ Y	Y 20	023	Y	
	City	State	Zip Code		Trans	acti	on ID :	17461002	2			
	Lubbock	TX	79424-3344	_ /	Amount	of	Each R	eceipt this	s P	eriod		
	FEC ID number of contributing federal political committee.	С					-			50.	00	
	Name of Employer (for Individual) 90 Degree Benefits	Occ Bro	upation (for Individual) ker		Me	emo	Item					
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		350.00									
	Full Name of Individual (Last, First, Middle Initial Sailer, Gregory, S., ,	) or Full C	organization Name		Data of	De	opint					
D.				- '	Date of	Re			_			
	Mailing Address 8623 Eagle Point Blvd.				07	1 '	05	/ Y	20	23	Y	
	City	State	Zip Code		Trans	acti	on ID :	17461016	;	_		
	Lake Elmo	MN	55042-8628					eceipt this		eriod		
	FEC ID number of contributing federal political committee.	С								50.	00	
	Name of Employer (for Individual) Sailer Benefit Services, Inc.	Occ Bro	upation (for Individual) ker		Me	emo	Item					
	Paggint For:	Aggregate	Year-to-Date V									
	Primary General Other (specify) ▼	1.99109410	350.00									
		) en <b>E</b> : 11 2	Automation News	-								
C.	Full Name of Individual (Last, First, Middle Initial Carothers, Christopher, B., LUTCF,	-	rganization Name		Date of	Re	ceipt					
	Mailing Address 3037 E Warm Springs Rd. Suite	e 400			07 <sup>M</sup>	1	05	/ Y		)23 <sup>°</sup>	Y	
	City	State	Zip Code		Trans	act	ion ID :	17461020	)			
	Las Vegas	NV	89120-3759		Amount	of	Each R	eceipt this	s P	eriod		
	FEC ID number of contributing federal political committee.	С					y .	. ,		30.	00	
	Name of Employer (for Individual) Carothers Insurance Agency, Inc.		upation (for Individual) ncy Owner		Me	emc	Item					
	Receipt For:	1.0	Year-to-Date ▼									
	Primary General Other (specify)		360.00									
s	UBTOTAL of Receipts This Page (optional)						<u>y</u>	5		130.	00	

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# Use separate schedule(s) for each category of the

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	y information copied from such Reports and Stat for commercial purposes, other than using the na					for the			soliciting	g contrib		
$\overline{)}$	NAME OF COMMITTEE (In Full)											
$\rangle$	National Association of Benefits a	and Insu	urance Profes	ssionals P	AC	(NAB	BIP	PAC	;)			
Α.	Full Name of Individual (Last, First, Middle Initial Cox, Kevin, , ,	) or Full O	rganization Name			Date of	f Re	ceipt				
	Mailing Address 9824 Arden St					07 <sup>M</sup>	/	05		y y 2023	Y	
	City	State MI	Zip Code 48150-2873			Trans	acti	on ID :	1746102	5		
	Livonia		48150-2873		_	Amount	t of	Each F	Receipt th	is Perio	d	
	FEC ID number of contributing federal political committee.	С							-	3(	0.00	
	Name of Employer (for Individual) Health Alliance Plan	Осси	upation (for Individu	ual)		M	emo	Item				
	Receipt For:	Aggregate	Year-to-Date 🔻									
	Primary General Other (specify) ▼		aga 1 aga 1	210.00								
в.	Full Name of Individual (Last, First, Middle Initial Combs, Susan, L., PPACA, ChH,	) or Full O	rganization Name			Date of	f Re	ceipt				
	Mailing Address 234 Fifth Ave Ste 501					м м 07	/	06	) / Y	2023	Y	
	City	State	Zip Code			Trans	acti	on ID :	1746172	4		
	New York	NY	10001-7607			Amount	t of	Each F	Receipt th	is Perio	d	
	FEC ID number of contributing federal political committee.	С						-		42	2.00	
	Name of Employer (for Individual) Combs & Company, LLC	Occi Brol	upation (for Individ ker	ual)		M	emo	Item				
		Aggregate	Year-to-Date 🔻									
	Primary     General       Other (specify) ▼		<b>•</b> • • • •	294.00								
с.	Full Name of Individual (Last, First, Middle Initial Cupo, Gary, V., ,	) or Full O	rganization Name			Date of	f Re	ceipt				
	Mailing Address PO Box 10004					<sup>M</sup> 07	/	06		y 2023	Y	
	City Fairfield	State NJ	Zip Code 07004-6004			Trans	acti	ion ID :	1746172	25		
		INJ	07004-6004			Amount	t of	Each F	Receipt th	is Perio	d	
	FEC ID number of contributing federal political committee.	С					_	, .		30	0.00	
	Name of Employer (for Individual) Benefit Solutions		upation (for Individu th Insurance Specia	,		M	emo	Item				
		Aggregate	Year-to-Date ▼									
	Other (specify)			210.00								
s	UBTOTAL of Receipts This Page (optional)				.			, .		102	2.00	
т	OTAL This Period (last page this line number on	ly)										

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•••				Detailed Summary Page		<b>K</b> 11a	$\vdash$	-	11b 14	110 15	-	12 16		17										
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the n	tements ma ame and a	ay n Iddre	ot be sold or used by any pe ess of any political committee	erson e to s	for the	pur pntrik	rpo	ose of s	solicit	ting co	ontribu	tions tee.											
$\overline{)}$	NAME OF COMMITTEE (In Full)																							
$\rangle$	National Association of Benefits a	and Insu	ura	nce Professionals P	AC	(NA	BIP	וי	PAC)															
Α.	Full Name of Individual (Last, First, Middle Initia Fanuele, Dominick, , ,	l) or Full O	rgar	nization Name		Date		ec																
	Mailing Address 214 Little Falls Rd., 2nd Floor					<sup>™</sup> 07		<i>'</i>	06	/	2	2023	Ŷ											
	City Fairfield	State NJ		Zip Code 07004					on ID : 1	-	-													
		110	-	01004	Amount of Each Receipt this Period																			
	FEC ID number of contributing federal political committee.	С			42.00																			
	Name of Employer (for Individual) Fanuele Financial Group LLC	ele Financial Group LLC Broker									Memo Item													
		Aggregate	Yea	r-to-Date ▼																				
	Other (specify) ▼		-7-	294.00																				
B.	Full Name of Individual (Last, First, Middle Initia Smith, Michael, David, ,	l) or Full O	rgar	nization Name		Date	of Re	ec	eipt															
	Mailing Address 6200 Stone Hill Farms Parkway					м 07	/	′	D D D D 06	1	2	023	Ŷ											
	City Flower Mound	State TX		Zip Code 75028-4312					on ID : 1															
			-	75026-4512		Amou	nt of	· E	Each Re	eceip	: this	Perioc		-										
	FEC ID number of contributing federal political committee.	С				Ļ.		_	<u>p. 1</u>			30	00											
	Name of Employer (for Individual) The Brokerage, Inc.	Occi Brol	•	ion (for Individual)		N	/lemo	0	Item															
	Receipt For: Primary General	Aggregate	Yea	r-to-Date ▼																				
	Other (specify)		,	860.00																				
C.	Full Name of Individual (Last, First, Middle Initia Sokol, David, , ,	l) or Full O	rgar	nization Name		Date	of Re	ec	eipt															
	Mailing Address 901 Wilshire Drive Suite 330					M 07	/	′	D D 06	/		2023	Y											
	City	State		Zip Code		Trar	sact	tic	on ID : 1	746	1748													
	Troy	MI		48084-5611	_	Amou	nt of	E	Each Re	eceipt	this	Perioc												
	FEC ID number of contributing federal political committee.	С				<u> </u>		,		,		170	00											
	Name of Employer (for Individual) Wilshire Benefits Group		•	ion (for Individual) nt/CEO		ſ	/lemo	0	ltem															
		Aggregate	Yea	r-to-Date ▼																				
	Other (specify)		-	1190.00																				
s	UBTOTAL of Receipts This Page (optional)				<u> </u>							242.	00											
т	OTAL This Period (last page this line number on	ly)		·····	- •																			

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				Detailed Summary Page		X	11a		11b		11c		12	<u> </u>
	y information copied from such Reports and Sta													
or	for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and a	audro	ess of any political committee	÷ 10 \$	50li	ICIL CON	uriD	ulion	s îr	UII SUC	11 CO	minitte	5 <b>0</b> .
$\left \right\rangle$	National Association of Benefits	and Insu	ura	ince Professionals P	PAC	<b>) (</b>	NAB	IP	PA	C)				
<u>А.</u>	Full Name of Individual (Last, First, Middle Initia Hoffman, Crystal, , SGS,	al) or Full C	Drga	nization Name		C	Date of	Re	ceipt					
	Mailing Address 14905 Southwest Fwy Ste 200					[	<sup>™</sup> <sup>™</sup> 07	1		D6	/ Y	Y 20	023 0	Y
	City Sugar Land	State TX		Zip Code 77478-5021		A			-		1 <b>746175</b> eceipt th		Period	
	FEC ID number of contributing federal political committee.	С				ļ		_	7		-		100.0	00
	Name of Employer (for Individual) Benefit Concepts, Inc.	Occ Brol	•	tion (for Individual)			Me	emo	lterr	ו				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 700.00										
в.	Full Name of Individual (Last, First, Middle Initia Adams, Holly, , ,	al) or Full C	Orga	nization Name		C	Date of	Re	ceipt					
	Mailing Address 726 Bryn Mawr Ave					ſ	™ <sup>™</sup> 07	1		D D6	/ Y	ү 20	)23 )	Ŷ
	City Penn Valley	State PA		Zip Code 19072-1402							<b>746176</b> eceipt th		Period	
	FEC ID number of contributing federal political committee.	С				ļ			7		-		50.0	00
	Name of Employer (for Individual) Go Well		cupa oker	tion (for Individual)			Me	emo	Item	ı				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 350.00										
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Chubet, Julie, , ,	al) or Full C	Orga	nization Name		C	Date of	Re	ceipt					
	Mailing Address 240 Main St. Suite B					l	07 <sup>M</sup>	/	(	D 07	/ Y	20	)23 <sup>°</sup>	Y
	City Farmington	State CT		Zip Code 06032		A					1746201 eceipt th		Period	
	FEC ID number of contributing federal political committee.	С				ļ			9		y		30.0	00
	Name of Employer (for Individual) Rogers Benefit Group Receipt For:	Brok	ker	tion (for Individual)		1	Me	emc	lten	ſ				
	Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 210.00										
s	UBTOTAL of Receipts This Page (optional)			•	 ►	Į			y		9		180.0	0
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			Detailed Summary Page		X 11			11b	11c		12	
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	for commercial purposes, other than using the											
$\backslash$	NAME OF COMMITTEE (In Full)											
	National Association of Benefits	and Insu	urance Professionals P	PAC	; (N/	٩B	IP	PAC	;)			
A.	Full Name of Individual (Last, First, Middle Init Marinelli, Aaron, M. J., ,	ial) or Full C	organization Name		Date	a of	Bo	eceipt				
	Mailing Address 36711 American Way			-		e or		D		v	V	V
	Suite 2F					7	<b> </b> '	07	, , Y	2	023	
	City	State	Zip Code		Tra	ans	act	ion ID :	1746202	20		
	Avon	ОН	44011-4061	_	Amo	unt	of	Each F	Receipt th	nis F	Period	
	FEC ID number of contributing federal political committee.	С							-		250.0	
	Name of Employer (for Individual) Magis Advisory Group	Occ Brol	upation (for Individual) ker			Me	emo	o Item				
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		1750.00	]								
	Full Name of Individual (Last, First, Middle Init Gussin, Craig, , CLU, LPRT,,	ial) or Full C	organization Name		Date	e of	Re	eceipt				
	Mailing Address 701 Palomar Airport Road #26	0				™ 7	1	07		ү 20	)23	Y
	City	State	Zip Code						1746202			
	Carlsbad	CA	92011-1047		Amo	ount	of	Each F	Receipt th	nis F	Period	
	FEC ID number of contributing federal political committee.	С						7			85.0	00
	Name of Employer (for Individual) Auerbach & Gussin Insurance and Financ	Occ Bro	upation (for Individual) ker		Ц	Me	emo	o Item				
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary     General       Other (specify) ▼		595.00	]								
с.	Full Name of Individual (Last, First, Middle Init Pendorf, Paul, , ,	ial) or Full C	Organization Name		Date	e of	Re	eceipt				
	Mailing Address 31666 W. Nine Dr.				C	)7	1	07	_ L	20	)23 <sup>°</sup>	Y
	City Laguna Niguel	State CA	Zip Code 92677-2955	$\vdash$		-		-	1746203	-		
			J2011-2333	-	Amc	ount	of	Each F	Receipt th	nis F	'eriod	
	FEC ID number of contributing federal political committee.	С			Ļ	_	_				85.0	00
	Name of Employer (for Individual) Independent Financial Group LLC	Occ Age	upation (for Individual) nt		Ц	Me	emo	o Item				
	Receipt For:	Aggregate	Year-to-Date <b>V</b>									
	Other (specify)		595.00	]								
s	UBTOTAL of Receipts This Page (optional)			<u> </u>				,			420.0	00
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		Detailed Summary Page		-		11b	11c	12	
Any information couried from the D	Otata and i			13		14	15	16	17
Any information copied from such Reports and or for commercial purposes, other than using t									
NAME OF COMMITTEE (In Full)							-		
National Association of Benefi	its and Insu	urance Professionals F	PAC	(NAE	BIP	PAC	)		
Full Name of Individual (Last, First, Middle I A. Mayer, Alana, Marie, ,	Initial) or Full O	rganization Name		Date of	f Re	ceipt			
Mailing Address 3800 N. Central Ave				M M	_	D D	/ Y	YY	Y
9th Floor				07		07		2023	
City	State	Zip Code		Trans	acti	ion ID :	1746203	33	
Phoenix	AZ	85012-1979		Amoun	t of	Each R	eceipt th	nis Period	
FEC ID number of contributing federal political committee.	С							85.	00
Name of Employer (for Individual)	Occi	upation (for Individual)		M	emo	Item			
Black, Gould & Associates	Age	nt							
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General									
Other (specify) ▼		720.00							
Full Name of Individual (Last, First, Middle I Hepscher, William, , ,	Initial) or Full O	rganization Name		Date of	f Re	ceipt			
Mailing Address 38168 Medical Center Aven	ue			07	1	08	/ Y	2023	Y
City	State	Zip Code		Trans	acti	on ID :	1746359	)4	
Zephyrhills	FL	33540-1380		Amoun	t of	Each R	eceipt th	nis Period	
FEC ID number of contributing federal political committee.	С						- 49-	85.	00
Name of Employer (for Individual) The Canadian Medstore	Occ Bro	upation (for Individual) ker		M	emo	Item			
Receipt For:	Aggregate	Year-to-Date 🔻							
Primary General		2770.00	11						
Other (specify) <b>v</b>		2770.00							
Full Name of Individual (Last, First, Middle I C. Griffey, Patricia, A., , CSA, RHU,	Initial) or Full O	rganization Name		Date of	f Re	ceipt			
Mailing Address 56294 Primrose Cir				07	1	08	/ Y	2023	Y
City	State	Zip Code		Trans	sact	ion ID :	1746359	98	
Elkhart	IN	46516-1509		Amoun	t of	Each R	eceipt th	nis Period	
FEC ID number of contributing federal political committee.	С					, .	. ,	100.	00
Name of Employer (for Individual)		upation (for Individual)		М	emc	tem			
Page 1 Insurance Services Receipt For:	Brok	-							
Primary General	Aggregate	Year-to-Date <b>V</b>	_						
Other (specify)		800.00							
SUBTOTAL of Receipts This Page (optional)			<u> </u>					270.	00
TOTAL This Period (last page this line number			_						

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				Detailed Summary Page		< 11a		-	11b	11c		12	<u> </u>
An	y information copied from such Reports and Stat	tements ma	l ay n	ot be sold or used by any pe	erson	for the	e pur	rpo	ose of s	15 Soliciting	g coi	16 ntribut	17 ions
<u> </u>	for commercial purposes, other than using the n	ame and a	addre	ess of any political committee	to so	Dicit C	ontrik	bu	itions fro	om suc	n co	mmitte	90.
$\rangle$	NAME OF COMMITTEE (In Full) National Association of Benefits a	and Insu	ura	nce Professionals P	AC	(NA	BIP	۰ I	PAC)				
<u> </u>	Full Name of Individual (Last, First, Middle Initial Clingan, Nedra, C., GBDS, LPRT,	l) or Full O	Orgai	nization Name		Date	of Re	ec	eipt				
	Mailing Address 13222 Huisache Way					M 07	M /	/	D D 08	/ Y	Y 20	)23	Y
	City Helotes	State TX		Zip Code 78023-3606					o <mark>n ID : 1</mark> Each Re		-	eriod	_
	FEC ID number of contributing federal political committee.	С										30.0	0
	Name of Employer (for Individual) UnitedHealthcare	Occi Brol		ion (for Individual)		ľ	Nemo	0	ltem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 210.00									
B.	Full Name of Individual (Last, First, Middle Initial Rolf, Rita, E., CRPS,	l) or Full O	Orgai	nization Name		Date	of Re	ec	eipt				
	Mailing Address 1226 Edgewood Ln					<sup>™</sup> 07	VI /	/	08	/ Y	ү 20	23	Y
	City Allen	State TX		Zip Code 75013-5408					<b>n ID : 1</b> Each Re			eriod	
	FEC ID number of contributing federal political committee.	С						-,	p I			30.0	0
	Name of Employer (for Individual) TexCap Insurance Services	Occ	cupat	tion (for Individual)			Nemo	0	ltem				
	Bossint For:	Aggregate	Yea	ur-to-Date ▼ 225.00									
с.	Full Name of Individual (Last, First, Middle Initial Eldridge, Jaudaun, , ,	l) or Full O	Orgai	nization Name		Date	of Re	ec	eipt				
	Mailing Address 6490 S McCarran Blvd Bldg C-2	4				<sup>M</sup> 07		/	08	/ Y		)23 <sup>°</sup>	Y
	City Reno	State NV		Zip Code 89509-6165					on ID : 1 Each Re			eriod	
	FEC ID number of contributing federal political committee.	С				<u> </u>		,		<u> </u>		42.0	0
	Name of Employer (for Individual) Eldridge Agency Llc	Occi Brok	•	ion (for Individual)			Vem	0	ltem				
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 294.00									
S	JBTOTAL of Receipts This Page (optional)			••••••								102.0	0
т	OTAL This Period (last page this line number on	ly)			•				P	-			

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		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full)		, periodi committo	
National Association of Benefit	s and Insi	urance Professionals F	PAC (NABIP PAC)
Full Name of Individual (Last, First, Middle In	itial) or Full C	rganization Name	
A. Redmon, Bridget, L., ,			Date of Receipt
Mailing Address 711 E. Lewis & Clark Parkwa Suite 205			07 / D D / Y Y Y Y 2023
City Clarksville	State IN	Zip Code 47129-2287	Transaction ID : 17463607
		4/123/2201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		32.00
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
B. Redmon Insurance Partners, LLC	Brol	ker	
Receipt For:	Aggregate	Year-to-Date 🔻	
Primary General	_ · · ·	224.00	1
Other (specify) <b>v</b>			1
Full Name of Individual (Last, First, Middle In	itial) or Full C	rganization Name	
B. Tandrow, Tara, , CIC,			Date of Receipt
Mailing Address 6720 N Scottsdale Road			M M / D D / Y Y Y Y Y
Suite 310	State	Zip Code	07 08 2023
Scottsdale	AZ	85253-4473	Transaction ID : 17463610
			Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) HUB Southwest	Occ Bro	upation (for Individual) ker	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General			
Other (specify) <b>v</b>	L	, 210.00	
Full Name of Individual (Last, First, Middle In C. Galardini, Richard, F., ,	itial) or Full C	rganization Name	Date of Receipt
Mailing Address 100 Pinewood Ln			M = M / D = D / Y = Y = Y = Y
Ste 301			07 08 2023
City Warrendale	State PA	Zip Code 15086-7617	Transaction ID : 17463611
		15060-7017	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		125.00
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
Emerson Reid/My Benefit Advisor, LLC	Cha	irman & CEO	
Receipt For:	Aggregate	Year-to-Date <b>V</b>	
Primary General		875.00	1
Other (specify)			1
SURTOTAL of Doppinto This Dags (antional)			187.00
SUBTOTAL of Receipts This Page (optional)			
TOTAL This Period (last page this line number	only)		

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Detailed Summary Page       110       1	177			Use separate schedule(s)		(check only one)								
Invy information coded from such Reports and Statements may not be sold or used by any person for the purpose, other than using the name and address of any policial committee to solicit contributions from such commit         NAME OF COMMITTEE (in Full)         National Association of Benefits and Insurance Professionals PAC (NABIP PAC)         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name         A. Jimison, Charles,         Mailing Address e185 Magnolia Ave Ste 319         City         City incommittee         Riverside         FEC ID number of contributing federal political committee.         City         Mailing Address 422 W. State         State         Pering Control         Agert         Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼         Aggregate Year-to-Date ▼         Mailing Address 422 W. State 51:         City       State         Suite 150         City       General         City General       Aggregate Year-to-Date ▼         Primary       General         City General       Occupation (for Individual)         Becker       Receipt For:         Primary       General         City General       Occupation	111			for each category of the Detailed Summary Page		-		- F			г	17		
National Association of Benefits and Insurance Professionals PAC (NABIP PAC)         A. Jirrison, Charles,         Mailing Address 6185 Magnolia Ave Ste 319         City         Riverside         Riverside         Name of Employer (for Individual)         Jurison Insurance         Perinary         Geneva         FEC 10 number of contributing federal political committee.         Pull Name of Individual (Last, First, Middle Initial) or Full Organization Name         B. Deagle, Michael, P., REBC,         Mailing Address 422 W. State St.         Suite 150         City         Benva         FEC 10 number of contributing federal political committee.         Date of Individual (Last, First, Middle Initial) or Full Organization Name         B. Deagle, Michael, P., REBC,         Mailing Address 422 W. State St.         Suite 150         City         Benzy, Inc.         Receipt For:         Primary       Geneva         FEC 10 number of contributing federal political committee.         Name of Employer (for Individual) Benzys, Inc.         Receipt For:         Puil Name of Individual (Last, First, Middle Initial) or Full Organization Name         C. Rice, Lori, R., .         Mailing Addr	An or	y information copied from such Reports and Sta for commercial purposes, other than using the	atements ma	y not be sold or used by any pe ddress of any political committee	erson for to sol	or the	purp htribu	ose of utions f	soliciting	g contri	butio	ons		
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         A. Jinison, Charles,       Mailing Address 6185 Magnolia Ave Ste 319       Date of Receipt         City       State       Zip Code       Transaction ID: 17463673         FEC 1D number of contributing       C       Aggregate Vear-to-Date ▼       210,00         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         Pull Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         B. Desgle, Michael, P., REEC.       Mailing Address 422 W. State St.       210,00         Suite 150       City       State       Zip Code         Receipt For:       Aggregate Vear-to-Date ▼       Primary       General         Ptimary       General       C       C       Transaction ID: 17453674         Receipt For:       State 150       C       Transaction ID: 17453674       Amount of Each Receipt this Perioc         Receipt For:       Aggregate Vear-to-Date ▼       Item of Individual       Broker       Transaction ID: 17453675         Receipt For:       Aggregate Vear-to-Date ▼       Item of Receipt this Perioc       Transaction ID: 17453675         Receipt For:       Aggregate Vear-to-Date ▼       Item of Receipt this Perioc       Transac		NAME OF COMMITTEE (In Full)												
A.       Jimison, Charles, , ,	$\left \right\rangle$	National Association of Benefits	and Insu	Irance Professionals P	AC (	NAB	SIP	PAC	)					
City       State       Zip Code       Of       2223         Riverside       CA       92506-2524       Transaction 10: 17458673         Amount of Each Receipt this Period       C       30         Idearal political committee       C       30         Image: State       C       210.00         Image: State       C       2023         Image: State       C       2024         Image: State       C       2025         Image: State       C       2024         Image: State       C       2025         Image: State       C       2025         Image: State       C       2026         Image: State       C       2025         Image: State       C       1168,69	Α.		al) or Full O	rganization Name		Date of Receipt								
Riverside       CA       92506-2524       Amount of Each Receipt this Period         FEC: ID number of contributing federal political committee.       C       30         Name of Employer (for Individual) Jimison Insurance       Aggregate Year-to-Date ▼       30         Receipt For: 		Mailing Address 6185 Magnolia Ave Ste 319												
rederal political committee.       0       30         Name of Employer (for Individual) Jimison Insurance       Agent       Memo Item         Receipt For: Boeneral       Aggregate Year-to-Date ▼       0       210.00         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         B. Deagle, Michael, P., REBC, Mailing Address 422 W, State St. Suite 150       0       2023         City Geneva       IL       60134-2104       Transaction ID: 17463874         Name of Employer (for Individual) BenAxis, Inc.       Broker       Memo Item         Receipt For: Poll Name of Individual (Last, First, Middle Initial) or Full Organization Name       0       0       2023         C. Rice, Lori, R., Mailing Address P O Box78006       Aggregate Year-to-Date ▼       0       0       2023         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       0       0       2023         C. Rice, Lori, R., Mailing Address P O Box78006       0       2023       Transaction ID: 17463875         Name of Employer (for Individual) Frost Insurance       State       Zip Code       7       0       0       2023         Name of Employer (for Individual) Frost Insurance       Occupation (for Individual) Broker       Parescipt For: 30       30       Memo Item         SuBTOTA				· ·	A						od			
Jimison Insurance       Agent         Receipt For:       Aggregate Year-to-Date ▼         Differ (specify) ▼       210.00         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         B. Deagle, Michael, P., REBC,       Mailing Address 422 W. State St.       Date of Receipt         Geneva       IL       60134-2104       Amount of Each Receipt This Period         FEC ID number of contributing tederal political committee.       C       Image Value       Image Value         Name of Employer (for Individual) Berkaxis, Inc.       Borker       Image Value       Image Value       Image Value         C Receipt For:       Primary       General       Other (specify) ▼       Image Value       Date of Receipt         Mailing Address P O Box78006       Transaction ID : 17463675       Transaction ID : 17463675       Amount of Each Receipt this Period         Receipt For:       State       Zip Code       Transaction ID : 17463675       Amount of Each Receipt this Period         Other (specify) ▼       State       Zip Code       Transaction ID : 17463675       Amount of Each Receipt this Period         Receipt For:       Primary       General       Occupation (for Individual)       Memo Item         Prost Insurance       Receipt For:       Aggregate Year-to-Date ▼		•	С					y		÷	30.00	)		
Primary       General       Primary       210.00         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         B. Deagle, Michael, P., REBC,       Mailing Address 422 W. State St.       Date of Receipt         Geneva       IL       60134-2104       Primary       Date of Receipt         FEC ID number of contributing federal political committee.       C       106       Memo Item         Name of Employer (for Individual)       Broker       Memo Item       Memo Item         Pull Name of Individual (Last, First, Middle Initial) or Full Organization Name       Memo Item       Date of Receipt         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Image: C       Name of Employer (for Individual)       Date of Receipt         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Image: C       Name of Employer (for Individual)       Date of Receipt       Date of Receipt         Mailing Address P O Box78006       C       Image: C       Name of contributing federal political committee.       Date of Receipt this Period         FEC ID number of contributing federal political committee.       C       Image: C       Name of Employer (for Individual)       Primary       Occupation (for Individual)       Memo Item         Freet ID number of contributing federal political committee.		Jimison Insurance				M	emo	Item						
B. Deagle, Michael, P., REBC,         Mailing Address 422 W, State St.         Suite 150         City         BenAxis, Inc.         Receipt For:         Primary         Genere         FEC ID number of Individual (Last, First, Middle Initial) or Full Organization Name         C. Rice, Lori, R., ,         Mailing Address P O Box78006         City         Berne         TEC ID number of contributing federal political committee.         Primary         Genere         City         Berne         FEC ID number of contributing federal political committee.         City         Berne         Tx         78006-5554         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Price (Lori, R., ,         Mailing Address P O Box78006         City          Berne         Name of Employer (for Individual)         Prost Insurance         Receipt For:         Primary       General         Other (specify)       Aggregate Year-to-Date ▼         Primary       General         Other (specify)       Aggregate Year-t		Primary General	Aggregate											
Suite 150       07       98       2023         City       State       Zip Code       Transaction ID: 17463674         Geneva       L       60134-2104       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       07       98       2023         Name of Employer (for Individual)       Occupation (for Individual)       Broker       Memo Item         BenAxis, Inc.       Aggregate Year-to-Date ▼       Memo Item       Memo Item         C. Rice, Lori, R., ,       Mailing Address P O Box78006       09 / 2023       7ransaction ID: 17463675         City       State       Zip Code       7606-5554       7ransaction ID: 17463675         FEC ID number of contributing federal political committee.       C       78006-5554       7ransaction ID: 17463675         FEC ID number of contributing federal political committee.       C       30       Memo Item         Name of Employer (for Individual)       Occupation (for Individual)       Memo Item       30         Frost Insurance       Aggregate Year-to-Date ▼       210.00       Memo Item         SuBtOTAL of Receipts This Page (optional)	В.		al) or Full O	rganization Name		Date of	Red	ceipt						
Geneva       IL       60134-2104       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Name of Employer (for Individual) BenAxis, Inc.       Broker       Memo Item         Receipt For:       Aggregate Year-to-Date ▼       Memo Item         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         C. Rice, Lori, R., ,       Mailing Address P O Box78006       TX         City       State       Zip Code         Beerne       TX       78006-5554         FEC ID number of contributing federal political committee.       Occupation (for Individual)         Name of Employer (for Individual)       Occupation (for Individual)         Frost Insurance       Receipt For:         Primary General       Occupation (for Individual)         Broker       Aggregate Year-to-Date ▼         Mamount of Each Receipt this Period       30         Memo Item       Memo Item         SUBTOTAL of Receipts This Page (optional)       Aggregate Year-to-Date ▼		Suite 150												
FEC ID number of contributing federal political committee.       C       166         Name of Employer (for Individual) BenAxis, Inc.       Occupation (for Individual) Broker       Memo Item         Primary       General Other (specify) ▼       Aggregate Year-to-Date ▼       Date of Receipt         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         City       State TX       Zip Code TX       Date of Receipt         Receipt For: Beerne       C       000 / 2023         FEC ID number of contributing federal political committee.       C       Memo Item         Name of Employer (for Individual) Frost Insurance       Occupation (for Individual) Broker       Memo Item         Receipt For: Primary       General Other (specify)       Occupation (for Individual) Broker       Memo Item         SUBTOTAL of Receipts This Page (optional)       226.       226.														
federal political committee.       U       Item         Name of Employer (for Individual) BenAxis, Inc.       Broker         Receipt For:       Aggregate Year-to-Date ▼         Other (specify) ▼       Item         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         C. Rice, Lori, R., ,       Mailing Address P O Box78006       Date of Receipt         City       State       Zip Code         Boerne       TX       78006-5554         FEC ID number of contributing federal political committee.       C         Name of Employer (for Individual)       Occupation (for Individual)         Brooker       Aggregate Year-to-Date ▼         Main of Employer (for Individual)       Occupation (for Individual)         Brooker       Aggregate Year-to-Date ▼         Mare of Employer (for Individual)       Occupation (for Individual)         Brooker       Aggregate Year-to-Date ▼         Primary       General       210.00         Other (specify)       Aggregate Year-to-Date ▼       210.00				60134-2104	A	Amount	t of I	Each R	eceipt th	is Peri	od			
Bin Axis, Inc.       Broker         Ben Axis, Inc.       Broker         Receipt For:       Aggregate Year-to-Date ▼         Other (specify) ▼       Image: Control of the system o		•	С					,		16	66.67	,		
Primary       General         Other (specify)       Image: specify of the specific text of t						M	emo	Item						
Other (specify) ▼       1166.69         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         C. Rice, Lori, R., ,       Date of Receipt         Mailing Address P O Box78006       07       09       2023         City       State       Zip Code       Transaction ID : 17463675         Boerne       TX       78006-5554       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       30         Name of Employer (for Individual)       Occupation (for Individual)       Memo Item         Frost Insurance       Aggregate Year-to-Date ▼       10.00         SUBTOTAL of Receipts This Page (optional)			Aggregate	Aggregate Year-to-Date ▼										
C. Rice, Lori, R., ,       Date of Receipt         Mailing Address P O Box78006       09       2023         City       State       Zip Code         Boerne       TX       78006-5554         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Name of Employer (for Individual)       Occupation (for Individual)       Memo Item         Frost Insurance       Aggregate Year-to-Date ▼       210.00         SUBTOTAL of Receipts This Page (optional)				1166.69										
City       State       Zip Code       Transaction ID : 17463675         Boerne       TX       7806-5554       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       30         Name of Employer (for Individual)       Occupation (for Individual)       30         Frost Insurance       Broker       Aggregate Year-to-Date ▼       Memo Item         Primary       General       210.00       210.00       222.3         SUBTOTAL of Receipts This Page (optional)	<u>с</u> .		al) or Full O	rganization Name		Date of	Red	ceipt						
Boerne       TX       78006-5554       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       30         Name of Employer (for Individual)       Occupation (for Individual)       30         Frost Insurance       Broker       Memo Item         Receipt For:       Aggregate Year-to-Date ▼       210.00         SUBTOTAL of Receipts This Page (optional)						07	1	09	JL	2023				
federal political committee.       30         Name of Employer (for Individual)       Occupation (for Individual)         Frost Insurance       Broker         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify)       210.00         SUBTOTAL of Receipts This Page (optional)					A						od			
Name of Entiployer (for individual)       Occupation (for individual)         Frost Insurance       Broker         Receipt For:       Aggregate Year-to-Date ▼         Other (specify)       210.00         SUBTOTAL of Receipts This Page (optional)		5	С					,	, y	3	30.00	)		
Primary General   Other (specify) 210.00   SUBTOTAL of Receipts This Page (optional)	Frost Insurance			· · · · · ·		M	emo	ltem						
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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		<b>&lt;</b> 11a		11	· -	11c	12	г			
	ny information copied from such Reports and Si for commercial purposes, other than using the							se of			outio			
	NAME OF COMMITTEE (In Full)	name anu a	autress of any pointeal committee	; iU S	unut C		Juli		IOIII SUC		mee	<del>.</del>		
$\left \right\rangle$	National Association of Benefits	and Insu	urance Professionals P	AC	(NA	BIP	P	PAC	)					
A.		ial) or Full C	organization Name		Date of Receipt									
	Mailing Address PO Box 366		7.01		07 / 09 / Y Y Y Y 2023									
	City Westfield	State IN	Zip Code 46074-0366	_					174636	<b>85</b> his Peric				
	FEC ID number of contributing federal political committee.	С									5.00			
	Name of Employer (for Individual) Human Capital Concepts	Occ Bro	upation (for Individual) ker			Memo	o Ite	em						
	Receipt For:	Aggregate	Year-to-Date  770.00											
<u> </u>	Full Name of Individual (Last, First, Middle Init Magnuson, Raymond, E., , JD,CLU,ChF		Organization Name		Date	of Re	ecei	ipt						
	Mailing Address 4337 E. 5th Street			07 09 2023										
	City Tucson	State AZ	Zip Code 85711-2025		Transaction ID : 17463687 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			85.00									
	Name of Employer (for Individual) Magnuson and Associates	Occ Bro		Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate												
<u>с</u> .	Full Name of Individual (Last, First, Middle Init Hansen, Sharon, , ,	ial) or Full C	Organization Name		Date	of Re	ecei	ipt						
	Mailing Address 1219 So 2nd St		07 09 2023											
	City Mount Vernon	State WA	Zip Code 98273-4801						174636		bd			
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period 42.00 Memo Item						)			
	Name of Employer (for Individual) Heritage Financial Group, Inc.	Occ Brok	upation (for Individual) ker											
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 294.00											
s	UBTOTAL of Receipts This Page (optional)			•	[]		9		,	21:	2.00			
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	TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)					
			Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17					
	nformation copied from such Reports and Star commercial purposes, other than using the			rson for the purpose of soliciting contributions to solicit contributions from such committee.					
\ N/	AME OF COMMITTEE (In Full)								
∕ N	lational Association of Benefits	and Insu	urance Professionals P	AC (NABIP PAC)					
	ill Name of Individual (Last, First, Middle Initia Pedersen, Jill, L., REBC,	al) or Full O	organization Name	Date of Receipt					
Ma	Mailing Address 16325 Boones Ferry Rd #204			07 10 / Y Y Y Y 07 10 2023					
	ty ake Oswego	State OR	Zip Code 97035-4297	Transaction ID : 17463705 Amount of Each Receipt this Period					
	EC ID number of contributing deral political committee.	С		85.00					
Co	ame of Employer (for Individual) plumbia Benefit Solutions, Inc.	Occi Brol	upation (for Individual) ker	Memo Item					
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1095.00						
	III Name of Individual (Last, First, Middle Initia Buza, Raymond, F., ,	al) or Full O	organization Name	Date of Receipt					
_	ailing Address 1070 Reef Rd Apt 305	Stata	Zin Codo	07 / D D / Y Y Y Y 2023					
Ci	ıy ero Beach	State FL	Zip Code 32963-4342	Transaction ID : 17463707 Amount of Each Receipt this Period					
FE	EC ID number of contributing deral political committee.	С		85.00					
	ame of Employer (for Individual) alm Beach Insurance Advisory Group, I	Occ Bro	upation (for Individual) ker	Memo Item					
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 510.00						
	III Name of Individual (Last, First, Middle Initia Freeman, Joann, , ,	al) or Full O	organization Name	Date of Receipt					
Ma	ailing Address 625 Oak Street			07 / D D / Y Y Y Y 07 10 2023					
Ci	ty aguna Beach	State CA	Zip Code 92651-2920	Transaction ID : 17463708           Amount of Each Receipt this Period					
	EC ID number of contributing deral political committee.	С		30.00					
Fr	ame of Employer (for Individual) eeman Laguna Insurance Services	Occi Brok	upation (for Individual) ker	Memo Item					
He	eceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00						
SUE	<b>TOTAL</b> of Receipts This Page (optional)		•	200.00					
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			for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17					
	y information copied from such Reports and Sta for commercial purposes, other than using the r								
$\backslash$	NAME OF COMMITTEE (In Full)								
	National Association of Benefits	and Insu	urance Professionals P	AC (NABIP PAC)					
Α.	Full Name of Individual (Last, First, Middle Initia Buffum, Ronald, S., SGS,	l) or Full O	rganization Name	Date of Receipt					
	Mailing Address 3016 Rock Rose PI	01-1-	Zie Oo de	07 / D / Y Y Y Y 2023					
	City Round Rock	State TX	Zip Code 78665-3821	Transaction ID : 17463709           Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		30.00					
	Name of Employer (for Individual) The Buffum Group LLC	Occi Brol	upation (for Individual) ker	Memo Item					
	Receipt For:	Aggregate	Year-to-Date ▼						
	Other (specify) ▼		210.00						
в.	Full Name of Individual (Last, First, Middle Initia Goodman, Rondi, L., ,	l) or Full O	rganization Name	Date of Receipt					
	Mailing Address 3412 Brennan Drive			07 10 2023					
	City	State	Zip Code	Transaction ID : 17463712					
	Raleigh	NC	27613-1313	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		42.00					
	Name of Employer (for Individual) Goodman Medicare Solutions	Occ Bro	upation (for Individual) ker	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 294.00						
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Lordigyan, Craig, K., ,	l) or Full O	rganization Name	Date of Receipt					
	Mailing Address 16 Jenny Jump Road			07 10 2023					
	City Blairstown	State NJ	Zip Code 07825	Transaction ID : 17463715 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		30.00					
	Name of Employer (for Individual) Lordigyan Insurance Agency, LLC	Occi Part	upation (for Individual) ner	Memo Item					
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General Other (specify)		210.00						
s	UBTOTAL of Receipts This Page (optional)		•	102.00					
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ITEMIZED RI	ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only X 11a 13	11b	11c 12 15 16	17				
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/ National A	ssociation of Benefit	s and Insu	rance Professionals F	PAC (NAB	IP PAC)						
A. Hartley, Law		itial) or Full O	rganization Name	Date of	Date of Receipt						
	2040 Main Street Suite 450			07							
City Irvine		State CA	Zip Code 92614-8274		action ID : 174 of Each Rece		t				
Risk Strategies Company B						30	.00				
			upation (for Individual) ker	Me	emo Item						
			Year-to-Date ▼ 210.00	]							
Full Name of In B. Block, Howa	dividual (Last, First, Middle In	itial) or Full O	rganization Name	Data of	Dessint						
	8722 Oak Kolbe Ln										
City Houston		State TX	Zip Code 77080-1468		action ID : 174 of Each Rece						
FEC ID number federal political	0	С			30.00						
Name of Emplo Evry Health	yer (for Individual)	Occu Broł	upation (for Individual) ker	Me	emo Item						
Receipt For: Primary Other (spo	General ecify) ▼	Aggregate	Year-to-Date ▼ 210.00	]							
	dividual (Last, First, Middle In Joshua, , RHU,	itial) or Full O	rganization Name	Date of	Receipt						
	9301 Bryant Ave S Suite 105	1 -		07	/ D D 11	2023 Y	Y				
City Bloomington		State MN	Zip Code 55420-3473		of Each Rece		t				
FEC ID number federal political	•	С			,	170	.00				
1445 Jessamine LLC Bro			upation (for Individual) er	Me	emo Item						
			Year-to-Date ▼ 1465.00	]							
SUBTOTAL of Re	eceipts This Page (optional)					230	.00				
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17						
	y information copied from such Reports and Sta for commercial purposes, other than using the r									
$\backslash$	NAME OF COMMITTEE (In Full)									
	National Association of Benefits	and Insu	urance Professionals P	AC (NABIP PAC)						
Α.	Full Name of Individual (Last, First, Middle Initia Kelley, Dianne, M., ,	al) or Full C	organization Name	Date of Receipt						
	Mailing Address 7320 N La Cholla Blvd. 154-219 City	State	Zip Code	07 11 2023						
	Tucson	AZ	85741-2309	Transaction ID : 17464017 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		63.00						
	Name of Employer (for Individual) Sandbrook Group		upation (for Individual) Broker	Memo Item						
	Receipt For:	Aggregate	Year-to-Date 🔻							
	Other (specify) ▼		441.00							
в.	Full Name of Individual (Last, First, Middle Initia Rogers, Malia, C., ,	al) or Full C	organization Name	Date of Receipt						
	Mailing Address PO Box 2966			07 / D D / Y Y Y Y 11 2023						
	City	State	Zip Code	Transaction ID : 17464022						
	Hayden	ID	83835-2966	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		30.00						
	Name of Employer (for Individual) MediGap Pros LLC	Occ Age	upation (for Individual) ent	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00							
<u> </u>	Full Name of Individual (Last, First, Middle Initia May, Robert, L., ,	al) or Full C	organization Name	Date of Receipt						
	Mailing Address 1416 East Main Suite A			07 / D D / Y Y Y Y 2023						
	City Puyallup	State WA	Zip Code 98372-3170	Transaction ID : 17464415						
			00012 0110	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		30.00						
Name of Employer (for Individual) Robert L. May & Associates, Inc. DBA H			upation (for Individual) ker	Memo Item						
	Receipt For:									
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00							
s	UBTOTAL of Receipts This Page (optional)		•	123.00						
т	OTAL This Period (last page this line number of	nly)	••••••							

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IT	TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)				
			Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17				
	y information copied from such Reports and St for commercial purposes, other than using the			erson for the purpose of soliciting contributions				
	NAME OF COMMITTEE (In Full)							
$\rangle$	National Association of Benefits	and Insu	urance Professionals P	AC (NABIP PAC)				
Α.	Full Name of Individual (Last, First, Middle Initi Cunix, David, L., ,	al) or Full O	rganization Name	Date of Receipt				
Α.	Mailing Address 6690 Beta Drive Suite 102							
	0.1	Otata		07 12 2023				
	City Mayfield Village	State OH	Zip Code 44143-2359	Transaction ID : 17464418 Amount of Each Receipt this Period				
	FEC ID number of contributing	С		30.00				
	federal political committee.	U						
	Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item				
	Cunix Insurance Services	Brok	ker					
	Receipt For:	Aggregate	Year-to-Date 🔻					
	Primary General Other (specify) ▼		310.00					
в.	Full Name of Individual (Last, First, Middle Initi Gertz, Josh, , ,	al) or Full O	rganization Name	Date of Receipt				
υ.	Mailing Address 222 S. Riverside Plaza							
	Suite 900			07 12 2023				
	City	State	Zip Code	Transaction ID : 17464420				
	Chicago	IL	60606-5975	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		85.00				
	Name of Employer (for Individual) USI Insurance Services		upation (for Individual) npliance Project Specialist	Memo Item				
	Receipt For:		Year-to-Date ▼					
	Primary General	Aggregate						
	Other (specify) ▼		595.00					
<u> </u>	Full Name of Individual (Last, First, Middle Initi Fairbairn, Nicole, , ,	al) or Full O	rganization Name	Date of Receipt				
	Mailing Address Creative Insurance Concepts,	Inc.						
	8069 Little Circle Road			07 12 2023				
	City Noblesville	State IN	Zip Code 46060-1071	Transaction ID : 17464422 Amount of Each Receipt this Period				
	FEC ID number of contributing							
	federal political committee.	С		30.00				
	Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item				
	Creative Insurance Concepts, Inc.	Brok	er					
	Receipt For:	Aggregate	Year-to-Date 🔻					
	Primary General		210.00					
	Other (specify)							
				145.00				
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SCHEDULE A	(FEC Form 3X)
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		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
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NAME OF COMMITTEE (In Full) National Association of Benefits	and Ins	urance Professionals P	AC (NABIP PAC)
Full Name of Individual (Last, First, Middle Init <b>A.</b> Brannon, William, J., , Mailing Address 2 Terrace Way, Suite B City Greensboro FEC ID number of contributing federal political committee.	State NC	Zip Code 27403-3663	Date of Receipt 07 / 12 / 2023 Transaction ID : 17464426 Amount of Each Receipt this Period 30.00
Name of Employer (for Individual) Group US, Inc. Receipt For: Primary General Other (specify) V	Bro	upation (for Individual) ker Year-to-Date 210.00	Memo Item
Full Name of Individual (Last, First, Middle Init         Roberts, Paul, H., BBA,         Mailing Address 3712 3rd Avenue #4         City         San Diego         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         Word & Brown General Agency         Receipt For:         Primary       General         Other (specify) ▼	State CA CC	Zip Code 92103-4168 eupation (for Individual) Year-to-Date ▼ 229.00	Date of Receipt
Full Name of Individual (Last, First, Middle Init         Vipond, Elizabeth, T., CLU, CFP,         Mailing Address         1209 Cumberland Av Unit 190         City         Tampa         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         The Senior Health Advisor         Receipt For:         Primary         General         Other (specify)	3 State FL C Occ Part	Zip Code 33602-4260 upation (for Individual)	Date of Receipt 07 12 2023 Transaction ID : 17464436 Amount of Each Receipt this Period 30.00 Memo Item
SUBTOTAL of Receipts This Page (optional)		· ·	72.00

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			for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	y information copied from such Reports and Stat for commercial purposes, other than using the n			
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) National Association of Benefits a	and Insi	urance Professionals PA	C (NABIP PAC)
<b>A</b> .	Full Name of Individual (Last, First, Middle Initial         Hatfield, Matthew, F., ,         Mailing Address 2207 Springfield Avenue         City         Fort Wayne         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         Hatfield Insurance Services LLC         Receipt For:         Primary       General         Other (specify) ▼	State IN C Brol	Drganization Name Zip Code 46805-1541 Cupation (for Individual) oker e Year-to-Date ▼ 210.00	Date of Receipt
В.	Full Name of Individual (Last, First, Middle Initial Jensen, Cerrina, , CHRS, CBC,,         Mailing Address 12846 Knightsbrook Ave         City         Rancho Cordova         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         SolV Independent Insurance Associates         Receipt For:         Primary       General         Other (specify) ▼	State CA Cc Bro	Drganization Name Zip Code 95742-6625 cupation (for Individual) oker e Year-to-Date ▼ 400.00	Date of Receipt 07 / 13 / 2023 Transaction ID : 17464851 Amount of Each Receipt this Period 50.00 Memo Item
C.	Full Name of Individual (Last, First, Middle Initial Scholz, Paul, J., ,         Mailing Address 4221 N 203rd St         Ste 200         City         Elkhorn         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         OCI Insurance & Financial Services         Receipt For:         Primary       General         Other (specify)	State NE C	Zip Code 68022-3474	Date of Receipt 07 / 13 / 2023 Transaction ID : 17464853 Amount of Each Receipt this Period 85.00 Memo Item
s	UBTOTAL of Receipts This Page (optional)			165.00
т	OTAL This Period (last page this line number on	ly)	•••••	

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
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NAME OF COMMITTEE (In Full) National Association of Benefit	s and Ins	urance Professionals P	AC (NABIP PAC)
Full Name of Individual (Last, First, Middle In         Blakely, Russ, , ,         Mailing Address       246 E 11th Street         Suite 302         City         Chattanooga         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         Russ Blakely & Associates, LLC         Receipt For:         Primary       General         Other (specify) ▼	State TN C Bro	Zip Code 37402-4269	Date of Receipt
Full Name of Individual (Last, First, Middle In         Daugherty, Cathy, M., ,         Mailing Address 3071 Via Serena N.         Unit A.         City         Laguna Woods         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Bridgeport Benefits         Receipt For:         Other (specify) ▼	State CA C Occ Par	Zip Code         92637-0416         cupation (for Individual)         rtner         Year-to-Date ▼         670.00	Date of Receipt
Full Name of Individual (Last, First, Middle In         Schiebel, AI, C., ,         Mailing Address 10 Glenlake Parkway         North Tower, Suite 1050         City         Atlanta         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Schiebel & Associates, LLC dba Shopben         Receipt For:         Primary       General         Other (specify)	State GA C Occ Bro	Zip Code 30328-3495	Date of Receipt 07 13 2023 Transaction ID : 17464856 Amount of Each Receipt this Period 45.00 Memo Item
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number			215.00

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NAME OF COMMITTEE (In Full)													
National Association of Be	enefits and Insu	urance Professionals F	PAC (NAI	BIP	PAC	;)							
Full Name of Individual (Last, First, M A. Sherrill, David, M., ,	liddle Initial) or Full C	rganization Name	Date of	Date of Receipt									
Mailing Address 498 Palm Springs Dr	Suite 270		07	VI /	13		y y 2023	Y					
City	State	Zip Code	Tran	sacti	on ID :	1746485	7						
Altamonte Springs	FL	32701-7805	Amour	nt of	Each F	Receipt th	is Perio	d					
FEC ID number of contributing federal political committee.	C					1 Ap.	30	).00					
Name of Employer (for Individual)	Occ	upation (for Individual)	N	/lemo	Item								
Sherrill Insurance Brokerage	Brol	ker											
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General	Aggroguto												
Other (specify) ▼		360.00											
Full Name of Individual (Last, First, N	liddle Initial) or Full C	rganization Name											
B. Anderson, Corey, Lee, ,			Date of Receipt										
Mailing Address 11247 69th St NE Alb	ertville		07	07 / D D / Y Y Y Y 07 13 2023									
City	State	Zip Code	Tran	sacti	on ID :	1746485	8						
Albertville	MN	55301-4576	Amour	nt of	Each F	Receipt th	is Perio	d					
FEC ID number of contributing federal political committee.	C	C				30.00							
Name of Employer (for Individual)	Occ	upation (for Individual)		Memo Item									
Corey Anderson Insurance Services		Broker				-							
Receipt For:	Aggregate	Year-to-Date ▼		1									
Primary General	Aggregate												
Other (specify) ▼		210.00	1										
Full Name of Individual (Last, First, M C. Chornak, Shelley, A., ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Chornak, Shelley, A., .												
Mailing Address 7251 Engle Rd. Suit	e 103		07	/ 1	D 14		2023	Y					
City	State	Zip Code	Tran	sacti	ion ID :	: 1746520	9						
Cleveland	OH	44130-3400	Amour	nt of	Each F	Receipt th	is Perio	d					
FEC ID number of contributing				-									
federal political committee.	С	C				42.00 Memo Item							
Name of Employer (for Individual) Sage Partners, LLC		Occupation (for Individual) Broker											
Receipt For:	Aggregate	Year-to-Date 🔻											
Other (specify)		294.00											
		, , , , , , , , , , , , , , , , , , , ,											
SUBTOTAL of Receipts This Page (opt	ional)				,	,	102	2.00					

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FOR LINE NUMBER:

PAGE 35 OF

ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the	(check only one)
			Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	y information copied from such Reports and Sta for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full)			
	National Association of Benefits	and Insu	Irance Professionals P	AC (NABIP PAC)
	Full Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name	
Α.	Fearing, Meagan, Ray, ,	Date of Receipt		
	Mailing Address 123 N Wahsatch Ave	07 / D D / Y Y Y Y 2023		
	City Calorado Enringo	State CO	Zip Code	Transaction ID : 17465211
	Colorado Springs		80903-3406	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		42.00
	Name of Employer (for Individual)	Осси	pation (for Individual)	Memo Item
	Insurance Marketing Enterprises, Inc	Owr	ier	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General			
	Other (specify) <b>v</b>	L	444.00	
в.	Full Name of Individual (Last, First, Middle Initia Benkowski, Patricia, J., ,	al) or Full O	rganization Name	Date of Receipt
	Mailing Address 4688 W Jennifer Ave Ste 103			07 14 2023
	City	State	Zip Code	Transaction ID : 17465213
	Fresno	CA	93722-6418	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer (for Individual) PBT Insurance Services	Occi Brol	upation (for Individual) ker	Memo Item
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General	, iggi eguie		
	Other (specify)	<u> </u>	210.00	
<u>с.</u>	Full Name of Individual (Last, First, Middle Initia Lovich, Cathryn, Robin, ,	Date of Receipt		
	Mailing Address 2355 Lee Elgin Road			07 14 2023
	City	State	Zip Code	Transaction ID : 17465214
	Woolwine	VA	24185-3790	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		85.00
	Name of Employer (for Individual) Cathryn R. Lovich, LLC dba Gardner Ins	Occu Brok	ipation (for Individual) er	Memo Item
	Receipt For:		Year-to-Date V	
	Primary General	Aggregate		
	Other (specify)		423.00	
s	UBTOTAL of Receipts This Page (optional)		······ •	157.00
т	OTAL This Period (last page this line number o	nly)	•	

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         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 Benefits	and Insu	urance Professionals P	AC (NABIP PAC)					
Α.		Date of Receipt							
	Mailing Address 1309 N Boulevard	07 14 2023							
	Anderson	State SC	Zip Code 29621-4830	Transaction ID : 17465215           Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		30.00					
	Name of Employer (for Individual) SHK & Associates	Occ Brol	cupation (for Individual) ker	Memo Item					
	Receipt For:	Aggregate	e Year-to-Date ▼						
	Primary General Other (specify) ▼		210.00						
в.	Full Name of Individual (Last, First, Middle Initia Renkar, Christopher, J., ,	Date of Receipt							
	Mailing Address 10286 Staples Mill Road #128	07 14 2023							
	City	State	Zip Code	Transaction ID : 17465216					
	Glen Allen	VA	23060-3064	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		42.00					
	Name of Employer (for Individual) Renkar Insurance Agency LLC		cupation (for Individual) oker	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ , 794.00						
С.	Full Name of Individual (Last, First, Middle Initia Sutton, Trent, J., ,	Date of Receipt							
	Mailing Address 2824 Poleline Rd., # A	07 / <sup>D</sup> D / Y Y Y Y 07 14 2023							
	City Pocatello	State ID	Zip Code 83201-6177	Transaction ID : 17465217 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		30.00					
	Name of Employer (for Individual) Real Benefit Solutions	Occ Brok	cupation (for Individual) ker	Memo Item					
	Receipt For:	Agareaate	e Year-to-Date ▼	1					
	Primary General Other (specify)		210.00						
$\vdash$	UBTOTAL of Receipts This Page (optional)			102.00					
ΙT	<b>OTAL</b> This Period (last page this line number or	niy)	▶						

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PAGE 37 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	y information copied from such Reports and Sta for commercial purposes, other than using the r			
$\backslash$	NAME OF COMMITTEE (In Full)			
	National Association of Benefits	and Insu	urance Professionals PA	AC (NABIP PAC)
Α.	Full Name of Individual (Last, First, Middle Initia Matznick, Michael, E., ,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 3207 Cottingham Ct	Otata	Zin Oode	07 / D D / Y Y Y Y 14 2023
	City Greensboro	State NC	Zip Code 27410-8362	Transaction ID : 17465218 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		42.00
	Name of Employer (for Individual) eBen Benefits	Occ Brol	cupation (for Individual) oker	Memo Item
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		294.00	
в.	Full Name of Individual (Last, First, Middle Initia Johnson, David, S., LUTCF,RHU,,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 12138 Big Canoe			07 14 2023
	City	State	Zip Code	Transaction ID : 17465219
	Big Canoe	GA	30143-5157	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual) David S. Johnson Insurance		cupation (for Individual) oker	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 700.00	
	Full Name of Individual (Last, First, Middle Initia Daidone, Grace, , ,	al) or Full C	Drganization Name	Date of Receipt
-	Mailing Address 3301 S. Virginia			07 14 2023
	City	State	Zip Code	Transaction ID : 17465222
	Reno	NV	89502-4516	_ Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item
	A and H Insurance, Inc.	Brok	ker	_
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Other (specify)		210.00	
s	UBTOTAL of Receipts This Page (optional)		•	172.00
т	OTAL This Period (last page this line number or	וy)	•••••	

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)							
		for each category of the Detailed Summary Page	X 11a 11b 11c 12							
An information and in the Design	d Otatana i		13         14         15         16         17							
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)										
National Association of Bene	fits and Insu	urance Professionals F	PAC (NABIP PAC)							
Full Name of Individual (Last, First, Middle	e Initial) or Full C	rganization Name								
A. Bellman, Mark, , ,			Date of Receipt							
Mailing Address 9120 Branch Hollow Dr			07 / D D / Y Y Y Y 2023							
City Dallas	State TX	Zip Code 75243-7510	Transaction ID : 17465565							
		13243-1310	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		30.00							
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item							
UnitedHealthcare	Brol	ker								
Receipt For:	Aggregate	Year-to-Date V								
Primary General			1							
Other (specify) <b>v</b>		210.00	1							
Full Name of Individual (Last, First, Middle	Initial) or Full C	rganization Name								
B. Easterling, Sy, , ,			Date of Receipt							
Mailing Address 2909 13th St 6th Floor			07 15 2023							
City	State	Zip Code	Transaction ID: 17465567							
Gulfport	MS	39501-1925	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		30.00							
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item							
BXS Insurance	Vice	e President								
Receipt For:	Aggregate	Year-to-Date 🔻								
Other (specify) ▼		210.00	1							
		, , , , , , , , , , , , , , , , , , , ,	1							
Full Name of Individual (Last, First, Middle C. Stair, B. Gene, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 6626 Silvermine Dr.			M M / D D / Y Y Y Y							
Suite 500			07 15 2023							
City	State TX	Zip Code	Transaction ID : 17465568							
Austin		78736-1785	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		30.00							
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item							
Stair & Associates LLC	Brok		-							
Receipt For:	Aggregate	Year-to-Date 🔻								
Primary General		210.00	1							
Other (specify)		4	1							
SUBTOTAL of Receipts This Page (optional	)		90.00							
CODICINE OF HECEIPIS THIS Faye (optional)	/									
TOTAL This Period (last page this line numb	per only)									

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	ation copied from such Reports and Standard and standard and standard standard standard standard standard stand					for the		rpc	ose of s	soliciting		ntributi	ons
\	DF COMMITTEE (In Full)												
$\backslash$	nal Association of Benefits	and Insu	ura	nce Professionals P	AC	(NAE	BIP	٩ ۱	PAC)				
A. Wilson	ne of Individual (Last, First, Middle Initia n, Lisa, M., ,	al) or Full C	Drgar	ization Name		Date o	of Re	ec	eipt				
	Address 16211 N Brinson Suite 130					<sup>M</sup> 07	/	′	D D D 16	/ Y	Y 2(	)23	Y
City Nampa		State ID		Zip Code 83687-5521	-					750388			
FEC ID	number of contributing political committee.	С				Amour		E	ach Re	eceipt th		85.0	0
	f Employer (for Individual) of Idaho	Occ Brol	•	ion (for Individual)		N	lemo	οI	Item				
	For: imary General ther (specify) ▼	Aggregate	Yea	r-to-Date ▼ 625.00									
	ne of Individual (Last, First, Middle Initiady, Tamara, P., ,	al) or Full C	Drgar	ization Name		Date c	of Re	ec	eipt				
	Address 7310 N 16th Street Suite 226					<sup>M</sup> 07	/	′	D D D 16	/ Y	20	23	Y
City Phoenix	<	State AZ		Zip Code 85020-8212						<b>750388</b> eceipt th		eriod	
	number of contributing political committee.	С				<u> </u>		-,		-95	_	85.0	0
	f Employer (for Individual) Benefit Group, Inc.		cupat oker	ion (for Individual)		N	lemo	o I	Item				
	For: imary General ther (specify) ▼	Aggregate	Yea	r-to-Date ▼ 595.00									
	ne of Individual (Last, First, Middle Initia y, Kevin, , ,	al) or Full C	Drgar	ization Name		Date o	of Re	ec	eipt				
	Address 215 S. Kirkwood Rd Ste 201					<sup>M</sup> 07	/	′	D D D 16	/ Y		)23	Y
City Saint Lo	Duis	State MO		Zip Code 63122-4359						750388 ceipt th		eriod	
	number of contributing political committee.	С				<u> </u>		,		. ,	_	85.0	0
Q4intelli	f Employer (for Individual) gence LLC	Occ Brok		on (for Individual)		N	1emo	0	ltem				
	For: imary General ther (specify)	Aggregate	Yea	r-to-Date ▼ 1145.00									
SUBTOTA	L of Receipts This Page (optional)			••••••				,				255.0	0
TOTAL Th	nis Period (last page this line number o	nly)		•••••	•			,		-			

#### SCHEDULE A (FEC Form 3X) - . . . . . . .

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ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the	(check only one)
			Detailed Summary Page	13         14         15         16         17
	y information copied from such Reports and St for commercial purposes, other than using the			
$\setminus$	NAME OF COMMITTEE (In Full)			
	National Association of Benefits	and Insu	urance Professionals P	AC (NABIP PAC)
Α.	Full Name of Individual (Last, First, Middle Initi Frankel, Teri, Frankel, ,	al) or Full O	rganization Name	Date of Receipt
	Mailing Address 21820 Burbank Blvd Suite 300			07 16 / Y Y Y Y 2023
	City Woodland Hills	State CA	Zip Code 91367-6485	Transaction ID : 17503884           Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer (for Individual) Leavitt Insurance Services of Los Ange	Occi Brol	upation (for Individual) Ker	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	
в.	Full Name of Individual (Last, First, Middle Initi Banchy, Kate, , , Mailing Address 4233 Southtowne Drive	al) or Full O	rganization Name	Date of Receipt
	City	State WI	Zip Code	07 16 2023 Transaction ID : 17503885
	Eau Claire FEC ID number of contributing federal political committee.	C	54701-2652	Amount of Each Receipt this Period
	Name of Employer (for Individual) Spectrum Insurance Group	Occ Bro	upation (for Individual) ker	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 336.00	
— C.	Full Name of Individual (Last, First, Middle Initi Munger, David, , ,	al) or Full O	rganization Name	Date of Receipt
	Mailing Address 3312 W. Magistrate Loop	1		07 / D D / Y Y Y Y 2023
	City Hayden	State ID	Zip Code 83835-5019	Transaction ID : 17503886         Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		85.00
	Name of Employer (for Individual) Munger Insurance	Occi Brok	upation (for Individual) .er	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 695.00	
	UBTOTAL of Receipts This Page (optional)		<b>r</b>	157.00

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			Detailed Summary Page		<b>X</b> 11a		11b	11c		2	<u> </u>
Ar	y information copied from such Reports and S	tatements ma	ן ay not be sold or used bv anv מ	erson	13 for the		14 ose of	15 soliciting		6 ributi	17 ions
	for commercial purposes, other than using the										
$\left  \right\rangle$	NAME OF COMMITTEE (In Full)		<b>D</b> ( ) ) -		/ <b>.</b>			<b>、</b>			
	National Association of Benefits	and Insi	urance Protessionals F	'AC	(NAE	SIP	PAC	)			
^	Full Name of Individual (Last, First, Middle Init Owens, David, Patrick, ,	tial) or Full C	Prganization Name		Date o	f Por					
А.	Mailing Address 2 Hazelwood Lane			$\neg$		_	Jeipt	/ Y	Y	Y	Y
					07		16		202	23	
	City Kinnelon	State NJ	Zip Code 07405-2104					17503887		ui e el	
	FEC ID number of contributing			_	Amoun			eceipt thi	s re		_
	federal political committee.	С					7	-	-	85.0	
	Name of Employer (for Individual)	Occ	upation (for Individual)		М	emo	Item				
	E.B. Cohen Insurance & Risk Management	Prin	cipal								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify) V		595.00								
	Full Name of Individual (Last First Att 1994)			-							
В.	Full Name of Individual (Last, First, Middle Init Taylor, June, Kaye, ,	uaı) or ⊦ull C	rganization Name		Date o	f Red	ceipt				
	Mailing Address 8046 Genesta Ave				MM	/	D D	/ Y	Y	Y	Y
	City	State	Zip Code	_	07		17		202	3	
	Van Nuys	CA	91406-1114					17503916 eceipt thi		riod	
	FEC ID number of contributing	С							-	30.0	0
	federal political committee.	U			here a		7	-9-		-	
	Name of Employer (for Individual) Kaiser Permanente	Occ Bro	upation (for Individual) ker		M	emo	Item				
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary     General       Other (specify) ▼		260.00								
<u> </u>	Full Name of Individual (Last, First, Middle Init Records, Stephanie, , ,	tial) or Full C	Organization Name		Date o	f Red	ceipt				
	Mailing Address 211 Torrey Drive				07 <sup>M</sup>	/	D D 17	/ Y	ү 202		Y
	City Newark	State DE	Zip Code 19702-2683					17503917			
			19702-2003		Amoun	t of E	Each R	eceipt thi	s Pe	riod	
	FEC ID number of contributing federal political committee.	С			Ļ.		y		_	42.0	0
	Name of Employer (for Individual)		upation (for Individual)		M	lemo	ltem				
	HealthEquity Receipt For:	Brok		_							
	Primary General	Aggregate	Year-to-Date ▼	11							
	Other (specify)		294.00	4							
F	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number		· · ·	<u> </u>	[.  -		9		1	57.0	0

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			Use separate schedule(s)	(check only one)							
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12							
				13 14 15 16 17							
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements ma ame and a	ay not be sold or used by any peuddress of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.							
	NAME OF COMMITTEE (In Full)										
	National Association of Benefits a	and Insu	urance Professionals P	AC (NABIP PAC)							
A.	Full Name of Individual (Last, First, Middle Initial Patton, Lee, R., ,	) or Full O	rganization Name	Date of Receipt							
	Mailing Address 1112 Maple Street			07 17 2023							
	City	State	Zip Code	Transaction ID : 17503920							
	West Des Moines	IA	50265-4420	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		30.00							
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item							
	Patton Insurance Benefits	Brok	ker								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General		210.00								
	Other (specify) <b>v</b>		210.00								
D	Full Name of Individual (Last, First, Middle Initial Douglas, James, F., ,	) or Full O	rganization Name	Date of Receipt							
р.	Mailing Address 5721 Woodboro Dr										
				07 17 2023							
	City	State	Zip Code	Transaction ID : 17503922							
	Huntington Beach	CA	92649-4949	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		35.00							
	Name of Employer (for Individual)		upation (for Individual)	Memo Item							
	Health Sync Insurance Receipt For:		e President Employee Benefits	_							
	Primary General	Aggregate	Year-to-Date								
	Other (specify) V		245.00								
С.	Full Name of Individual (Last, First, Middle Initial Elam, Michael, Lee, ,	) or Full O	rganization Name	Date of Receipt							
	Mailing Address 9000 Northpark Drive			07 17 2023							
	City	State	Zip Code	Transaction ID : 17503924							
	Johnston	IA	50131-4817	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		85.00							
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item							
	Delta Dental of Iowa	Vice	President								
		Aggregate	Year-to-Date 🔻								
	Primary General Other (specify)		595.00								
	Other (specify)										
s	UBTOTAL of Receipts This Page (optional)			150.00							
т	OTAL This Period (last page this line number on	y)									
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			Detailed Summary Page		11a		11b	11c		12	
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			ddress of any political committe								
NAME OF COMM	IITTEE (In Full)										
/			urance Professionals F	PAC (	(NAB	BIP	PAC	)			
A. Paulus, Raquel			rganization Name		Date of	f Re	ceipt				
Mailing Address 1	368 Business Park Drive				<sup>м</sup> 07	1	D 17	) / Y	Y 20	)23	Y
City		State	Zip Code		Trans	acti	on ID :	1750392	7		
Traverse City		MI	49686-8640	/	Amount	t of	Each F	Receipt th	is P	eriod	
FEC ID number o federal political co	Ũ	С					7		_	30.0	)0
Name of Employe Peterson McGrego	, ,	Occi Brol	upation (for Individual) ker		Me	emo	Item				
Receipt For:		Aggregate	Year-to-Date ▼								
Primary Other (speci	ify) ▼		210.00	1							
Full Name of Indiv B. Clark, Valerie,	vidual (Last, First, Middle Jeanne, ,	Initial) or Full O	rganization Name		Date of	f Re	ceipt				
Mailing Address 5					07	/	D D D 17	) / Y	20	23	Y
City		State	Zip Code		Trans	acti	on ID :	1750392	9		
Reno		NV	89511-2045	/	Amount	t of	Each F	Receipt th	is P	eriod	
FEC ID number o federal political co	Ũ	С					,			85.0	)0
Name of Employe Clark and Associat	, ,	Occ Bro	upation (for Individual) ker		Me	emo	ltem				
Receipt For: Primary Other (speci	General ify) ▼	Aggregate	Year-to-Date ▼ 595.00	]							
	vidual (Last, First, Middle ee, Sue, , CEBS,	Initial) or Full O	rganization Name		Date of	f Re	ceipt				
Mailing Address 4	111 E Date St				07	/	D 17			23	Y
City Brea		State CA	Zip Code 92821-5402					1750393 Receipt th		eriod	
FEC ID number o federal political co	Ũ	С								12.0	00
Name of Employe Claremont Insuran			upation (for Individual) ducer/ Consultant		M	emo	Item				
Receipt For: Primary Other (speci	General (fy)	Aggregate	Year-to-Date ▼ 284.00	1							
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	for commercial purposes, other than using the												
$\backslash$	NAME OF COMMITTEE (In Full)												
	National Association of Benefits				PAC	(NAE	SIP	' F	PAC)				
•	Full Name of Individual (Last, First, Middle Init	tial) or Full C	Orga	nization Name		Data	4 0						
Α.						Date o		ece	•				
	Mailing Address 1209 S Frankfort Avenue Suite 205					07	'	′	17	/ Y	20	023	Y
	City	State		Zip Code		Trans	sact	tio	n ID : 1	750393	32		
	Tulsa	OK		74120-4247	_	Amoun	t of	Ea	ach Re	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С						,		-9-	_	85.0	0
	Name of Employer (for Individual)		•	tion (for Individual)		Μ	emo	o l'	tem				
	Vision Care Direct of Oklahoma	Bro	oker										
	Receipt For: Primary General	Aggregate	Yea	ar-to-Date <b>V</b>									
	Other (specify) V			720.00	11								
			-7										
в.	Full Name of Individual (Last, First, Middle Init Tompkins, Daniel, R., , JD, MBA	tial) or Full C	Orga	nization Name		Date o	f Re	ece	eipt				
	Mailing Address 1720 Windward Concourse Suite 290			1		M M 07	/	[	D D 17	/ Y	20	23	Y
	City	State		Zip Code		Trans	act	ior	n ID : 1	750393	6		
	Alpharetta	GA		30005-2291	_	Amoun	t of	Ea	ach Re	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С						,		-9-	_	85.0	0
	Name of Employer (for Individual) Admin America, Inc.		cupa oker	tion (for Individual)		Μ	emo	o l'	tem				
	Receipt For:	Aggregate	Yea	ar-to-Date 🔻									
	Primary General			595.00	11								
	Other (specify) <b>v</b>		,	333.00	4								
с.	Full Name of Individual (Last, First, Middle Init Balla, Donald, L., ,	tial) or Full C	Drga	nization Name		Date o	f Re	ece	eipt				
	Mailing Address 371 Steeplechase Drive			1		<sup>M</sup> 07	J.		D D 17	/ Y	20	)23	Ŷ
	City Cranberry Twp	State PA		Zip Code 16066-2239	_					750393			
		1.77	-	10000 2200		Amoun	t of	E	ach Re	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С	_			Ľ.		y	_	y	_	30.0	00
	Name of Employer (for Individual) Alera Group	Occ Bro	•	tion (for Individual)		N	lemo	o l	tem				
	Receipt For: Primary General	Aggregate	e Yea	ar-to-Date 🔻									
	Other (specify)		-	210.00									
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Λ.	w information conied from such Departs on 1.01	oment		0.001		13		14	15		16 stribut	17	_
	y information copied from such Reports and State for commercial purposes, other than using the na												
$\backslash$	NAME OF COMMITTEE (In Full)												
/	National Association of Benefits a			als PA	١C	(NAB	IP	PAC	)				
Α.	Full Name of Individual (Last, First, Middle Initial) Law, Marv, , CLTC,	) or Full (	Organization Name			Date of	Re	ceipt					
	Mailing Address 45345 Carrie Ln					м м 07	/	D ■ D 17	/ Y	Y 20	)23	Y	
	City	State	Zip Code			Trans	acti	on ID :	1750393	9	-		
	La Quinta	CA	92253-4291		_	Amount	of	Each R	eceipt th	is P	eriod		
	FEC ID number of contributing federal political committee.	С									30.0	0	
	Name of Employer (for Individual) HealthBridge Insurance Solutions	Oco	cupation (for Individual)			Me	emo	Item					
	Receipt For:	Aggregate	e Year-to-Date ▼										
	Primary General Other (specify) ▼		210.0	00									
B	Full Name of Individual (Last, First, Middle Initial) Hild, Donald, A., ,	) or Full (	Organization Name			Date of	Ba	ceint					_
υ.	Mailing Address 2640 Willard Dairy Rd. Suite 122					07	/	17	/ Y		23	Y	
	City	State	Zip Code			Transa	acti	on ID : '	1750394	1			
	HIGH POINT	NC	27265-8709			Amount	of	Each R	eceipt th	is P	eriod		
	FEC ID number of contributing federal political committee.	С									30.0	0	
	Name of Employer (for Individual) Blue Moon Benefits Group		cupation (for Individual) oker			Me	emo	Item					
	Peopint For:	Aggregate	e Year-to-Date ▼										
	Primary   General     Other (specify) ▼		, 210.0	00									
C.	Full Name of Individual (Last, First, Middle Initial) Sarych, James, R., ,	) or Full (	Organization Name			Date of	Re	ceipt					_
	Mailing Address 1368 Northwest Parkway					<sup>M</sup> 07	/	D D 17	/ Y		23	Ŷ	
	City New Prighton	State MN	Zip Code 55112			Trans	acti	ion ID :	1750404	7			
	New Brighton		00112			Amount	of	Each R	eceipt th	is P	eriod		
	FEC ID number of contributing federal political committee.	С				Ľ.	_	y		_	500.0	0	
	Name of Employer (for Individual) NFP Corporate Services (MN) Inc.		cupation (for Individual) naging Director			Me	emo	Item					
	Receipt For:	Aggregate	e Year-to-Date 🔻										
	Other (specify)		500.0	00	F	Paypal							
s	UBTOTAL of Receipts This Page (optional)			····· ►				,	, ,	_	560.0	0	
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	ny information copied from such Reports and Sta for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full)			
	National Association of Benefits	and Insu	urance Professionals P	AC (NABIP PAC)
Α.		al) or Full O	Organization Name	Date of Receipt
	Mailing Address 1126 Lillo Court			07 18 / Y Y Y Y 2023
	City Boulder City	State NV	Zip Code 89005-3134	Transaction ID : 17504078           Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer (for Individual)	Occi Brol	upation (for Individual) ker	Memo Item
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼		360.00	
В.	Full Name of Individual (Last, First, Middle Initi Maggiore, Joseph, William, ,	al) or Full O	Organization Name	Date of Receipt
	Mailing Address 911 First Colonial Rd.			07 18 2023
	City Virginia Beach	State VA	Zip Code 23454-3111	Transaction ID : 17504083 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer (for Individual) Legacy Planning Alliance, Inc.	Occ	supation (for Individual)	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼ 210.00	
с.	Full Name of Individual (Last, First, Middle Initi Bereczki, Erica, , ,	al) or Full O	Organization Name	Date of Receipt
	Mailing Address 1000 Beckstrom Drive			07 / D D / Y Y Y Y 07 18 2023
	City Oviedo	State FL	Zip Code 32765-5913	Transaction ID : 17504084           Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer (for Individual)	Occi Brok	upation (for Individual) ker	Memo Item
	Receipt For:       Primary       General	Aggregate	Year-to-Date ▼	
	Other (specify)	L	210.00	
5	SUBTOTAL of Receipts This Page (optional)		▶	90.00
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			for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	y information copied from such Reports and Stat for commercial purposes, other than using the n			
	NAME OF COMMITTEE (In Full) National Association of Benefits a	and Insu	urance Professionals P	AC (NABIP PAC)
Α.	Full Name of Individual (Last, First, Middle Initial Anderson, Michael, , , REBC Mailing Address 3800 American Blvd W	l) or Full O	rganization Name	Date of Receipt
	Suite 1500 City Minneapolis	State MN	Zip Code 55431-4429	Transaction ID : 17504085 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		42.00
	Name of Employer (for Individual) Anderson Benefit Partners Receipt For: Primary General Other (specify) ▼	Brok	upation (for Individual) ker Year-to-Date ▼ 294.00	Memo Item
в.	Full Name of Individual (Last, First, Middle Initial Singleton, Terry, , , REBC,CFP,C Mailing Address PO Box 195579	l) or Full O	rganization Name	Date of Receipt
	City Winter Springs FEC ID number of contributing	State FL	Zip Code 32719-5579	07     18     2023       Transaction ID : 17504088       Amount of Each Receipt this Period       85.00
	federal political committee. Name of Employer (for Individual) The Enterprise Team Receipt For: Primary General Other (specify) ▼	Occ Par	upation (for Individual) tner Year-to-Date ▼ 1595,00	Memo Item
C.	Full Name of Individual (Last, First, Middle Initial Waren, M. Hughes, , , Mailing Address P.O. Box 7661	l) or Full O	rganization Name	Date of Receipt
	City Wilmington FEC ID number of contributing	State NC	Zip Code 28406-7661	Transaction ID : 17504089         Amount of Each Receipt this Period         85.00
	federal political committee. Name of Employer (for Individual) eBen Benefits Receipt For: Primary General	Occi Brok	Year-to-Date ▼	Memo Item
$\vdash$	UBTOTAL of Receipts This Page (optional)			212.00

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An	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
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	for commercial purposes, other than using the n	tements ma name and ad	y not be sold or used by any pe ddress of any political committee	erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
	National Association of Benefits	and Insu	Irance Professionals P	AC (NABIP PAC)
Α.	Full Name of Individual (Last, First, Middle Initia Eckard, Brenda, A., ,	l) or Full Or	rganization Name	Date of Receipt
	Mailing Address 130 North 25th Street			07 / D D / Y Y Y Y 2023
	City Fort Dodge	State IA	Zip Code 50501-4338	Transaction ID : 17504091 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		85.00
	Name of Employer (for Individual) KHI Solutions	Occu Brok	upation (for Individual) er	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 595.00	
В.	Full Name of Individual (Last, First, Middle Initia King, Colleen, , ,	l) or Full Or	rganization Name	Date of Receipt
	Mailing Address 8427 Beckford Ave.	State	Zip Code	07 / D D / Y Y Y Y 18 / 2023
	Northridge	CA	91324-4208	Transaction ID : 17504092 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		42.00
	Name of Employer (for Individual) Colleen King Insurance Agency, Inc.		upation (for Individual) nder/Owner	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 294,00	
— c.	Full Name of Individual (Last, First, Middle Initia Kanter, Tim, , ,	l) or Full Or	rganization Name	Date of Receipt
	Mailing Address 246 Lombard St Ste B			07 / D D / Y Y Y Y 2023
	City Thousand Oaks	State CA	Zip Code 91360-8219	Transaction ID : 17504153 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer (for Individual) Get Benefits Insurance Services, Inc.	Occu Brok	ipation (for Individual) er	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 325.00	
$\vdash$	JBTOTAL of Receipts This Page (optional)		F	152.00

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and State or for commercial purposes, other than using the na		
NAME OF COMMITTEE (In Full)		
National Association of Benefits a	nd Insurance Professionals	PAC (NABIP PAC)
Full Name of Individual (Last, First, Middle Initial) A. Riggs, Donald, L., , Mailing Address P.O. Box 14788 City Irvine FEC ID number of contributing federal political committee.	or Full Organization Name          State       Zip Code         CA       92623-4788	Date of Receipt 07 19 2023 Transaction ID : 17504154 Amount of Each Receipt this Period 85.00
Name of Employer (for Individual)         Self Employed         Receipt For:         Primary         General         Other (specify) ▼	Occupation (for Individual) Broker Aggregate Year-to-Date ▼ 595.00	Memo Item
Full Name of Individual (Last, First, Middle Initial) B. Lilburn, Corey, , , Mailing Address 15831 Trackside Dr City	or Full Organization Name	Date of Receipt
Odessa         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Alltrust Insurance         Receipt For:         Primary         General         Other (specify) ▼	FL     33556-2904       C     Occupation (for Individual) Broker       Aggregate Year-to-Date ▼       1335.00	Amount of Each Receipt this Period 30.00 Memo Item
Full Name of Individual (Last, First, Middle Initial) <b>C.</b> Frizzell, Paula, C., ,         Mailing Address 1890 Star Shoot Parkway         Suite 170-408         City         Lexington         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Frizzell and Associates, LLC         Receipt For:         Primary         General         Other (specify)	o or Full Organization Name          State       Zip Code         KY       40509-4566         C       Occupation (for Individual)         Agent       Aggregate Year-to-Date ▼         995.00       995.00	Date of Receipt 07 / 20 / 2023 Transaction ID : 17504403 Amount of Each Receipt this Period 85.00 Memo Item
SUBTOTAL of Receipts This Page (optional)		200.00

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			Detailed Summary			< 11a 13		11b 14	$\vdash$	11c 15		ommittee.									
	y information copied from such Reports and Stat for commercial purposes, other than using the n					for the		oose o	of so	liciting	cor	ntributi	ons								
	NAME OF COMMITTEE (In Full)																				
$\rangle$	National Association of Benefits a	and Insu	Irance Professi	onals P	AC	(NAB	IP	PAC	C)												
Α.	Williams, Valrie, Joy, ,										Date of Receipt										
	Mailing Address 10 Milland Dr Ste B-6			07 / D D / Y Y Y Y Y 20 2023																	
	City Mill Valley	State CA	Zip Code 94941-8900			Transaction ID : 17504404 Amount of Each Receipt this Period															
	FEC ID number of contributing federal political committee.	С																			
	Name of Employer (for Individual) Windfall Financial and Insurance Servi	Осси	pation (for Individual)		Me	emo	Item														
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	10.00																	
B.	Full Name of Individual (Last, First, Middle Initial Keneipp, Wendy, , ,	) or Full O	rganization Name			Date of	Re	ceipt													
	Mailing Address 215 S Kirkwood Rd Ste 201				07 20 2023																
	City Saint Louis	State MO	Zip Code 63122-4359			Transaction ID : 17504406 Amount of Each Receipt this Period															
	FEC ID number of contributing federal political committee.	С			50.00																
	Name of Employer (for Individual) Q4intelligence LLC	Occi Part	upation (for Individual) ner		Memo Item																
	Receipt For: Primary General Other (specify) ▼	Aggregate																			
с.	Full Name of Individual (Last, First, Middle Initial Trogdon, Zac, Lorance, ,	) or Full O	rganization Name			Date of	Re	ceipt													
	Mailing Address 5090 N. Fruit Ave, Ste 103					07 <sup>M</sup>	/	D 20		/ Y			Y								
	City Fresno	State CA	Zip Code 93711-3064			Trans Amount		i <b>on ID</b> Each I				eriod									
	FEC ID number of contributing federal political committee.	С						,		y			0								
	Name of Employer (for Individual) Suntro Insurance Solutions, Inc.		ipation (for Individual) ident			Memo Item															
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼																		
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			Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17						
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	y not be sold or used by any pe ddress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.						
$\setminus$	NAME OF COMMITTEE (In Full)									
	National Association of Benefits	and Insu	rance Professionals P	AC (NABIP PAC)						
Α.	Full Name of Individual (Last, First, Middle Initi Samuels, Cindy, , ,	al) or Full O	rganization Name	Date of Receipt						
	Mailing Address 8430 W Lake Mead #100			07 20 2023						
	City Las Vegas	State NV	Zip Code 89128-7674	Transaction ID : 17504408						
		-		Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		100.00						
	Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item						
	Insurance Concepts of Nevada	Age	nt	_						
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General		700.00							
	Other (specify) V	L	700.00							
В.	Full Name of Individual (Last, First, Middle Initi Cross, Danny, W., ,	al) or Full O	rganization Name	Date of Receipt						
D.	Mailing Address 48170 Hjorth St #93									
	City	State	Zip Code	07 20 2023						
	Indio	CA	92201	Transaction ID : 17504409 Amount of Each Receipt this Period						
	FEC ID number of contributing	С		42.00						
	federal political committee.									
	Name of Employer (for Individual) D Cross Insurance Marketing Services		upation (for Individual) Irance Sales	Memo Item						
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		, 294.00							
<u>с</u> .	Full Name of Individual (Last, First, Middle Initi Skinner, Douglas, , ,	al) or Full O	rganization Name	Date of Receipt						
	Mailing Address PO Box 1277			07 / D D / Y Y Y Y 20 2023						
	City Bloomington	State IN	Zip Code 47402-1277	Transaction ID : 17504412						
				Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		30.00						
	Name of Employer (for Individual) Hoosier Dental Plans	Occu Brok	upation (for Individual) er	Memo Item						
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary     General       Other (specify)		210.00							
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number c			172.00						

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ITEMIZED RECEIPTS	of Benefits and Insurance Professionals PAC         First, Middle Initial) or Full Organization Name         State       Zip Code         NC       28210         C       28210         al       Occupation (for Individual) Regional Sales Director         al       Aggregate Year-to-Date ▼         Elivid       State       Zip Code         C       244.00         First, Middle Initial) or Full Organization Name       444.00         Elivid       State       Zip Code         C       24663-3735       C         ual)       Occupation (for Individual)         Services       Broker         al       Aggregate Year-to-Date ▼         Services       State       Zip Code         al       Aggregate Year-to-Date ▼         Image: State       Zip Code       210.00         First, Middle Initial) or Full Organization Name       210.00         First, Middle Initial) or Full Organization Name       C         Image: State       Zip Code       1         Image: State       Zip Code <th>X         11a         11b         11c         12           13         14         15         16         17</th>	X         11a         11b         11c         12           13         14         15         16         17	
			person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Association of Benefi	ts and Ins	urance Professionals I	PAC (NABIP PAC)
Full Name of Individual (Last, First, Middle I Moore, Adrian, E., , Mailing Address City Charlotte FEC ID number of contributing federal political committee. Name of Employer (for Individual) Cigna	State NC C	Zip Code 28210 supation (for Individual)	Date of Receipt 07 21 2023 Transaction ID : 17504702 Amount of Each Receipt this Period 42.00 Memo Item
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼	]
Full Name of Individual (Last, First, Middle I         Kidder, Sue, , ,         Mailing Address 2700 Newport Blvd         Ste 190         City         Newport Beach         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Sue Kidder Health & Insurance Services         Receipt For:         Primary       General         Other (specify) ▼	State CA Cca Cca Bro	Zip Code 92663-3735	Date of Receipt
Full Name of Individual (Last, First, Middle I         Hall, Dwight, , CHC, LUTCF,         Mailing Address 6107 Hazelwood Ave.         City         Indianapolis         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         D Hall & Associates         Receipt For:         Primary       General         Other (specify)	State IN C Occ Brok	Zip Code 46228-1316 cupation (for Individual) ker Year-to-Date 260.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)			102.00
TOTAL This Period (last page this line number	er only)		

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17					
Any information copied from such Reports and State or for commercial purposes, other than using the nat							
NAME OF COMMITTEE (In Full) National Association of Benefits a	nd Insurance Professionals PA	AC (NABIP PAC)					
Full Name of Individual (Last, First, Middle Initial) Nigro, Samuel, , , Mailing Address 10050 Regency Cir Ste 300 City	or Full Organization Name State Zip Code	Date of Receipt 07 21 2023 Transaction ID : 17504712					
	NE 68114-3721	Amount of Each Receipt this Period 85.00					
Name of Employer (for Individual)         Gallagher         Receipt For:       A         Primary       General         Other (specify) ▼	Occupation (for Individual) Broker ggregate Year-to-Date ▼ 755.00	Memo Item					
Full Name of Individual (Last, First, Middle Initial) Washko, Carla, D., , Mailing Address 7251 Engle Rd. Suite 103	or Full Organization Name State Zip Code	Date of Receipt					
Cleveland	OH 44130-3400	Transaction ID : 17504713         Amount of Each Receipt this Period         42.00					
Name of Employer (for Individual)         Sage Partners, LLC         Receipt For:       A         Primary       General         Other (specify) ▼	Occupation (for Individual) Agent ggregate Year-to-Date ▼ 350.00	Memo Item					
Full Name of Individual (Last, First, Middle Initial) Hain, Erica, R., , Mailing Address 109 Pheasant Run Road 100 North Academy Avenue City	State Zip Code	Date of Receipt 07 21 2023 Transaction ID : 17504714					
Name of Employer (for Individual)       Johnson Kendall Johnson       Receipt For:       Primary	PA 18940 C Occupation (for Individual) Senior Director, Commercial Sales ggregate Year-to-Date ▼	Amount of Each Receipt this Period					
Other (specify)         SUBTOTAL of Receipts This Page (optional)	700.00	227.00					

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FEC Schedule A (Form 3X) Rev. 06/2016

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			for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
or f	or commercial purposes, other than using the n			ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Association of Benefits a	and Insu	urance Professional	s PAC (NABIP PAC)
<b>A.</b>	Full Name of Individual (Last, First, Middle Initial Harris, Deborah, I., , Mailing Address 1236 122nd Ave	) or Full O	Drganization Name	Date of Receipt 07 21 2023
-	City Hopkins	State MI	Zip Code 49328-9623	Transaction ID : 17504716           Amount of Each Receipt this Period
	FEC ID number of contributing rederal political committee.	С		12.00
I	Name of Employer (for Individual) Brooks Agency LLC Receipt For: Primary General Other (specify) ▼	Brok	cupation (for Individual) oker a Year-to-Date ▼ 239.00	Memo Item
<b>B.</b> _	Full Name of Individual (Last, First, Middle Initial Bechtold, Annette, , REBC, Mailing Address 148 Stone Cliff Trce	) or Full O	Drganization Name	Date of Receipt
-	City Cleveland FEC ID number of contributing	State GA	Zip Code 30528-5397	Transaction ID : 17505302           Amount of Each Receipt this Period           85.00
-	rederal political committee.         Name of Employer (for Individual)         Forte Consulting Atlanta         Receipt For:         Primary       General         Other (specify) ▼	Occi Brol	cupation (for Individual) oker e Year-to-Date ▼ 595.00	Memo Item
С.	Full Name of Individual (Last, First, Middle Initial Wild, Trei, , , Mailing Address Five Cowboys Way Suite 300	) or Full O	Drganization Name	Date of Receipt
-	City Frisco FEC ID number of contributing	State TX	Zip Code 75034-2074	Transaction ID : 17505303         Amount of Each Receipt this Period         85.00
Ī	ederal political committee. Name of Employer (for Individual) Warner Pacific Insurance Services CBDO Receipt For:	Occu Brok		Memo Item
	Primary General Other (specify)	Aggregate	9 Year-to-Date ▼ 595.00	
ຣເ	JBTOTAL of Receipts This Page (optional)			182.00
тс	OTAL This Period (last page this line number on	ly)		

FOR LINE NUMBER:

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			for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17							
or for o	commercial purposes, other than using the n			rson for the purpose of soliciting contributions to solicit contributions from such committee.							
$\backslash$	TE OF COMMITTEE (In Full) ational Association of Benefits a	and Insu	urance Professionals P	AC (NABIP PAC)							
<b>A.</b> Br	Name of Individual (Last, First, Middle Initia yant, Jolene, , , ing Address 7317 W Montgomery Rd	l) or Full O	Organization Name	Date of Receipt							
City Lak	e Oswego	State OR	Zip Code 97035	Transaction ID : 17505305       Amount of Each Receipt this Period							
	ID number of contributing ral political committee.	С		42.00							
Colu	ne of Employer (for Individual) Imbia Benefit Solutions eipt For:	Brok	upation (for Individual) ker Year-to-Date ▼	Memo Item							
	Primary General Other (specify) ▼		434.00								
	Name of Individual (Last, First, Middle Initia az, Daniel, J., ,	Date of Receipt									
Mail	ing Address 5565 Roberts Drive Suite 100	State	Zip Code	07 / 22 / 2023							
Atla	nta	GA	30338-3350	Transaction ID : 17505306 Amount of Each Receipt this Period							
	D number of contributing ral political committee.	С		30.00							
Hea	ne of Employer (for Individual) IthLife Group, LLC	Occi Brol	upation (for Individual) ker	Memo Item							
	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00								
	Name of Individual (Last, First, Middle Initia ebb, Amy, R., ,	l) or Full O	Organization Name	Date of Receipt							
	ing Address 7 E. Main Street Suite 200			07 22 2023							
City Mo	orestown	State NJ	Zip Code 08057-3339	Transaction ID : 17505308           Amount of Each Receipt this Period							
	D number of contributing ral political committee.	С		30.00							
Sara	ne of Employer (for Individual) atoga Benefit Services, LLC. eipt For:	Occu Brok	upation (for Individual) ker	Memo Item							
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00								
SUBT	OTAL of Receipts This Page (optional)			102.00							
тота	L This Period (last page this line number on	ly)	•								

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•••				Detailed Summary Page		X 11a		-	1b							
Ar	y information copied from such Reports and St	tatements ma	ay no	ot be sold or used by any pe	ersor	13 1 for th	e pu		4 se of s	15       16       17         soliciting contributions rom such committee.       17         / 2023       17505309         eceipt this Period       30.00         / 2023       175053113						
	for commercial purposes, other than using the															
$\backslash$	NAME OF COMMITTEE (In Full)						<b>-</b> · -									
	National Association of Benefits				AC	; (NA	BIF	י F	PAC)							
	Full Name of Individual (Last, First, Middle Initi	ial) or Full C	Drgan	ization Name		Date of Receipt										
Α.	Baer, Farren, , ,				-	Date of Receipt										
	Mailing Address 1212 New York Ave., NW Suite 1100				07 22 2023											
	City	State		Zip Code		Transaction ID : 17505309										
	Washington	DC		20005-3987	_	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С				30.00										
	Name of Employer (for Individual) NAHU		•	ion (for Individual) sident		Memo Item										
	Receipt For:	Aggregate	Yea	r-to-Date ▼												
	Primary  General    Other (specify) ▼		-	210.00												
В.	Full Name of Individual (Last, First, Middle Initi Hogeland, Charlene, M., ,		Date of Receipt													
	Mailing Address 3800 N Central Ave Ninth Floor							M M / D D / Y Y Y Y								
	City	State		Zip Code		Trar	sact	tior	n ID : 1	750531	3					
	Phoenix	AZ		85012-1979		Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		85.00												
	Name of Employer (for Individual) Black, Gould & Associates	Occ Sal	ion (for Individual)		Memo Item											
	Receipt For:	Aggregate Year-to-Date ▼														
	Primary     General       Other (specify) ▼		1420.00													
<u> </u>	Full Name of Individual (Last, First, Middle Initi Ringer, John, , ,	ial) or Full C	Drgan	ization Name		Date	of R	lece	əipt							
	Mailing Address 905 12th Street					M 07		/	D D 22	/ Y	20		Y			
	City Huntington Beach	State CA		Zip Code 92648-3412	$\vdash$											
			_	32040 3412	-	Amou	nt of	f Ea	ach Re	eceipt th	iis P	eriod	_			
	FEC ID number of contributing federal political committee.	С				Ļ		7			_	30.0	00			
	Name of Employer (for Individual) Ringer Insurance Services	Occ Brok	•	ion (for Individual)		Ц	Vlem	no l	ltem							
	Receipt For: Primary General	Aggregate	Yea	r-to-Date ▼												
	Other (specify)		7	210.00												
s	UBTOTAL of Receipts This Page (optional)			•		[]		9			_	145.0	0			
Т	OTAL This Period (last page this line number of	only)			•			_								

#### SCHEDULE A (FEC Form 3X) -----. . . . .

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ITE	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only	11b	11c	12				
	y information copied from such Reports and Sta										
<u> </u>	for commercial purposes, other than using the	name and a	address of any political committee	to solicit cor	tributions	from suc	h commi	ttee.			
$\left  \right\rangle$	NAME OF COMMITTEE (In Full)				_						
	National Association of Benefits	and Insu	urance Professionals P	AC (NAB	IP PAC	;)					
	Full Name of Individual (Last, First, Middle Initia	al) or Full O	Organization Name								
Α.	Stewart, Rachel, , ,			Date of	Receipt						
	Mailing Address 18130 N 64th Dr W			07							
	City	State	Zip Code	Trans	action ID :	1750533	38				
	Glendale	AZ	85308-1068	Amount	of Each F	Receipt th	nis Period	d			
FEC ID number of contributing							30	.00			
	federal political committee.	U						10. I			
	Name of Employer (for Individual)	Осси	upation (for Individual)	Me	emo Item						
	RS Assurance	Age	ent								
	Receipt For:	Aggregate	Year-to-Date V								
	Primary General										
	Other (specify) <b>v</b>	L	210.00								
	Full Name of Individual (Last, First, Middle Initia	al) or Full O	Organization Name	Data af	Desist						
В.	Coker, Kenneth, Wayne, REBC,			_	Receipt						
	Mailing Address 351 W I St			07	23		2023	Y			
	City	State	Zip Code		action ID :						
	Benicia	CA	94510-3026		of Each F			d			
	FEC ID number of contributing federal political committee.	С			30.00						
	· · · · · · · · · · · · · · · · · · ·										
	Name of Employer (for Individual) CokerWayne & Associates		upation (for Individual) ker Sales	Me	Memo Item						
	Receipt For:	Aggregate	Year-to-Date 🔻								
	Primary General		040.00								
	Other (specify) V	<u> </u>	, 210.00								
с.	Full Name of Individual (Last, First, Middle Initia McClaskey, Barbara, A., ,	al) or Full O	Organization Name	Date of	Receipt						
	Mailing Address 1965 Pine Street			M M	/ D	D / Y	YY	Y			
				07	23	3	2023	_			
	City	State	Zip Code	Trans	action ID :	: 1750534	40				
	Redding	CA	96001-1921	Amount	of Each F	Receipt th	nis Period	d			
	FEC ID number of contributing federal political committee.	С				. y	42	2.00			
	Name of Employer (for Individual)	Occi	upation (for Individual)	Me	emo Item						
	Barbara McClaskey Insurance Services	Brok	1 ( )								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General										
	Other (specify)	L	294.00								
	IDTOTAL of Descints This Dama (antist 1)						102	.00			
S	JBTOTAL of Receipts This Page (optional)		•••••								
Т	OTAL This Period (last page this line number o	nly)	••••••	L							

#### SCHEDULE A (FEC Form 3X) EMIZED DECEIDTE •

# Use separate schedule(s)

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ITEMIZED RECEIPTS	for each categor Detailed Summa	
		and by any person for the purpose of soliciting contributions cal committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Association of Benefit	s and Insurance Profes	sionals PAC (NABIP PAC)
Full Name of Individual (Last, First, Middle In         A.       Bilhartz, Brian, , ,         Mailing Address       41865 Boardwalk         Ste 108       Ste 108         City       Palm Desert         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Bilhartz Desert Insurance Agency         Receipt For:         Primary       General         Other (specify) ▼	State CA     Zip Code 92211-9031       C     Occupation (for Individual Agent       Aggregate Year-to-Date ▼	Date of Receipt Transaction ID : 17505342 Amount of Each Receipt this Period 85.00 Memo Item
Full Name of Individual (Last, First, Middle In         Braner, Jodie, E., ,         Mailing Address Six Concourse Parkway         Suite 2750         City         Sandy Springs         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         The Benefit Company         Receipt For:         Primary       General         Other (specify) ▼	itial) or Full Organization Name          State       Zip Code         GA       30328-6243         C	Date of Receipt  Date of Receipt  Transaction ID : 17505346  Amount of Each Receipt this Period  al)  210,00
Full Name of Individual (Last, First, Middle In Reeves, Valerie, , ,         Mailing Address 3702 Brownsboro Rd         City         Louisville         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Preferred Benefits, LLC         Receipt For:         Primary       General         Other (specify)	itial) or Full Organization Name          State       Zip Code         KY       40207-1820         C       Occupation (for Individual Broker         Aggregate Year-to-Date ▼	Date of Receipt Transaction ID : 17505347 Amount of Each Receipt this Period al) 294.00 Amount of Each Receipt this Period Amount of Each Receipt this Period 42.00 Amount of Each Receipt this Period 42.00 Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)		

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				category of the Summary Page	X         11a         11b         11c         12           13         14         15         16         17							
	y information copied from such Reports and Sta for commercial purposes, other than using the r											
$\backslash$	NAME OF COMMITTEE (In Full)											
	National Association of Benefits	and Insu	urance P	rofessionals P	AC (NABIP PAC)							
Α.	Full Name of Individual (Last, First, Middle Initia Goodman, Robert, Hiram, ,	al) or Full C	Prganization N	Name	Date of Receipt							
	Mailing Address 2211 7th Avenue South	State	Zip Cod		07 23 2023							
	Birmingham	AL	35233		Transaction ID : 17505350 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С			42.00							
	Name of Employer (for Individual) McGriff Insurance Services	Occ Brol	upation (for I ker	ndividual)	Memo Item							
	Receipt For:	Aggregate	Year-to-Date	•								
	Other (specify) ▼			294.00								
в.	Full Name of Individual (Last, First, Middle Initia Pendergraft, Ross, W., ,	Date of Receipt										
	Mailing Address 16622 Calahan Street	M M / D D / Y Y Y Y 07 23 2023										
	City	State	Zip Cod	le	Transaction ID : 17505351							
	North Hills	CA	91343	-3602	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С			85.00							
	Name of Employer (for Individual) Leavitt Group	Occ Bro	upation (for ker	Individual)	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date	615,00								
<u> </u>	Full Name of Individual (Last, First, Middle Initia Siino, Thomas, , RHU,	al) or Full C	organization N	Name	Date of Receipt							
	Mailing Address 1126 Clifton Avenue				07 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
	City Clifton	State NJ	Zip Cod 07013-		Transaction ID : 17505352							
			07013-	-3022	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С			30.00							
	Name of Employer (for Individual) Executive Benefits Group, LLC	Occ Brok	upation (for I ker	ndividual)	Memo Item							
	Receipt For:	Aggregate	Year-to-Date									
	Other (specify)			210.00								
s	UBTOTAL of Receipts This Page (optional)			••••••	157.00							
т	OTAL This Period (last page this line number or	nly)		••••••								

FOR LINE NUMBER:

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			Detailed Summary Page		11a		11k	b	11c	12			
			Detailed Summary Page		13		14		15	16	17		
	y information copied from such Reports and Sta for commercial purposes, other than using the												
	NAME OF COMMITTEE (In Full)												
$\sum$	National Association of Benefits	and Insu	urance Professionals F	PAC	(NAB	SIP	P	AC)					
Α.	Full Name of Individual (Last, First, Middle Initia Fitzgerald, Robert, Mark, ,	al) or Full C	rganization Name		Date of Receipt								
	Mailing Address 185 Fowler St				07 / D D / Y Y Y Y 23 2023								
	City	State GA	Zip Code		Transaction ID : 17505353								
	Woodstock		30188-5023	—	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С			170.00								
	Name of Employer (for Individual) Robert Fitzgerald Insurance Agency, In	Occ Brol	upation (for Individual) ker		Me	emo	o Ite	em					
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼	]											
в.	Full Name of Individual (Last, First, Middle Initia Berger, Stephanie, , LPRT, CHRS,	al) or Full C		Date of	Re	eceip	pt						
	Mailing Address 1100 Flynn Rd Suite 102				07 / 23 / Y Y Y Y 2023								
	City	State	Zip Code		Trans	acti	ion l	ID : 1	750535	4			
	Camarillo	CA	93012-8741	'	Amount	t of	Eac	ch Re	ceipt th	is Perioc	l		
	FEC ID number of contributing federal political committee.	С			30.00 Memo Item								
	Name of Employer (for Individual) Centered Insurance Solutions	Occ Bro	upation (for Individual) ker										
	Receipt For:	Aggregate											
	Primary General Other (specify) ▼		230.00	]									
С.	Full Name of Individual (Last, First, Middle Initia Gadinas, Kathy, M., CLTC,	al) or Full C	rganization Name		Date of	Re	eceip	pt					
	Mailing Address 16325 Boones Ferry Rd., #204				<sup>M</sup> 07		L	23	/ Y	2023	Ŷ		
	City	State OR	Zip Code						750535		_		
	Lake Oswego		97035-4297	<u> </u>	Amount	of	Eac	ch Re	ceipt th	is Perioc	l		
	FEC ID number of contributing federal political committee.	С					y		y	50	.00		
	Name of Employer (for Individual) Columbia Benefit Solutions	Occ	upation (for Individual) ker		Memo Item								
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General	<u></u>		1									
	Other (specify)	L	350.00										
s	UBTOTAL of Receipts This Page (optional)		<b>_</b>				7		9	250.	00		
т	OTAL This Period (last page this line number o	nly)		•			-						

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17		
	ny information copied from such Reports and St for commercial purposes, other than using the					
$\left[ \right]$	NAME OF COMMITTEE (In Full)					
	National Association of Benefits	and Insu	urance Professionals P	AC (NABIP PAC)		
Α.		al) or Full C	Organization Name	Date of Receipt		
	Mailing Address 721 South Parker, Suite 200	Stata	Zin Code	07 24 2023		
	City Orange	State CA	Zip Code 92868-4772	Transaction ID : 17505425           Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		42.00		
	Name of Employer (for Individual) Choice Administrators	Occ	upation (for Individual)	Memo Item		
	Receipt For:	Aggregate	Year-to-Date 🔻			
	Primary General Other (specify) ▼		294.00			
В.	Full Name of Individual (Last, First, Middle Initi Kramer, Sherrie, , ,	Date of Receipt				
	Mailing Address 614 E Ireland Rd					
	City	State	Zip Code	Transaction ID : 17505432		
	South Bend	IN	46614-2661	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		42.00		
	Name of Employer (for Individual) The Sanders Agency		upation (for Individual) urance Agent	Memo Item		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 294.00			
с.	Full Name of Individual (Last, First, Middle Initi Mackin, Martin, John, ,	Date of Receipt				
	Mailing Address 5133 Harding Pike Ste. B10 - 284			07 / D D / Y Y Y Y 2023		
	City Nashville	State TN	Zip Code 37205-2891	Transaction ID : 17505433           Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		63.00		
	Name of Employer (for Individual) Foresight Benefits, Inc.	Occ Brok	upation (for Individual) ker	Memo Item		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 441.00			
$\vdash$	UBTOTAL of Receipts This Page (optional)			147.00		

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ΙТ	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)					
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
	ny information copied from such Reports and St for commercial purposes, other than using the			erson for the purpose of soliciting contributions					
	NAME OF COMMITTEE (In Full)								
	National Association of Benefits	and Insu	urance Professionals P	AC (NABIP PAC)					
<u> </u>	Full Name of Individual (Last, First, Middle Initi	ial) or Full O	rganization Name	Data of Descript					
Α.	Clark, Jonathan, S., , Mailing Address 913 Baxter Drive			Date of Receipt					
	913 Baxter Drive			07 24 2023					
	City	State	Zip Code	Transaction ID : 17505434					
	South Jordan	UT	84095-8687	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		30.00					
	lederar politicar committee.								
	Name of Employer (for Individual)	Оссі	upation (for Individual)	Memo Item					
	Fringe Benefit Analysts, An Alera Grou	Brok	ker						
	Receipt For:	Aggregate	Year-to-Date <b>V</b>						
	Other (specify)		210.00						
			Apr. Apr. An.						
	Full Name of Individual (Last, First, Middle Initi	ial) or Full O	rganization Name						
Β.	, ,,,,			Date of Receipt					
	Mailing Address 40 Lake Bellevue, Suite 100			07 24 2023					
	City	State	Zip Code	Transaction ID: 17505436					
	Bellevue	WA	98005-2480	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		170.00					
	Name of Employer (for Individual) Tellesbo & Company	Occ Bro	upation (for Individual) ker	Memo Item					
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General								
	Other (specify) <b>v</b>	L	1190.00						
С.	Full Name of Individual (Last, First, Middle Initi McConnaughey, John, R., ,	ial) or Full O	rganization Name	Date of Receipt					
	Mailing Address PO Box 805			M M / D D / Y Y Y Y Y					
				07 24 2023					
	City West Chester	State OH	Zip Code 45071-0805	Transaction ID : 17505437 Amount of Each Receipt this Period					
	FEC ID number of contributing								
	federal political committee.	С		42.00					
	Name of Employer (for Individual)	Occu	upation (for Individual)	Memo Item					
	JRM & Associates Agency, Inc	Brok	er						
	Receipt For:	Aggregate	Year-to-Date 🔻						
	Primary General		294.00						
	Other (specify)								
Г									
s	UBTOTAL of Receipts This Page (optional)			242.00					
<sub>-</sub>	<b>OTAL</b> This Period (last page this line number of	nlv)							
L '	The mist chou has page this line number of	,y /	••••••••••••••••••••••••••••••••••••••						

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			for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17	
				rson for the purpose of soliciting contributions to solicit contributions from such committee.	
	IE OF COMMITTEE (In Full)				
∕ Na	ational Association of Benefits	and Insu	urance Professionals P	AC (NABIP PAC)	
<b>A</b> W	Name of Individual (Last, First, Middle Initi oodward, Thomas, Nathan, ,	al) or Full O	rganization Name	Date of Receipt	
	ing Address 514 W Bankhead Hwy Ste 300	01-1-	7.0.1	07 / 24 / 2023	
City Villa	a Rica	State GA	Zip Code 30180-1737	Transaction ID : 17505439 Amount of Each Receipt this Period	
	D number of contributing bral political committee.	С		30.00	
	ne of Employer (for Individual) stwood Agency		upation (for Individual) President	Memo Item	
Rec	eipt For:	Aggregate	Year-to-Date ▼	_	
	Primary General Other (specify) ▼		210.00		
	Name of Individual (Last, First, Middle Initi rrell, Jennifer, Liane, ,	Date of Receipt			
Mail	ing Address 3800 North Central Avenue 9th Floor	07 24 2023			
City Pho	enix	State AZ	Zip Code 85012-1979	Transaction ID : 17505442 Amount of Each Receipt this Period	
	D number of contributing bral political committee.	С		250.00	
	ne of Employer (for Individual) sk, Gould & Associates	Occ Bro	upation (for Individual) ker	Memo Item	
Rec	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1710.00		
	Name of Individual (Last, First, Middle Initi	al) or Full O	rganization Name		
<b>C</b> . Ba	artholomew, Rhonda, , CHRS,			Date of Receipt	
	ing Address PO Box 5099			07 24 2023	
City Twi	n Falls	State ID	Zip Code 83303-5099	Transaction ID : 17505443 Amount of Each Receipt this Period	
	ID number of contributing ral political committee.	С		42.00	
	ne of Employer (for Individual) 3 International		upation (for Individual) up Division Manager	Memo Item	
-	eipt For:			-	
	Primary General	Aggregate	Year-to-Date ▼		
	Other (specify)		294.00		
SUBT	OTAL of Receipts This Page (optional)		•	322.00	
тота	L This Period (last page this line number o	nly)	•		

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				Detailed Summary Page	2	_	11a		11b		11c		12	<u> </u>	-
Δr	w information conject from such Deports and State	mente m	nev r	ot be sold or used by any pa			13 r the r		14		15 oliciting		16 ntribut	17 ions	, 
	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.														
$\backslash$	NAME OF COMMITTEE (In Full)														
$\Big/$	angle National Association of Benefits and Insurance Professionals PAC (NABIP PAC)														
Α.	Full Name of Individual (Last, First, Middle Initial) Pittman, Joseph, E., ,	or Full (	Orgai	nization Name		Date of Receipt									
	Mailing Address P O Box 24133						M M	/	D	D	/ Y	Y	Y	Y	
		0		7.0.1		L	07		24				023		
	City Omaha	State NE		Zip Code 68124-0133	-						7505444				
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	federal political committee.	С				Ļ	_		7	_	- <b>J</b> -	_	85.0	00	
	Name of Employer (for Individual)	Oco	cupat	tion (for Individual)		E	Me	emo	Item						
	Creative Association Management	Bro	oker												
	Receipt For:	Aggregate	e Yea	ur-to-Date ▼											
	Other (specify) ▼		-9-	595.00											
	Full Name of Individual (Last, First, Middle Initial) Barrera, Rolando, G., ,	or Full (	Orgar	nization Name			ate of	De	aaint						
<b>D</b> .	Mailing Address 807 N Upper Broadway St				$\neg$	_				D		V	V	V	
	Suite 102				07	Ĺ	24		, 1	20	)23				
	City State Corpus Christi TX			Zip Code	Transaction ID : 17505446 Amount of Each Receipt this Period						7505446	<u>;</u>		_	
				78401-1909											
	FEC ID number of contributing federal political committee.	С							<b>,</b>		- <b>y</b> -		100.0	00	
	Name of Employer (for Individual) Roland Barrera Insurance		ccupat gent	tion (for Individual)		Memo Item									
	Descipt For:			ur-to-Date ▼		-									
	Primary General	nggregate													
	Other (specify)		,	700.00											
с.	Full Name of Individual (Last, First, Middle Initial) Fugitt-Hetrick, Pamela, Leigh, LUTCF, I		Orgai	nization Name		Da	ate of	Re	ceipt						
	Mailing Address 1123 Soquel Avenue					Γ	07	/	24		/ Y		)23	Y	
	City	State		Zip Code		-	Trans	acti	ion ID	: 1	750544	7			
	Santa Cruz	CA		95062-2105	_	Ar	nount	of	Each	Re	ceipt thi	s P	eriod		_
	FEC ID number of contributing federal political committee.	С				Г							30.0	00	
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	Name of Employer (for Individual) DCD Financial & Insurance Services		cupat oker	tion (for Individual)		ŀ	Me	emo	Item						
	Pagaint For:			ur-to-Date ▼	$\neg$										
	Primary General	Jancyald	5 100												
	Other (specify)			210.00											
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111			for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17				
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.				
$\setminus$	NAME OF COMMITTEE (In Full)	NAME OF COMMITTEE (In Full)						
	National Association of Benefits	and Ins	urance Professionals F	PAC (NABIP PAC)				
Α.	Full Name of Individual (Last, First, Middle Init Roberts, Danielle, Kunkle, ,	tial) or Full C	Organization Name	Date of Receipt				
	Mailing Address 2601 Meacham Blvd Ste 500	07 24 2023						
	City Fort Worth	State TX	Zip Code 76137-4224	Transaction ID : 17505448				
				Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		85.00				
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item				
	Boomer Benefits	Bro	ker					
	Receipt For:	Aggregate	Year-to-Date <b>V</b>					
	Primary General			1				
	Other (specify) <b>v</b>		1670.00					
	Full Name of Individual (Last, First, Middle Init	tial) or Full C	Organization Name					
В.	Loy, Dana, C., ,	Date of Receipt						
	Mailing Address PO Box 660	07 24 2023						
	City	State	Zip Code	Transaction ID : 17505450				
	Scottsburg	IN	47170-0660	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		42.00				
	Name of Employer (for Individual) Heritage Insurance and Investments	Memo Item						
	Receipt For:	Aggrogato	Voor to Doto V					
	Primary General	Ayyreyale	Year-to-Date ▼					
	Other (specify) V	L	294.00	]				
с.	Full Name of Individual (Last, First, Middle Init Seefeldt, Terri, L., ,	tial) or Full C	Organization Name	Date of Receipt				
	Mailing Address 2233 Lee Road, Suite 204			07 / 24 2023				
	City	State	Zip Code	Transaction ID: 17505455				
	Winter Park	FL	32789	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		500.00				
	Name of Employer (for Individual) Rogers Benefit Group - Central & South		upation (for Individual) es Manager	Memo Item				
	Receipt For:	I	Year-to-Date ▼					
	Primary General Other (specify)	Aggregate	500.00	Mail In				
s	UBTOTAL of Receipts This Page (optional)			627.00				

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	ny information copied from such Reports and State for commercial purposes, other than using the na							
$\setminus$	NAME OF COMMITTEE (In Full)							
[	National Association of Benefits a	and Insu	urance Profe	essionals PA	AC (NABIP PAC)			
Α.	Full Name of Individual (Last, First, Middle Initial Turnbull, Robert, , ,	) or Full O	organization Name	)	Date of Receipt			
	Mailing Address 820 Grand Ave				07 24 2023			
	City	State	Zip Code		Transaction ID : 17505477			
	Aliquippa	PA	15001		Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С			365.00			
	Name of Employer (for Individual) Neishloss & Fleming		upation (for Indivi ruiting Director	dual)	Memo Item			
	Receipt For:	Aggregate	Year-to-Date ▼		—			
	Primary General Other (specify) ▼			365.00	Paypal			
B.	Full Name of Individual (Last, First, Middle Initial Davis, Paul, L., ,	) or Full O	organization Name	)	Date of Receipt			
	Mailing Address 17347 Napa St				07 25 2023			
	City	State	Zip Code		Transaction ID : 17505580			
	Sherwood Forest	CA	91325-3441		Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С			30.00			
	Name of Employer (for Individual) Paul Davis Insurance Services	Occ Bro	upation (for Indivi ker	dual)	Memo Item			
		Aggregate	Year-to-Date 🔻					
	Primary     General       Other (specify) ▼		<b>, , ,</b>	210.00				
с.	Full Name of Individual (Last, First, Middle Initial Andress, Carolyn, Marie, REBC,	) or Full O	organization Name	)	Date of Receipt			
	Mailing Address 1959 Highway 34 2nd Floor	1			07 25 2023			
	City Wall Township	State NJ	Zip Code 07719		Transaction ID : 17505589			
			07719		Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С			30.00			
Name of Employer (for Individual) HUB International		Occi Brok	upation (for Indivi ker	dual)	Memo Item			
		Aggregate	Year-to-Date 🔻					
	Other (specify)			210.00				
s	UBTOTAL of Receipts This Page (optional)			•••••	425.00			
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	ny information copied from such Reports and Sta for commercial purposes, other than using the n			
$\left[ \right]$	NAME OF COMMITTEE (In Full)			
	National Association of Benefits	C (NABIP PAC)		
Α.	Full Name of Individual (Last, First, Middle Initia McComb, Margaret, E., , Mailing Address 21862 Seacrest Lane	l) or Full C	Drganization Name	Date of Receipt
	City Huntington Beach	State CA	Zip Code 92646-8226	Transaction ID : 17505591 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		85.00
	Name of Employer (for Individual) McComb Insurance Services	Occ Brol	cupation (for Individual) oker	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 595.00	
В.	Full Name of Individual (Last, First, Middle Initia Flowers, Jeannette, , ,	l) or Full C	Drganization Name	Date of Receipt
	Mailing Address 601 Hickory St			07 25 2023
	City Liverpool	State NY	Zip Code 13088-4416	Transaction ID : 17505592 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer (for Individual) WellNet Healthcare		cupation (for Individual) oker	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 210.00	
с.	Full Name of Individual (Last, First, Middle Initia Currier, Craig, T., ,	l) or Full C	Drganization Name	Date of Receipt
	Mailing Address 5123 N. 112th			07 / 25 / Y Y Y Y 2023
	City Omaha	State NE	Zip Code 68164-2157	Transaction ID : 17505597 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer (for Individual) Blue Cross and Blue Shield of Nebraska	Occ Brok	cupation (for Individual) ker	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 210.00	
s	UBTOTAL of Receipts This Page (optional)		• • •	145.00
т	OTAL This Period (last page this line number or	ıly)	••••••	

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ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)					
		Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17					
Any information copied from such Reports and or for commercial purposes, other than using	I Statements mathematical statements in the statement of	l ay not be sold or used by any p address of any political committed	erson for the purpose of soliciting contributions					
NAME OF COMMITTEE (In Full)								
National Association of Benef	its and Ins	urance Professionals F	AC (NABIP PAC)					
Full Name of Individual (Last, First, Middle Lucas, William, H., ,	Initial) or Full C	Organization Name	Date of Receipt					
Mailing Address PO Box 1089			07 25 2023					
City Richmond Hill	State GA	Zip Code 31324-1089	Transaction ID : 17505598 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		30.00					
Name of Employer (for Individual) Bill Lucas & Associates Insurance	Occ CE0	upation (for Individual) D	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	]					
Full Name of Individual (Last, First, Middle <b>B.</b> Todd, Helen, M., ,	Initial) or Full C	Organization Name	Date of Receipt					
Mailing Address 10800 Financial Centre Pkv Ste 300	vy		07 25 2023					
City Little Rock	State AR	Zip Code 72211-3588	Transaction ID : 17505602 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		30.00					
Name of Employer (for Individual) Sunstar Insurance of AR	Occ Bro	upation (for Individual) ker	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	]					
Full Name of Individual (Last, First, Middle C. Thal, Harry, P., ,	Initial) or Full C	Organization Name	Date of Receipt					
Mailing Address PO BOX 2137			07 25 2023					
City KERNVILLE	State CA	Zip Code 93238-2137	Transaction ID : 17505603 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		85.00					
Name of Employer (for Individual) Harry P. Thal Insurance Agency	Occ Brol	upation (for Individual) ker	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date  595.00	]					
SUBTOTAL of Receipts This Page (optional).			145.00					
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17		
	y information copied from such Reports and Stat for commercial purposes, other than using the n					
	NAME OF COMMITTEE (In Full) National Association of Benefits a	and Insu	urance Professionals PA	AC (NABIP PAC)		
<b>A</b> .	Full Name of Individual (Last, First, Middle Initial Todd, Richard, H., ,         Mailing Address 54 Belle Meadow Lane         City         Little Rock         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Sunstar Insurance of AR         Receipt For:         Primary       General         Other (specify) ▼	State AR C Occu Brok	Zip Code 72211	Date of Receipt		
В.	Todd, David, , , Mailing Address 7011 Lucea Rd City					
	Little Rock FEC ID number of contributing federal political committee. Name of Employer (for Individual) Sunstar Insurance of AR Receipt For: Primary General	Brol	72210-4146	Amount of Each Receipt this Period  30.00  Memo Item		
C.	Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial Mutter, Amy, D., , Mailing Address 2670 Electric Road City	) or Full O	210.00 Drganization Name Zip Code	Date of Receipt 07 26 2023 Transaction ID : 17558427		
	Roanoke         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Innovative Insurance Group, LLC         Receipt For:         Primary       General         Other (specify)	Brok	24018-3511 upation (for Individual) ker Year-to-Date ▼ 1073.00	Amount of Each Receipt this Period 85.00 Memo Item		
	UBTOTAL of Receipts This Page (optional)		`	145.00		
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IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)         11a         11b         11c         12           13         14         15         16         17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the n NAME OF COMMITTEE (In Full)	tements ma ame and a	ay not be sold or used by any po ddress of any political committee	erson for the purpose of soliciting contributions
$\rangle$	National Association of Benefits a	and Insu	urance Professionals P	AC (NABIP PAC)
Α.	Full Name of Individual (Last, First, Middle Initia Freridge, Thomas, M., ,	l) or Full O	rganization Name	Date of Receipt
	Mailing Address 4664 South Blvd Suite 200B			07 / D D / Y Y Y Y 26 / 2023
	City Virginia Beach	State VA	Zip Code 23452-1058	Transaction ID : 17558428         Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		85.00
	Name of Employer (for Individual) Choice Insurance	Occu Brok	upation (for Individual) ker	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 770.00	
в.	Full Name of Individual (Last, First, Middle Initia Gilbert, Debra, E., ,	l) or Full O	rganization Name	Date of Receipt
	Mailing Address 2331 Mustang Drive Suite 200	Chata	7in Oode	07 / D D / Y Y Y Y Y 26 2023
	City Grapevine	State TX	Zip Code 76051-1014	Transaction ID : 17558429 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		42.00
	Name of Employer (for Individual) Innovative Insurance Solutions		upation (for Individual) sident	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1070.00	
с.	Full Name of Individual (Last, First, Middle Initia Grant, Staci, R., ,	l) or Full O	rganization Name	Date of Receipt
	Mailing Address 74 Glendale Ave			07 / D D / Y Y Y Y 2023
	City Livingston	State NJ	Zip Code 07039-2310	Transaction ID : 17558430 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	s l		30.00
	Henry O. Baker Insurance Group Vic		upation (for Individual) President	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00	
s	UBTOTAL of Receipts This Page (optional)			157.00
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	EWIZED RECEIPTS			Detailed Summary Page		11a		11		11c		12	<b></b>					
	y information copied from such Reports and State								se of									
	for commercial purposes, other than using the na	ame and a	auure		10 50	MCIL CO	and	utic	uns fr	UIII SU	JT CO	mmtte	;e.					
$\rangle$	NAME OF COMMITTEE (In Full) National Association of Benefits a	and Insi	ura	nce Professionals P	AC	(NAE	IP	P.	AC)	)								
A.	Full Name of Individual (Last, First, Middle Initial Schneider, Chad, P., ,	dle Initial) or Full Organization Name					Date of Receipt											
	Mailing Address 4470 Woodman Ave Apt 303 City State Zip Code							07 26 2023										
	City Sherman Oaks	State CA	Transaction ID : 17558437           Amount of Each Receipt this Period															
	FEC ID number of contributing federal political committee.	С	85.00 Memo Item															
	Name of Employer (for Individual) Origin	Occi Brol																
	Receipt For:	Aggregate Year-to-Date ▼																
	Other (specify) <b>v</b>		- <b>J</b>	595.00														
В.	Full Name of Individual (Last, First, Middle Initial, Haff, Jenni, , ,		Date of Receipt															
	Mailing Address 111 Lariat Drive						07 26 2023											
	City San Antonio	State TX		Zip Code 78232-1004		Trans Amoun				<b>75584</b> eceipt t		Period	_					
	FEC ID number of contributing federal political committee.						30.00											
	Name of Employer (for Individual) Insgroup San Antonio					Memo Item												
	Possint For:			gregate Year-to-Date  210.00														
С.	Full Name of Individual (Last, First, Middle Initial Rivera, Michael, A., ,	) or Full O	Organ	nization Name		Date of	Re	cei	ipt									
	Aailing Address 13201 N.W. Fwy. Suite 265						07 26 2023											
	City Houston	State TX		Zip Code 77040-6165						175584 eceipt t		Period	_					
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period 85.00													
Name of Employer (for Individual) Northwest General		Occupation (for Individual) Broker					Memo Item											
	Receipt For: Primary General Other (specify)	Aggregate																
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	for commercial purposes, other than using the																	
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	National Association of Benefit	s and Ins	urance Professionals F	PAC	C (	NAB	βIΡ	PAC	:)									
		Name of Individual (Last, First, Middle Initial) or Full Organization Name						Date of Receipt										
Α.	Tretter, Robert, C., CLU, ChFC,,						_	· .		N	N/	N						
	Mailing Address 6222 Spring Lake Drive						<i>'</i>	26	) / Y	2	023	Y						
	City	State OH	Zip Code			Trans	act	ion ID :	1755844	1								
	Hamilton		45011-8189	_	A	Amount	t of	Each R	Receipt th	is F	'eriod							
	FEC ID number of contributing federal political committee.	С					_		 	_	42.0	)0						
	Name of Employer (for Individual)	Occupation (for Individual) Broker					Memo Item											
	Receipt For:	Aggregate Year-to-Date ▼																
	Primary General Other (specify) ▼		344.00	1														
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В.	Cociu, Dorothy, M., RHU, REBC,,					Date of Receipt												
	Mailing Address P.O. Box 6677						M M / D D / Y Y Y Y 07 26 2023											
	City Fullerton	State CA	Zip Code 92834-6677	+	Transaction ID : 17558442 Amount of Each Receipt this Period													
			32004 0011										÷.					
	FEC ID number of contributing federal political committee.	С		85.00														
	Name of Employer (for Individual) Advanced Benefit Consulting & Insuranc	Occupation (for Individual) Broker					emc	o Item										
	Receipt For: Primary General	Aggregate	Aggregate Year-to-Date ▼															
	Other (specify) ▼		720.00															
c.	Full Name of Individual (Last, First, Middle In Gutierrez, Antonio 'Tony', , ,	itial) or Full C	organization Name		[	Date of	Re	eceipt										
	Mailing Address 12833 River Dance Dr.						07 26 Y Y Y Y 2023											
	City Raleigh	State NC	Zip Code 27613-7093	+					1755844									
			27013-7033	_	A	Amount	tof	Each R	leceipt th	is F	'eriod		4					
	FEC ID number of contributing federal political committee.	С		30.00														
	Name of Employer (for Individual) Benefitcare.com	Occ Bro		Memo Item														
	Receipt For:	Aggregate Year-to-Date ▼																
	Primary General	210.00																
	Other (specify)		4															
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NAME OF COMMITTEE (In Full)												
National Association of Bene	efits and Ins	urance Professionals F	AC	(NAB	IP	PAC)	)					
Full Name of Individual (Last, First, Middle A. Ramirez, Scott, , ,	e Initial) or Full C	or Full Organization Name Date of Receipt										
Mailing Address 1003 E Best Ave				<sup>M</sup> 07	1	D D 26	/ Y	202	23	Y		
City Coeur D Alene	State ID	Zip Code 83814-4868		vriod								
FEC ID number of contributing federal political committee.	С			Amount	U	Each Re			30.0	0		
Name of Employer (for Individual) Dirks Insurance Group, LLC	Occ Bro	upation (for Individual) ker	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	]									
Full Name of Individual (Last, First, Middle B. Holloway, Ryan, K., CBC, SGS,P,	e Initial) or Full C	organization Name		Date of	Re	ceipt						
Mailing Address 4325 Elm St Suite 200				07 26 / Y Y Y Y 2023								
City Dallas	State TX	Zip Code 75226-1161		Transaction ID : 17558445 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С			30.00								
Name of Employer (for Individual) Holloway Benefit Concepts	Occ Bro		Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	]									
Full Name of Individual (Last, First, Middle C. Kohlsdorf, Eric, , ,	e Initial) or Full C	Prganization Name		Date of	Re	ceipt						
Mailing Address 1501 Ingersoll Ave Suite 200				<sup>M</sup> 07	/	D D D 26	/ Y	202	23	Y		
City Des Moines	State IA	Zip Code 50309-3102				i <b>on ID :</b> Each Re		-	eriod			
FEC ID number of contributing federal political committee.	С					9	.,	_	85.0	0		
Name of Employer (for Individual) Prisma Strategies	Occ Brol	upation (for Individual) ker		Me	emo	Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 585.00	1									
SUBTOTAL of Receipts This Page (optional	l)		•						145.0	0		
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		Detailed Summary Page	X 11a 11b 11c 12							
Any information copied from such Reports an	d Statements ma	l ay not be sold or used by any p	13     14     15     16     17       erson for the purpose of soliciting contributions							
or for commercial purposes, other than using			e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)	<i></i>									
/ National Association of Bene	fits and Insu	urance Professionals F	PAC (NABIP PAC)							
Full Name of Individual (Last, First, Middle A. MacDermid, Rick, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 3611 River Rd Suite 110			07 26 2023							
City	State	Zip Code	Transaction ID : 17558448							
Yakima	WA	98902-7350	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		90.00							
Name of Employer (for Individual) Senior Solutions Group	Occ Bro	upation (for Individual) ker	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼	_							
Primary General	, iggi ogulo		1							
Other (specify)		767.00	]							
Full Name of Individual (Last, First, Middle Hollister, Deborah, B., ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 850 NW Federal Hwy Suite 224	Suite 224									
City	State	Zip Code	Transaction ID : 17559739							
Stuart	FL	34994-1019	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		42.00							
Name of Employer (for Individual) Hollister Insurance	Occ Bro	upation (for Individual) ker	Memo Item							
Receipt For:	Aggregate	Year-to-Date V								
Primary General			1							
Other (specify) <b>v</b>		, 344.00	1							
Full Name of Individual (Last, First, Middle C. Stivers, Jody, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 2660 Olivet Church Road,	Suite #1		07 27 2023							
City	State	Zip Code	Transaction ID : 17559740							
Paducah	KY	42001-9703	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		85.00							
Name of Employer (for Individual) HollandStivers Employer Solutions, LLC	Occ	upation (for Individual) ker	Memo Item							
Receipt For:										
Primary General	Aggregate Year-to-Date ▼									
Other (specify)		610.00	1							
SUBTOTAL of Receipts This Page (optional)			217.00							
TOTAL This Period (last page this line numb	per only)									

### SCHEDULE A (FEC Form 3X) \_\_\_\_\_

## Use separate schedule(s)

FOR LINE NUMBER:

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150

Detailed Summary Page               113               115               115               115               115               115               115               115               115               115               115               115               115               115               115               115               115               115               115               115 <td <td="" <td<="" th=""><th>IT</th><th>EMIZED RECEIPTS</th><th></th><th>Use separate schedule(s) for each category of the</th><th>(check only one)</th></td>	<th>IT</th> <th>EMIZED RECEIPTS</th> <th></th> <th>Use separate schedule(s) for each category of the</th> <th>(check only one)</th>	IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)							
Ary Information copied from such Reports and Statements may not be sold or used by any person for the 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 Benefits and Insurance Professionals PAC (NABIP PAC)         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name         A. Parkin, Last, B.,         Mailing Address [F143 Stille         Giv       State         Civ       202         Civ       State         Primary       General         Other (specify)       State         Name of Employer (for Individual)       Occupation (for Individual)         Wall Township       State Roule 34         Civ       State Roule 34         Civ       State Roule 34         Civ       State Roule 34         Regeneable 4 Conouting teach state Roule 34	-			<u> </u>									
National Association of Benefits and Insurance Professionals PAC (NABIP PAC)         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name         A.       Parkin, Laris, B,         Mailing Address 6143 & Willow Dr Sulic 200       Date of Receipt         City       Co         Bell or Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         Name of Employer (for Individual)       Occupation (for Individual)         Warner Pacific Insurance Services       Aggregate Year-to-Date V         Primary       General         Other (specify)       State         City       General         City       State         City       State Route 34         City       General         Name of Individual (Last, First, Middle Initial) or Full Organization Name         Pleasantia, Jonnifer,       Aggregate Year-to-Date V         Primary       General       Occupation (for Individual)         Bue Ocean Benefits & Consulting L       Broker         Pleasantia, Jonnifer,       Aggregate Year-to-Date V         City       G	Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the n	tements ma ame and a	ay not be sold or used by any pe address of any political committee	rson for the purpose of soliciting contributions								
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         A. Parkin, Lars, B., .       Mailing Address grads Style 200         City       State       Zip Code         Greenwood Village       C       State         FEC: ID number of contributing federal political committee.       Aggregate Year-to-Date V       Memo Item         Primary       General       Aggregate Year-to-Date V       Other (specify)         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt For:       Date of Receipt For:         Primary       General       State       Zip Code       Transaction ID: 17589743         Roy, Matthew, F., .       Mailing Address Blue Ocean Benefits & Consulting L       Transaction ID: 17589743       Transaction ID: 17589743         City       State       Zip Code       Transaction ID: 17589743       Amount of Each Receipt file         Mailing Address Blue Ocean Benefits & Consulting LLC       Decoupation (for Individual)       Brocker Are-Date V       Transaction ID: 17589743         Name of Employer for Individual)       Decoupation (for Individual)       Memo Item       Memo Item         Blue Ocean Benefits & Consulting LLC       Brocker Are-Date V       Transaction ID: 17589743       Amount of Each Receipt His Period         City       General	$\setminus$	NAME OF COMMITTEE (In Full)											
A.       Parkin, Lars, B.,		National Association of Benefits a	and Insu	urance Professionals P	AC (NABIP PAC)								
Mailing Address       6143 S Willow Dr Suite 200       202         City       State       20       80111-5123         FEC ID number of contributing federal political committee.       C       85.00         Name of Engloyer (for Individual) Warrer Pacific Insurance Services       Aggregate Year-to-Date ▼       Memo Item         Primary       General       Off (specify) ▼       202       Transaction ID: 17559742         Amount of Each Receipt For:       General       Occupation (for Individual)       Memo Item         Primary       General       Occupation (for Individual)       Memo Item         Mailing Address Bite Ocean Benefits & Consulting L       1971 State Route 34       Transaction ID: 17559743         City       Istel       Zip Code       Transaction ID: 17559743         Weil Township       N       07719-9750       Transaction ID: 17559743         Receipt For:       Mailing Address 6728 Stuyvesant Ct.       000000000000000000000000000000000000	Δ	• • • • •	l) or Full O	Drganization Name	Date of Receipt								
City       State       Zip Code       Transaction 10: 1759742         Greenwood Village       C       80111-5123       Amount of Each Receipt this Period         FEC ID number of contributing tederal political committee.       C       85.00       Mare Pacific Insurance Services         Preceipt For:       Primary       General       Occupation (for Individual)       Memo Item         Primary       General       0.101 (Specify) \$       Date of Receipt       Date of Receipt         B. Roy, Matthew, F.,.       Maling Address Bue Ocean Benefits & Consulting L       07 / 27 / 2023       Transaction ID: 17559743         City       State       Zip Code       Nu       07719-9750       Transaction ID: 17559743         FEC ID number of contributing federal political committee.       Date of Receipt this Period       Image State Could 34       Image State Could 34       Image State Could 34         City       State       Zip Code       Maling Address 6728 Stuyvesant Ct.       Image State Could 34					M M / D D / Y Y Y Y Y								
Greenwood Village       CO       80111-5123       Amount of Each Receipt this Period         FEC ID number of contributing tederal political committee.       C       85.00       85.00         Name of Employer (for Individual)       Occupation (for Individual)       Memo Item       85.00         Warmer Pacific Insurance Services       Aggregate Year-to-Date ▼       Image: Control of the second			State	Zin Code									
federal political committee.       0 <t< td=""><th></th><td>-</td><td></td><td></td><td></td></t<>		-											
Name of Employer (for Individual)       Occupation (for Individual)         Name of Employer (for Individual)       Aggregate Year-to-Date ▼         Performany       General         Other (specify) ▼       State         Pull Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         B. Roy, Matthew, F., ,       Malling Address Blue Ocean Benefits & Consulting L       Date of Receipt         1971 State Route 34       City       State       Zip Code         Wall Township       Name of Employer (for Individual)       Broker       Receipt For:         Primary       General       Occupation (for Individual)       Broker         Bue Ocean Benefits & Consulting, LLC       Broker       Aggregate Year-to-Date ▼       Memo Item         Primary       General       Occupation (for Individual)       Broker       Bate of Receipt         Name of Employer (for Individual)       Broker       Aggregate Year-to-Date ▼       Date of Receipt         City       City       State       Tansaction ID : 17559745       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       Pile Asants, Jennifer, ,       Maling Address 6726 Stuyvesant Ct.         City       Corpus Christi       TX       7841-4269       Amount of Each R		8	С		85.00								
Warner Pacific Insurance Services       Aggregate Year-to-Date ▼         Pice [pi For:       Aggregate Year-to-Date ▼         Differ (specify) ▼       Stoluto         B. Roy, Matthew, F., .       Malling Address Blue Ocean Benefits & Consulting L       Date of Receipt         1971 State Route 34       Zip Code       07 / 27 / 2023         City       State       Zip Code         Name of Employer (for Individual)       Docupation (for Individual)       Broker         Receipt For:       Aggregate Year-to-Date ▼       #mount of Each Receipt this Period         Period       C       Aggregate Year-to-Date ▼       #mount of Each Receipt this Period         Receipt For:       Other (specify) ▼       Aggregate Year-to-Date ▼       #mount of Each Receipt this Period         Period       Other (specify) ▼       Aggregate Year-to-Date ▼       Date of Receipt         Primary       General       Occupation (for Individual)       But of Receipt for:         Primary       General       Occupation (for Individual)       Aggregate Year-to-Date ▼         FUI Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt       #mount of Each Receipt this Period         City       State       Zip Code       Tarasection ID : 17559745       Amount of Each Receipt this Period         FEC													
Primary       General       Puggegate rear to Cuter v         Other (specify) ▼       Image of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         B. Roy, Matthew, F.,       Mailing Address Blue Ocean Benefits & Consulting L       Image of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         (Ity       State       Zip Code       Transaction ID: 17559743         FEC ID number of contributing tederal political committee.       Image of Individual)       Broker         Name of Employer (for Individual)       Broker       Magregate Year-to-Date V       Image of the Receipt For:         Primary       General       Aggregate Year-to-Date V       Image of the Receipt For:       Date of Receipt         Mailing Address 6726 Stuyvesant Ct.       State       Zip Code       Transaction ID: 17559745         Receipt For:       Aggregate Year-to-Date V       Image of Total V       Image of Total V         Mailing Address 6726 Stuyvesant Ct.       Total Ct       Transaction ID: 17559745       Transaction ID: 17559745         Name of Employer (for Individual)       Account Executive       Image of Total V       Image of Total		Warner Pacific Insurance Services	Оссі	supation (for Individual)	Memo Item								
Other (specify)       510.00         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         Mailing Address Blue Ocean Benefits & Consulting L       07 / 27 / 2023         1971 State Roue 34       City         Wall Township       NJ         PEC: Di number of contributing federal political committee.       C         Name of Employer (for Individual)       Occupation (for Individual)         Blue Ocean Benefits & Consulting, LLC       Broker         Receipt For:			Aggregate	Year-to-Date <b>V</b>									
B. Roy, Matthew, F., .       Mailing Address Blue Ocean Benefits & Consulting L       Date of Receipt         1971 State Route 34       State       Zip Code         City       NJ       07719-9750         FEC ID number of contributing federal political committee.       C       Broker         Name of Employer (for Individual)       Broker       Broker         Blue Ocean Benefits & Consulting, LLC       Broker       Memo Item         Receipt For:       Aggregate Year-to-Date ▼       Memo Item         City       State       Zip Code       Transaction ID : 17559743         Mailing Address B 6726 Stuyvesant Ct.       Broker       State       You				510.00									
B. Roy, Matthew, F., .       Mailing Address Blue Ocean Benefits & Consulting L       Date of Receipt         1971 State Route 34       State       Zip Code         City       NJ       07719-9750         FEC ID number of contributing federal political committee.       C       Broker         Name of Employer (for Individual)       Broker       Broker         Blue Ocean Benefits & Consulting, LLC       Broker       Memo Item         Receipt For:       Aggregate Year-to-Date ▼       Memo Item         City       State       Zip Code       Transaction ID : 17559743         Mailing Address B 6726 Stuyvesant Ct.       Broker       State       You													
1971 State Route 34         City       State       Zip Code         Wall Township       NJ       07       27       2023         Transaction ID: 17559743       Amount of Each Receipt this Period       FEC. ID number of contributing federal political committee.       85.00         Name of Employer (for Individual)       Blue Ocean Benefits & Consulting, LLC       Broker       85.00         Receipt For:	B.		i) or full O	organization Name	Date of Receipt								
Wall Township       NJ       07719-9750       Amount of Each Receipt this Period         FEC ID number of contributing tederal political committee.       C       Amount of Each Receipt this Period         Name of Employer (for Individual)       Bue Ocean Benefits & Consulting, LLC       Broker         Receipt For:       Aggregate Year-to-Date ▼       Memo Item         Primary       General       Other (specify) ▼       Date of Receipt         Malling Address 6726 Stuyvesant Ct.       Transaction ID : 1759745       Transaction ID : 1759745         City       State       Zip Code       Transaction ID : 1759745         Mauling Address 6726 Stuyvesant Ct.       C       0ccupation (for Individual)         FEC ID number of contributing tederal political committee.       C       0ccupation (for Individual)         FEC ID number of contributing tederal political committee.       C       0ccupation (for Individual)         Name of Employer (for Individual)       Occupation (for Individual)       Account Executive         Name of Employer (for Individual)       Occupation (for Individual)       Memo Item         Name of Employer (for Individual)       Account Executive       Memo Item         Receipt For:       Financy       General       Other (specify)         Subtrotal of Receipts This Page (optional)       Aggregate Year-to-Date ▼		1971 State Route 34											
FEC ID number of contributing tederal political committee.       C       85.00         Name of Employer (for Individual) Blue Ocean Benefits & Consulting, LLC Receipt For: Other (specify) ▼       Occupation (for Individual) Broker       Memo Item         Primary Other (specify) ▼       Aggregate Year-to-Date ▼       Date of Receipt         City Crpus Christi       State TX       Zip Code TX       Date of Receipt         FEC ID number of contributing tederal political committee.       C       0         Name of Employer (for Individual) UnitedHealthcare Employer & Individual Cother (specify)       Occupation (for Individual) Account Executive       Date of Receipt         Name of Employer (for Individual) UnitedHealthcare Employer & Individual Cother (specify)       Occupation (for Individual) Account Executive       Memo Item         SUBTOTAL of Receipts This Page (optional).       Aggregate Year-to-Date ▼        233.00		•											
federal political committee.       0 <t< th=""><th></th><th>· · ·</th><th></th><th>07719-9750</th><th>Amount of Each Receipt this Period</th></t<>		· · ·		07719-9750	Amount of Each Receipt this Period								
Blue Ocean Benefits & Consulting, LLC       Broker         Primary       General         Other (specify)       Aggregate Year-to-Date ▼         Date of Receipt         C:       Pleasants, Jennifer, , ,         Mailing Address 6726 Stuyvesant Ct.       Date of Receipt         City       State       Zip Code         Corpus Christi       TX       78414-4269         FEC ID number of contributing       C       63.00         Receipt For:       Aggregate Year-to-Date ▼       63.00         Name of Employer (for Individual)       Occupation (for Individual)         UnitedHealthcare Employer & Individual       Aggregate Year-to-Date ▼       Memo Item         Primary       General       Officer       233.00		8	С		85.00								
Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify)       Image: State individual (Last, First, Middle Initial) or Full Organization Name         C.       Pleasants, Jennifer, , ,         Mailing Address 6726 Stuyvesant Ct.       Image: State individual (Last, First, Middle Initial) or Full Organization Name         City       State individual (Last, First, Middle Initial) or Full Organization Name         City       State individual (Last, First, Middle Initial) or Full Organization Name         FEC ID number of contributing federal political committee.       City         Name of Employer (for Individual)       Occupation (for Individual)         UnitedHealthcare Employer & Individual       Account Executive         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify)       Aggregate Year-to-Date ▼         SUBTOTAL of Receipts This Page (optional)					Memo Item								
□ Other (specify) ▼       510.00         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         City       State       Zip Code         Corpus Christi       TX       78414-4269         FEC ID number of contributing federal political committee.       C         Name of Employer (for Individual)       Occupation (for Individual)       Account Executive         Receipt For:       Primary       General       Aggregate Year-to-Date ▼         Other (specify)       SUBTOTAL of Receipts This Page (optional)			Aggregate	Year-to-Date <b>V</b>	_								
C.       Pleasants, Jennifer, , ,         Mailing Address 6726 Stuyvesant Ct.       Date of Receipt         City       State       Zip Code         Corpus Christi       TX       78414-4269         FEC ID number of contributing       C       63.00         federal political committee.       C       63.00         Name of Employer (for Individual)       Occupation (for Individual)         UnitedHealthcare Employer & Individual       Account Executive         Receipt For:       Aggregate Year-to-Date ▼         Primary       General       518.00				, 510.00									
City       State       Zip Code       Transaction ID : 17559745         Corpus Christi       TX       78414-4269       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       63.00         Name of Employer (for Individual)       Occupation (for Individual)       63.00         UnitedHealthcare Employer & Individual       Account Executive       Memo Item         Receipt For:       Aggregate Year-to-Date ▼       518.00         Other (specify)       518.00       233.00	— C.		l) or Full O	Drganization Name	Date of Receipt								
Corpus Christi       TX       78414-4269       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       63.00       63.00         Name of Employer (for Individual)       Occupation (for Individual)       Account Executive       63.00         Name of Employer & Individual       Account Executive       Memo Item         Receipt For:       Aggregate Year-to-Date ▼       518.00         Other (specify)       518.00       233.00		Mailing Address 6726 Stuyvesant Ct.											
FEC ID number of contributing federal political committee.       C       63.00         Name of Employer (for Individual) UnitedHealthcare Employer & Individual Receipt For:       Occupation (for Individual) Account Executive       Memo Item         Primary       General Other (specify)       Aggregate Year-to-Date ▼       518.00         SUBTOTAL of Receipts This Page (optional)		-											
federal political committee.       0       63.00         Name of Employer (for Individual)       Occupation (for Individual)       Memo Item         Name of Employer & Individual       Account Executive       Memo Item         Receipt For:       Aggregate Year-to-Date ▼       518.00         Other (specify)       518.00       518.00				78414-4209	Amount of Each Receipt this Period								
UnitedHealthcare Employer & Individual       Account Executive         Receipt For:       Aggregate Year-to-Date ▼         Other (specify)       518.00	federal political committee.				63.00								
Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify)       518.00         SUBTOTAL of Receipts This Page (optional)       233.00				1 ( )	Memo Item								
Primary       General         Other (specify)       518.00         SUBTOTAL of Receipts This Page (optional)					_								
SUBTOTAL of Receipts This Page (optional)		Primary General	, iggi oguto										
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TOTAL This Period (last page this line number only)	s	UBTOTAL of Receipts This Page (optional)			233.00								
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### SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17						
	sing the name and a	ddress of any political committe	PAC (NABIP PAC)						
Full Name of Individual (Last, First, Mi A. Tierney, Robert, J., HDHP, Mailing Address 830 N Main St Ste 200	ddle Initial) or Full O	rganization Name	Date of Receipt						
City Meridian	State ID	Zip Code 83642-2611	Transaction ID : 17559746 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		85.00						
Name of Employer (for Individual) OneDigital	Occ Brol	upation (for Individual) ker	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1770.00	]						
Full Name of Individual (Last, First, Mi Yarn, Christopher, , , Mailing Address 306 Prairie Dune Way			Date of Receipt						
City Orlando	State FL	Zip Code 32828-8860	Transaction ID : 17559747 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		85.00						
Name of Employer (for Individual) WalkOnClinic	Occ Bro	upation (for Individual) ker	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 835.00	]						
Full Name of Individual (Last, First, Mi Bolt, Misty, , ,	ddle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 421 Kingsridge Dr			07 / <sup>D</sup> D / <sup>Y</sup> Y Y Y Y 27 2023						
City Hixson	State TN	Zip Code 37343-2867	Transaction ID : 17559750 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		415.00						
Name of Employer (for Individual) MedicareMisty	Occi CEC	upation (for Individual) D	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2075.00	]						
SUBTOTAL of Receipts This Page (optic	onal)		585.00						
TOTAL This Period (last page this line r	number only)								

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TEMIZED RECEIPTS		Detailed Summary Page				11b		11c		12			
Any information partial from such Departs	Ototom anti-			13     14     15     16     17       son for the purpose of soliciting contributions o solicit contributions from such committee.									
or for commercial purposes, other than using th													
NAME OF COMMITTEE (In Full)													
National Association of Benefit	s and Ins	urance Professionals P	PAC	(NAB	IP	PAC	C)						
Full Name of Individual (Last, First, Middle Ir <b>Brooks</b> , Timothy, , ,	nitial) or Full C	-											
Mailing Address 1024 N Elm Pl											Y		
City Broken Arrow	State OK	Zip Code	Transaction ID : 17559751										
Broken Arrow		74012-1603	_	Amount	of	Each	Re	ceipt th	is P	eriod			
FEC ID number of contributing federal political committee.	С					-		-95-		30.0	0		
Name of Employer (for Individual) Flippo Insurance		upation (for Individual) urance Sales		Me	emo	Item							
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General Other (specify) ▼		220.00											
Full Name of Individual (Last, First, Middle Ir B. Harder, David, , ,	hitial) or Full C	Organization Name		Date of	Ro	coint							
Mailing Address 2241 E Skelly Drive				M M / D D / Y Y Y Y									
Suite 102 City	State	Zip Code	_			1.00		755075	-	23			
Tulsa	ОК	74105-5941								eriod			
FEC ID number of contributing federal political committee.	C					-9	_	30.0	0				
Name of Employer (for Individual) Spirit Financial Concepts, Inc	Occ Ow		Memo Item										
Receipt For:	Aggregate												
Primary General Other (specify) ▼		210.00	1										
Full Name of Individual (Last, First, Middle Ir C. Franke, Gary, , MBA,	nitial) or Full C	Organization Name		Date of	Re	ceipt							
Mailing Address 1100 Bellevue Way NE					/			/ Y			Y		
Suite 8A-545	04-4-	Zip Code	_	_		1. All 1.		7556		23			
City Bellevue	State WA	Zip Code 98004-4280								eriod			
FEC ID number of contributing federal political committee.	С			<u> </u>		y .		y		12.0	0		
Name of Employer (for Individual) Achieve Alpha Insurance, LLC		upation (for Individual) Ith Insurance Broker		Memo Item									
Receipt For:	Aggregate	Year-to-Date <b>V</b>											
Other (specify)		299.00	]										
SUBTOTAL of Receipts This Page (optional)			<u> </u>						_	72.0	0		
TOTAL This Period (last page this line number			•					,					

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FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) National Association of Benefit	s and Ins	urance Professionals P	AC (NABIP PAC)
Full Name of Individual (Last, First, Middle In         Jackson, Jerry, D., ,         Mailing Address 1017 N. Maplewood Ave.         City         Peoria         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         Jackson Financial Services         Receipt For:         Primary       General         Other (specify) ▼	State IL Occ Bro Aggregate	Zip Code 61606-1035 eupation (for Individual) ker Year-to-Date 294.00	Date of Receipt
Full Name of Individual (Last, First, Middle In         Embry, Michael, A., RHU, REBC,         Mailing Address 49927 Schooner Ct         City         Chesterfield         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         Comprehensive Benefits         Receipt For:         Primary       General         Other (specify) ▼	State MI C Occ Brc	Zip Code   48047-4339   Exupation (for Individual) Exu	Date of Receipt
Full Name of Individual (Last, First, Middle In         Stacy, Dustin, , ,         Mailing Address 1151 Red Mile Rd         City         Lexington         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         BIM Group         Receipt For:         Primary       General         Other (specify)	State KY C Occ Brol	Zip Code 40504-2649	Date of Receipt
SUBTOTAL of Receipts This Page (optional)			487.00

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# SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

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171			Use separate schedule(s)	(check only one)									
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b 14	11c 15		12 16	17		
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$\setminus$	NAME OF COMMITTEE (In Full)												
	National Association of Benefits	and Insu	urance Professionals P	AC (I	NAE	BIP	PAC	;)					
Α.	Full Name of Individual (Last, First, Middle Initi Schwartz, Matt, B., ,	al) or Full O	organization Name	D	ate of	f Re	eceipt						
	Mailing Address 2950 Breckenridge Lane, Suite	8A			M M / D D / Y Y Y Y 07 27 2023								
	City Louisville	State KY	Zip Code 40220-1462					<b>175597(</b> Receipt tl		əriod			
	FEC ID number of contributing federal political committee.	С								85.0	0		
	Name of Employer (for Individual) Schwartz Insurance Group	Occu Broł		М	emo	ttem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 595.00										
В.	Full Name of Individual (Last, First, Middle Initi Brown, Carey, H., CLU,	al) or Full O	rganization Name	D	ate of	f Re	eceipt						
	Mailing Address Six Concourse Parkway Suite 2750				м м 07	1	27		202	23	Y		
	City	State GA	Zip Code					1755976					
	Atlanta	GA	30328-6243	A	moun	t of	Each F	Receipt tl	his Pe	eriod			
	FEC ID number of contributing federal political committee.	C				50.00							
	Name of Employer (for Individual) The Benefit Company	Occi Brol	upation (for Individual) ker	tion (for Individual) Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00										
— c.	Full Name of Individual (Last, First, Middle Initi Palmer, Krista, , SGS,	al) or Full O	Organization Name	D	ate of	f Re	eceipt						
	Mailing Address 2019 Ash Hill Rd				07	/	27		202	23	Y		
	City Carrollton	State TX	Zip Code 75007-3101	A			-	: <b>175597</b> Receipt tl	-	eriod			
	FEC ID number of contributing federal political committee.	С		ļ			y .	. ,		85.0	0		
	Name of Employer (for Individual)	Occu Brok	upation (for Individual) ker		М	emo	o Item						
	Receipt For: Primary General Other (specify)	Aggregate											
⊢	UBTOTAL of Receipts This Page (optional)						, . , .	· ·		220.0	0		

### SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

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IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)							
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
	y information copied from such Reports and Sta for commercial purposes, other than using the			erson for the purpose of soliciting contributions							
	NAME OF COMMITTEE (In Full)										
$\langle \rangle$	National Association of Benefits	and Insu	irance Professionals F	PAC (NABIP PAC)							
Α.	Full Name of Individual (Last, First, Middle Initia Adam, Ashely, N., CEBS, GBA,,	al) or Full O	rganization Name	Date of Receipt							
	Mailing Address 2717 N 118th Street Suite 300			07 27 2023							
	City Omaha	State NE	Zip Code 68164-9684	Transaction ID : 17559768 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		30.00							
	Name of Employer (for Individual) UnitedHealthcare	Occu Brok	upation (for Individual) er	Memo Item							
	Receipt For:	Aggregate	Year-to-Date 🔻								
	Primary General Other (specify) ▼		210.00	]							
В.	Full Name of Individual (Last, First, Middle Initia Underhill, Elizabeth, J., ,	al) or Full O	rganization Name	Date of Receipt							
υ.	Mailing Address 5951 Canoga Avenue			07 27 2023							
	City	State	Zip Code	Transaction ID : 17559770							
	Woodland Hills	CA	91367-5010	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		85.00							
	Name of Employer (for Individual) Underhill Insurance Agency, Inc.		upation (for Individual) Irance agent	Memo Item							
	Receipt For:	Aggregate	Year-to-Date 🔻								
	Primary     General       Other (specify) ▼		, 845.00	]							
— c.	Full Name of Individual (Last, First, Middle Initia Reddy, Michael, S., ,	al) or Full O	rganization Name	Date of Receipt							
	Mailing Address 330 River Pointe Drive			07 27 2023							
	City Elkhart	State IN	Zip Code 46514-1457	Transaction ID : 17559772 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		85.00							
	Name of Employer (for Individual) Keystone Ins. & Benefits Group, LLC	Occu Brok	ıpation (for Individual) er	Memo Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 595.00	]							
⊢	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number o			200.00							

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(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17							
	y information copied from such Reports and Sta for commercial purposes, other than using the										
$\backslash$	NAME OF COMMITTEE (In Full)										
	National Association of Benefits	and Insu	urance Professionals P	AC (NABIP PAC)							
A.	Full Name of Individual (Last, First, Middle Initia Riedl, Alycia, , ,	al) or Full C	organization Name	Date of Receipt							
	Mailing Address 16570 Lake Ridge Dr	State	Zip Code	07 27 2023							
	Maple Grove	MN	55311-1453	Transaction ID : 17559773 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		85.00							
	Name of Employer (for Individual) Mercer	Occ Brol	upation (for Individual) ker	Memo Item							
	Receipt For:	Aggregate	Year-to-Date 🔻								
	Primary General Other (specify) ▼										
в.	Full Name of Individual (Last, First, Middle Initia Leavitt, Scott, A., ,	al) or Full C	Organization Name	Date of Receipt							
	Mailing Address 8620 W Emerald St Ste 130	07 27 2023									
	City Boise	State ID	Zip Code 83704-4826	Transaction ID : 17559774 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		30.00							
	Name of Employer (for Individual) Gem State Financial Group	Occ Bro	upation (for Individual) ker	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00								
— C.	Full Name of Individual (Last, First, Middle Initia Rice, Russell, Lee, , SGS	al) or Full C	Organization Name	Date of Receipt							
	Mailing Address 8830 Buckskin Dr			07 27 2023							
	City	State	Zip Code	Transaction ID : 17559777							
	Boerne	ТХ	78006-5554	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		170.00							
	Name of Employer (for Individual) AVESIS, Inc.	Occ Brok	upation (for Individual) ker	Memo Item							
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		1265.00								
s	UBTOTAL of Receipts This Page (optional)		••••••	285.00							
Т	OTAL This Period (last page this line number o	nly)	····· •	· · · · · · · · · · · · · · · · · · ·							

Use separate schedule(s) for each category of the 

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ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may no name and addre	ot be sold or used by any person of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Association of Benefits	and Insura	nce Professionals P	AC (NABIP PAC)
Full Name of Individual (Last, First, Middle Init         A.       Johnson, Suzanne, K., , RHU, CEBS,         Mailing Address       1024 Southstone Drive         City       Charlotte         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Receipt For:         Primary       General         Other (specify)	State NC C Occupat Broker	Zip Code 28210-3029 ion (for Individual)	Date of Receipt
Full Name of Individual (Last, First, Middle Init         Healy, Jacqueline, , ,         Mailing Address 3124 S. Parker Road         Suite A2-143         City         Aurora         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Trilogy Benefits, Inc.         Receipt For:         Primary       General         Other (specify) ▼	State CO C Occupat Broker	Zip Code 80014-6215 ion (for Individual)	Date of Receipt
Full Name of Individual (Last, First, Middle Init         Barrett, William, J., CLU, ChFC,         Mailing Address 6 Keswick Commons         City         New Albany         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         Aetna         Receipt For:         Primary       General         Other (specify)	State OH C Occupat Broker	Zip Code 43054-8231 ion (for Individual)	Date of Receipt
Detailed Summary Page       X       11a       11b       11c       12c       12c       11c       12c       12c       11c       12c       12c       11c       12c       11c       11c			

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

FEC Schedule A (Form 3X) Rev. 06/2016

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#### Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	for commercial purposes, other than using the na			person for the purpose of soliciting contributions tee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Association of Benefits a	and Insu	urance Professionals	PAC (NABIP PAC)
Α.	Full Name of Individual (Last, First, Middle Initial Harrington, Paula, , ,         Mailing Address 6817 K Ave         Ste 104         City         Plano         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Harrington Insurance Solutions, LLC         Receipt For:         Other (specify) ▼	State TX C	Zip Code 75074-2544	Date of Receipt 07 28 2023 Transaction ID : 17560230 Amount of Each Receipt this Period 85.00 Memo Item
в.	Full Name of Individual (Last, First, Middle Initial Rojas, Pedro, , , Mailing Address 1545 E Iron Eagle Dr Ste 101	) or Full O	Organization Name	Date of Receipt
	City Eagle FEC ID number of contributing federal political committee. Name of Employer (for Individual) Mountain Health CO-OP Receipt For:	Brol	Zip Code 83616-7079	Transaction ID : 17560231       Amount of Each Receipt this Period       42.00       Memo Item
C.	Full Name of Individual (Last, First, Middle Initial Ruffin, Helena, , ,         Mailing Address 5700 Timber Ln         City         Charlotte         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Ruffin Insurance Solutions, Inc.         Receipt For:         Primary       General         Other (specify)	State NC C Occu Pres	Drganization Name Zip Code 28270-5270 cupation (for Individual) sident Year-to-Date ▼ 210.00	Date of Receipt 07 28 2023 Transaction ID : 17560237 Amount of Each Receipt this Period 30.00 Memo Item
s	UBTOTAL of Receipts This Page (optional)			157.00
т	OTAL This Period (last page this line number on	ly)		• • • • • • • • • • •

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		Detailed Summary Page		<b>X</b> 11a		11b	11c		12			
Any information copied from such Reports and	1 Statemente m	av not be sold or used by any n	Arson	13		14 20050.0	15 f solicit		16 Intribut	17 ions		
or for commercial purposes, other than using												
NAME OF COMMITTEE (In Full)												
National Association of Benef	its and Ins	urance Professionals F	PAC (NABIP PAC)									
Full Name of Individual (Last, First, Middle	Initial) or Full C	rganization Name	Date of Receipt									
A. Sheehan, Norman, , , Mailing Address 808 Beaver St			_	· · · · · · · · · · · · · · · · · · ·								
Walling Address 808 Beaver St				07	1	28		2	2023	Y		
City	State	Zip Code		Trans	act	ion ID	: 17560	240				
Santa Rosa	CA	95404-3731	_	Amount	of	Each I	Receipt	this I	Period			
FEC ID number of contributing federal political committee.	С			<u> </u>					30.0	00		
Name of Employer (for Individual) Norman Sheehan Insurance Agency LLC	Occ Age	upation (for Individual) Int		M	emo	o Item						
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General			11.									
Other (specify) <b>v</b>		210.00	4									
Full Name of Individual (Last, First, Middle <b>B.</b> Blasman, Wayne, , ,	Initial) or Full C	rganization Name		Date of	Re	eceipt						
Mailing Address 5210 Lewis Road, Suite 14		м м 07	1	28	D /	Y Y 2	023	Y				
City	State	Zip Code		Transaction ID : 17560242								
Agoura Hills	CA	91301-2662	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	ů – Elektrik								85.0	00		
Name of Employer (for Individual) Bridgeport Benefits Inc	Occ Bro	upation (for Individual) ker		Memo Item								
Receipt For:	Aggregate	Year-to-Date 🔻										
Other (specify)		595.00	1									
Full Name of Individual (Last, First, Middle C. Collins, Martha, T., RHU,	Initial) or Full C	rganization Name		Date of	Re	eceipt						
Mailing Address 545 N. Mountain Avenue				M	/	D			000	Y		
Suite 208	State	Zip Code		07 Trans	201	28 ion ID	, :17560		023			
Upland	CA	91786-5055	_	Amount					Period			
FEC ID number of contributing				, ano and	. 01	Laon	looolpt					
federal political committee.	С				-	9			30.0	00		
Name of Employer (for Individual)	Occ	upation (for Individual)		M	emo	o Item						
Martin & Associates	Brol	ker										
Receipt For:	Aggregate Year-to-Date ▼											
Primary General Other (specify)		210.00	11.									
			-									
SUBTOTAL of Receipts This Page (optional)			•			,	. ,		145.0	0		
TOTAL This Period (last page this line numb	er only)		•									

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

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		Detailed Summary Page		<b>X</b> 11a		11b	11c	· []	12							
				13		14	15		16	17						
Any information copied from such Repo or for commercial purposes, other than																
NAME OF COMMITTEE (In Full)																
National Association of E	enefits and Insu	urance Professionals F	PAC	(NAE	BIP	PAC	C)									
Full Name of Individual (Last, First, A. Ambro, Heather, , ,		rganization Name		Date of Receipt												
Mailing Address 11704 Lackland Ind	ustrial Drive		07 / 28 / 2023													
City	State	Zip Code	Transaction ID : 17560244													
Saint Louis	MO	63146-4209	Amount of Each Receipt this Period													
FEC ID number of contributing federal political committee.	C		85.00													
Name of Employer (for Individual)	Occ	upation (for Individual)		M	emo	o Item										
The ECCHIC Group	CEC	D														
Receipt For:	Aggregate	Year-to-Date ▼														
Primary General	, 1991 09410		- 11													
Other (specify)		510.00														
Full Name of Individual (Last, First, B. West, Kimberly, J., ,	Middle Initial) or Full O	rganization Name		Date of	f Re	eceipt										
Mailing Address 3581 Woodland Dr								202	23 23	Y						
City	State	Zip Code		Trans	acti	ion ID ;	1756024	5								
Highland	MI	48356-2366		Amount of Each Receipt this Period												
FEC ID number of contributing federal political committee.	C		42.00													
Name of Employer (for Individual)	Occ	Occupation (for Individual)					Memo Item									
Kim West Insurance Benefits LTD		Agent														
Receipt For:	Aggregate	Aggregate Year-to-Date ▼														
Primary General	33 - 3 - 4															
Other (specify)		, 252.00	4													
Full Name of Individual (Last, First, C. Whang, Victor, , ,	Middle Initial) or Full O	rganization Name		Date of	f Re	eceipt										
Mailing Address 51150 Washington				07	/	28		202	23	Y						
City	State	Zip Code		Trans	sact	ion ID	: 1756024	17								
New Baltimore	MI	48047-2159		Amoun	t of	Each F	Receipt th	nis P€	əriod							
FEC ID number of contributing federal political committee.	C					y .	9	_	85.0	0						
Name of Employer (for Individual) Insurance Warehouse		Occupation (for Individual) Broker/Agent														
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 720.00														
SUBTOTAL of Receipts This Page (or	tional)					,			212.0	0						

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

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	ED RECEIPTS		for each category of the Detailed Summary Page	X 11a	11b 14	11c	12	17							
	nation copied from such Reports and S imercial purposes, other than using the			erson for the p	ourpose o	f soliciting	contribu	tions							
NAME	OF COMMITTEE (In Full)														
Natio	onal Association of Benefits	and Ins	urance Professionals P	AC (NABI	P PAC	C)									
A. Morr	me of Individual (Last, First, Middle Ini ison, James, M., RHU,REBC,	tial) or Full C	Organization Name	Date of	Date of Receipt										
	Address 2710 Gateway Rd			07 <sup>M</sup>	07 28 2023										
City		State	Zip Code	Transa	Transaction ID : 17560248 Amount of Each Receipt this Period										
Carlsb	ad	CA	92009-1730	Amount	of Each I	Receipt th	is Period								
	) number of contributing political committee.	С		85.00											
Name	of Employer (for Individual)	Occ	upation (for Individual)	Memo Item											
Morriso	on Insurance Services, Inc	Pre	sident												
Receip	t For:	Addredate	Year-to-Date V												
F	Primary General	riggrogato													
	Other (specify) ▼		595.00												
	me of Individual (Last, First, Middle Ini s, Patrick, , CEBS,	tial) or Full C	Organization Name	Date of	Receipt										
	Address 5653 Maxwelton Road			07	/ D _28		y y 2023	Y							
City		State	Zip Code	Transa	ction ID :	: 1756025	D								
Oaklar	nd	CA	94618-2654			Receipt th									
	) number of contributing political committee.	С		170.00											
	of Employer (for Individual)		upation (for Individual) ker	Memo Item											
Receip	Employee Benefits Insurance Serv	_		_											
	Primary General	Aggregate	Year-to-Date <b>V</b>												
	Dther (specify) ▼		, 1440.00												
	me of Individual (Last, First, Middle Ini er, Kimberly, H., ,	tial) or Full C	Organization Name	Date of	Date of Receipt										
Mailing	Address 408 E ParkCenter Blvd, Suite	100		07	/ D 28		2023	Y							
City		State	Zip Code	Transa	action ID	: 1756025	3								
Boise		ID	83706-6512	Amount	of Each I	Receipt th	is Period								
	) number of contributing political committee.	С			y .	. ,	30.	00							
Name	of Employer (for Individual)	Occ	upation (for Individual)	Me	mo Item										
	Source Health Plans	Sale	es Executive												
Receip		Aggregate	Year-to-Date 🔻												
	Primary General Other (specify)		210.00												
SUBTOT	AL of Receipts This Page (optional)		•••••		,		285.	00							

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

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		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In	Full)		
National Associatio	on of Benefits and Insu	rance Professionals F	PAC (NABIP PAC)
Full Name of Individual (Las           A.         Malvich, Marlayna, , ,           Mailing Address         4125 Cass	st, First, Middle Initial) or Full O	rganization Name	Date of Receipt
4123 0833			07 28 2023
City	State	Zip Code	Transaction ID : 17560254
Waterford	MI	48328-4206	Amount of Each Receipt this Period
FEC ID number of contribut federal political committee.	ing C		30.00
Name of Employer (for Indiv	vidual) Occu Brok	upation (for Individual) Ker	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Primary Gen			1
Other (specify) ▼		210.00	1
	st, First, Middle Initial) or Full O	rganization Name	
B. Coley, Maggie, , ,			Date of Receipt
Mailing Address 29 Olde Ga		Zin Code	07 28 2023
City Pooler	State	Zip Code 31322-8281	Transaction ID : 17560255
		51522-0201	Amount of Each Receipt this Period
FEC ID number of contribut federal political committee.	ing C		42.00
Name of Employer (for Indiv	vidual) Occi	upation (for Individual)	Memo Item
Coley Benefit Services, Inc	Brol	ker	
Receipt For:		Year-to-Date 🔻	
Other (specify) ▼		294.00	]
Full Name of Individual (Las C. Lardiere, Jim, , ,	t, First, Middle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 119 Dyckm	an Place		07 28 2023
City	State	Zip Code	Transaction ID : 17560256
Basking Ridge	NJ	07920	Amount of Each Receipt this Period
FEC ID number of contribut federal political committee.	ing C		30.00
Name of Employer (for Indiv Savoy	vidual) Occu Brok	upation (for Individual) er	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify)		210.00	]
SUBTOTAL of Receipts This	Page (optional)		102.00

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

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	for each category of the Detailed Summary Page	X 11a 11b 11c 12
		13     14     15     16     17       ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Association of Benefit	ts and Insurance Professional	s PAC (NABIP PAC)
Full Name of Individual (Last, First, Middle Ir         A.       Childers, Russell, B., , CLU,ChFC         Mailing Address PO Box 1547         City         Americus         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Russ Childers, CLU         Receipt For:         Primary       General         Other (specify) ▼	nitial) or Full Organization Name          State GA       Zip Code 31709-1547         C       Occupation (for Individual) Broker         Aggregate Year-to-Date ▼         630.00	Date of Receipt
Full Name of Individual (Last, First, Middle Ir         Reents, Joni, Robin, ,         Mailing Address PO Box 730         City         Eastlake         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Reents Insurance Agency         Receipt For:         Primary       General         Other (specify) ▼	State CO     Zip Code 80614-0730       C     Occupation (for Individual) Broker       Aggregate Year-to-Date ▼       720,00	Date of Receipt 07 28 2023 Transaction ID : 17560258 Amount of Each Receipt this Period 85.00 Memo Item
Full Name of Individual (Last, First, Middle Ir         Wright, Dennis, E., RHU, CSFP,         Mailing Address         1111 Chestnut Hills Pky         City         Fort Wayne         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         Employee Plans, LLC         Receipt For:         Primary       General         Other (specify)	State       Zip Code         IN       Zip Code         G       46814-8934         Occupation (for Individual)         Broker         Aggregate Year-to-Date ▼         210.00	Date of Receipt Transaction ID : 17560261 Amount of Each Receipt this Period 30.00 Memo Item
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17								
	y information copied from such Reports and Sta for commercial purposes, other than using the r											
$\left  \right $	NAME OF COMMITTEE (In Full)											
	National Association of Benefits	and Insu	urance Professionals P	AC (NABIP PAC)								
Α.	Full Name of Individual (Last, First, Middle Initia Kapostins, Ashley, , ,	l) or Full O	rganization Name	Date of Receipt								
	Mailing Address 3843 Rock Hill Loop			07 / D D / Y Y Y Y 2023								
	City Apopka	State FL	Zip Code 32712-4792	Transaction ID : 17560262 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		85.00								
	Name of Employer (for Individual) Kapsher Consulting, LLC	Occi Brol	upation (for Individual) ker	Memo Item								
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify) ▼		595.00									
в.	Full Name of Individual (Last, First, Middle Initia Johnson, Sandra, , ,	l) or Full O	organization Name	Date of Receipt								
	Mailing Address 252 Apacheria Pass W			07 28 2023								
	City	State	Zip Code	Transaction ID : 17560264								
	Comfort	ТХ	78013-3300	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С	30.00									
	Name of Employer (for Individual) SJ Insurance Group, LLC	Occ Bro	upation (for Individual) ker	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00									
— c.	Full Name of Individual (Last, First, Middle Initia Powelson, Janet, , ChHC,	l) or Full O	rganization Name	Date of Receipt								
	Mailing Address 3697 MT. DIABLO BLVD., SUIT	E 100		07 / D D / Y Y Y Y 28 / 2023								
	City Lafayette	State CA	Zip Code 94549-3769	Transaction ID : 17560265 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		24.00								
	Name of Employer (for Individual) Epic Insurance Brokers		upation (for Individual) npliance Manager	Memo Item								
	Receipt For:	Aggregate	Year-to-Date V	-								
	Primary General Other (specify)		240.00									
s	UBTOTAL of Receipts This Page (optional)		▶	139.00								
т	OTAL This Period (last page this line number or	nly)	•••••									

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				Detailed Summary Page		<b>〈</b> 11a		11b		11c		12				
_				, ,		13		14		15		16	17			
	ny information copied from such Reports and St for commercial purposes, other than using the															
$\setminus$	NAME OF COMMITTEE (In Full)															
	National Association of Benefits	and Ins	sura	nce Professionals P	AC	(NA	BIF	P PA	C	)						
Α.	Full Name of Individual (Last, First, Middle Init Gant, Tom, , ,	ial) or Full (	Orgar	nization Name		Date	of B	leceipt								
	Mailing Address 100 North Weinbach Avenue				-	M			D		V	v	V			
						07		2	28		1	023	1			
	City Evansville	State IN		Zip Code 47711-6006	-	Transaction ID : 17560267										
			47711-0000	Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С			42.00											
	Name of Employer (for Individual)	Occ	cupat	tion (for Individual)	Memo Item											
	Schultheis Life & Health Agency		ent													
	Receipt For:	Aggregate	e Yea	ur-to-Date ▼												
	Primary General															
	Other (specify) <b>v</b>	L	- <b>J</b> -	294.00	4											
В.	Full Name of Individual (Last, First, Middle Init Stubbs, Guy, , ,	ial) or Full (	Orgai	nization Name		Date	of B	leceipt								
υ.	Mailing Address PO Box 337			M M / D D / Y Y Y Y												
						07	vı		28	, .	_20	)23	·			
	City	State		Zip Code		Tran	sac	tion ID	):	17560268	8		_			
	Jerome	ID		83338-0337		Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С											00			
	Name of Employer (for Individual)	Oco	Memo Item													
	Hall and Associates	Ag														
	Receipt For:	Aggregate	e Yea	ur-to-Date ▼												
	Other (specify) ▼		,	294.00												
<u>с.</u>	Full Name of Individual (Last, First, Middle Init Cagliola, Victoria, , CPA,	ial) or Full (	Orgai	nization Name		Date	of R	leceipt								
	Mailing Address 1041 Old Cassatt Rd					<sup>™</sup> 07			28	/ Y		)23	Y			
	City	State		Zip Code	-	Trar	Isac	tion II	):	1756026		-				
	Berwyn	PA		19312-1152		Amou	nt o	f Each	R	eceipt thi	is F	'eriod				
	FEC ID number of contributing		-				-		1		-	05.4	20			
	federal political committee.	С	-			Ŀ.	-	y		ji ji	-	85.0	0			
	Name of Employer (for Individual) Simkiss & Block	Occ CP/		tion (for Individual)			Nem	no Item	۱							
	Receipt For:	Aggregate	e Yea	ur-to-Date ▼												
	Primary General Other (specify)	645.00														
			-9-													
s	UBTOTAL of Receipts This Page (optional)			•	- '	<u> </u>	-	5		, , , , , , , , , , , , , , , , , , ,	-	169.0	00			

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

# SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

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ıт.			Use separate schedule(s)	(check on	ly one)								
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	11b	11c	12	17					
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the	atements ma name and a	ay not be sold or used by any pe address of any political committee	erson for the	e purpose o ontributions	f soliciting	g contrib	utions					
	NAME OF COMMITTEE (In Full)												
	National Association of Benefits	and Insu	urance Professionals P	AC (NA	BIP PAC	C)							
Α.	Full Name of Individual (Last, First, Middle Initia Lamberth, Mark, J., ,	al) or Full O	Organization Name	Date o	Date of Receipt								
	Mailing Address 43402 Waterside Trl			07	المتنبعا لخبا لينا								
	City Punta Gorda	State FL	Zip Code 33982-6007		Transaction ID : 17560270 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С					42	2.00					
	Name of Employer (for Individual) Capstone Administrators	Occi Broł	upation (for Individual) ker		lemo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 294.00	1									
в.	Full Name of Individual (Last, First, Middle Initia Lubenow, Douglas, , ,	al) or Full O	Organization Name	Date o	of Receipt								
	Mailing Address 214 West Main Street Suite 101	Chata	Zin Oode	07	/ D		2023	Y					
	City Moorestown	State NJ	Zip Code 08057-2345		saction ID								
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 85.00									
	Name of Employer (for Individual) Lubenow Agency	Occ	supation (for Individual) sker		lemo Item								
	Receipt For:       Primary       General	Aggregate	Year-to-Date ▼										
	Other (specify) ▼	L	, 595.00										
C.		al) or Full O	Drganization Name	Date o	of Receipt								
	Mailing Address 7236 Vanessa Dr			07	28	3	2023	Ŷ					
	City Corpus Christi	State TX	Zip Code 78414-5710		saction ID			d					
	FEC ID number of contributing federal political committee.	С			. y .	. y	85	5.00					
	Name of Employer (for Individual) Acrisure LLC dba Carlisle Insurance	Occi Brok	upation (for Individual) ker	Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 775.00										
s	UBTOTAL of Receipts This Page (optional)		•		,	9	212	2.00					
т	OTAL This Period (last page this line number o	nly)						-					

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) National Association of Benefi	ts and Ins	urance Professionals P	PAC (NABIP PAC)
Full Name of Individual (Last, First, Middle In Good, Gaylan, Lester, , Mailing Address 3023 N. Ruffy's Way City Bloomington FEC ID number of contributing federal political committee. Name of Employer (for Individual) L&C Marketing, LLC Receipt For:	State IN C	Zip Code 47404-1413 upation (for Individual) urance Broker Agent	Date of Receipt
Primary General Other (specify) ▼		Year-to-Date ▼ 210.00	]
Full Name of Individual (Last, First, Middle In <b>B.</b> Freeman, Patrick, Joseph, , Mailing Address 625 Oak Street	nitial) or Full C	Organization Name	Date of Receipt
City Laguna Beach FEC ID number of contributing federal political committee. Name of Employer (for Individual) Freeman Laguna Insurance Services Receipt For: Primary General Other (specify) ▼	Aggregate	Zip Code 92651-2920	Transaction ID : 17560280         Amount of Each Receipt this Period         30.00         Memo Item
Full Name of Individual (Last, First, Middle In Wilson, Thomas, R., , Mailing Address 701 Lamar City	nitial) or Full C	Drganization Name	Date of Receipt
Wichita Falls         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Keystone/Boley Featherston Insurance A         Receipt For:         Primary       General         Other (specify)	Brol	76301-6824 upation (for Individual)	Amount of Each Receipt this Period 85.00 Memo Item
SUBTOTAL of Receipts This Page (optional)		••••••	145.00
TOTAL This Period (last page this line numbe	r only)		

### SCHEDULE A (FEC Form 3X)

## Use separate schedule(s)

FOR LINE NUMBER:

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	TEMIZED RECEIPTS		for each category of the Detailed Summary Page				11b	11c	1	2					
			Detailed Summary Faye		11a 13		14	15		6	17				
	y information copied from such Reports and St for commercial purposes, other than using the														
$\setminus$	NAME OF COMMITTEE (In Full)														
$\backslash$	National Association of Benefits	and Insu	urance Professionals P	AC	(NAI	BIP	PAG	C)							
Α.	Full Name of Individual (Last, First, Middle Initi Selinsky, Steven, , ,	al) or Full C	rganization Name		Date of Receipt										
	Mailing Address 28638 Oak Point Drive				07 / 28 / 2023 Transaction ID : 17560282										
	City Farmington Hills	State MI	Zip Code 48331-2706				-		-						
			40331-2700	_	Amoui	nt of	Each	Receipt t	his Per	riod					
	FEC ID number of contributing federal political committee.	С		85.00											
	Name of Employer (for Individual)		upation (for Individual)		N	/lemo	b Item								
	Zenith American Solutions	Dire	ector of Sales	_											
	Receipt For:	Aggregate	Year-to-Date ▼												
	Other (specify) ▼		595.00												
В.	Full Name of Individual (Last, First, Middle Initi Penson Block, Andrea, , ,	al) or Full C	rganization Name		Date of	of Re	eceipt								
	Mailing Address PO Box 1809				07 28 / Y Y Y Y 2023										
	City	State	Zip Code		Tran	sact	ion ID	: 175602	85						
	Candler	NC	28715-1809	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С			30.00										
	Name of Employer (for Individual) Insurance Specialties, Inc.	Occ Bro	upation (for Individual) ker		Memo Item										
	Receipt For: Primary General Other (specify) ▼														
<u> </u>	Full Name of Individual (Last, First, Middle Initi Hartman, William, J., ,	al) or Full C	rganization Name		Date of	of Re	eceipt								
-	Mailing Address 217 Airport North Office Park				<sup>M</sup> 07	И /	D		2023	3	Y				
	City	State	Zip Code		Tran	sact	ion ID	: 175602	:86						
	Fort Wayne	IN	46825-6702		Amoui	nt of	Each	Receipt t	his Per	riod					
	FEC ID number of contributing federal political committee.	С					,	. ,		85.0	0				
	Name of Employer (for Individual) Hartman Insurance Services	Occ Brok	upation (for Individual) ker	Memo Item											
	Receipt For:	Aggregate	Year-to-Date V												
	Primary General Other (specify)		595.00												
_															
s	UBTOTAL of Receipts This Page (optional)						,	. ,	2	200.00	0				
Т	OTAL This Period (last page this line number o	only)					- -	-							

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		Detailed Summary Page		12									
Any information copied from such Reports and	Statements m	l av not be sold or used by any n	13 14 15	16   17									
or for commercial purposes, other than using t													
NAME OF COMMITTEE (In Full)													
National Association of Benef	its and Ins	urance Professionals F	PAC (NABIP PAC)										
Full Name of Individual (Last, First, Middle <b>A.</b> Bravo, Gilbert, M., ,	Initial) or Full C	Organization Name	Date of Receipt										
Mailing Address 8340 N. Thornydale Rd.													
Suite 110-335				)23									
City	State	Zip Code	Transaction ID : 17560287										
Tucson	AZ	85741-1162	Amount of Each Receipt this P	eriod									
FEC ID number of contributing federal political committee.	С		30.00										
Name of Employer (for Individual) Bravo Insurance Solutions	Occ Age	upation (for Individual)	Memo Item										
Receipt For:		Year-to-Date ▼	_										
Primary General	, iggi oguto		1										
Other (specify) <b>v</b>		210.00											
Full Name of Individual (Last, First, Middle B. Stocks, Deborah, P., ,	Initial) or Full C	organization Name	Date of Receipt										
Mailing Address 2401 LAKE LOREINE LN	07 28 2023												
City	State	Zip Code	Transaction ID : 17560288										
Henrico	VA	23233-2523	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С			30.00									
Name of Employer (for Individual) OneDigital	Occ Bro	upation (for Individual) ker	Memo Item	Memo Item									
Receipt For:	Aggregate	Year-to-Date V	_										
Other (specify)		, 210.00	1										
Full Name of Individual (Last, First, Middle C. Smith, David, C., REBC,	Initial) or Full C	Organization Name	Date of Receipt										
Mailing Address 110 N. Corcoran St. #1205			 	23									
City	State	Zip Code	Transaction ID : 17560289										
Durham	NC	27701-5020	Amount of Each Receipt this P	eriod									
FEC ID number of contributing federal political committee.	С		y y y	250.00									
Name of Employer (for Individual) eBen Benefits	Occ Bro	upation (for Individual)	Memo Item										
Receipt For:		Year-to-Date ▼	—										
Primary General	, .99109410												
Other (specify)		1800.00											
SUBTOTAL of Receipts This Page (optional).				310.00									
TOTAL This Period (last page this line number	er only)			-									

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150

			Detailed Summary Page		<b>1</b> 1a		11b		1c 5	12	Г	17				
	v information copied from such Reports and State or commercial purposes, other than using the na				for the		rpose	of solid	citing	contrib		IS				
	VAME OF COMMITTEE (In Full)	anne annu a	uness of any political contribute	ย เป ร		1111	JULIONS	5 110111	SUCH	COUIU	nee.					
	National Association of Benefits a	and Insu	urance Professionals F	PAC	(NAE	BIP	PA	C)								
A.	Full Name of Individual (Last, First, Middle Initial Chavez, Chandler, , ,	) or Full O	rganization Name	Date of Receipt												
-	Mailing Address 2355 E. Camelback Road Suite 503				07 / <sup>D</sup> D D / <sup>Y</sup> Y Y Y Y 28 2023											
	City	State AZ	Zip Code 85016-9039					): 175				-				
-	Phoenix		00010-9039	_	Amour	nt of	f Each	Recei	pt thi	s Perio	d	_				
	FEC ID number of contributing rederal political committee.	С		85.00												
	Name of Employer (for Individual) Principal	Occu Brok	upation (for Individual) ker		Memo Item											
Ī		Aggregate	Year-to-Date ▼													
	Primary General Other (specify) ▼		665.00	] '	Membe	rshij	p Form	n								
	Full Name of Individual (Last, First, Middle Initial Burett, Raymond, , ,	) or Full O	rganization Name		Date o	of Re	eceipt									
_	Mailing Address 30 Broad Street 35th Floor				M 07	· /	/ D	28 /	Y	y y 2023	Y					
	City New York	State NY	Zip Code 10004-2952	$\vdash$				) : 1756 Becei			d					
	FEC ID number of contributing rederal political committee.	С			Amount of Each Receipt this Period											
	Name of Employer (for Individual) Brio Benefit Consulting	ual) Occupation (for Individual) Broker							Memo Item							
_	Receipt For:	Aggregate	Year-to-Date ▼													
	Primary     General       Other (specify) ▼		425.00	]												
С.	Full Name of Individual (Last, First, Middle Initial Blackford, Stephen, I, ,	) or Full O	rganization Name		Date o	of Re	eceipt									
_	Mailing Address 11481 Old St. Augustine Rd., # 2	201			<sup>M</sup> 07	/	/ D	28 /	Y	2023 Y	Y					
(	City Jacksonville	State FL	Zip Code 32258-1475					D : 175			-1					
-	FEC ID number of contributing				Amour	nt of	Each	Hecei	pt thi	s Perio		-				
	ederal political committee.	С			Ŀ.	-	y		y	30	0.00					
	Name of Employer (for Individual) The Blackford Group		upation (for Individual) rance Agent		N	1em	o Item	ı								
	Receipt For:	1	Year-to-Date ▼													
	Other (specify)		210.00	]												
รเ	JBTOTAL of Receipts This Page (optional)			<u> </u>						200	0.00	П				
	<b>DTAL</b> This Period (last page this line number onl			•			, ,		, ,							

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150

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17										
	ny information copied from such Reports and Sta for commercial purposes, other than using the n													
$\left[ \right]$	NAME OF COMMITTEE (In Full)													
	National Association of Benefits a	and Insu	urance Professionals PA	C (NABIP PAC)										
Α.	Full Name of Individual (Last, First, Middle Initia Grava, A. Andra, , , Mailing Address 40 E. McDermott Drive	l) or Full C	Drganization Name	Date of Receipt										
	City Allen	State TX	Zip Code 75002-2802	Transaction ID : 17560306           Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		250.00										
	Name of Employer (for Individual) The DI Center, LLC	Occ Brol	cupation (for Individual) oker	Memo Item										
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1750.00											
в.	Full Name of Individual (Last, First, Middle Initia Bear, Dale, F., ,	l) or Full C	Drganization Name	Date of Receipt										
	Mailing Address 2027 Scott Station Rd		07 28 2023											
	City Jefferson City	State MO	Zip Code 65109-8425	Transaction ID : 17560308 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		63.00										
	Name of Employer (for Individual) Expat Solutions International dba ESI	Occ Age	cupation (for Individual) ent	Memo Item										
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	e Year-to-Date ▼ 441.00											
с.	Full Name of Individual (Last, First, Middle Initia Lubenow, Justin, , ,	l) or Full C	Drganization Name	Date of Receipt										
	Mailing Address 15 Alden Street Suite 8	Ototo	Zin Oada	07 28 2023										
	City Cranford	State NJ	Zip Code 07016	Transaction ID : 17560309 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		85.00										
	Name of Employer (for Individual) Lubenow Agency	Occ Brok	cupation (for Individual) ker	Memo Item										
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 815.00											
	SUBTOTAL of Receipts This Page (optional)			398.00										
T	<b>OTAL</b> This Period (last page this line number on	ıly)	••••••											

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17					
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.					
$\backslash$	NAME OF COMMITTEE (In Full)								
	National Association of Benefits	s and Insu	urance Professionals F	PAC (NABIP PAC)					
	Full Name of Individual (Last, First, Middle Ini Kowalczyk-Gonzalez, CarrieAnne, , , Mailing Address 6568 S Federal Way #213 City	tial) or Full O	Zip Code	Date of Receipt					
	Boise	ID	83716-9277	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		85.00					
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item					
	Personal Touch Ins & Benefits, LLC	Hea	Ith Insurance Agent	-					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 595.00	]					
	Full Name of Individual (Last, First, Middle Ini								
	Bratteli, Wendy, , ,	Date of Receipt							
	Mailing Address 5380 Old Bullard Road, Suite	07 28 2023							
	City	State	Zip Code	Transaction ID : 17560314					
	Tyler	TX	75703-3607	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		30.00					
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item					
	Bratteli Benefit Consulting, LLC	Bro		_					
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General	7.99.094.0		1					
	Other (specify) <b>v</b>	L	210.00						
с.	Full Name of Individual (Last, First, Middle Ini Kinley, Christopher, , ,	tial) or Full O	rganization Name	Date of Receipt					
	Mailing Address 2417 Cimarrone Blvd			07 / 28 / Y Y Y Y 2023					
	City	State	Zip Code	Transaction ID : 17560317					
	Saint Johns	FL	32259	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		30.00					
	Name of Employer (for Individual) HealthEquity	Occi Brok	upation (for Individual) :er	Memo Item					
	Receipt For:	Aggregate	Year-to-Date V						
	Primary General Other (specify)		210.00	]					
s	UBTOTAL of Receipts This Page (optional)		••••••	145.00					

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

#### SCHEDULE A (FEC Form 3X) I

FOR LINE NUMBER:

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TEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)					
I LIVIIZLU KEVEIF 13		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$					
			person for the purpose of soliciting contributions					
	the name and a	ddress of any political committe	ee to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)	Charlen al la av	men e Ducto e i e e la I						
National Association of Bene	fits and insu	Irance Professionals I	PAC (NABIP PAC)					
Full Name of Individual (Last, First, Middle	Initial) or Full O	rganization Name						
Patton, Rhonda, L., ,			Date of Receipt					
Mailing Address PO Box 751180			07 28 2023					
City Petaluma	State CA	Zip Code 94975-1180	Transaction ID : 17560318					
		34373-1100	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		63.00					
Name of Employer (for Individual)	Occi	pation (for Individual)	Memo Item					
Patton & Spahr Insurance Services		rance Agent						
Receipt For:	Aggregate	Year-to-Date ▼	$\neg$					
Primary General								
Other (specify) <b>v</b>		441.00						
Full Name of Individual (Last, First, Middle	Initial) or Full O	rganization Name						
Johannemann, Amy, , ,	Date of Receipt							
Mailing Address P O Box 68			07 05 2023					
City	State	Zip Code	Transaction ID : 17603760					
French Lick	IN	47432-0068	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		0.00					
Name of Employer (for Individual) Aflac	× Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼						
Primary General			Refund(s) on Schedule B Totaling \$150.00 This					
Other (specify) <b>v</b>		, 0.00	changes the YTD Total to \$0.00					
Full Name of Individual (Last, First, Middle Stenger, James, R., ,	Initial) or Full O	rganization Name						
Mailing Address 8926 Crown Colony Boule	ward		Date of Receipt					
Maining Address 6520 Crown Colorry Boule	valu		07 31 2023					
City	State	Zip Code	Transaction ID : 17603761					
Fort Myers	FL	33908-5627	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		0.00					
Name of Employer (for Individual)	Occi	pation (for Individual)	X Memo Item					
AgencySmart	Brok	, ,						
Receipt For:	Aggregate	Year-to-Date 🔻	—					
Primary General			Refund(s) on Schedule B Totaling \$85.00 This of					
Other (specify)		510.00	the YTD Total to \$510.00					
SUBTOTAL of Receipts This Page (optional	)		63.00					
TOTAL This Period (last page this line num	per only)							

#### SCHEDULE A (FEC Form 3X) ľ

FOR LINE NUMBER:

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170							(check only one)					
116	MIZED RECEIPTS		for each categ Detailed Sum		X 11a		11b 14	11c	12		17	
Any	information copied from such Reports and Sta	atements ma	l ay not be sold or	used by any pe	erson for the	e pur	pose of	soliciting	contrib	ution		
	or commercial purposes, other than using the	name and a	doress of any po	litical committee	to solicit c	ontric	outions t	rom sucr	1 commi	ttee.		
	IAME OF COMMITTEE (In Full)	and Inci	Iranco Brofe	occionale D		סוס		•				
	National Association of Benefits	anu insu		2551011a15 P		DIF	FAC	)				
F <b>A.</b>	ull Name of Individual (Last, First, Middle Initi Willison, Clover, Denise, ,	al) or Full O	rganization Name	9	Date	of Re	eceipt					
N	Aailing Address 61029 Sky Harbor Dr		07									
Ċ	City		Zip Code			Transaction ID : 17603762						
_	Bend	OR	97702-400	5	Amou	int of	Each R	eceipt th	is Perio	d		
	EC ID number of contributing	С							C	0.00		
10	ederal political committee.								4			
	lame of Employer (for Individual) Clover Willison Insurance Services	Occi Brol	×	Memo	ltem							
	Receipt For:				_							
	Primary General	Ayyreyale	Year-to-Date ▼	500.00	Pefun	4(e) 0	n Schoo	lule B To	talina ¢1	00.00	) Thie	
	Other (specify)	L				otal to \$5		00.00	7 1113			
F	Full Name of Individual (Last, First, Middle Initi	al) or Full O	rganization Name	;								
_	Villagran, Denise, S., MBA,				Date	of Re	eceipt					
N	Aailing Address 210 S Carancahua St Ste 301				07		31	) / Y	y y 2023	Y		
	Dity	State	Zip Code		Trar	nsacti	ion ID :	PR43306	6123223	5		
(	Corpus Christi	ТХ	78401-3042	2	Amou	int of	Each R	Receipt th	is Perio	d		
	EC ID number of contributing ederal political committee.	C				30.00						
	Name of Employer (for Individual)Occupation (for Individual)90 Degree Benefits/Entrust, Inc.Broker					Memo Item						
	Receipt For:	Aggregate Year-to-Date ▼										
	Primary General			040.00	P/R De	educti	on (\$30	.00 Montl	ılv)			
	Other (specify) <b>v</b>	L	210.00				P/R Deduction (\$30.00 Monthly)					
	ull Name of Individual (Last, First, Middle Initi Schreder, Lynn, M., ,	al) or Full O	rganization Name	)	Date	of Re	eceipt					
	Aailing Address 5501 NW 86th Street				M		D D	) / Y	Y Y	Y		
-	Suite 700				07		31		2023			
	City Johnston	State IA	Zip Code 50131-1820	)				PR4330				
_	EC ID number of contributing				Amou		Each	leceipt th	is Perio	u		
	ederal political committee.	С					y		100	0.00		
	Jame of Employer (for Individual) KHI Solutions	Occi Brok	upation (for Indivi ker	dual)		Memo	o Item					
	Receipt For:	I	Year-to-Date ▼									
	Other (specify)			P/R Deduction (\$100.00 Monthly)								
<b>—</b>										_		
su	BTOTAL of Receipts This Page (optional)						y	,	130	.00		
то	TAL This Period (last page this line number o	nly)		••••••								

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

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			[	Detailed Summary Page	Ιŕ	13		14	-	15	ŕ	_	16	17
	/ information copied from such Reports and S for commercial purposes, other than using the					for the		po	se of	solici		cont	tributi	ons
	NAME OF COMMITTEE (In Full)													
$\rangle$	National Association of Benefits	s and Insu	ura	nce Professionals P	AC	(NAE	BIP	F	PAC	)				
Α.	Full Name of Individual (Last, First, Middle Ini Rubio, Hilario, Francisco, ,	tial) or Full O		Date of Receipt										
	Mailing Address 807 Grand Ave							07 31 2023						
	City	State		Transaction ID : PR433085732235 Amount of Each Receipt this Period										
	Las Vegas	NM	_											
	FEC ID number of contributing federal political committee.	С				42.00							0	
	Name of Employer (for Individual) Rubio Financial, LLC	Occi Brol		М	emo	o It	em							
	Receipt For:	Aggregate	Yea	r-to-Date ▼										
	Primary General Other (specify) ▼		669.00	F	P/R Dec	lucti	ion	(\$42.	00 M	onthl	y)			
	Full Name of Individual (Last, First, Middle Ini Adams, Carla, , CBC, GBA,,	tial) or Full O		Date of Receipt										
	Mailing Address 210 Bridget Dr			07 31 2023							Y			
	City	State		Zip Code		Trans	acti	ior	1D :	PR43	3095	032	235	
	Marble Falls	TX		78654-4127	_	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		63.00										
	Name of Employer (for Individual) Isolved	Occ Bro		Memo Item										
	Receipt For:	Aggregate		P/R Deduction (\$63.00 Monthly)										
	Primary     General       Other (specify) ▼		F											
с.	Full Name of Individual (Last, First, Middle Ini Deacon, Joseph, H., ,	tial) or Full O	Orgai	nization Name		Date of	f Re	ece	eipt					
	Mailing Address 221 1/2 Hale St					07 <sup>M</sup>	/	l	D 0 31	/	Y	y 202	23	Y
	City	State		Zip Code		Trans	acti	ioi	n ID :	PR43	3129	332	2235	
	Charleston	WV		25301-2207	_	Amoun	t of	Ea	ach R	eceip	this	Pe	eriod	
	FEC ID number of contributing federal political committee.	С						,		,			30.0	0
	Name of Employer (for Individual) Deacon & Deacon Insurance & Benefits C	Occi Brok	•	ion (for Individual)		Memo Item								
	Receipt For:	Aggregate	Yea	r-to-Date ▼										
	Primary General Other (specify)		Aggregate Year-to-Date ▼ 210.00				P/R Deduction (\$30.00 Monthly)							
s	JBTOTAL of Receipts This Page (optional)												135.0	0
т	OTAL This Period (last page this line number	only)			- •			,					-	

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

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		Detailed Summary Page	X 11	a	11b	11c	12					
			13		14	15	16	17				
Any information copied from such Repor or for commercial purposes, other than u												
NAME OF COMMITTEE (In Full)												
National Association of Be	enefits and Insu	rance Professionals F	PAC (N	٩BI	P PAC	;)						
Full Name of Individual (Last, First, M A. Sweaney, Jennifer, , ,	iddle Initial) or Full Or	rganization Name	Date	Date of Receipt								
Mailing Address 13231 Champion For	est Dr., Ste 305		M									
City	State	Zip Code	Tr	Transaction ID : PR433151832235								
Houston	TX	77069-2648	Amo	ount a	of Each F	Receipt th	is Perio					
FEC ID number of contributing federal political committee.	С			42.00								
Name of Employer (for Individual) Business Health Strategies, LLC	Occu Brok	ipation (for Individual) er		Mer	mo Item							
Receipt For:	Aggregate	Year-to-Date 🔻										
Other (specify) ▼		294.00	P/R Deduction (\$42.00 Monthly)									
Full Name of Individual (Last, First, M		rganization Name	Data of Descipt									
B. McFerrin, Dwane, C., CLU, CFF			Date	Date of Receipt								
Mailing Address 8420 West Dodge Ro				)7	/ D 1		2023	Ý				
City	State NE	Zip Code			ction ID :							
Omaha		68114-3432	Amo	ount o	of Each F	Receipt th	is Perio	d				
FEC ID number of contributing federal political committee.	C	C					85	5.00				
Name of Employer (for Individual)	Оссі	Occupation (for Individual)			Memo Item							
Senior Market Sales, LLC	Brok	Broker										
Receipt For:	Aggregate	Aggregate Year-to-Date ▼										
Other (specify) ▼		, 1595.00	P/R [	P/R Deduction (\$85.00 Monthly)								
Full Name of Individual (Last, First, M C. Christensen, H Elizabeth, , ,	iddle Initial) or Full Or	rganization Name	Date	e of I	Receipt							
Mailing Address 3013 Sonora Canyon	Rd			)7	/ 31		2023	Y				
City Weatherford	State TX	Zip Code 76087-8215			<b>ction ID</b> : of Each F							
FEC ID number of contributing federal political committee.	С					,		).00				
Name of Employer (for Individual) United Senior Services of Texas	Occu Brok	ipation (for Individual) er		Mer	mo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$30.00 Monthly)									
SUBTOTAL of Receipts This Page (opt	onal)				y		157	2.00				

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

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			Detailed Summary Page	X 11a 11b 11c 12					
An or	y information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and a	l ay not be sold or used by any pe ddress of any political committee	13     14     15     16     17       erson for the purpose of soliciting contributions       to solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full)								
	National Association of Benefits	and Insu	urance Professionals P	AC (NABIP PAC)					
Α.	Full Name of Individual (Last, First, Middle Init Dorman, Harry, , ,	ial) or Full O	rganization Name	Date of Receipt					
	Mailing Address 1500 N Casaloma Dr Suite 41	1		07 31 2023					
	City	State	Zip Code	Transaction ID : PR433197432235					
	Appleton	WI	54913-8219	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		30.00					
	Name of Employer (for Individual) Medicare Masters, LLC	Occi Age	upation (for Individual)	Memo Item					
	Receipt For:	-							
	Primary General	Aggregate	Year-to-Date <b>V</b>						
	Other (specify) V		210.00	P/R Deduction (\$30.00 Monthly)					
	Full Name of Individual (Last, First, Middle Init Long, Scott, W., , CLCS, SGS	ial) or Full O	rganization Name	Date of Receipt					
	Mailing Address 1715 Greenway Village Dr								
			1	07 31 2023					
	City	State	Zip Code	Transaction ID : PR433206832235					
	Katy	TX	77494-2175	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		30.00					
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item					
	Cornerstone Preferred Reasources		es Manager						
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General	, iggi oguto							
	Other (specify) ▼	L	210.00	P/R Deduction (\$30.00 Monthly)					
С.	Full Name of Individual (Last, First, Middle Init Brittain, Jennifer, , ,	ial) or Full O	rganization Name	Date of Receipt					
	Mailing Address 208 N. Mill			07 31 2023					
	City	State	Zip Code	Transaction ID : PR433214332235					
	Pryor	OK	74361-2422	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		85.00					
	Name of Employer (for Individual)		upation (for Individual)	Memo Item					
	Brown & Brown, Inc. Receipt For:	Brok		_					
	Primary General	Aggregate	Year-to-Date ▼						
	Other (specify)		595.00	P/R Deduction (\$85.00 Monthly)					
sı	UBTOTAL of Receipts This Page (optional)		•	145.00					

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

### SCHEDULE A (FEC Form 3X)

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IT.	EMIZED RECEIPTS		Use separate schedule(s)	(check only one)					
			for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17					
	y information copied from such Reports and Sta for commercial purposes, other than using the n			rson for the purpose of soliciting contributions					
$\setminus$	NAME OF COMMITTEE (In Full)								
	National Association of Benefits	and Insu	urance Professionals P/	AC (NABIP PAC)					
Α.	Full Name of Individual (Last, First, Middle Initia Gerken, Barb, , ,	l) or Full O	rganization Name	Date of Receipt					
	Mailing Address 5520 Monroe Street Suite A			07 / D D / Y Y Y Y 07 31 2023					
	City Sylvania	State OH	Zip Code 43560-2538	Transaction ID : PR433268332235 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		85.00					
	Name of Employer (for Individual) First Insurance Group	Occu Dire	upation (for Individual) ector	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 485.00	P/R Deduction (\$85.00 Monthly)					
в.	Full Name of Individual (Last, First, Middle Initia Shooshanian, Barbara, , ,	l) or Full O	rganization Name	Date of Receipt					
	Mailing Address 39500 High Pointe Blvd Ste 400			07 / 31 / 2023					
	City Novi	State MI	Zip Code 48375-5517	Transaction ID : PR433298732235					
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period					
	Name of Employer (for Individual) Health Alliance Administrators	Occu Brol	upation (for Individual) ker	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$30.00 Monthly)					
<u>с.</u>	Full Name of Individual (Last, First, Middle Initia Vetter, Leah, M., ,	l) or Full O	rganization Name	Date of Receipt					
	Mailing Address 10050 Regency Circle Suite 300			07 31 / Y Y Y Y 2023					
	City Omaha	State NE	Zip Code 68114-3721	Transaction ID : PR433302732235 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		30.00					
Arthur J. Gallagher Bro			upation (for Individual) ker	Memo Item					
			Year-to-Date ▼ 210.00	P/R Deduction (\$30.00 Monthly)					
s	UBTOTAL of Receipts This Page (optional)			145.00					
т	OTAL This Period (last page this line number or	ıly)	·····						

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## Use separate schedule(s)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17					
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.					
$\square$	NAME OF COMMITTEE (In Full)								
	National Association of Benefits	and Insu	urance Professionals F	PAC (NABIP PAC)					
Α.	Lovincey, Rebecca, L., ,           Mailing Address         16100 NW Cornell Rd #140	tial) or Full C	Date of Receipt						
	<u></u>	State	Zip Code	07 31 2023					
	City Beaverton	OR	97006-7361	Transaction ID : PR433347132235					
				Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		30.00					
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item					
	Price Financial Group	Age	nt						
	Receipt For:	Aggregate	Year-to-Date V						
	Primary General Other (specify) ▼		210.00	P/R Deduction (\$30.00 Monthly)					
	Full Name of Individual (Last, First, Middle Init	tial) or Full C	rganization Name						
В.	Ornellas, Helen, , ,			Date of Receipt					
	Mailing Address 239 W. Court St.			07 31 2023					
	City	State	Zip Code	Transaction ID : PR433463232235					
	Woodland	CA	95695-3080	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		42.00					
	Name of Employer (for Individual)	000	upation (for Individual)	Memo Item					
	Ornellas & Associates	Bro	1 ( )	-					
	Receipt For:	Aggrogato	Year-to-Date ▼	—					
	Primary General	Ayyreyale							
	Other (specify)	L	374.00	P/R Deduction (\$42.00 Monthly)					
с.	Full Name of Individual (Last, First, Middle Init Coogan, Michael, , ,	tial) or Full C	rganization Name	Date of Receipt					
	Mailing Address 118 North Bedford Road								
	Suite 100			07 31 2023					
	City	State	Zip Code	Transaction ID : PR433548032235					
	Mount Kisco	NY	10549-2555	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		42.00					
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item					
	Coogan FX Insurance LLC		ncy Founder						
	Receipt For:	1 -	Year-to-Date ▼						
	Primary General Other (specify)	Aggregate	294.00	P/R Deduction (\$42.00 Monthly)					
s	UBTOTAL of Receipts This Page (optional)		, ,	114.00					

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

### SCHEDULE A (FEC Form 3X) DEOFIDTO

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ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17					
			person for the purpose of soliciting contributions be to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)								
National Association of Ber	nefits and Insu	urance Professionals I	PAC (NABIP PAC)					
Full Name of Individual (Last, First, Mide A. Butler, Allison, , ,	dle Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 2800 Civic Circle Suite	200		07 31 2023					
City Amarillo	State TX	Zip Code 79109-1619	Transaction ID : PR433694532235 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		30.00					
Name of Employer (for Individual) Butler Benefits & Consulting, LLC	Occ Bro	upation (for Individual) ker	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$30.00 Monthly)					
Full Name of Individual (Last, First, Mide B. Schneider, JoEllen, , ,	dle Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 1818 W. State Street								
City Boise	State ID	Zip Code 83702-3955	Transaction ID : PR433791832235 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		42.00					
Name of Employer (for Individual) JS & BK Insurance		upation (for Individual) nefit Consultant	Memo Item					
Receipt For:	Aggregate	Year-to-Date ▼	_					
Other (specify) V		, 294.00	P/R Deduction (\$42.00 Monthly)					
Full Name of Individual (Last, First, Mide C. Skinner, Roger, W., ,	dle Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 5518 Hammock Glen D	rive		07 / D D / Y Y Y Y 2023					
City Indianapolis	State IN	Zip Code 46235-9779	Transaction ID : PR436789432235 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		30.50					
Name of Employer (for Individual) Aflac	Occ Brol	upation (for Individual) ker	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 213.50	P/R Deduction (\$30.50 Monthly)					
SUBTOTAL of Receipts This Page (option	nal)		102.50					

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

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17							
	y information copied from such Reports and S for commercial purposes, other than using the										
$\left[ \right]$	NAME OF COMMITTEE (In Full)										
	National Association of Benefits	and Insu	urance Professionals P	AC (NABIP PAC)							
Α.	Full Name of Individual (Last, First, Middle Init Van Zant, Catherine, , , Mailing Address 7136 S. Yale Ave., Suite 300,	#300		Date of Receipt							
	City Tulsa	State OK	Zip Code 74136-6381	Transaction ID : PR436801932235							
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period							
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item							
	Rogers Benefit Group, Inc.	Bro	ker								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$30.00 Monthly)							
_	Full Name of Individual (Last, First, Middle Init	ial) or Full C	rganization Name								
В.				Date of Receipt							
	Mailing Address 999 E Street NW, Ste 400	Ctoto	Zin Codo	07 / D D / Y Y Y Y 2023							
	City Washington	State DC	Zip Code 20004-2032	Transaction ID : PR436821432235 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С									
	Name of Employer (for Individual) NABIP	Occ CE	upation (for Individual) O	Memo Item							
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		1190.00	P/R Deduction (\$170.00 Monthly)							
C.	Full Name of Individual (Last, First, Middle Init Ashmore, Elizabeth, , CBC, SGS,,	ial) or Full C	rganization Name	Date of Receipt							
	Mailing Address 6102 82nd St, Bldg #6			07 / D D / Y Y Y Y 2023							
	City Lubbock	State TX	Zip Code 79424-0803	Transaction ID : PR436830332235							
			73424-0003	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		170.00							
	Name of Employer (for Individual) Ashmore/Arthur J. Gallagher, Inc.	Occ Brok	upation (for Individual) ker	Memo Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1190.00	P/R Deduction (\$170.00 Monthly)							
s	UBTOTAL of Receipts This Page (optional)		•	370.00							

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

#### SCHEDULE A (FEC Form 3X) • •

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TEMIZED RECEIPTS		for each category of the	X 11a 11b 11c 12				
		Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17				
			erson for the purpose of soliciting contributions to solicit contributions from such committee.				
NAME OF COMMITTEE (In	Full)						
/ National Associatio	n of Benefits and Insu	urance Professionals P	AC (NABIP PAC)				
A. Grundman, Robert, A., ,	t, First, Middle Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 7412 Karl D			07 / D D / Y Y Y Y 07 31 2023				
City Lincoln	State	Zip Code 68516-4368	Transaction ID : PR436838932235				
			Amount of Each Receipt this Period				
FEC ID number of contributin federal political committee.	C		50.00				
Name of Employer (for Indivi Senior Benefit Strategies	idual) Occu Brok	upation (for Individual) ker	Memo Item				
Receipt For:	Aggregate	Year-to-Date <b>V</b>					
Primary     Gene       Other (specify) ▼		350.00	P/R Deduction (\$50.00 Monthly)				
Full Name of Individual (Last B. Wright, Keith, L., ChHC,	t, First, Middle Initial) or Full O CLU,R,	rganization Name	Date of Receipt				
Mailing Address 812 S Garfie Suite 3			07 31 2023				
City	State	Zip Code	Transaction ID : PR436848532235				
Traverse City	MI	49686	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	ng C		42.00				
Name of Employer (for Indiv Wright Insurance Group	idual) Occi Brol	upation (for Individual) ker	Memo Item				
Receipt For:		Year-to-Date ▼					
Primary     Gene       Other (specify) ▼		, 294.00	P/R Deduction (\$42.00 Monthly)				
Full Name of Individual (Last C. Trebing, C. Louanne, ,	t, First, Middle Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 1806 Pattor			07 / D D / Y Y Y Y 2023				
City	State	Zip Code	Transaction ID : PR436856932235				
Garland	TX	75042-8205	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	ng C		30.00				
Name of Employer (for Indivi Trebing Insurance Services	idual) Occu Brok	upation (for Individual) er	Memo Item				
Receipt For:	Aggregate	Year-to-Date 🔻					
Other (specify)	eral	210.00	P/R Deduction (\$30.00 Monthly)				
SUBTOTAL of Receipts This F	Page (optional)		122.00				
TOTAL This Period (last page							

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FOR LINE NUMBER:

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		Detailed Summary Page		<b>&lt;</b> 11a	11b	11c	12						
				13	14	15	16	17					
Any information copied from such or for commercial purposes, othe	r than using the name and a												
NAME OF COMMITTEE (In Fi	(IIL)												
		urance Professionals F	PAC	(NAB	SIP PA	AC)							
Full Name of Individual (Last,		rganization Name		Det									
A. Freeman, Michael, J., CLU					f Receip								
Mailing Address 2333 Camino	Del Rio South			07 31 2023									
Suite 200 City	State	Zip Code	$\neg$	Transaction ID : PR436861832235									
San Diego	CA	92108-3600		Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C			<u> </u>			30.						
Name of Employer (for Individe Countywide Health Ins. Service	,	upation (for Individual) nt		M	emo Iter	m							
Receipt For:		Year-to-Date ▼	$\neg$										
Primary   General     Other (specify) ▼		210.00	]   '	P/R Ded	luction (S	\$30.00 Mor	nthly)						
Full Name of Individual (Last, B. Wilson, Paula, L., ,	First, Middle Initial) or Full O	rganization Name		Date of Receipt									
	Mailing Address 31930 Daniel Way						07 31 Y Y Y Y Y 2023						
City	State	Zip Code		Trans	action I	D : PR4368	373532235						
Temecula	CA	92591-2129		Amount	t of Eac	h Receipt t	this Period						
FEC ID number of contributing federal political committee.	C			85.00									
Name of Employer (for Individ Paula Wilson, Inc.	ual) Occ Bro	upation (for Individual) ker		Memo Item									
Receipt For:		Year-to-Date <b>V</b>											
Other (specify)		595.00	]   F	P/R Deduction (\$85.00 Monthly)									
Full Name of Individual (Last, C. Trahin, Cindy, K., RHU,	First, Middle Initial) or Full O CSA,	rganization Name		Date of	f Receip	t							
Mailing Address 7127 Homest				<sup>M</sup> 07	JL	31 /	2023						
City Fort Wayne	State	Zip Code 46814-4601				ID : PR436							
				Amount	t of Eac	h Receipt t	this Period						
FEC ID number of contributing federal political committee.	C			Ľ.	- y		50.	.00					
Name of Employer (for Individe Trahin Insurance Services LLC	ual) Occi Brok	upation (for Individual) er		M	emo Itei	m							
Receipt For: Primary Genera Other (specify)		Year-to-Date ▼ 350.00	P/R Deduction (\$50.00 Monthly)										
SUBTOTAL of Receipts This Pa	ge (optional)		•		. ,		165.	00					
TOTAL This Period (last page th	is line number only)		•										

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

FOR LINE NUMBER:

(check only one)

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ITEIVIIZED RECEIPTS		Deteiled Current Para		X 11a 11b 11c 12								
		Detailed Summary Page		13		14	15	10		17		
Any information copied from such Reports or for commercial purposes, other than us				for the		pose of	soliciting	g contr	ibutio	ons		
NAME OF COMMITTEE (In Full)					_				_			
National Association of Ber	PAC	(NAB	IP	PAC	)							
Full Name of Individual (Last, First, Mid A. Stuart, Rodney, , ,	dle Initial) or Full O	rganization Name		Date of	Re	eceipt						
Mailing Address 484 E Carmel Dr Suite 358				м м 07	1	31		Y 202	3	ſ		
City Carmel	State	Zip Code 46032-2812	-				PR4368					
FEC ID number of contributing federal political committee.	С			Amount	. 01	Each H	eceipt th		10d 50.00	)		
Name of Employer (for Individual) Strategic Insurance Inc.	Occu Brol	upation (for Individual) ker		Me	emo	) Item						
Receipt For:	-											
								hly)				
Full Name of Individual (Last, First, Mid Janway, Leah-Anne, , ,	dle Initial) or Full O	nitial) or Full Organization Name										
Mailing Address 2225 SW 96				07 31 Y Y Y Y Y 2023								
City Oklahoma City	State	State Zip Code OK 73159-6861					Transaction ID : PR436901532235 Amount of Each Receipt this Period					
FEC ID number of contributing					. ot	⊨acn R	eceipt th	iis Per	IOC	_		
federal political committee.	C				_	- <b>y</b>			30.00	)		
Name of Employer (for Individual) Self	Occ Bro	upation (for Individual) ker		Me	emo	) Item						
Receipt For:	Aggregate	Year-to-Date ▼										
Other (specify) ▼	Primary     General       Other (specify) ▼				P/R Deduction (\$30.00 Monthly)							
Full Name of Individual (Last, First, Mid Booth, Tonya, S., ,	dle Initial) or Full O	rganization Name		Date of	Re	eceipt						
Mailing Address P.O. Box 2542				07	1	31	/ Y	2023				
432 Halifax Drive	State	Zip Code	_		acti	- i-	PR4369	1. Alt 1.				
Coppell	TX	75019-8500					eceipt th					
FEC ID number of contributing federal political committee.	С					, .	 	1	00.00	)		
Name of Employer (for Individual) BIZ Benefits, LLC	Occu Brok	Memo Item										
Receipt For:	Aggregate	Year-to-Date <b>V</b>										
Primary General Other (specify)		]   F	P/R Ded	lucti	ion (\$10	0.00 Mor	nthly)					
SUBTOTAL of Receipts This Page (option	nal)		•					18	30.00	)		
TOTAL This Period (last page this line nu	Imber only)	· · · · · · · · · · · · · · · · · · ·	•			,			-			

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s) for each category of the	(check only one)			
		Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17			
Any information copied from such Reports or for commercial purposes, other than us	and Statements mang the name and a	ay not be sold or used by any p ddress of any political committe	berson for the purpose of soliciting contributions e to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)						
National Association of Ber	nefits and Insu	urance Professionals F	PAC (NABIP PAC)			
Full Name of Individual (Last, First, Mid A. Shaffer, Annette, , ,	dle Initial) or Full C	rganization Name	Date of Receipt			
Mailing Address 418 South Main Street	Mailing Address 418 South Main Street					
City Findlay	State OH	Zip Code 45840-3273	Transaction ID : PR436917232235			
<b>·</b>		43040 3213	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		30.00			
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item			
Group Benefit Consultants	Brol	ker				
Receipt For:	Aggregate	Year-to-Date ▼				
Primary General	33 - 3 - 4		P/R Deduction (\$30.00 Monthly)			
Other (specify) <b>v</b>		210.00				
Full Name of Individual (Last, First, Mid	dle Initial) or Full C	rganization Name				
B. Kaczmarek, Lawrence, , ,			Date of Receipt			
Mailing Address 145 N. Chestnut St., <u>Ste. 202</u> City	State	Zip Code	07 31 2023			
Ravenna	OH	44266-4009	Transaction ID : PR436923432235			
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 31.00			
Name of Employer (for Individual)		upation (for Individual)	Memo Item			
Kaczmarek Ins. Services Agency, Inc. Receipt For:	Bro	-				
Primary General	Aggregate	Year-to-Date ▼	_			
Other (specify) ▼		, 217.00	P/R Deduction (\$31.00 Monthly)			
Full Name of Individual (Last, First, Mid C. Stenger, James, R., ,	dle Initial) or Full C	rganization Name	Date of Receipt			
Mailing Address 8926 Crown Colony Bo	ulevard		07 / D D / Y Y Y Y 2023			
City Fort Myers	State FL	Zip Code 33908-5627	Transaction ID : PR436939932235			
		33300-3027	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		85.00			
Name of Employer (for Individual) AgencySmart	Occ Brok	upation (for Individual) ker	Memo Item			
Receipt For:	Aggregate	Year-to-Date <b>V</b>				
Other (specify)		510.00	P/R Deduction (\$85.00 Monthly)			
SUBTOTAL of Receipts This Page (option	nal)		146.00			
TOTAL This Period (last page this line nu	imber only)					

### Use separate schedule(s)

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17	EMIZED RECEIPTS		Use separate schedule(s)	(check only one)				
			for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$				
	y information copied from such Reports and Stat for commercial purposes, other than using the n			rson for the purpose of soliciting contributions				
	NAME OF COMMITTEE (In Full)		·····					
$\rangle$	National Association of Benefits a	and Insu	urance Professionals PA	AC (NABIP PAC)				
Α.	Full Name of Individual (Last, First, Middle Initial Seifert, Greg, , ,	) or Full O	rganization Name	Date of Receipt				
Mailing Address 3311 NE 115th St.				07 31 Y Y Y Y Y 2023				
	City Vancouver	State WA	Zip Code 98686-3945	Transaction ID : PR436941632235 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		50.00				
	Name of Employer (for Individual) Self Employed	Occu Brok	upation (for Individual) ker	Memo Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00	P/R Deduction (\$50.00 Monthly)				
_	Full Name of Individual (Last, First, Middle Initial Woods, John, T., ,	) or Full O	rganization Name	Date of Descipt				
в.	Mailing Address 1700 East Market Street Suite 110			Date of Receipt 07 31 2023				
	City	State OH	Zip Code	Transaction ID : PR436950032235				
	Warren		44483-6625	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		30.00				
	Name of Employer (for Individual) INSURANCE NAVIGATORS AGENCY	Occu Broł	upation (for Individual) ker	Memo Item				
		Aggregate	Year-to-Date 🔻					
	Other (specify)		210.00	P/R Deduction (\$30.00 Monthly)				
C.	Full Name of Individual (Last, First, Middle Initial Holland, Robert, V., ,	) or Full O	rganization Name	Date of Receipt				
	Mailing Address PO Box 698	1		07 31 2023				
	City Centralia	State WA	Zip Code 98531-0698	Transaction ID : PR436961732235 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.								
	Name of Employer (for Individual) Centralia General Agencies	Occu Brok	upation (for Individual) er	Memo Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 441.00	P/R Deduction (\$63.00 Monthly)				
s	UBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	143.00				
т	OTAL This Period (last page this line number on	ly)						

FEC Schedule A (Form 3X) Rev. 06/2016

## Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	y information copied from such Reports and Stat for commercial purposes, other than using the na			
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) National Association of Benefits a	and Insi	urance Professionals PA	C (NABIP PAC)
Α.	Primary General	State CT C Occ Brol	Zip Code 06357-2454	Date of Receipt 07 31 2023 Transaction ID : PR436986832235 Amount of Each Receipt this Period 125.00 Memo Item P/R Deduction (\$125.00 Monthly)
	Ull Name of Individual (Last, First, Middle Initial	) or Full C	875.00 Drganization Name	
	Splawn, William, Craig, , Mailing Address 800 Avenue C City Katy FEC ID number of contributing federal political committee.	State TX	Zip Code 77493-2302	Date of Receipt
	Name of Employer (for Individual)         Splawn & Associates         Receipt For:         Primary       General         Other (specify) ▼	Bro	cupation (for Individual) oker e Year-to-Date ▼ 350.00	P/R Deduction (\$50.00 Monthly)
C.	Full Name of Individual (Last, First, Middle Initial Fristoe, Kelly, Don, LUTCF, SGS, Mailing Address PO Box 4789	) or Full C	Drganization Name	Date of Receipt
	City Wichita Falls FEC ID number of contributing federal political committee. Name of Employer (for Individual) Financial Partners Receipt For: Primary General Other (specify)	Brok	Zip Code 76308-0789	Transaction ID : PR437002332235         Amount of Each Receipt this Period         30.00         Memo Item         P/R Deduction (\$30.00 Monthly)
	UBTOTAL of Receipts This Page (optional)		<b>r</b>	205.00
T	OTAL This Period (last page this line number on	ıy)	•••••••••••••••••••••••••••••••••••••••	

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11	EMIZED RECEIPTS		tor each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17			
	y information copied from such Reports and St for commercial purposes, other than using the			e to solicit contributions from such committee.			
$\square$	NAME OF COMMITTEE (In Full)						
	National Association of Benefits	and Insu	urance Professionals F	PAC (NABIP PAC)			
Α.	Full Name of Individual (Last, First, Middle Initi Thorn, Ryan, P., , Mailing Address 10342 South Springcrest Lane		rganization Name	Date of Receipt			
				07 31 2023			
	City	State UT	Zip Code	Transaction ID : PR437004032235			
	South Jordan	01	84095-4538	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		40.00			
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item			
	Ryan P. Thorn Insurance Planning, Inc.	Brol	ker				
	Receipt For:	Aggregate	Year-to-Date V				
	Primary General			P/R Deduction (\$40.00 Monthly)			
	Other (specify) ▼	L	280.00				
_	Full Name of Individual (Last, First, Middle Init	ial) or Full C	rganization Name				
В.	Buie, Scott, T., ,			Date of Receipt			
	Mailing Address 4525 S 2300 E	07 31 2023					
	City Ste 201	State	Zip Code				
	Salt Lake City	UT	84117-4639	Transaction ID : PR437010532235 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		50.00			
	Name of Employer (for Individual)	Occ	Memo Item				
	Buie Insurance Services	Bro	ker				
	Receipt For:	Aggregate	Year-to-Date <b>V</b>				
	Primary General		250.00	P/R Deduction (\$50.00 Monthly)			
	Other (specify) <b>v</b>	L	, 350.00				
с.	Full Name of Individual (Last, First, Middle Init Gray, Michael, D., RHU,	ial) or Full C	rganization Name	Date of Receipt			
	Mailing Address 601 R St.			07 31 2023			
	Ste. 150	State	Zip Code	07 31 2023 Transaction ID : PR437016732235			
	Lincoln	NE	68508-1540	Amount of Each Receipt this Period			
	FEC ID number of contributing						
	federal political committee.	C		100.00			
	Name of Employer (for Individual) FNIC	Occ Brok	upation (for Individual) ker	Memo Item			
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General Other (specify)		775.00	P/R Deduction (\$100.00 Monthly)			
s	UBTOTAL of Receipts This Page (optional)			190.00			

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

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			Detailed Summary Page		<b>&lt;</b> 11a		11b	11c	12		
An	y information copied from such Reports and Stat	ements ma	y not be sold or used by any n	erson	13 for the	puri	14 pose of s	15 soliciting	16 contribu	17 tions	
	for commercial purposes, other than using the na										
$\backslash$	NAME OF COMMITTEE (In Full)										
/	National Association of Benefits a	and Insu	rance Professionals F	PAC	(NAB	βIΡ	PAC)				
Δ	Full Name of Individual (Last, First, Middle Initial Duhon, Keith, M., ,	) or Full Or	ganization Name		Date of	Ro	ceint				
٦.	Mailing Address PO Box 80158								YY	V	
	FO Box 80136							, 1	2023	·	
	City	State Zip Code			Trans	act	ion ID : F	PR43701	7132235		
	Lafayette	LA	70598-0158	_	Amount	t of	Each Re	eceipt th	is Period		
	FEC ID number of contributing federal political committee.	С					-	-	30.		
	Name of Employer (for Individual) The Family Insurance Center, Inc.	Occupation (for Individual) Broker			M	emc	tem				
	Receipt For: Aggregate Year-to-Date ▼										
	Primary General Other (specify) ▼	1	P/R Deduction (\$30.00 Monthly)								
	Full Name of Individual (Last, First, Middle Initial Kaczmarek, T. Darlene, , ,	) or Full Or		Date of	Re	eceipt					
	Mailing Address 145 N. Chestnut St., Suite 202						07 31 2023				
	City	State Zip Code				Transaction ID : PR437026332235					
	Ravenna	OH 44266-4009					Amount of Each Receipt this Period				
	C ID number of contributing deral political committee.							-	31.	00	
	Name of Employer (for Individual) Kaczmarek Ins. Services Agency, Inc.						tem				
	Receipt For:	Aggregate	Year-to-Date 🔻								
	Primary General Other (specify) <b>v</b>	217.00					P/R Deduction (\$31.00 Monthly)				
<u>с.</u>	Full Name of Individual (Last, First, Middle Initial Blizman, Donna, J., ,	) or Full Or	ganization Name		Date of	Re	eceipt				
	Mailing Address 1939 Racimo Dr				07	/	D D 31	/ Y	y 2023	Y	
	City	State FL	Zip Code 34240-9426				-		31532235		
	Sarasota		34240-9426	_	Amount	t of	Each Re	eceipt th	is Period		
	FEC ID number of contributing federal political committee.	С			<u> </u>	_	,	,	30.	00	
	Name of Employer (for Individual) Employee Benefits Marketing Group					Memo Item					
	Receipt For:	Aggregate	Year-to-Date 🔻								
	Primary General Other (specify)	210.00					ion (\$30.0	00 Montl	hly)		
s	UBTOTAL of Receipts This Page (optional)			▶			9	,	91.	00	
Т	OTAL This Period (last page this line number on	ly)						-			

## Use separate schedule(s)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17	
				erson for the purpose of soliciting contributions e to solicit contributions from such committee.	
$\setminus$	NAME OF COMMITTEE (In Full)				
	National Association of Benefit			PAC (NABIP PAC)	
	Full Name of Individual (Last, First, Middle In Hayes, Leesa, Kay, , Mailing Address 812 Lyndon Lane Suite 101	Date of Receipt			
	OTZ Lyndon Lane Suite ToT	07 31 2023			
	City	State	Zip Code	Transaction ID : PR437043332235	
	Louisville	KY	40222-3844	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		30.00	
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item	
	BIM Group	Bro	ker		
	Receipt For:	Aggregate	Year-to-Date V		
	Primary General	, iggi oguto		P/R Deduction (\$30.00 Monthly)	
	Other (specify) <b>v</b>		210.00	The Deduction (\$50.00 Monthly)	
	Full Name of Individual (Last, First, Middle In	itial) or Full C	rganization Name		
	Ameling, Mary, K., ,	Date of Receipt			
	Mailing Address 1202 Wood Lily Circle	07 / D D / Y Y Y Y 2023			
	City	State NC	Zip Code 28451-7686	Transaction ID : PR437057732235	
	Leland	INC	20431-7000	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		30.00	
	Name of Employer (for Individual)	Memo Item			
	Ganey, Byrd, & Dunn Insurance Group, I				
	Receipt For:	Aggregate	Year-to-Date V		
	Primary General			P/R Deduction (\$30.00 Monthly)	
	Other (specify)		, 210.00		
с.	Full Name of Individual (Last, First, Middle In Olson, Terri, M., ,	itial) or Full C	rganization Name	Date of Receipt	
	Mailing Address P. O. Box 21479			M M / D D / Y Y Y Y 07 31 2023	
	City	State	Zip Code	Transaction ID : PR437070232235	
	Keizer	OR	97307-1479	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		65.00	
	Name of Employer (for Individual) Olson Insurance	Occ Brol	upation (for Individual)	Memo Item	
	Receipt For:				
	Primary General	Aggregate	Year-to-Date ▼ 455.00	P/R Deduction (\$65.00 Monthly)	
	Other (specify)			1	
s	UBTOTAL of Receipts This Page (optional)			125.00	

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

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## Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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ITEIVIIZED RECEIPTS		for each category of the	X 11a 11b 11c 12			
		Detailed Summary Page				
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.			
│ NAME OF COMMITTEE (In Full)						
National Association o	f Benefits and Insu	urance Professionals F	PAC (NABIP PAC)			
Full Name of Individual (Last, Fir A. Alberts, Suzy, , ,	. ,	rganization Name	Date of Receipt			
Ste 535						
City Southfield	State	Zip Code 48076-4213	Transaction ID : PR437076132235			
	IVII	40070-4213	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		84.00			
Name of Employer (for Individual Comprehensive Benefits, Inc.	) Occi Brol	upation (for Individual) ker	Memo Item			
Receipt For:	Aggregate	Year-to-Date ▼				
Primary General Other (specify) ▼		P/R Deduction (\$84.00 Monthly)				
Full Name of Individual (Last, Fir B. Smith, Kevin, W., CLU, RHU		rganization Name	Date of Receipt			
Mailing Address P.O. Box 674103	07 31 2023					
City	State	Zip Code	Transaction ID : PR437077232235			
Marietta	GA	30006-0069	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		30.00			
Name of Employer (for Individua KSA Insurance Agency, LLC	) Occ Bro	upation (for Individual) ker	Memo Item			
Receipt For:	Aggregate	Year-to-Date ▼				
Primary       General         Other (specify) ▼		210.00	P/R Deduction (\$30.00 Monthly)			
Full Name of Individual (Last, Fir C. Koehler, Linda Rose, , LP		rganization Name	Date of Receipt			
Mailing Address 2 Treeble Ct			07 31 / Y Y Y Y Y 2023			
City	State	Zip Code	Transaction ID : PR437090132235			
Greensboro	NC	27406-5375	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		30.00			
Name of Employer (for Individual		upation (for Individual)	Memo Item			
Koehler Insurance Agency	Brok		-			
Receipt For:	Aggregate	Year-to-Date ▼				
Primary General Other (specify)		260.00	P/R Deduction (\$30.00 Monthly)			
SUBTOTAL of Receipts This Page	(optional)		144.00			
TOTAL This Period (last page this	line number only)					

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			Use separate schedule(s)	(check only one)			
			for each category of the Detailed Summary Page	X 11a 13	11b 11 14 15		17
	mation copied from such Reports and Stat mmercial purposes, other than using the n				urpose of solici	iting contribu	utions
	OF COMMITTEE (In Full)						
Nat	ional Association of Benefits a	and Insu	Irance Professionals PA	AC (NABI	P PAC)		
	ame of Individual (Last, First, Middle Initial phens, James, R., ,	) or Full Or	ganization Name	Date of I	Receipt		
Mailin	g Address 3350 Riverwood Parkway Suite 1900			M M M	/ D D / 31	Y Y Y 2023	Y
City Atlant	a	State GA	Zip Code 30339-2066		ction ID : PR43 of Each Receip		
	D number of contributing I political committee.	С				30	.00
Benef		Occu Brok	pation (for Individual) er	Mer	no Item		
	ot For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	P/R Dedu	ction (\$30.00 M	onthly)	
	ame of Individual (Last, First, Middle Initial EVILLY, BRIAN, J., RHU,	) or Full Or	ganization Name	Date of I	Receipt		
	g Address 7260 West Azure Drive #140-201	Chata	Zin Onde	07 / D D / Y Y Y Y 31 2023			
City Las V	enas	State NV	Zip Code 89130-7999		ction ID : PR43		
FEC I	D number of contributing I political committee.	C			of Each Receip		.00
	of Employer (for Individual) Ily Benefits	Occu Brok	ipation (for Individual) ter	Mer	no Item		
	Primary General	Aggregate `	Year-to-Date ▼	P/R Dedu	ction (\$42.00 M	onthly)	
	Other (specify) ▼		, 294.00				
	ame of Individual (Last, First, Middle Initial ton, Bruce, D., , RHU, REBC	) or Full Or	ganization Name	Date of I	Receipt		
	g Address 20058 Ventura Blvd #10	1 -		07	/ D D / 31	Y Y Y 2023	_
City Wood	lland Hills	State CA	Zip Code 91364-2637		ction ID : PR43 of Each Receip		
	D number of contributing I political committee.	С			y	85	.00
Name of Employer (for Individual) Genesis Financial & Insurance Services		Occupation (for Individual) Broker			no Item		
	ot For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 595.00			ction (\$85.00 M	lonthly)	
SUBTO	TAL of Receipts This Page (optional)		•		,	157	.00
TOTAL	This Period (last page this line number on	ly)	•				

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ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the	(check only one)			
. 1			Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         1			
	y information copied from such Reports and St for commercial purposes, other than using the			rson for the purpose of soliciting contributions			
	NAME OF COMMITTEE (In Full)						
	National Association of Benefits	and Insu	urance Professionals P	AC (NABIP PAC)			
	Full Name of Individual (Last, First, Middle Initi	al) or Full O	rganization Name				
Α.	Antongiovanni, Joanna, , ,			Date of Receipt			
	Mailing Address 1826 N. Loop 1604 W Suite 375			07 31 Y Y Y Y Y 07 31 2023			
	City San Antonio	State TX	Zip Code 78248-4535	Transaction ID : PR437128032235			
				Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		30.00			
	Name of Employer (for Individual)	Оссі	upation (for Individual)	Memo Item			
	Higginbotham Ins Agency, Inc.	Brok	ker	_			
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General			P/R Deduction (\$30.00 Monthly)			
	Other (specify) <b>v</b>		210.00				
	Full Name of Individual (Last, First, Middle Initi Aguilar, Terry, , CEBS,	al) or Full O	rganization Name	Data of Descint			
D.	Mailing Address 3000 A Street, Suite 400			Date of Receipt			
		07 31 2023					
	City	State AK	Zip Code	Transaction ID : PR437182332235			
	Anchorage	An	99503-4040	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		150.00			
	Name of Employer (for Individual) Wilson Albers	Occi Bro	upation (for Individual) ker	Memo Item			
	Receipt For:	Anareaste	Year-to-Date ▼	_			
	Primary General	Aggregate		D/D Daduction (\$450.00 Manthly)			
	Other (specify) V		1700.00	P/R Deduction (\$150.00 Monthly)			
<u> </u>	Full Name of Individual (Last, First, Middle Initi Debler, John, O., RHU, ChHC,,	al) or Full O	rganization Name	Date of Receipt			
З.	Mailing Address 1102 E Laurel St.						
				07 31 2023			
	City	State	Zip Code	Transaction ID : PR437196432235			
	Rockport	TX	78382-2815	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		30.00			
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item			
	GSM Insurors	Brok	1 ( )				
	Receipt For:	Aggregate	Year-to-Date V				
	Primary General	33 - 3		P/R Deduction (\$30.00 Monthly)			
	Other (specify)	L	210.00				
s	UBTOTAL of Receipts This Page (optional)		•	210.00			
т	OTAL This Period (last page this line number c	nly)	•				

## Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17	
	ny information copied from such Reports and SI for commercial purposes, other than using the			erson for the purpose of soliciting contributions	
$\setminus$	NAME OF COMMITTEE (In Full)				
	National Association of Benefits	and Insu	urance Professionals F	PAC (NABIP PAC)	
Α.		ial) or Full C	organization Name	Date of Receipt	
	Mailing Address 1320 Magnolia Bay Ct		7.0	07 / D D / Y Y Y Y 2023	
	City Maitland	State FL	Zip Code 32789	Transaction ID : PR437196732235	
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period	
	Name of Employer (for Individual) Fringe Benefit Plans, Inc.	Occ Brol	upation (for Individual) ker	Memo Item	
	Receipt For:	Aggregate	Year-to-Date ▼		
	Other (specify) ▼		210.00	P/R Deduction (\$30.00 Monthly)	
в.		ne of Individual (Last, First, Middle Initial) or Full Organization Name Joshua, D., ,			
	Mailing Address 300 Madison Avenue Suite 270	07 / D D / Y Y Y Y 07 31 2023			
	City Toledo	State OH	Zip Code 43604-1568	Transaction ID : PR437203332235	
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period	
	Name of Employer (for Individual) Paramount Health & Dental Plans	Memo Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$30.00 Monthly)	
<u></u> с.	Full Name of Individual (Last, First, Middle Init Garbina, James, S., ,	ial) or Full C	organization Name	Date of Receipt	
	Mailing Address 14010 FNB Pkwy Ste 300	07 / D D / Y Y Y Y 2023			
	City Omaha	State NE	Zip Code 68154-5235	Transaction ID : PR437212232235	
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period	
	Name of Employer (for Individual) First Insurance Group, LLC dba FNIC	Occ Brok	upation (for Individual) ker	Memo Item	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 595.00	P/R Deduction (\$85.00 Monthly)	
s	UBTOTAL of Receipts This Page (optional)			145.00	
т	OTAL This Period (last page this line number of	only)			

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)				
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17				
Any information copied from such Reports or for commercial purposes, other than us	and Statements ma ing the name and a	ay not be sold or used by any p ddress of any political committe	person for the purpose of soliciting contributions te to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)	0						
National Association of Be	nefits and Insu	urance Professionals F	PAC (NABIP PAC)				
Full Name of Individual (Last, First, Mic A. Cooper, Catherine, L., ,	Idle Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 17232 Brookview Dr.			07 31 2023				
City	State	Zip Code	Transaction ID : PR437218332235				
Livonia	MI	48152-4543	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		200.00				
Name of Employer (for Individual) Comprehensive Benefits	Occi Brol	upation (for Individual) ker	Memo Item				
Receipt For:	Aggregate	Year-to-Date V					
Primary     General       Other (specify) ▼		4000.00	P/R Deduction (\$200.00 Monthly)				
Full Name of Individual (Last, First, Mic	Idla Initial) or Full O	rappization Namo					
B. Daubert, James, F., CLU,			Date of Receipt				
Mailing Address P.O. Box 67220			07 31 2023				
City Lincoln	State	Zip Code 68506-7220	Transaction ID : PR437219632235				
		00300-7220	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		85.00				
Name of Employer (for Individual) First Concord Benefits Group	Occ Bro	upation (for Individual) ker	Memo Item				
Receipt For:	Aggregate	Year-to-Date 🔻					
Other (specify)		595.00	P/R Deduction (\$85.00 Monthly)				
Full Name of Individual (Last, First, Mic C. Musser, Rita, A., ,	Idle Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 3330 Thames Drive			07 31 Y Y Y Y 07 31 2023				
City	State	Zip Code	Transaction ID : PR437229132235				
Fort Wayne	IN	46815-5994	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		30.00				
Name of Employer (for Individual) Senior Insurance Solutions	Occi Brok	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$30.00 Monthly)				
SUBTOTAL of Receipts This Page (optio	nal)		315.00				
TOTAL This Period (last page this line n	umber only)						

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171	ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)							
			for each category of the Detailed Summary Page	X 11a	11b 14	11c	12 16	17			
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	ay not be sold or used by any pe	rson for the	purpose of ntributions fr	soliciting	contribu	tions			
	NAME OF COMMITTEE (In Full)										
	National Association of Benefits	urance Professionals P	AC (NAB	IP PAC	)						
Α.	Full Name of Individual (Last, First, Middle Initi Gardner, Joy, K., LUTCF,	ial) or Full O	Organization Name	Date of	Receipt						
	Mailing Address 9424 Double R Blvd			07	/ D D 31	/ Y	y y 2023	Y			
	City Reno	State NV	Zip Code 89521-5977		action ID : of Each Re						
	FEC ID number of contributing federal political committee.	С					50.	00			
	Name of Employer (for Individual) Comstock Insurance	Occu Brok	upation (for Individual) ker	M	emo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	P/R Ded	uction (\$50.	00 Month	ıly)				
в.	Full Name of Individual (Last, First, Middle Initi Rowe, Peter, L., CLU,	ial) or Full O	Organization Name	Date of	Receipt						
	Mailing Address 7878 N. 16th Street Suite 130-22			07 / D D / Y Y Y Y Y 2023							
	City Phoenix	State AZ	Zip Code 85020		action ID : I						
	FIGENIX FEC ID number of contributing federal political committee.	C		Amount	of Each R	eceipt thi	s Period 415.	00			
	Name of Employer (for Individual)		upation (for Individual)		emo Item						
	Arcwood Benefits Consulting, Inc. Receipt For:	Brol		_							
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3030.00	P/R Ded	uction (\$415	5.00 Mont	hly)				
с.	Full Name of Individual (Last, First, Middle Initi Barton-Lewis, Diane, L., ,	ial) or Full O	Organization Name	Date of	Receipt						
	Mailing Address 615 E Britton Rd			м м 07	/ D D 31	/ Y	2023 Y	Y			
	City Oklahoma City	State OK	Zip Code 73114-7710		of Each R						
	FEC ID number of contributing federal political committee.	С			. <u>.</u>		30.	00			
	Gallagher Benefit Services, Inc.		upation (for Individual) ker	M	Memo Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 260.00	P/R Ded	uction (\$30.	.00 Month	nly)				
s	UBTOTAL of Receipts This Page (optional)		•			.,	495.0	00			
т	OTAL This Period (last page this line number of	only)	▶								

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FOR LINE NUMBER:

PAGE 122 OF

IT!	ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)							
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$							
	y information copied from such Reports and St for commercial purposes, other than using the			erson for the purpose of soliciting contributions							
	NAME OF COMMITTEE (In Full)										
	National Association of Benefits	and Insu	urance Professionals P	AC (NABIP PAC)							
A.	Full Name of Individual (Last, First, Middle Init Merken, Monte, A., ,	ial) or Full O	rganization Name	Date of Receipt							
	Mailing Address 24577 Indian Hill Lane			07 31 2023							
	City	State	Zip Code	Transaction ID : PR437256132235							
	West Hills	CA	91307-3829	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		30.00							
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item							
	Merken Insurance, Petersen Internation	Brol	ker								
	Receipt For:	Aggregate	Year-to-Date V								
	Primary General	33 - 3		P/R Deduction (\$30.00 Monthly)							
	Other (specify) <b>v</b>	L	210.00								
	Full Name of Individual (Last, First, Middle Init	ial) or Full O	rganization Name								
Β.	McLane, Mark, A., ,			Date of Receipt							
	Mailing Address 3301 Veterans Drive, Suite 21		Zin Code	07 / 31 / 2023							
	City Traverse City	State MI	Zip Code 49684-4575	Transaction ID : PR437258332235							
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 30.00							
	Name of Employer (for Individual) Mark McLane Insurance	Occ Bro	upation (for Individual) ker	Memo Item							
	Receipt For:	Angregate	Year-to-Date ▼	_							
	Primary General	riggiogato		D/D Deduction (\$20.00 Monthly)							
	Other (specify) ▼		210.00	P/R Deduction (\$30.00 Monthly)							
с.	Full Name of Individual (Last, First, Middle Init Powers-Booth, Sandra, Lee, ,	ial) or Full O	rganization Name	Date of Receipt							
	Mailing Address 4817 S. 175th Street			07 31 2023							
	City	State	Zip Code	Transaction ID : PR437264332235							
	Seatac	WA	98188-3710	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		42.00							
	Name of Employer (for Individual) Health Benefits Northwest	Occi Brok	upation (for Individual) ker	Memo Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 294.00	P/R Deduction (\$42.00 Monthly)							
$\vdash$	UBTOTAL of Receipts This Page (optional)			102.00							

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		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17						
Any information copied from such Reports or for commercial purposes, other than us	and Statements main the name and a	ay not be sold or used by any p ddress of any political committe	person for the purpose of soliciting contributions te to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)									
National Association of Bei	nefits and Insu	urance Professionals I	PAC (NABIP PAC)						
Full Name of Individual (Last, First, Mic A. Hardy, Allen, D., , LUTCF	dle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 802 Kosciusko Road P.O. Box 89			07 / D D / Y Y Y Y 2023						
City Philadelphia	State MS	Zip Code 39350-3555	Transaction ID : PR437264932235 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		30.00						
Name of Employer (for Individual) Philadelphia Security Insurance	Occi Brol	upation (for Individual) ker	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$30.00 Monthly)						
Full Name of Individual (Last, First, Mic B. Harte, Heather, Roberts, ,	dle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 11365 Avant Lane			07 / D D / Y Y Y Y Y 07 31 2023						
City _Cincinnati	State OH	Zip Code 45249-2373	Transaction ID : PR437268332235 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		30.00						
Name of Employer (for Individual) Pinnacle Health & Benefits	Occ Bro	upation (for Individual) ker	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$30.00 Monthly)						
Full Name of Individual (Last, First, Mic C. Toups, Jennifer, L., ,	dle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address #1 Galleria Blvd, Suite			07 / D D / Y Y Y Y 2023						
City Metairie	State LA	Zip Code 70001-2092	Transaction ID : PR437270532235 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		85.00						
Name of Employer (for Individual) Humana	Occi Brok	upation (for Individual) ker	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 595.00	P/R Deduction (\$85.00 Monthly)						
SUBTOTAL of Receipts This Page (option	nal)		145.00						
TOTAL This Period (last page this line nu	Imber only)								

### Use separate schedule(s)

FOR LINE NUMBER:

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IT!	EMIZED RECEIPTS		Use separate schedule(s)	(check only one)								
11			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
	y information copied from such Reports and Stat for commercial purposes, other than using the n			son for the purpose of soliciting contributions								
	NAME OF COMMITTEE (In Full)											
$\rangle$	National Association of Benefits a	and Insu	urance Professionals PA	AC (NABIP PAC)								
Α.	Full Name of Individual (Last, First, Middle Initia Hissong, James, H., ,	l) or Full O	rganization Name	Date of Receipt								
	Mailing Address 8401 Widmer Rd			07 31 Y Y Y Y Y 2023								
	City State Lenexa KS		Zip Code 66215-5416	Transaction ID : PR437274732235 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.				30.00								
	Name of Employer (for Individual) Self	Occu Age	upation (for Individual) Int	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$30.00 Monthly)								
в.	Full Name of Individual (Last, First, Middle Initia Summers, James, F., ,	l) or Full O	rganization Name	Date of Receipt								
Mailing Address 8420 West Dodge Road, 5th Foor				07 31 Y Y Y Y 2023								
	City	State NE	Zip Code 68114-3443	Transaction ID : PR437281032235								
	Omaha FEC ID number of contributing		00114-3443	Amount of Each Receipt this Period								
	federal political committee.	С		125.00								
	Name of Employer (for Individual) Senior Market Sales, LLC	Occi Brol	upation (for Individual) ker	Memo Item								
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify) ▼		875.00	P/R Deduction (\$125.00 Monthly)								
C.	Full Name of Individual (Last, First, Middle Initia Grossnickle, Jeffrey, R., ,	l) or Full O	rganization Name	Date of Receipt								
	Mailing Address 1405 North College Avenue			07 31 2023								
	City Bloomington	State IN	Zip Code 47404-2417	Transaction ID : PR437294732235 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		30.00								
Name of Employer (for Individual)OccFirst Insurance Group Inc.Age			upation (for Individual) nt	Memo Item								
Receipt For:     Aggregate Year-to-Date ▼       Primary     General       Other (specify)     210.00				P/R Deduction (\$30.00 Monthly)								
s	UBTOTAL of Receipts This Page (optional)			185.00								
т	OTAL This Period (last page this line number on	ly)	•									

## Use separate schedule(s)

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ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)					
Any information conied from such Reports and	Statements m		13     14     15     16     17       version for the purpose of soliciting contributions					
or for commercial purposes, other than using th	ne name and a	ddress of any political committe	e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)								
National Association of Benefi	ts and Insu	urance Professionals F	PAC (NABIP PAC)					
Full Name of Individual (Last, First, Middle I	nitial) or Full C	rganization Name	Data of Dessist					
A. Sullivan, TJ, , , Mailing Address 235 Front St SE			Date of Receipt					
Suite 100			07 31 2023					
City Salem	State OR	Zip Code 97301-3303	Transaction ID : PR437310532235					
			Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		30.00					
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item					
Huggins Insurance Services, Inc.	Brol	ker						
Receipt For:	Aggregate	Year-to-Date ▼						
Primary General		210.00	P/R Deduction (\$30.00 Monthly)					
Other (specify) <b>v</b>		10.00	1					
Full Name of Individual (Last, First, Middle I	nitial) or Full C	rganization Name						
B. Bell, Marie, D., FLMI, AIAA,			Date of Receipt					
Mailing Address PO Box 1853			07 31 2023					
City								
Minnetonka	MN	55345-0853	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		85.00					
Name of Employer (for Individual) DeRuyter-Bell, LLC	Occ Bro	upation (for Individual) ker	Memo Item					
Receipt For:	Aggregate	Year-to-Date ▼	-					
Primary     General       Other (specify) ▼		, 595.00	P/R Deduction (\$85.00 Monthly)					
Full Name of Individual (Last, First, Middle I Mibolui Stifflor, Dotrigio	nitial) or Full C	rganization Name						
C. Mihalyi-Stiffler, Patricia, , , Mailing Address 155 N. Riverview Dr			Date of Receipt					
			07 31 2023					
City	State	Zip Code	Transaction ID : PR437326132235					
Anaheim	CA	92808-1225	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		85.00					
Name of Employer (for Individual) Options in Insurance	Occ	upation (for Individual) ter	Memo Item					
Receipt For:	Aggregate	Year-to-Date ▼						
Primary General	720.00	P/R Deduction (\$85.00 Monthly)						
Other (specify)	720.00							
SUBTOTAL of Receipts This Page (optional)			200.00					
TOTAL This Period (last page this line numbe								

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

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		Detailed Summary Page		<b>〈</b> 11a		11b	11c		12									
<b></b>		······································		13		14	15		16	17								
Any information copied from such Reports a or for commercial purposes, other than using																		
NAME OF COMMITTEE (In Full)																		
National Association of Bene	efits and Insu	urance Professionals F	PAC	AC (NABIP PAC)														
Full Name of Individual (Last, First, Middl A. Bajkowski, Catherine, A., ,	ame of Individual (Last, First, Middle Initial) or Full Organization Name owski, Catherine, A., ,								Date of Receipt									
Mailing Address 188 Industrial Drive, Suite	226		07 31 2023															
City	State	Zip Code		Transaction ID : PR437361132235														
Elmhurst	IL	60126-1610	_	Amoun	t of I	Each R	leceipt th	iis Pe	riod									
FEC ID number of contributing federal political committee.						,			42.0	0								
Name of Employer (for Individual) CB Health Insurance	Occi Brol	upation (for Individual) ker		М	emo	Item												
Receipt For:	Aggregate	Year-to-Date <b>V</b>																
Primary     General       Other (specify) ▼	Aggregate	294.00		P/R Dec	ductio	on (\$42	.00 Mont	hly)										
Full Name of Individual (Last, First, Middl B. Thomas, Jeffery, C., CLU, RHU, RE,		rganization Name		Data	( D -													
			_	Date o	t Red	ceipt												
Mailing Address 3072 Arborwood Blvd.				07 31 2023														
City	State MI	Zip Code	-	Transaction ID : PR437385432235														
Spring Arbor	IVII	49283-9663	_	Amount of Each Receipt this Period														
FEC ID number of contributing federal political committee.	C	С				42.00												
Name of Employer (for Individual)	000	Occupation (for Individual)				Memo Item												
Small Business Association of Michigan		Broker				_												
Receipt For:	Aggregate	Year-to-Date <b>V</b>		-														
Primary General	Aggregate		1.															
Other (specify) V		444.00					P/R Deduction (\$42.00 Monthly)											
Full Name of Individual (Last, First, Middl C. Bogard, Andrea, J., ,	e Initial) or Full O	rganization Name		Date o	f Red	ceipt												
Mailing Address 4598 Harrier Court				07 31 2023														
City	State	Zip Code		Trans	sacti	on ID :	PR4374	00032	2235									
Jeffersonville	IN	47130-4486		Amoun	t of I	Each R	leceipt th	iis Pe	riod									
FEC ID number of contributing federal political committee.	C					y .	. ,	Ξ	30.0	0								
Name of Employer (for Individual) A. Bogard Insurance Group	Occi	upation (for Individual) ter		М	lemo	Item												
Receipt For:	Anareaste	Year-to-Date ▼	$\neg$															
Primary General Other (specify)		210.00		P/R Deduction (\$30.00 Monthly)														
SUBTOTAL of Receipts This Page (optiona	I)		 ►	<u> </u>		,	,		114.0	0								

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

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17								
	y information copied from such Reports and State for commercial purposes, other than using the na											
$\overline{)}$	NAME OF COMMITTEE (In Full)											
$\Big\rangle$	National Association of Benefits a	Ind Insu	urance Professionals P	AC (NABIP PAC)								
A.	Full Name of Individual (Last, First, Middle Initial) Cramer, Valerie, Lynn, RHU,	or Full C	rganization Name	Date of Receipt								
	Mailing Address 2701 Burgen Ct. NE			07 31 Y Y Y Y Y Y 07 31 2023								
	City Grand Rapids	State MI	Zip Code 49525-3979	Transaction ID : PR437416432235								
			49525-5979	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		100.00								
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item								
	HealthBridge	Brol	ker									
	Receipt For:		Year-to-Date ▼	-								
	Primary General	.99.094.0		P/R Deduction (\$100.00 Monthly)								
	Other (specify) <b>v</b>		825.00									
	Full Name of Individual (Last, First, Middle Initial)	or Full O	Proanization Name									
В.	Gandy, Hollie, , ,			Date of Receipt								
	Mailing Address 5801 W Interstate 40											
	Ste 101			07 31 2023								
	City	State	Zip Code	Transaction ID : PR437425032235								
	Amarillo	ТХ	79106-4633	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		30.00								
	Name of Employer (for Individual)		upation (for Individual)	Memo Item								
	Safe Money Solutions	Bro	ker	_								
		Aggregate	Year-to-Date 🔻									
	Primary General Other (specify) V		210.00	P/R Deduction (\$30.00 Monthly)								
с.	Full Name of Individual (Last, First, Middle Initial) Clark, Robert, S., ,	or Full C	organization Name	Date of Receipt								
-	Mailing Address 7548 Preston Road			07 31 2023								
	City	State	Zip Code	Transaction ID : PR437427232235								
	Frisco	ТХ	75034-5683	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		42.00								
	Name of Employer (for Individual) Clark Insurance Associates, PLLC	Occ	upation (for Individual)	Memo Item								
	Receipt For:	I	Year-to-Date V	-								
	Primary General	Aggregate										
	Other (specify)		294.00	P/R Deduction (\$42.00 Monthly)								
s	UBTOTAL of Receipts This Page (optional)			172.00								
-	,		<b>r</b>									

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

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		Detailed Summary Page	×	11a		11b	11c	12	<u> </u>						
Any information copied from such Reports															
or for commercial purposes, other than usi	ng the name and a	aaress of any political committee	e to sol	licit cor	ntrib	utions	trom suc	n commit	tee.						
NAME OF COMMITTEE (In Full)		menee Drefersterrit													
/ National Association of Ber	netits and Insi	urance Protessionals H	PAC (	NAB	ыP	PAC	(ز								
Full Name of Individual (Last, First, Mid Carlson, Daryl, , ,	dle Initial) or Full C	organization Name		Date of Receipt											
Mailing Address 112 Derby Drive				07 31 2023											
City	State	Zip Code		Transaction ID : PR437442132235											
Nicholasville	KY	40356-9493		Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С					-		15	.00						
Name of Employer (for Individual) McGriff	Occ Brol	upation (for Individual) ker		Me	emc	Item									
Receipt For:	Aggregate	Year-to-Date ▼													
Primary General Other (specify) ▼		405.00	<b>P</b>	/R Ded	lucti	on (\$1	5.00 Mon	thly)							
Full Name of Individual (Last, First, Mid Mutter, Amy, D., ,	dle Initial) or Full C	rganization Name		Date of	Re	ceipt									
Mailing Address 2670 Electric Road	1						07 31 2023								
City	State	Zip Code		Transaction ID : PR437454932235											
Roanoke	VA	VA 24018-3511					Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С						63.00								
Name of Employer (for Individual) Innovative Insurance Group, LLC		Occupation (for Individual) Broker					Memo Item								
Receipt For:	Aggregate	Aggregate Year-to-Date ▼					1								
Other (specify) ▼		1136.00					P/R Deduction (\$63.00 Monthly)								
Full Name of Individual (Last, First, Mid C. Powers, Jason, A., ,	dle Initial) or Full C	Prganization Name		Date of	Re	ceipt									
Mailing Address 30724 Explorers Trl				<sup>M</sup> 07	1	D 31		2023							
City Do Soto	State KS	Zip Code				-	-	6713223	-						
De Soto	<b>N</b> 3	66018-8407	/	Amount	t of	Each	Receipt t	his Perioc	I						
FEC ID number of contributing federal political committee.	С					,	. ,	30	.00						
Name of Employer (for Individual) Legacy Brokers, LLC		upation (for Individual) bloyee Benefits Specialist		M	emo	tem									
Receipt For:	Aggregate	Year-to-Date V													
Primary General Other (specify)		210.00	]   P	/R Ded	lucti	on (\$3	0.00 Mon	thly)							
SUBTOTAL of Receipts This Page (option	nal)		•			, .		108.	00						
TOTAL This Period (last page this line nu	mber only)														

## Use separate schedule(s)

FOR LINE NUMBER:

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T	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)										
			Detailed Summary Page	X 11a 11b 11c 12										
An	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements ma	ay not be sold or used by any pe	13     14     15     16     17										
	NAME OF COMMITTEE (In Full)	anie anu a		to solicit contributions from such committee.										
$\rangle$	National Association of Benefits a	and Insi	urance Professionals P	AC (NABIP PAC)										
A.	Full Name of Individual (Last, First, Middle Initia Creasy, Marcus, , ,	l) or Full C	Organization Name	Date of Receipt										
	Mailing Address P. O. Box 220			07 / D D / Y Y Y Y 07 31 2023										
	City Heber Springs	State AR	Zip Code 72543-0220	Transaction ID : PR437474932235 Amount of Each Receipt this Period										
Adams & Creasy Insurance Agency, Inc. B				30.00										
			upation (for Individual) ker	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$30.00 Monthly)										
в.	Full Name of Individual (Last, First, Middle Initia Fiala, Colby, , ,	l) or Full C	Organization Name	Date of Receipt										
	Mailing Address 710 Fillmore St Ste 100	Zin Oode	07 / <sup>D D D</sup> / <sup>Y</sup> Y Y Y Y 07 31 2023											
	City Twin Falls	State ID	Zip Code 83301-4641	Transaction ID : PR437475132235 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		30.00										
	Name of Employer (for Individual) Magic Valley Insurance	Occ Bro	upation (for Individual) ker	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$30.00 Monthly)										
с.	Full Name of Individual (Last, First, Middle Initia Sterner, Heidi, J., PAHM, LPRT,	l) or Full C	Organization Name	Date of Receipt										
	Mailing Address 3402 Cinnamon Creek Ave			07 / D D / Y Y Y Y 2023										
	City North Las Vegas	State NV	Zip Code 89031-3520	Transaction ID : PR437516832235           Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.		42.00											
	Name of Employer (for Individual) A and H Insurance		upation (for Individual) irance Consultant	Memo Item										
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 662.00	P/R Deduction (\$42.00 Monthly)										
s	UBTOTAL of Receipts This Page (optional)		•	102.00										
т	OTAL This Period (last page this line number on	ly)	•••••											

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Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17					
	ny information copied from such Reports and St for commercial purposes, other than using the								
$\square$	NAME OF COMMITTEE (In Full)								
	National Association of Benefits	and Insu	Irance Professionals P	AC (NABIP PAC)					
Α.		al) or Full O	rganization Name	Date of Receipt					
	Mailing Address 486 Calle Amigo			07 / <sup>D</sup> J <sup>D</sup> / <sup>Y</sup> Y Y Y Y 31 2023					
	City San Clemente	State CA	Zip Code 92673-3003	Transaction ID : PR437529932235					
		0,1	32073-3003	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		100.00					
	Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item					
	Stedt Insurance Services	Brok	ker						
	Receipt For:	Aggregate	Year-to-Date 🔻						
	Primary General	33 - 3		P/R Deduction (\$100.00 Monthly)					
	Other (specify) <b>v</b>		925.00						
в.	Full Name of Individual (Last, First, Middle Initi Giardina, Charles, J., ,	al) or Full O	rganization Name	Date of Receipt					
	Mailing Address 5440 Mounes Street, Suite 112	07 31 Y Y Y Y 2023							
	City	State	Zip Code	Transaction ID : PR437562832235					
	New Orleans	LA	70123-3296	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		42.00					
	Name of Employer (for Individual) MassMutual	Occu Brol	upation (for Individual)	Memo Item					
	Receipt For:								
	Primary General	Aggregate	Year-to-Date ▼						
	Other (specify) ▼		, 889.00	P/R Deduction (\$42.00 Monthly)					
с.	Full Name of Individual (Last, First, Middle Initi Robinson, Judith, L., ,	al) or Full O	rganization Name	Date of Receipt					
	Mailing Address P O Box 10071			07 / D D / Y Y Y Y 2023					
	City	State	Zip Code	Transaction ID : PR437594132235					
	Tyler	TX	75711-0071	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		85.00					
	Name of Employer (for Individual) Judith Robinson Insurance Services, LL	Occu Brok	upation (for Individual) er	Memo Item					
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General Other (specify)		595.00	P/R Deduction (\$85.00 Monthly)					
s	UBTOTAL of Receipts This Page (optional)			227.00					

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

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

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			13	F		14	15		16	17				
Any information copied from such Reports ar or for commercial purposes, other than using														
NAME OF COMMITTEE (In Full)														
National Association of Bene	fits and Insu	urance Professionals F	PAC (N	٩BI	IP	PAC	)							
Full Name of Individual (Last, First, Middle	e Initial) or Full O	rganization Name	Det											
A. Starks, Eugene, , ,			Date	Date of Receipt										
Mailing Address 1022 Highland Colony Pa Suite 202	rkway			07 31 2023										
City	State	Zip Code	Tr	Transaction ID : PR437603132235										
Ridgeland	MS	39157-2086	ount	of I	Each R	eceipt th	is P	eriod						
FEC ID number of contributing federal political committee.	С					<b>.</b>		_	85.0	00				
Name of Employer (for Individual) Benefit Administration Services, Ltd.	Occi Brol	upation (for Individual) ker		Me	emo	Item								
Receipt For:	Δαστεριαλ	Year-to-Date ▼	_											
Primary General	Aggregate			Jadi		~~ (¢0F	00 Mont	<b>b</b> b <i>A</i>						
Other (specify) V		1170.00	P/K	P/R Deduction (\$85.00 Monthly)										
Full Name of Individual (Last, First, Middle	e Initial) or Full O	rganization Name		,	_									
B. Williams, George, , ,			_	Date of Receipt										
Mailing Address 4109 Woodway Dr.							/ Y	20	23	Ŷ				
City	State	Zip Code 71201-2218		Transaction ID : PR437605732235										
Monroe	LA	Amo	unt	of I	Each R	eceipt th	is P	eriod						
FEC ID number of contributing federal political committee.	С	C					30.00							
Name of Employer (for Individual)	Name of Employer (for Individual) Occupation (for Individual)						Memo Item							
Financial Planning Resources	Bro	ker												
Receipt For:	Aggregate	Year-to-Date 🔻		P/R Deduction (\$30.00 Monthly)										
Primary General		210.00	P/R I											
Other (specify) <b>v</b>		, , , , , , , , , , , , , , , , , , , ,	1					• /						
Full Name of Individual (Last, First, Middle C. Siciliano, Dominic, , ,	e Initial) or Full O	rganization Name	Date	Date of Receipt										
Mailing Address 500 Cascade Road SE St	uite 106			07 31 2023										
City	State	Zip Code	Tr	ansa	acti	on ID :	PR4376	6953	2235					
Grand Rapids	MI	49546-2166	Amo	unt	of I	Each R	eceipt th	is P	eriod					
FEC ID number of contributing federal political committee.	C					,	. ,		30.0	00				
Name of Employer (for Individual)	Occi	upation (for Individual)		Me	emo	Item								
Benefit Profiles Inc.	Brok	er												
Receipt For:	Aggregate	Year-to-Date ▼												
Other (specify)		210.00	P/R Deduction (\$30.00 Monthly)											
SUBTOTAL of Receipts This Page (optional	)					, , , ,	9	-	145.0	00				

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

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12							
				13 14 15 16 17							
	ny information copied from such Reports and Sta for commercial purposes, other than using the										
$\setminus$	NAME OF COMMITTEE (In Full)										
$\backslash$	National Association of Benefits	and Insu	urance Professionals P	AC (NABIP PAC)							
Α.	Full Name of Individual (Last, First, Middle Initi Ledgerwood, Michael, , ,	al) or Full C	Organization Name	Date of Receipt							
	Mailing Address 12022 FOREST MOON DR			07 31 2023							
	City	State TX	Zip Code	Transaction ID : PR437671932235							
	CYPRESS		77433-3834	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		42.00							
	Name of Employer (for Individual) Senior Health Plans of Texas	Occ	upation (for Individual) ker	Memo Item							
	Receipt For:		Year-to-Date ▼								
	Primary General Other (specify) ▼		294.00	P/R Deduction (\$42.00 Monthly)							
В.	Full Name of Individual (Last, First, Middle Initi Strouse, Marcie, , ,	al) or Full C	Organization Name	Date of Receipt							
	Mailing Address 9854 Colby Ave	07 31 Y Y Y Y Y 2023									
	City	State	Zip Code	Transaction ID : PR437683132235							
	Clive	IA	50325-6422	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		85.00							
	Name of Employer (for Individual) Capitol Benefits Group	Occ Bro	upation (for Individual) ker	Memo Item							
	Receipt For:	Aggregate	Year-to-Date ▼ 745.00	P/R Deduction (\$85.00 Monthly)							
<u>с</u> .	Full Name of Individual (Last, First, Middle Initi Atkinson, Lynn, , HIA,MBA,SC,	al) or Full C	Organization Name	Date of Receipt							
	Mailing Address 2336 Cantle Lane, SW			07 31 2023							
	City	State	Zip Code	Transaction ID : PR437687332235							
	Roanoke	VA	24018-6104	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.		С		30.00							
	Name of Employer (for Individual) Lynn Atkinson Independent Agent	Occ Brok	upation (for Individual) ker	Memo Item							
	Receipt For:         Primary       General         Other (specify)	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$30.00 Monthly)							
F	OTAL This Period (last page this line number o			157.00							

### Use separate schedule(s)

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ITEMIZED RECEIPTS			Use separate schedule(s)	(check only one)							
111			for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$							
	y information copied from such Reports and Stat for commercial purposes, other than using the na			rson for the purpose of soliciting contributions							
	NAME OF COMMITTEE (In Full)										
$\rangle$	National Association of Benefits a	and Insu	urance Professionals PA	AC (NABIP PAC)							
Α.	Full Name of Individual (Last, First, Middle Initial Granado, Arthur, , ,	) or Full O	rganization Name	Date of Receipt							
	Mailing Address 418 Peoples, # 505			07 31 Y Y Y Y Y 07 31 2023							
	City Corpus Christi	State TX	Zip Code 78401-2350	Transaction ID : PR437693232235 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		85.00							
	Name of Employer (for Individual) The Granado Group	Occu Brok	upation (for Individual) ker	Memo Item							
	Receipt For: Primary General Other (specify) ▼	P/R Deduction (\$85.00 Monthly)									
_	Full Name of Individual (Last, First, Middle Initial	) or Full O	rganization Name								
В.	Melgoza, Renee, , , Mailing Address 9114 Adams Avenue Ste 191			Date of Receipt							
	City	State	Zip Code	Transaction ID : PR437701132235							
	Huntington Beach	CA	92646-3405	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		60.00							
	Name of Employer (for Individual) Melgoza Insurance Solutions	Occi Age	upation (for Individual) ent	Memo Item							
		Aggregate	Year-to-Date <b>V</b>								
	Primary     General       Other (specify) ▼		420,00	P/R Deduction (\$30.00 Monthly)							
C.	Full Name of Individual (Last, First, Middle Initial Webb, Yolanda, Marie, CHRS,	) or Full O	rganization Name	Date of Receipt							
	Mailing Address 6117 Clover Ct.	1		07 31 Y Y Y Y Y 2023							
	City Chino	State CA	Zip Code 91710-5337	Transaction ID : PR437705632235 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.											
	Name of Employer (for Individual) Webb Insurance Solutions	Occu Brok	upation (for Individual) ser	Memo Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 845.00	P/R Deduction (\$85.00 Monthly)							
s	UBTOTAL of Receipts This Page (optional)			230.00							
т	OTAL This Period (last page this line number on	ly)	•								

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		Detailed Summary Page		< 11a 13		11b 14	11c 15	$\square$	12 16	17
Any information copied from such Reports and or for commercial purposes, other than using th				for the		pose of	soliciting		ntribut	ions
NAME OF COMMITTEE (In Full)		duress of any political commuter	, 10 30							
National Association of Benefi	ts and Insi	urance Professionals P	PAC	(NAB	IP	PAC	)			
Full Name of Individual (Last, First, Middle I	nitial) or Full C	rganization Name		Date of	Re	eceipt				
Mailing Address 5121 69th St., A9A				м м 07	/	31	/ Y	Y 20	)23	Y
City	State	Zip Code		Trans	act	ion ID :	PR43773	3743	2235	
Lubbock	TX	79424-1631	_	Amount	of	Each R	eceipt th	is P	eriod	
FEC ID number of contributing federal political committee.	С					7	-		50.0	0
Name of Employer (for Individual) Berry Agency	Occ Bro	upation (for Individual) ker		Me	emc	tem				
Receipt For:	Aggregate	Year-to-Date V								
Primary General Other (specify) ▼		350.00	F	P/R Ded	ucti	on (\$50.	.00 Month	ıly)		
Full Name of Individual (Last, First, Middle I B. Williams, Leslie, A., CHRS,	nitial) or Full C	rganization Name		Date of	Re	eceipt				
Mailing Address 2295 Hilltop Drive Suite 5				м м 07	1	31	/ Y	ү 20	23 <sup>°</sup>	Y
City	State	Zip Code		Trans	acti	ion ID :	PR43774	293	2235	
Redding	CA	96002-0515	_	Amount	of	Each R	eceipt th	is P	eriod	
FEC ID number of contributing federal political committee.	С					-	-		42.0	0
Name of Employer (for Individual) Leslie A. Williams Insurance Services	Occ Bro	upation (for Individual) ker		Me	emc	tem				
Receipt For:	Aggregate	Year-to-Date V								
Primary General Other (specify) ▼		294.00	F	P/R Ded	ucti	on (\$42.	00 Month	nly)		
Full Name of Individual (Last, First, Middle I C. Edwards, Susan, Christensen, ,	nitial) or Full C	rganization Name		Date of	Re	eceipt				
Mailing Address 40 S. Roop St				M	/	DDD	/ Y		Y	Y
PO Box 1478 City	State	Zip Code	_	07 Trong		31	PR43775		23	
Susanville	CA	96130-4336	-				eceipt th			
FEC ID number of contributing federal political committee.	С					Luon n			50.0	0
Name of Employer (for Individual)		upation (for Individual)		Me	emo	o Item	,			
E. Christensen Insurance Agency, Inc. Receipt For:	Brok		_							
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 350.00	I F	P/R Ded	lucti	ion (\$50	.00 Montl	nly)		
SUBTOTAL of Receipts This Page (optional)						, .			142.0	0

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

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ITEMIZED RECEIPTS			Use separate schedule(s)	(check only one)							
			for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17							
	y information copied from such Reports and Sta for commercial purposes, other than using the n										
$\setminus$	NAME OF COMMITTEE (In Full)										
	National Association of Benefits a	and Insu	urance Professionals PA	AC (NABIP PAC)							
Α.	Full Name of Individual (Last, First, Middle Initia Johnson, John, P., ,	l) or Full O	rganization Name	Date of Receipt							
	Mailing Address 8414 N. Wall Street Ste C			07 31 2023							
	City	State	Zip Code	Transaction ID : PR437775832235							
	Spokane WA 99208-6161			_ Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.			63.00							
	Name of Employer (for Individual) IFS	Occi Broł	upation (for Individual) ker	Memo Item							
	Receipt For:	Aggregate	Year-to-Date V	-							
Primary General Other (specify) ▼ 441.00				P/R Deduction (\$63.00 Monthly)							
в.	Full Name of Individual (Last, First, Middle Initia Cade, Kareim, R., ,	l) or Full O	rganization Name	Date of Receipt							
Mailing Address 512 N Main St Suite 105				07 31 / Y Y Y Y 2023							
	City	State	Zip Code	Transaction ID : PR437778632235							
	Royal Oak	MI	48067-1815	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		85.00							
	Name of Employer (for Individual) Great Lakes Benefit Group	Occi Brol	upation (for Individual) ker	Memo Item							
	Receipt For:	Aggregate	Year-to-Date ▼	-							
	Primary General Other (specify) ▼		595.00	P/R Deduction (\$85.00 Monthly)							
— С.	Full Name of Individual (Last, First, Middle Initia Heider, Ryan, , ,	l) or Full O	rganization Name	Date of Receipt							
0.	Mailing Address 710 Fillmore St, Suite 100			07 31 2023							
	City	State	Zip Code	Transaction ID : PR437792232235							
	Twin Falls	ID	83301-4641	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		30.00							
	Name of Employer (for Individual) Magic Valley Ins.	Occu Brok	upation (for Individual) ker	Memo Item							
		Aggregate	Year-to-Date ▼								
	Other (specify)	210.00	P/R Deduction (\$30.00 Monthly)								
s	UBTOTAL of Receipts This Page (optional)			178.00							
т	OTAL This Period (last page this line number or	ly)									

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			[	Detailed Summary Page	ļŕ	13		14		15	$\vdash$	16	17			
	y information copied from such Reports and St for commercial purposes, other than using the									soliciting		ntribut	ions			
$\overline{)}$	NAME OF COMMITTEE (In Full)															
$\Big\rangle$	National Association of Benefits	and Insu	ura	nce Professionals P	AC	(NAB	SIP	P	AC)							
Α.	Full Name of Individual (Last, First, Middle Initi Purcilly, Amy, , ,	ial) or Full C	Orgai	nization Name		Date of	Re	ecei	pt							
	Mailing Address 3155 W Big Beaver Rd Ste 125					07 / D D / Y Y Y Y 2023										
	City Troy	State MI		Zip Code 48084-3007						PR4378						
			_	40004-3007	_	Amount	t of	Ead	ch Re	ceipt th	is F	eriod				
	FEC ID number of contributing federal political committee.	С				Ŀ	_	-			_	30.0	00			
	Name of Employer (for Individual) Mason-McBride, Inc.						emo	) Ite	əm							
	Receipt For: Aggregate Year-to-Date ▼						-									
	Primary General Other (specify) ▼ 210.00							on (	(\$30.0	0 Mont	hly)					
в.	Full Name of Individual (Last, First, Middle Initi Little, Cathy, , ,	ial) or Full C	Drgar	nization Name		Date of	Re	eceij	pt							
	Mailing Address 1145 2nd Street #A-269			07 / D D / Y Y Y Y 2023												
	City	State	Zip Code		Transaction ID : PR437855632235											
	Brentwood	CA		94513-2292	_	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С				38.00										
	Name of Employer (for Individual) Essential Exchange Insurance Services	Occ Bro	•	ion (for Individual)		Memo Item										
	Receipt For:	Aggregate	Yea	r-to-Date ▼												
	Primary General Other (specify) ▼		,	266.00	F	P/R Deduction (\$38.00 Monthly)										
с.	Full Name of Individual (Last, First, Middle Initi James, Leslie, C., ,	ial) or Full C	Drgar	nization Name		Date of	Re	eceij	pt							
	Mailing Address 6902 Pearl Road					M M	/			/ Y		Y	Y			
	Suite 405	State		Zip Code	_	07			31	4270		)23 2225				
	Cleveland	OH		44130-3621						R4378						
FEC ID number of contributing federal political committee.						Amoum		Lau		ceipt til		85.0	0			
	· · · · · · · · · · · · · · · · · · ·				_											
	Name of Employer (for Individual)     Occupation (for Individual)       Insurance Strategy Inc.     Broker					Memo Item										
	Receipt For:															
	Other (specify)		-	535.00		P/R Dec	lucti	ion	(\$85.0	00 Mont	hly)					
s	UBTOTAL of Receipts This Page (optional)			•••••				,		,		153.0	0			
т	OTAL This Period (last page this line number c	only)			-			-								

FOR LINE NUMBER:

PAGE 137 OF

1-1-1			Use separate schedule(s)	(check only one)							
			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
Ar or	y information copied from such Reports and Si for commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any pe address of any political committee	erson for the purpose of soliciting contributions							
	NAME OF COMMITTEE (In Full)										
	National Association of Benefits	and Insu	urance Professionals P	AC (NABIP PAC)							
Α.	Full Name of Individual (Last, First, Middle Init Emidy, Mike, , ,	ial) or Full O	rganization Name	Date of Receipt							
	Mailing Address P O Box 2021			07 31 / Y Y Y Y 2023							
	City Ridgeland	State MS	Zip Code 39158-2021	Transaction ID : PR437878332235 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		30.00							
	Name of Employer (for Individual) Colonial Life	upation (for Individual) ker	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$30.00 Monthly)							
в.	Full Name of Individual (Last, First, Middle Init Waltman, Jessica, , ,	ial) or Full O	rganization Name	Date of Receipt							
Mailing Address 1829 Reistertown Road Suite 100				07 / D D / Y Y Y Y 2023							
	City Pikesville	State MD	Zip Code 21208-6301	Transaction ID : PR470100132235 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		85.00							
	Name of Employer (for Individual) MZQ Consulting		upation (for Individual) ncipal	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 595.00	P/R Deduction (\$85.00 Monthly)							
<u></u>	Full Name of Individual (Last, First, Middle Init Riley, Amanda, Danielle, ,	ial) or Full O	rganization Name	Date of Receipt							
	Mailing Address 24830 SE 278th St			07 / D D / Y Y Y Y 07 31 2023							
	City Maple Valley	State WA	Zip Code 98038-2019	Transaction ID : PR476686832235 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.				30.00							
	Name of Employer (for Individual) HealthEquity, Inc.		upation (for Individual) ional Sales Director	Memo Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$30.00 Monthly)							
s	UBTOTAL of Receipts This Page (optional)			145.00							
т	OTAL This Period (last page this line number of	only)									

FOR LINE NUMBER:

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т	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)						
			Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17						
	y information copied from such Reports and St for commercial purposes, other than using the									
	NAME OF COMMITTEE (In Full)									
	National Association of Benefits	and Insu	urance Professionals P	AC (NABIP PAC)						
Α.	Full Name of Individual (Last, First, Middle Initi Petersen, Benjamin, Lee, ,	ial) or Full O	rganization Name	Date of Receipt						
	Mailing Address 1420 NW Lovejoy St			07 31 2023						
	Apt 725	State	Zip Code	Transaction ID : PR492528832235						
	Portland	OR	97209-2752	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		85.00						
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item						
	K & B Benefit Advisors	Brok	ker							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		710.00	P/R Deduction (\$85.00 Monthly)						
в.	Full Name of Individual (Last, First, Middle Initi Stevens, Kenneth, W., ,	ial) or Full O	rganization Name	Date of Receipt						
р.	Mailing Address 4916 Bellemeade Ave									
	Maining Additions 4910 Dellemeade Ave			07 31 2023						
	City	State	Zip Code	Transaction ID : PR496323832235						
	Evansville	IN	47715-4130	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		85.00						
	Name of Employer (for Individual) Stevens Insurance Advisors		upation (for Individual) ependent Agent & Broker	Memo Item						
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		, 595.00	P/R Deduction (\$85.00 Monthly)						
— C.	Full Name of Individual (Last, First, Middle Initi Bravo, Denisse, G., ,	ial) or Full O	rganization Name	Date of Receipt						
	Mailing Address 8340 N THORNYDALE RD									
	SUITE 110-335			07 31 2023						
	City TUCSON	State AZ	Zip Code 85741-1162	Transaction ID : PR497996232235						
		7.02	007411102	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		30.00						
	Name of Employer (for Individual) Bravo Insurance Solutions, LLC	Occu Brok	upation (for Individual) ser	Memo Item						
	Receipt For:	Aggregate	Year-to-Date 🔻							
	Other (specify)		310.00	P/R Deduction (\$30.00 Monthly)						
⊢	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number of			200.00						

## Use separate schedule(s)

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17							
	ny information copied from such Reports and St for commercial purposes, other than using the										
$\square$	NAME OF COMMITTEE (In Full)										
	National Association of Benefits	and Insu	urance Professionals P	AC (NABIP PAC)							
Α.	Full Name of Individual (Last, First, Middle Initian Wayt, Andrew, , , Mailing Address 747 Winslow Ave	ial) or Full C	rganization Name	Date of Receipt							
	City	State	Zip Code	Transaction ID : PR528187232235							
	Saint Paul	MN	55107-3349	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.				30.00							
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item							
	IFC National Marketing	Pro	ducer Consultant								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$30.00 Monthly)							
	Full Name of Individual (Last, First, Middle Initi	ial) or Full C	rganization Name								
Β.	Ybarra, Valeria, , ,			Date of Receipt							
	Mailing Address 7236 Vanessa Dr			07 31 2023							
	City Corpus Christi	State TX	Zip Code 78414-5710	Transaction ID : PR528424132235							
	<b>·</b>		70414-3710	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		30.00							
	Name of Employer (for Individual) Acrisure LLC dba Carlisle Insurance	Occ Bro	upation (for Individual) ker	Memo Item							
	Receipt For:	Aggregate	Year-to-Date ▼	_							
	Primary     General       Other (specify) ▼		805.00	P/R Deduction (\$30.00 Monthly)							
с.	Full Name of Individual (Last, First, Middle Initi Kennedy, Jeff, , ,	ial) or Full C	rganization Name	Date of Receipt							
	Mailing Address 901 E. Battlefield			07 31 / Y Y Y Y 2023							
	City	State	Zip Code	Transaction ID : PR573884932235							
	Springfield	MO	65807-4811	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		85.00							
	Name of Employer (for Individual) Nixon & Lindstrom Insurance		upation (for Individual) up Health and Benefits Producer	Memo Item							
	Receipt For:	Aggregate	Year-to-Date <b>V</b>								
	Other (specify)		670.00	P/R Deduction (\$85.00 Monthly)							
s	UBTOTAL of Receipts This Page (optional)		▶	145.00							

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

## Use separate schedule(s)

FOR LINE NUMBER:

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150

ITEMIZED RECEIPTS			Use separate schedule(s)	(check only one)						
			for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17						
	y information copied from such Reports and Stat for commercial purposes, other than using the n			son for the purpose of soliciting contributions						
$\setminus$	NAME OF COMMITTEE (In Full)									
	National Association of Benefits a	and Insu	urance Professionals PA	AC (NABIP PAC)						
Α.	Full Name of Individual (Last, First, Middle Initial Haberman, Caleb, , ,	) or Full O	rganization Name	Date of Receipt						
	Mailing Address 9301 Bryant Ave S Ste 105			07 / D D / Y Y Y Y 2023						
	City Bloomington	State MN	Zip Code 55420-3473	Transaction ID : PR623646632235 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	ů – L								
	Name of Employer (for Individual) 1445 Jessamine LLC	Occu Brok	upation (for Individual) ker	Memo Item						
Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       210.00				P/R Deduction (\$30.00 Monthly)						
в.	Full Name of Individual (Last, First, Middle Initial Parker, Frederick, R., ,	) or Full Oi	rganization Name	Date of Receipt						
Mailing Address 12303 Hwy 707 Suite B				07 31 2023						
	City Murrells Inlet	State SC	Zip Code 29576-9740	Transaction ID : PR742659132235						
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 30.00						
	Name of Employer (for Individual) Hibbits Insurance Inc	Occu CFC	upation (for Individual) D	Memo Item						
		Aggregate	Year-to-Date ▼	-						
	Primary General Other (specify) ▼		210.00	P/R Deduction (\$30.00 Monthly)						
с.	Full Name of Individual (Last, First, Middle Initial Nichols, Thomas, L., ,	) or Full Oi	rganization Name	Date of Receipt						
	Mailing Address 3100 S Berry Suite 100	1 -		07 / <sup>D</sup> <sup>D</sup> <sup>D</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup>						
	City Norman	State OK	Zip Code 73072-7480	Transaction ID : PR840269932235 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	85.00								
			upation (for Individual) rict General Manager	Memo Item						
	Receipt For: Primary General Other (specify)	P/R Deduction (\$85.00 Monthly)								
s	UBTOTAL of Receipts This Page (optional)			145.00						
т	OTAL This Period (last page this line number on	ly)								

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FOR LINE NUMBER:

PAGE 141 OF

150

171			Use separate schedule(s)	(check only one)						
			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16	17					
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any pe ddress of any political committee	erson for the purpose of soliciting contributions						
	NAME OF COMMITTEE (In Full)									
	National Association of Benefits	and Insu	urance Professionals P	AC (NABIP PAC)						
Α.	Full Name of Individual (Last, First, Middle Init Mulcare, Robert, , ,	ial) or Full O	rganization Name	Date of Receipt						
	Mailing Address 121 S 6th St			07 31 / Y Y Y Y 2023						
	City Klamath Falls	State OR	Zip Code 97601-6132	Transaction ID : PR860243832235           Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		85.00						
	Name of Employer (for Individual) The Simmons Agency, Inc.	Occ Brol	upation (for Individual) ker	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 720.00	P/R Deduction (\$85.00 Monthly)						
в.	Full Name of Individual (Last, First, Middle Init Morgan, Christian, D., ,	ial) or Full O	rganization Name	Date of Receipt						
	Mailing Address 2200 W Commercial Blvd Ste 306			07 / D D / Y Y Y Y Y 2023						
	City	State FL	Zip Code 33309-3064	Transaction ID : PR891081432235						
	Fort Lauderdale FEC ID number of contributing federal political committee.	С	33305-3004	Amount of Each Receipt this Period						
	Name of Employer (for Individual)		upation (for Individual)	Memo Item						
	Morgan Fidelity Associates, Inc. Receipt For:	CE	-	_						
	Primary General Other (specify) ▼	Aggregale	Year-to-Date ▼ 1190.00	P/R Deduction (\$170.00 Monthly)						
с.	Full Name of Individual (Last, First, Middle Init Israel, Richard, , ,	ial) or Full O	rganization Name	Date of Receipt						
	Mailing Address 1060 Winchester Road NE			07 / D D / Y Y Y Y 2023						
	City Huntsville	State AL	Zip Code 35811-8904	Transaction ID : PR919114032235 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		42.00						
	Name of Employer (for Individual) Archi-Agency	Occi	upation (for Individual)	Memo Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction (\$42.00 Monthly)						
s	UBTOTAL of Receipts This Page (optional)		•	297.00						
Т	OTAL This Period (last page this line number of	only)								

FOR LINE NUMBER:

(check only one)

PAGE 142 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) National Association of Benefit	s and Ins	urance Professionals P	AC (NABIP PAC)
Full Name of Individual (Last, First, Middle In A. Arnold, Shelley, L., , Mailing Address 3525 Iron Horse Drive #102 City Ladson FEC ID number of contributing federal political committee. Name of Employer (for Individual)	State SC	Drganization Name Zip Code 29456-4331	Date of Receipt 07 / 31 / 2023 Transaction ID : PR984491232235 Amount of Each Receipt this Period 30.00 Memo Item
American Eagle Insurance Agency Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 210.00	P/R Deduction (\$30.00 Monthly)
Full Name of Individual (Last, First, Middle In Mailing Address City	itial) or Full C	Drganization Name	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For:	C	cupation (for Individual) Year-to-Date ▼	Amount of Each Receipt this Period
C. Full Name of Individual (Last, First, Middle In Mailing Address City FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify)	State C Occ	Drganization Name	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		· ·	30.00

	CHEDULE B (FEC Form 3X)	Use sens	arate schedule(s)				IUMBER:		PA	GE	143 OF 150		
IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(C	X	only 21b 28a	22	23 28c	26 29		27 30b		
	y information copied from such Reports and State for commercial purposes, other than using the na												
$\backslash$	NAME OF COMMITTEE (In Full)												
	National Association of Benefits a	nd Insura	ance Profess	siona	als	PAC	C (NABIP	PAC	)				
Α.	Full Name (Last, First, Middle Initial) PayPal						Date of Dist	oursem		V	YYY		
	Mailing Address 2211 North First Street						07 31 2023						
	City San Jose	State CA	Zip Code 95131				FEC Identific	cation	Number				
	Purpose of Disbursement			0	01	٦	С						
	Candidate Name			Cate	egory	//	Transac Amount of E						
	Office Sought: House Disburse	ment For: Primary	General	13	ype						682.96		
	State: District:	President Other (specify)						tem					
B.	Full Name (Last, First, Middle Initial)						Date of Dist	oursem	ient				
	Mailing Address												
	City		FEC Identification Number										
	Purpose of Disbursement					1	C						
	Candidate Name			Cate Ty	egory /pe	//	Amount of Each Disbursement this Period						
	Office Sought: House Disburse Senate President	ment For: Primary Other (spec	General										
	State: District:	Other (spec	Siry)				Memo It	tem					
C.	Full Name (Last, First, Middle Initial)						Date of Dist						
	Mailing Address						M = M /	D D	/ Y	Y	Y Y		
	City	State	Zip Code				FEC Identific	cation	Number				
	Purpose of Disbursement	٦	C										
	Candidate Name	//	Amount of Each Disbursement this Period										
	Senate	ment For: Primary	General										
	State: District:	Other (spec	cify) 🔻				Memo It	tem					
s	UBTOTAL of Disbursements This Page (optional).					•					682.96		
Т	OTAL This Period (last page this line number only	/)				•	,		,		682.96		

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Lloo concrete cohedule(c)	PAGE     144 OF     150       eck only one)     21b     22     X     23     26     27       28a     28b     28c     29     30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam		
NAME OF COMMITTEE (In Full) National Association of Benefits an	d Insurance Professional	IS PAC (NABIP PAC)
Full Name (Last, First, Middle Initial)  A. Huizenga For Congress Mailing Address PO Box 254  City Zeeland Purpose of Disbursement 07.12.2023 - Dinner Candidate Name	tate Zip Code MI 49464-1509	Transaction ID : 17464438
Senate	Categ Typ nent For: 2024 Primary General Other (specify) ▼	
Full Name (Last, First, Middle Initial)         B.       Deb Fischer For US Senate         Mailing Address       5555 South St, Ste. 200         City       S         Lincoln       Purpose of Disbursement	Date of Disbursement 07 12 2023 FEC Identification Number C C00498907	
Senate	ent For: 2024 Primary General Other (specify)	Transaction ID : 17464487           Jory/         Amount of Each Disbursement this Period
Full Name (Last, First, Middle Initial) C. Carey For Congress Mailing Address PO Box 16032	Date of Disbursement	
Columbus Purpose of Disbursement Candidate Name Carey, Mike, , Rep.,	tate Zip Code OH 43216 01 Categ Typ	Jory/ Amount of Each Disbursement this Period
Senate	ent For: 2024 Primary General Other (specify) ▼	Memo Item
SUBTOTAL of Disbursements This Page (optional)		

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 145 OF 150							
ITEMIZED DISBURSEMENTS		rate schedule(s) category of the	(check only								
		Summary Page	21b	$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$							
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan	I ments may r ne and addr	not be sold or use ess of any politica	ed by any perso	on for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full)											
National Association of Benefits ar	nd Insura	ance Profess	sionals PA	C (NABIP PAC)							
Full Name (Last, First, Middle Initial)				Data of Distances and							
A. Friends Of Michael Guest				Date of Disbursement							
Mailing Address Post Office Box 470	Mailing Address Post Office Box 470										
5	State	Zip Code		FEC Identification Number							
Brandon Purpose of Disbursement	MS	39043									
Fulpose of Disbursement			011	C C00665752							
Candidate Name				Transaction ID : 17503944							
Guest, Michael, , Rep.,			Category/ Type	Amount of Each Disbursement this Period							
	ment For: 2 Primary	024 General		1000.00							
State: MS District: 03	Other (spec	cify) ▼		Memo Item							
Full Name (Last, First, Middle Initial)											
B. Bonnie Watson Coleman For Cong	gress			Date of Disbursement							
Mailing Address 600 Pennsylvania Ave Se #15180											
5	State NJ	Zip Code 20003		FEC Identification Number							
Washington Purpose of Disbursement	INJ	20003		C C00558437							
	011										
Candidate Name	Category/	Transaction ID : 17503945 Amount of Each Disbursement this Period									
Watson Coleman, Bonnie, , Rep.,											
	ment For: 2			1000.00							
	Primary	General									
State: NJ District: 12	Other (spec	лгу <i>)</i>		Memo Item							
Full Name (Last, First, Middle Initial)											
<sup>C.</sup> Sanford Bishop For Congress				Date of Disbursement							
Mailing Address P O Box 909				07 / D D / Y Y Y Y Y 17 2023							
City	State	Zip Code		FEC Identification Number							
Columbus	GA	31902									
Purpose of Disbursement			011	C C00266940							
Candidate Name	te Name										
Bishop, Sanford, D., Rep., Jr.		Category/ Type	Amount of Each Disbursement this Period								
Senate	Primary	General									
President	Other (spec	cify) ▼		Memo Item							
State: GA District: 02				<u> </u>							
SUBTOTAL of Disbursements This Page (optional)				3000.00							
			····· •								
TOTAL This Period (last page this line number only)	)		••••••	, ,							

S	CHEDULE B (FEC Form 3X)			FOR	LINE I	NUMBER: PAGE 146 OF	150					
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(cheo	ck only │21b	one) 22 X 23 26 27						
		Detailed \$	Summary Page		210 28a	28b 28c 29 30b						
	y information copied from such Reports and State for commercial purposes, other than using the nat						S					
$\backslash$	NAME OF COMMITTEE (In Full)											
	National Association of Benefits a	nd Insura	ance Profess	sionals	s PA(	C (NABIP PAC)						
Α.	Full Name (Last, First, Middle Initial) Lisa Blunt Rochester For Congress					Date of Disbursement						
	Mailing Address PO Box 9767		07 / D D / Y Y Y Y 17 2023									
	City	State	Zip Code			FEC Identification Number						
	Wilmington	DE	19809									
	Purpose of Disbursement			011		C C00590778						
	Candidate Name			Catego		Transaction ID : 17503977 Amount of Each Disbursement this Period						
	Blunt Rochester, Lisa, , Rep.,			Туре								
	Office Sought: X House Disburse Senate X		2000.00									
	State: DE District: 01	Other (spec	cify) 🔻			Memo Item						
	Full Name (Last, First, Middle Initial)											
В.	Scott Peters For Congress	ott Peters For Congress										
	Mailing Address PO Box 22074		07 17 2023									
	City San Diego			FEC Identification Number								
	Purpose of Disbursement		C C00503110									
	Candidate Name		Transaction ID : 17503981									
	Peters, Scott, , Rep.,	ory/	Amount of Each Disbursement this Period									
		ment For: 2	2024	Туре	<del>,</del>	1000.00						
		Primary	General									
	State: CA District: 50	Other (spec	cify)			Memo Item						
_	Full Name (Last, First, Middle Initial)											
C.	Max Miller For Congress					Date of Disbursement						
	Mailing Address 19525 Hilliard Blvd #16010					07 / 17 / 2023						
	City	State	Zip Code			FEC Identification Number						
	Rocky River Purpose of Disbursement	ОН	44116			C C00770818						
	Candidate Name	Transaction ID : 17504055 Amount of Each Disbursement this Period										
	Miller, Max, L., Rep.,											
		ment For: 2				1000.00						
	Senate President	Primary Other (spec	General									
	State: OH District: 07	oner (sper	, (£יייע) עיייק			Memo Item						
s	UBTOTAL of Disbursements This Page (optional).				▶	4000.00						
Т	OTAL This Period (last page this line number only	)			🕨	, ,						

S	CHEDULE B (FEC Form 3X)			F	OR I	INE N	NUMF	BER	:			F	PAGE	147	OF 150
IT	EMIZED DISBURSEMENTS	Use sepa		heck	only	one)	ne)								
			for each category of the Detailed Summary Page			21b 28a		22 28b	×	23 28c	+	26		27 30b	
	y information copied from such Reports and State for commercial purposes, other than using the nar				any	perso	n for	the		pose		solici	ting o	contrib	utions
	NAME OF COMMITTEE (In Full)														
$\rangle$	National Association of Benefits an	nd Insura	ance Profess	siona	als	PAC	C (N	IAE	BIP	PA	С	;)			
<u> </u>	Full Name (Last, First, Middle Initial)														
Α.	Ron Estes For Congress									Date of Disbursement					
	Mailing Address PO Box 782952							07 19 2023							
	,	State KS	Zip Code				FE	C Id	enti	ficatio	n	Numb	er		
	Wichita Purpose of Disbursement	NO	67278-2952				$\sim$	Ē	001		)e-	,			
				0	)11	1	С	_		)6320		1			
	Candidate Name			Cate	egory	/	Am					<b>D : 17</b> )isburg			Period
	Estes, Ron, , Rep.,				ype			un				Jobart			_
	Senate	ment For: 2 Primary	General				1000.00								
	State: KS District: 04	Other (spec	cify) 🔻					Me	mo	Item					
_	Full Name (Last, First, Middle Initial)														
В.	Granite Values PAC							Date of Disbursement							
	Mailing Address 105 N STATE STREET							07 19 2023							
	5	State	Zip Code				FEC Identification Number								
	Concord Purpose of Disbursement	NH	03301												
							С			6293				_	
	Candidate Name Cate						Transaction ID : 17504337 Amount of Each Disbursement this Period						Period		
					ype	·	Amount of Each Dispursement this Pellou								
	<b>3</b>	ment For:								,				1000	
	Senate	Primary	General												
	State: District:	Other (spec	ury)					Me	mo	Item					
_	Full Name (Last, First, Middle Initial)														
C.	Lahood For Congress						Date of Disbursement								
	Mailing Address P.O. Box 10735														- Y
	City	State	Zip Code			+	FE	C 14	entit	ficatio	n	Numb	er		
	Peoria	IL	61612				С		Gritt	icatio	/11	NUTTL			
	Purpose of Disbursement									)5750		1	_		
	Candidate Name						Transaction ID : 17528002								
	LaHood, Darin, , Rep.,	Category/						Amount of Each Disburse						nt this	Period
	LaHood, Darin, , Rep.,     Type       Office Sought:     Y     House     Disbursement For: 2024							1						1000	.00
	Senate Primary General						4								
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	CHEDULE B (FEC Form 3X)	Lise sena	rate schedule(s)	FOR LINE			PA	GE 1	48 OF	150				
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$\backslash$	NAME OF COMMITTEE (In Full)													
	National Association of Benefits a	nd Insura	ance Profess	ionals PA	C (NABIP	PAC	C)							
	Full Name (Last, First, Middle Initial)													
Α.	Lisa Blunt Rochester For Congress	Date of Disbursement												
	Mailing Address PO Box 9767			07 31 2023										
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В.	Lisa Blunt Rochester for Senate	Date of Disbursement												
	Mailing Address P.O. BOX 9767	07 31 2023												
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C.	Lisa Blunt Rochester for Senate				Date of Dist									
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	Purpose of Disbursement	C C008	34339	1										
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SCHEDULE B (FEC Form 3X)			FOR LINE N	NUMBER PAGE 149 OF 150						
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	y one)						
		Summary Page	21b 28a	22 X 23 26 27 28b 28c 29 30b						
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NAME OF COMMITTEE (In Full)										
ightarrow National Association of Benefits a	nd Insura	ance Profess	ionals PAC	C (NABIP PAC)						
Full Name (Last, First, Middle Initial) A. Lisa Blunt Rochester for Senate				Date of Disbursement						
Mailing Address P.O. BOX 9767				07 / D D / Y Y Y Y 2023						
City Wilmington	State DE	Zip Code 19809		FEC Identification Number						
Purpose of Disbursement			011	C C00843391						
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/ N	ational Association of Benefits a	nd Insura	ance Profess	ionals P	AC (NABIP PAC)						
٨	I Name (Last, First, Middle Initial)	Date of Disbursement									
	tenger, James, R., ,				M M / D D / Y Y Y						
Ma	iling Address 8926 Crown Colony Boulevard	07 27 2023									
City For	y t Myers	State FL	Zip Code 33908-5627		FEC Identification Number						
	pose of Disbursement	• =	00000-0021		C						
0	ndidata Nama			010	Transaction ID : 17559845						
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	I Name (Last, First, Middle Initial)										
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Ма	iling Address 61029 Sky Harbor Dr										
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