Image#	202401	319607	836423

01/31/2024 16 : 04

PAGE 1 / 162

FEC FORM 3X	A	ND DISB	F RECEIF JRSEMEN Authorized Comr	TS	Offi	ce Use Only
1. NAME OF COMMITTEE (in 1		PE OR PRINT ▼	Example: If over the line		12FE4M5	
National Assoc	iation of B	Benefits and Ins	surance Profess	onals PAC (
ADDRESS (number and		999 E Street, NW				
Check if diffe	rent	Suite 400				
than previous reported. (AC		Washington				0004
2. FEC IDENTIFICA	ATION NUME	BER V	CITY 🔺	5		ZIP CODE
C C00283135	5		3. IS THIS REPORT X	NEW (N) OR	AMENE (A)	DED
 4. TYPE OF REP (Choose One) (a) Quarterly Rep 		(b) Monthly Report Due On:	Feb 20 (M2) Mar 20 (M3)	May 20 (M5) Jun 20 (M6)	Aug 20 (I Sep 20 (I	M9) Dec 20 (M12) (Non-Election Year Only)
July 15 Quarterly October	Report (Q1) Report (Q2) 15 Report (Q3)	(C) 12-Day PRE-Electio Report for t		Jul 20 (M7) (12P) ion (12C)	Oct 20 (N General (12G Special (12S)	
January	• • •	E	Election on	/ D D /	Y Y Y Y Y	in the State of
July 31 M Report (N Year Only	Non-election	(d) 30-Day POST -Elect Report for t		(30G)	Runoff (30R)	Special (30S)
Terminati (TER)	on Report			/ D D /	Y Y Y Y Y	in the State of
5. Covering Period	12	/ D D / Y Y 01 2	023 throu	gh 12	/ D D / Y 31	2023
I certify that I have ex Type or Print Name of		Report and to the be Murphy, Jennifer, , ,	est of my knowledge a	nd belief it is tru	e, correct and cor	nplete.
Signature of Treasurer	Murphy,	Jennifer, , ,		D	ate 01 /	D D / Y Y Y Y 31 2024 202
NOTE: Submission of fa	alse, erroneou:	s, or incomplete infor	mation may subject the	person signing th	is Report to the pe	enalties of 52 U.S.C. § 30109
Office Use Only					F	EC FORM 3X Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

|--|

R	Report Covering the Period: From:	/ 01 / Y Y Y Y 2023 To:	12 / D D / Y Y Y Y 12 31 2023
	-	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	377534.87	
	(c) Total Receipts (from Line 19)	31952.17	511997.04
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	409487.04	790195.50
7.	Total Disbursements (from Line 31)	35057.98	415766.44
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	374429.06	374429.06
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	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

511997.04

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Report Covering the Period: From:	01 / Y Y Y Y 2023	o: 12 / D D / Y Y Y Y 31 2023		
I. Receipts	I. Receipts COLUMN A Total This Period			
1. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees				
(i) Itemized (use Schedule A)	26567.17	341481.87		
(ii) Unitemized (iii) TOTAL (add	5385.00	170515.17		
Lines 11(a)(i) and (ii)	31952.17	511997.04		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees (such as PACs)	0.00	0.00		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	31952.17	511997.04		
2. Transfers From Affiliated/Other Party Committees	0.00	0.00		
3. All Loans Received	0.00	0.00		
 Loan Repayments Received Offsets To Operating Expenditures (Defunde Debates etc.) 	0.00	0.00		
 (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) B. Refunds of Contributions Made to Federal Candidates and Other 	0.00	0.00		
Political Committees	0.00	0.00		
(Dividends, Interest, etc.)	0.00	0.00		
(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		
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	31952.17	511997.04		
Total Eddard Pagainta				

31952.17

20. Total Federal Receipts (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 642.98 10456.44 Expenditures (c) Total Operating Expenditures 10456.44 (add 21(a)(i), (a)(ii), and (b)) 642.98 22. Transfers to Affiliated/Other Party Committees..... 0.00 0.00 23 Contributions to Federal Candidates/Committees 402000.00 34500.00 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 - 85.00 3310.00 (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))...... 85.00 3310.00 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)).. 35057.98 415766.44 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... 35057.98 415766.44

L

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Total Contributions (other than loans) (from Line 11(d), page 3) 	31952.17	511997.04
 Total Contribution Refunds (from Line 28(d)) 	- 85.00	3310.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	32037.17	508687.04
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	642.98	10456.44
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	642.98	10456.44

FOR LINE NUMBER:

(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						
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such										
$\left[\right]$	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 Johnson, Dana, Lynn, , Mailing Address 1926 Union Cross Rd) or Full C	Drganization Name	Date of Receipt						
	City Winston Salem	State NC	Zip Code 27107-6408	Transaction ID : 10155054 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		365.00						
			cupation (for Individual) sker	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00							
в.	Full Name of Individual (Last, First, Middle Initial Stiles, Mark, , ,) or Full C	Drganization Name	Date of Receipt						
	Mailing Address 426 E Ingram St		12 01 2023							
	City Mesa	State AZ	Zip Code 85203-2505	Transaction ID : 17806853 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		30.00						
	Name of Employer (for Individual) AmWins	Occ Age	cupation (for Individual) ent	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ , 360.00							
с.	Full Name of Individual (Last, First, Middle Initial Kohlsdorf, Eric, , ,	Drganization Name	Date of Receipt							
	Mailing Address 1501 Ingersoll Ave Suite 200	12 / D D / Y Y Y Y 12 01 2023								
Prisma Strategies Bro			Zip Code 50309-3102	Transaction ID : 17806855 Amount of Each Receipt this Period						
				85.00						
			cupation (for Individual) ker	Memo Item						
	Receipt For: Primary General Other (specify)	y General								
┢	OTAL This Period (last page this line number on			480.00						

FOR LINE NUMBER:

(check only one)

PAGE 7 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)							
\backslash	National Association of Benefits	and Insu	urance Professionals P	AC (NABIP PAC)				
Α.	Full Name of Individual (Last, First, Middle Initia Shaw, Wanda, D., ,	al) or Full C	organization Name	Date of Receipt				
	Mailing Address 212 South 10 Street			12 02 Y Y Y Y 12 02 2023				
	City Griffin	State GA	Zip Code 30224-2804	Transaction ID : 17806952 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 Brol	upation (for Individual) ker	Memo Item				
	Receipt For:	Aggregate	Year-to-Date 🔻					
	Other (specify) ▼		360.00					
в.	Full Name of Individual (Last, First, Middle Initia Kennedy-Simington, Dierdre, , CHRS, LF	,	organization Name	Date of Receipt				
	Mailing Address 1443 E. Washington Blvd., Suite		12 02 2023					
	City	State	Zip Code	Transaction ID : 17806953				
	Pasadena	CA	91104-2650	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.			42.00				
	Name of Employer (for Individual)Occupation (for Individual)BenAssist Health Insurance Services, LPresident			Memo Item				
	Receipt For: Primary General Other (specify) ▼	Primary General General						
<u> </u>	Full Name of Individual (Last, First, Middle Initia Boop, Deborah, R., ,	al) or Full C	organization Name	Date of Receipt				
	Mailing Address 145 North Chestnut Street Suite 202	12 / D D / Y Y Y Y 2023						
	City Ravenna	State OH	Zip Code 44266-4009	Transaction ID : 17806956 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		upation (for Individual) ner, VP	Memo Item				
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General Other (specify)		410.00					
s	UBTOTAL of Receipts This Page (optional)		•	102.00				
Т	OTAL This Period (last page this line number or	nly)	•••••					

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			Detailed Summary		2	(11a		11b	11c		12		1
Δr	y information copied from such Reports and St	atemente m	av not be sold or usor	hy any no		13 for the	nurr	14	15 soliciting		16 ntribut		17
	for commercial purposes, other than using the												
\setminus	NAME OF COMMITTEE (In Full)												
\square	National Association of Benefits			onals P	AC	(NAB	BIP	PAC)				
A.	Full Name of Individual (Last, First, Middle Initi Sloan, Karen, , ,	ial) or Full C	rganization Name			Date of	f Ro	ceint					
Π.	Mailing Address 58 Verano Loop					M M	_			Y	Y	Y	
						12	Ĺ	02		2(023		
	City Sente Fe	State NM	Zip Code					1780695					
	Santa Fe		87508-8827	_	_	Amount	t of I	Each R	eceipt thi	is P	'eriod		_
	FEC ID number of contributing federal political committee.	С						7	-	_	30.0	00	
	Name of Employer (for Individual)	Occ	upation (for Individual)			M	emo	Item					
	KMS Insurance Solutions	Ow	ner/ Agent										
	Receipt For: Primary General	Aggregate	Year-to-Date ▼										
	Other (specify) ▼		, 3	60.00									
_	Full Name of Individual (Last, First, Middle Init	ial) or Full C	rganization Name										
В.					_	Date of	_	·					
	Mailing Address 5440 Mounes Street, Suite 112	<u>.</u>		12	/	02	/ Y	20)23	Y			
City New Orlean		State	Zip Code					1780696 [,]			_		
		LA	70123-3296	_	_	Amount	t of I	Each R	eceipt thi	is P	'eriod		_
	FEC ID number of contributing federal political committee.	С		<u> </u>		,		_	85.0	00			
	Name of Employer (for Individual) MassMutual		upation (for Individual) ancial Services Executi		M	emo	Item						
	Receipt For:	Aggregate	Year-to-Date 🔻										
	Primary General Other (specify) ▼		, 1 ²										
<u> </u>	Full Name of Individual (Last, First, Middle Initi Stubbs, Clifton, , ,	ial) or Full C	rganization Name			Date of	f Red	ceipt					
	Mailing Address 3808 Stockton Ln		Date of Receipt										
	City	State TX	Zip Code			Trans	sacti	on ID :	1780696	9		_	
	Dallas		75287-4906		_	Amount	t of I	Each R	eceipt thi	is P	'eriod		_
	FEC ID number of contributing federal political committee.	С		<u> </u>		, .	<u> </u>	_	12.(00			
	Name of Employer (for Individual) Rhythm Insurance Agency		Occupation (for Individual) Owner										
Receipt For: Agg			Year-to-Date 🔻										
	Primary General Other (specify)		2	204.00									
\vdash	UBTOTAL of Receipts This Page (optional)				-			9	· ·	+	127.0)0	

	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 to solicit contributions from such committee.			
$\left \right $	NAME OF COMMITTEE (In Full)						
	National Association of Benefits	s and Insi	urance Professionals P	AC (NABIP PAC)			
Α.	Full Name of Individual (Last, First, Middle Ini Murphy, Stacy, , ,	itial) or Full C	rganization Name	Date of Receipt			
	Mailing Address 3080 S Jog Rd	State	Zip Code	12 / D D / Y Y Y Y 2023			
	Greenacres	FL	33467-2053	Transaction ID : 17807000 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		upation (for Individual) sident	Memo Item			
	Receipt For:	Aggregate	Year-to-Date 🔻				
	Other (specify)		1020.00				
В.	Full Name of Individual (Last, First, Middle Ini Dorroh, Thomas, Allen, ,	itial) or Full C	organization Name	Date of Receipt			
	Mailing Address PO Box 996			12 03 2023			
	City Killeen	State TX	Zip Code 76540-0996	Transaction ID : 17807002 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		upation (for Individual) ployee Benefits Advisor	Memo Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00				
— c.	Full Name of Individual (Last, First, Middle Ini Cohen, Lillian, R., ,	Date of Receipt					
	Mailing Address 600 Sandtree Drive, Ste 208	12 03 2023					
	City Palm Beach Gardens	State FL	Zip Code 33403-1538	Transaction ID : 17807003			
	FEC ID number of contributing			Amount of Each Receipt this Period			
federal political committee. Name of Employer (for Individual) Rogers Benefit Group - Central & South Descript		С		30.00			
			upation (for Individual) es Consultant	Memo Item			
			Year-to-Date V				
	Primary General Other (specify)		360.00				
s	UBTOTAL of Receipts This Page (optional)		•	145.00			
Т	OTAL This Period (last page this line number	only)	•••••				

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ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)
Ar	v information copied from such Reports and S	statements ma		erson for the purpose of soliciting contributions
	for commercial purposes, other than using the			
\backslash	NAME OF COMMITTEE (In Full)			
	National Association of Benefits	PAC (NABIP PAC)		
Α.	Full Name of Individual (Last, First, Middle Ini Bethel, Lee, V., CLU,REBC,R,	tial) or Full O	rganization Name	Date of Receipt
	Mailing Address 5568 General Washington Dri	ve, # A		12 03 2023
	City		Zip Code	Transaction ID : 17807004
	Alexandria	VA	22312-2465	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
	Comprehensive Benefit Services, Inc.	Pres	sident	
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General		050.00	1
	Other (specify) v		850.00	1
	Full Name of Individual (Last, First, Middle Ini	tial) or Full O	rganization Name	
Β.	D'Arciprete, Elana, R., ,			Date of Receipt
Mailing Address 12945 U.S. Highway 331			Zip Code	12 03 YYYYY 2023
	City Montgomery	State AL	36105-6431	Transaction ID : 17807006
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer (for Individual) D'Arciprete & Associates, Inc.	Occ Bro	upation (for Individual) ker	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General			1
	Other (specify) v		240.00	1
Full Name of Individual (Last, First, Middle Initial) or Full Or C. Stockstill, Julia Beckie, , ,			rganization Name	Date of Receipt
	Mailing Address 125 E. San Augustine	M M / D D / Y Y Y Y Y 12 03 2023		
	City	State	Zip Code	Transaction ID : 17807007
	Deer Park	TX	77536-4160	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		42.00
	Name of Employer (for Individual) Stockstill & Associates	Occi Brok	upation (for Individual) ker	Memo Item
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		504.00]
⊢	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number			147.00

Use separate schedule(s)

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 SI or for commercial purposes, other than using the		y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Association of Benefits	and Insurance Professionals	s PAC (NABIP PAC)
Full Name of Individual (Last, First, Middle Init Poole, Eugene, , , Mailing Address 14117 Jones Bridge Road City Upper Marlboro FEC ID number of contributing federal political committee. Name of Employer (for Individual) Alligned Benefits Group, Inc. Receipt For: Primary General Other (specify) ▼	ial) or Full Organization Name State Zip Code MD 20774-8585 C Occupation (for Individual) Senior Account Executive Aggregate Year-to-Date ▼ 360.00	Date of Receipt
Full Name of Individual (Last, First, Middle Init Dinkel, Matthew, Kim, , Mailing Address 13700 Six Mile Cypress Pkwy City Fort Myers FEC ID number of contributing federal political committee. Name of Employer (for Individual) AWA Insurance Agency Receipt For: Primary General Other (specify) ▼	ial) or Full Organization Name State Zip Code FL 33912-4324 C Occupation (for Individual) Strategic Advisor Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 1020.00	Date of Receipt
Full Name of Individual (Last, First, Middle Init Norris, Michael, A., , Mailing Address 295 E Palmer Street City Franklin FEC ID number of contributing federal political committee. Name of Employer (for Individual) Wayah Employee Benefits / EbenConcepts Receipt For: Primary General Other (specify)	ial) or Full Organization Name State Zip Code NC 28734-3049 C Occupation (for Individual) Agent / Broker Aggregate Year-to-Date ▼ 600.00 00000	Date of Receipt Date of Receipt 12 03 2023 Transaction ID : 17807012 Amount of Each Receipt this Period Memo Item
SUBTOTAL of Receipts This Page (optional)		165.00

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

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FOR LINE NUMBER:

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		for each category of the	X 11a 11b 11c 12						
		Detailed Summary Page							
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements mathematic the name and a	ay not be sold or used by any p address of any political committe	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 Ins	urance Professionals F	PAC (NABIP PAC)						
Full Name of Individual (Last, First, Middle Bibian, Jolene, , ,	e Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 255 Maple Ct # 212			12 03 2023						
City	State CA	Zip Code 93003-9122	Transaction ID : 17807013						
Ventura	UA	93003-9122	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		30.00						
Name of Employer (for Individual) Mills + Maple Insurance Solutions	Occ	upation (for Individual) ner	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify) ▼		360.00	1						
Full Name of Individual (Last, First, Middle B. King, Carolyn, J., ,	e Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 6 Country Lane			12 03 2023 Transaction ID : 17807014						
City	State	Zip Code							
Sussex	NJ	07461-4630	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 Ms.	upation (for Individual)	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify) ▼		360.00	1						
Full Name of Individual (Last, First, Middle C. Cagliola, David, A., ,	e Initial) or Full C	Prganization Name	Date of Receipt						
Mailing Address 1041 Old Cassatt Rd			12 04 2023						
City	State	Zip Code	Transaction ID : 17807041						
Berwyn	PA	19312-1152	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		170.00						
Name of Employer (for Individual) Simkiss & Block		upation (for Individual) sident, Employee Benefits	Memo Item						
Receipt For:									
Primary General	Aggregate	Year-to-Date ▼							
Other (specify)		2040.00	1						
SUBTOTAL of Receipts This Page (optional)		230.00						
TOTAL This Period (last page this line num	ber only)	······							

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ITEMIZED 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								
	ny information copied from such Reports and Sta 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)								
Α.	Full Name of Individual (Last, First, Middle Initia Messina, Beverly, , ,	al) or Full O	rganization Name	Date of Receipt								
	Mailing Address 20061 Ridgeway Ct			12 04 Y Y Y Y Y 12 04 2023								
	City Clinton Township	State MI	Zip Code 48038-2290	Transaction ID : 17807044 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		30.00								
	Name of Employer (for Individual) Information Requested	Occu Brok	upation (for Individual) ker	Memo Item								
	Receipt For:	Aggregate	Year-to-Date ▼	_								
	Other (specify) ▼	L	360.00									
в.	Full Name of Individual (Last, First, Middle Initia Nolimal, Frank, R, ,	al) or Full O	rganization Name	Date of Receipt								
	Mailing Address 5740 S. Arville, Ste 204			12 04 Y Y Y Y Y 12 04 2023								
	City	State NV	Zip Code 89118-3071	Transaction ID : 17807045								
	Las Vegas FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period								
	Name of Employer (for Individual) Assurance Ltd.	Occi Brol	upation (for Individual) ker	Memo Item								
	Receipt For:	Aggregate	Year-to-Date ▼ 1200.00									
	Other (specify) ▼	L										
C.	Full Name of Individual (Last, First, Middle Initia Carroll, Ryan, John, ,	al) or Full O	rganization Name	Date of Receipt								
	Mailing Address 2101 Florence Ave			12 04 Y Y Y Y 2023								
	City Cincinnati	State OH	Zip Code 45206-2426	Transaction ID : 17807047 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		85.00								
Cornerstone Broker Insurance Services Pre			upation (for Individual) sident, Co-Owner	Memo Item								
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1020.00									
s	UBTOTAL of Receipts This Page (optional)		•	215.00								
Т	OTAL This Period (last page this line number of	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
or	y information copied from such Reports and State for commercial purposes, other than using the na			
\rangle	NAME OF COMMITTEE (In Full) National Association of Benefits a	AC (NABIP PAC)		
Α.	Full Name of Individual (Last, First, Middle Initial) Kiebler, John, , HIA,LUTCF,, Mailing Address 4168 Clearwater Way City Lexington FEC ID number of contributing federal political committee.) or Full Or State KY	rganization Name Zip Code 40515-6021	Date of Receipt 12 04 2023 Transaction ID : 17807048 Amount of Each Receipt this Period 30.00
	Name of Employer (for Individual) Humana Receipt For: Primary General Other (specify) ▼	Seni	upation (for Individual) for Account Management Profession Year-to-Date ▼ 360.00	OI Memo Item
B.	Full Name of Individual (Last, First, Middle Initial) Keehn, Joanie, , , Mailing Address 3104 Hubbard Rd	Date of Receipt		
	City Madison FEC ID number of contributing federal political committee. Name of Employer (for Individual) HealthMarkets Insurance Receipt For:	Brok	Zip Code 44057-2940	Transaction ID : 17807050 Amount of Each Receipt this Period 85.00 Memo Item
C.	Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) Cox, Kevin, , , Mailing Address 9824 Arden St City) or Full Or	rganization Name	Date of Receipt 12 05 2023 Transaction ID : 17808979
	Livonia FEC ID number of contributing federal political committee. Name of Employer (for Individual) Health Alliance Plan Receipt For: Primary General Other (specify)	Lead	48150-2873 upation (for Individual) I Sector Consultant Year-to-Date ▼ 360.00	Amount of Each Receipt this Period 30.00 Memo Item
s	UBTOTAL of Receipts This Page (optional)		•	145.00
т	OTAL This Period (last page this line number onl	y)	•	

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			Detailed Summary Page		11a	11	b	11c		12					
_				13	14		15		16	17					
	y information copied from such Reports and St for commercial purposes, other than using the														
\backslash	NAME OF COMMITTEE (In Full)														
	National Association of Benefits	PAC	(NAB	SIP P	AC))									
Α.	Full Name of Individual (Last, First, Middle Initi Carothers, Christopher, B., LUTCF,	ial) or Full C	organization Name		Date of	Recei	pt								
	Mailing Address 3037 E Warm Springs Rd. Sui	te 400			12 / D D / Y Y Y Y Y 12 05 2023										
	City	Zip Code		Trans	action	ID : 1	17808980)							
	Las Vegas	NV	89120-3759	/	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С				- - -				30.0					
	Name of Employer (for Individual) Carothers Insurance	upation (for Individual) kerage Manager		Me	emo Ite	əm									
	Receipt For:		Year-to-Date ▼												
	Primary General	Ayyreyale													
	Other (specify) ▼	L	510.00	4											
В.	Full Name of Individual (Last, First, Middle Initi York, Melanie, , ,	ial) or Full C	organization Name		Date of	Recei	pt								
	Mailing Address 4401 82nd St				M M / D D / Y Y Y Y 12 05 2023										
	City		Trans	action	ID : 1	7808983	;	-							
	Lubbock	ТХ	79424-3344		Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			50.00										
	Name of Employer (for Individual) 90 Degree Benefits		upation (for Individual) count Executive		Memo Item										
	Receipt For:	Anareaate	Year-to-Date ▼												
	Primary General Other (specify) ▼	y General Aggregate real-to-Date V													
<u> </u>	Full Name of Individual (Last, First, Middle Initi Sailer, Gregory, S., ,	ial) or Full C	organization Name		Date of	Recei	pt								
	Mailing Address 948 Inwood Ave N				^M ^M 12		05	/ Y		23	Y				
	City	State	Zip Code		Trans	action	ID : 1	1780898	5						
	Saint Paul	MN	55128-6625		Amount	t of Ea	ch Re	eceipt thi	s P	eriod					
	FEC ID number of contributing federal political committee.	С				. y		,		50.0	00				
	Name of Employer (for Individual) Sailer Benefit Services, Inc.	Occ Owr	upation (for Individual) ner		M	emo Ite	em								
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General Other (specify)	General													
s	UBTOTAL of Receipts This Page (optional)						-			130.0	00				

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

Use separate schedule(s)

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ITEMIZED 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.						
NAME OF COMMITTEE (In Full)									
National Association of Ben	efits and Ins	urance Professionals P	PAC (NABIP PAC)						
Full Name of Individual (Last, First, Mido A. Kirk, Stephanie, S., ,		rganization Name	Date of Receipt						
Mailing Address 18887 State Highway 30 Suite 300	1		12 05 Y Y Y Y Y 2023						
City Poulsbo	State	Zip Code 98370-7461	Transaction ID : 17808988						
		300707401	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		30.00						
Name of Employer (for Individual) J.C. Madison Inc		upation (for Individual) sident	Memo Item						
Receipt For:	Aggregate	Year-to-Date V							
Other (specify) ▼		360.00]						
Full Name of Individual (Last, First, Mido B. Gualtieri, Peter, L., ,	lle Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 1600 JFK Boulevard, Su	ite 1220		12 05 2023						
City	State	Zip Code	Transaction ID : 17808989						
Philadelphia	PA	19103-2810	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		30.00						
Name of Employer (for Individual) Savoy	Occ Bro	upation (for Individual) ker	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify)		360.00]						
Full Name of Individual (Last, First, Mido C. Sale, Raymer, M., ,	lle Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 2905 Premiere Parkway									
Suite 285	State	Zip Code	12 05 2023						
City Duluth	GA	30097-5246	Transaction ID : 17808992 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С								
Name of Employer (for Individual) E2E Benefits Services		upation (for Individual) sident	Memo Item						
Receipt For:	Aggregate	Year-to-Date V							
Other (specify)		1200.00]						
SUBTOTAL of Receipts This Page (option	al)		160.00						
TOTAL This Period (last page this line nu	,								

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IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)					
Δ	w information applied from such Describers of Obst	omente		13 14 15 16 17					
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the n	ame and a	ay not be sold or used by any peaddress of any political committee	to solicit contributions from such committee.					
$\overline{)}$	NAME OF COMMITTEE (In Full)								
$\Big)$	National Association of Benefits a	and Insi	urance Professionals P	AC (NABIP PAC)					
•	Full Name of Individual (Last, First, Middle Initia	l) or Full C	Organization Name	Deta of Dessint					
Α.	Martin, Ingrid, L., ,			Date of Receipt					
	Mailing Address 3857 Grand Oak Drive			12 05 2023					
	City	State OH	Zip Code	Transaction ID : 17808994					
	Brunswick		44212-3594	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					
	Mid-America Associates, Inc.	Sen	nior Sales Executive	-					
	Receipt For:	Aggregate	Year-to-Date V						
	Primary General		428.00						
	Other (specify)		420.00						
	Full Name of Individual (Last, First, Middle Initia	l) or Full C	Drganization Name						
В.	Thomas, Brett, , ,			Date of Receipt					
	Mailing Address 1624 Sunflower Ln			12 05 2023					
	City	State ID	Zip Code	Transaction ID : 17808995					
	Twin Falls		83301-3670	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		85.00					
	Name of Employer (for Individual) Magic Valley Insurance		cupation (for Individual) oker	Memo Item					
	Receipt For:	Aggregate	Year-to-Date V						
	Primary General	33 - 3							
	Other (specify)	L	340.00						
с.	Full Name of Individual (Last, First, Middle Initial Crosby, Neil, R., ,	l) or Full C	Drganization Name	Date of Receipt					
	Mailing Address 2710 Conejo Canyon Ct			M M / D D / Y Y Y Y Y					
	Unit 21			12 05 2023					
	City Thousand Oaks	State CA	Zip Code 91362-5710	Transaction ID : 17808997					
			91302-3710	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					
Employee Benefits Professional			ector of Sales						
		Aggregate	Year-to-Date V						
	Primary General		1020.00						
	Other (specify)								
s	UBTOTAL of Receipts This Page (optional)			212.00					
Т	OTAL This Period (last page this line number on	ly)							
		- /		7 7 7					

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
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Association of Benefi	its and Insu	Irance Professionals P	AC (NABIP PAC)
Full Name of Individual (Last, First, Middle Magnuson, Phillip, , , Mailing Address 4337 E. 5th Street City Tucson FEC ID number of contributing federal political committee. Name of Employer (for Individual) Magnuson & Associates Receipt For: Primary General Other (specify) ▼	State AZ C Occu Acco	rganization Name Zip Code 85711-2025 upation (for Individual) punt Executive Year-to-Date ▼ 210.00	Date of Receipt
B. Full Name of Individual (Last, First, Middle Adams, Holly, , , Mailing Address 726 Bryn Mawr Ave City Penn Valley FEC ID number of contributing federal political committee. Name of Employer (for Individual) Go Well Receipt For: Primary General Other (specify) ▼	State PA C Occu Brok	Zip Code 19072-1402	Date of Receipt
Full Name of Individual (Last, First, Middle Cupo, Gary, V., , Mailing Address PO Box 10004 City Fairfield FEC ID number of contributing federal political committee. Name of Employer (for Individual) Benefit Solutions Receipt For: Primary General Other (specify)	State NJ C Occu Brok	Zip Code 07004-6004	Date of Receipt 12 06 2023 Transaction ID : 17810394 Amount of Each Receipt this Period 30.00 Memo Item
SUBTOTAL of Receipts This Page (optional).			110.00

1 1 9F 1 1 9F 1 1 9F

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•••			Detailed Summary Page		1 1a		11b	11c		12							
_					13		14	15		16	17						
	y information copied from such Reports and St for commercial purposes, other than using the																
\backslash	NAME OF COMMITTEE (In Full)																
	National Association of Benefits	PAC	(NAB	BIP	PAC)											
Α.	Full Name of Individual (Last, First, Middle Init Fanuele, Dominick, , ,	ial) or Full (Drganization Name		Date of	f Re	ceipt										
	Mailing Address 214 Little Falls Rd., 2nd Floor				12 06 / Y Y Y Y 2023												
	City	State	Zip Code		Trans	acti	on ID :	1781039	5								
	Fairfield	NJ	07004-2637	Amount of Each Receipt this Period													
	FEC ID number of contributing federal political committee.	s and the second			42.00												
	Name of Employer (for Individual) Occupation (for Individual)					Memo Item											
	Fanuele Financial Group LLC Broker																
	Receipt For: Aggregate Year-to-Date ▼																
	Primary General	1.99.094.0		11.													
	Other (specify) V	L	504.00	4													
В.	Full Name of Individual (Last, First, Middle Init Hoffman, Crystal, , SGS,	ial) or Full (Drganization Name		Date of	f Re	ceipt										
	Mailing Address 14905 Southwest Fwy Ste 200				12 / D D / Y Y Y Y 2023												
	City	State	Zip Code		Transaction ID : 17810397												
	Sugar Land	TX	77478-5021		Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С		100.00													
	Name of Employer (for Individual)		cupation (for Individual)	_	Memo Item												
	Benefit Concepts, Inc. Receipt For:		oker	_													
	Primary General	Aggregate	e Year-to-Date ▼														
	Other (specify) ▼		1200.00														
с.	Full Name of Individual (Last, First, Middle Init Sokol, David, , ,	ial) or Full (Drganization Name		Date of	f Re	ceipt										
	Mailing Address 901 Wilshire Drive				M M	/	DD	/ Y	Y	Y	Y						
	Suite 330				12		06			23							
	City	State MI	Zip Code		Trans	sacti	ion ID :	1781039	8								
	Troy	IVII	48084-5611	_	Amount	t of	Each R	eceipt thi	s F	eriod							
	FEC ID number of contributing federal political committee.	С					,	y		170.	00						
	Name of Employer (for Individual)	Ocr	cupation (for Individual)	\neg	M	emo	Item										
			sident														
	Receipt For:	Angregate	e Year-to-Date ▼														
	Primary General Other (specify)	2040.00															
s	UBTOTAL of Receipts This Page (optional)						y			312.(00						

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Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS		category of the 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 t			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Association of Benefi	ts and Insurance F	Professionals F	PAC (NABIP PAC)
Full Name of Individual (Last, First, Middle Combs, Susan, L., PPACA, ChH, Mailing Address 234 Fifth Ave Ste 501 City New York FEC ID number of contributing federal political committee. Name of Employer (for Individual) Combs & Company, LLC Receipt For: Primary General Other (specify) ▼	State NY Zip Co. 1000 C Occupation (for President Aggregate Year-to-Date	de 1-7607 Individual) e ▼ 504.00	Date of Receipt
Full Name of Individual (Last, First, Middle Smith, Michael, David, , Mailing Address 6200 Stone Hill Farms Park City Flower Mound FEC ID number of contributing federal political committee. Name of Employer (for Individual) The Brokerage, Inc. Receipt For: Other (specify) ▼	vay State Zip Co	de 3-4312 Individual)	Date of Receipt
Full Name of Individual (Last, First, Middle Brachlow, Michael, , , Mailing Address 1133 Westchester Ave, Sui City White Plains FEC ID number of contributing federal political committee. Name of Employer (for Individual) BenefitMall Receipt For: Primary General Other (specify)	·	de I-3545	Date of Receipt 12 06 2023 Transaction ID : 17810401 Amount of Each Receipt this Period 20.00 Memo Item
SUBTOTAL of Receipts This Page (optional).			92.00

1 1 9F 1 1 9F 1 1 9F

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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 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 Initia Mayer, Alana, Marie, ,	al) or Full O	rganization Name	Date of Receipt						
Mailing Address 3800 N. Central Ave										
	9th Floor City State			12 07 2023						
			Zip Code	Transaction ID : 17810583						
	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)	Осси	upation (for Individual)	Memo Item						
	Black, Gould & Associates	Mar	keting Representative							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) V	· · · ·	1145.00							
			49. 49. 40.							
_	Full Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name							
В.	McDermott, H., Luke, , Mailing Address 883 West Baxter Drive			Date of Receipt						
	Walling Address 665 West bakter Drive			12 07 2023						
	City	State	Zip Code	Transaction ID : 17810586						
	South Jordan	UT	84095-8506	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		30.00						
	Name of Employer (for Individual) McDermott Company & Associates	Occi	upation (for Individual) ner	Memo Item						
	Receipt For:	Aggregate	Year-to-Date V							
	Primary General									
	Other (specify) v	L	270.00							
С.	Full Name of Individual (Last, First, Middle Initia Pendorf, Paul, , ,	al) or Full O	rganization Name	Date of Receipt						
	Mailing Address 31666 W. Nine Dr.			12 07 2023						
	City	State	Zip Code	Transaction ID : 17810587						
	Laguna Niguel	CA	92677-2955	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		85.00						
	Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item						
	Independent Financial Group LLC	Brok	er							
	Receipt For:	Aggregate	Year-to-Date 🔻							
	Other (specify)		1020.00							
		·								
s	UBTOTAL of Receipts This Page (optional)		••••••	200.00						
Т	OTAL This Period (last page this line number o	nly)	•••••							

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				Detailed Summary Page		(11a		11b	110	;	12				
				Detailed Summary Page		13		14	15		16	17			
	y information copied from such Reports and Stat for commercial purposes, other than using the na					for the		pose of	f solicit		ontribut	ions			
	NAME OF COMMITTEE (In Full)														
\rangle	National Association of Benefits a	and Ins	sura	ince Professionals P	AC	(NAE	BIP	PAC	C)						
A.	Full Name of Individual (Last, First, Middle Initial Sherrill, David, M., ,) or Full (Orga	nization Name		Date o	f Re	eceipt							
	Mailing Address 498 Palm Springs Dr, Suite 270				12 07 / Y Y Y Y 2023										
	City	State		Zip Code		Trans	acti	ion ID :	17810	588					
	Altamonte Springs	FL		32701-7805	_	Amoun	t of	Each F	Receipt	this	Period				
FEC ID number of contributing federal political committee.									7		30.0	00			
	Name of Employer (for Individual)	Oc	cupa	tion (for Individual)	-	М	emo	Item							
	Sherrill Insurance Brokerage		•	nt & CEO											
	Peopint For:	Anareaate		ar-to-Date 🔻	-										
	Primary General	/ iggi oguit													
	Other (specify) v		-7	450.00											
	Full Name of Individual (Last, First, Middle Initial) or Full (Orga	nization Name											
B.	Marinelli, Aaron, M. J., ,					Date of	f Re	eceipt							
	Mailing Address 36711 American Way Suite 2F			12 07 <u>2023</u>											
	City	State		Zip Code					17810						
	Avon	OH	44011-4061	_	Amoun	t of	Each F	Receipt	this	Period					
	FEC ID number of contributing federal political committee.	C					250.00								
	Name of Employer (for Individual)	Oc	cupa	tion (for Individual)		M	emo	Item							
	Magis Advisory Group	CE	Ð												
	Receipt For:	Aggregate													
	Primary General														
	Other (specify) v		,	3000.00											
C.	Full Name of Individual (Last, First, Middle Initial Sorenson, Kirstine, , ,) or Full (Orga	nization Name		Date o	f Re	eceipt							
	Mailing Address 5715 W. Alexander Rd. #130					^M 12	1	D 07			023	Y			
	City #130	State		Zip Code	-	Trans	acti	ion ID	: 17810	593	-				
	Las Vegas	NV		89130-2821		Amoun	t of	Each F	Receipt	this	Period				
	FEC ID number of contributing federal political committee.	С						,			30.0	00			
	Nome of Employer (for Individual)		0	tion (for Individual)	_	М	emo) Item							
	Name of Employer (for Individual) The MultiCare Group, LLC		cupa oker	tion (for Individual)			onne								
	Possint For:	I			_										
	Primary General Other (specify)	Aggregate	e rea	ar-to-Date ▼ 330.00											
s	UBTOTAL of Receipts This Page (optional)			,					, ,		310.0	0			
					-			1							

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

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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						
	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)						
Α.	Full Name of Individual (Last, First, Middle Initi Gussin, Craig, , CLU, LPRT,,	al) or Full O	rganization Name	Date of Receipt						
	Mailing Address 701 Palomar Airport Road #260			12 07 Y Y Y Y 2023						
	City Carlsbad	State CA	Zip Code 92011-1047	Transaction ID : 17810594 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		85.00						
	Name of Employer (for Individual) Auerbach & Gussin Insurance and Financ		upation (for Individual) sident/Agent	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1020.00							
в.	Full Name of Individual (Last, First, Middle Initi Schmidt, Kenneth, L., CLU,RHU,RE, Mailing Address 1332 Hunters Hollow Court	al) or Full O	rganization Name	Date of Receipt						
	City	State	Zip Code	12 07 2023 Transaction ID : 17811113						
	Eureka	MO	63025-1051	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		325.00						
	Name of Employer (for Individual) Sonus Benefits		upation (for Individual) Medicare	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00							
— C.	Full Name of Individual (Last, First, Middle Initi Garcia, J., Michael, ,	al) or Full O	rganization Name	Date of Receipt						
	Mailing Address 820 Jordan Street Suite 400			12 08 2023						
	City Shreveport	State LA	Zip Code 71101-4522	Transaction ID : 17811135 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		25.00						
	Name of Employer (for Individual) Moreman,Moore & Co. Inc.	Occi Brok	upation (for Individual) ker	Memo Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00							
⊢	UBTOTAL of Receipts This Page (optional)		F	435.00						

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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)								
\backslash	National Association of Benefits	and Insu	urance Professionals P	AC (NABIP PAC)					
Α.	Full Name of Individual (Last, First, Middle Initia Rolf, Rita, E., CRPS,	ll) or Full C	organization Name	Date of Receipt					
	Mailing Address 1226 Edgewood Ln	04-44-	Zin Octo	12 08 / Y Y Y Y 2023					
	City Allen	State TX	Zip Code 75013-5408	Transaction ID : 17811138 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		30.00					
	Name of Employer (for Individual) TexCap Insurance Services		upation (for Individual) ector of Life and Benefits	Memo Item					
	Receipt For:	Aggregate	Year-to-Date ▼						
	Other (specify) ▼		375.00						
в.	Full Name of Individual (Last, First, Middle Initia Galardini, Richard, F., ,	ll) or Full C	Organization Name	Date of Receipt					
	Mailing Address 100 Pinewood Ln Ste 301			12 08 2023					
	City	State	Zip Code	Transaction ID : 17811141					
	Warrendale	PA	15086-7617	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		125.00					
	Name of Employer (for Individual) Emerson Rogers		upation (for Individual) P, Business Development	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.00						
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Clingan, Nedra, C., GBDS, LPRT,	ll) or Full C	Organization Name	Date of Receipt					
	Mailing Address 13222 Huisache Way			12 08 / Y Y Y Y 2023					
	City Helotes	State TX	Zip Code 78023-3606	Transaction ID : 17811143 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		30.00					
	Name of Employer (for Individual) UnitedHealthcare	Occ Brok	upation (for Individual) ker	Memo Item					
	Receipt For:	Aggregate	Year-to-Date V	-					
	Primary General Other (specify)		360.00						
s	UBTOTAL of Receipts This Page (optional)		•••••	185.00					
т	OTAL This Period (last page this line number or	nly)	•••••						

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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 Statements r or for commercial purposes, other than using the name and			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)								
\rangle	National Association of Benefits	and Insu	urance Professionals P	AC (NABIP PAC)					
Α.	Full Name of Individual (Last, First, Middle Initi Hepscher, William, , ,	al) or Full O	rganization Name	Date of Receipt					
	Mailing Address 38168 Medical Center Avenue			12 08 2023					
	City	State	Zip Code	Transaction ID : 17811144					
	Zephyrhills	FL	33540-1380	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					
	The Canadian Medstore	Brok							
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General								
	Other (specify) v	L	3195.00						
в.	Full Name of Individual (Last, First, Middle Initi De Boer, Tara, , CIC,	al) or Full O	rganization Name	Date of Receipt					
	Mailing Address 8777 N Gainey Center Dr Ste 1	00 St		12 08 2023					
	City	State	Zip Code	Transaction ID : 17811145					
	Scottsdale	AZ	85258-2120	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		30.00					
	Name of Employer (for Individual) HUB Southwest		upation (for Individual) cutive Vice President Employee B	e Memo Item					
	Receipt For:	Aggregate	Year-to-Date V						
	Primary General	55 - 5	360.00						
	Other (specify)		, , , , , , , , , , , , , , , , , , , ,						
C.	Full Name of Individual (Last, First, Middle Initi Griffey, Patricia, A., , CSA, RHU,	al) or Full O	rganization Name	Date of Receipt					
	Mailing Address 56294 Primrose Cir			12 08 2023					
	City Elkhart	State IN	Zip Code 46516-1509	Transaction ID : 17811147					
				Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		100.00					
	Name of Employer (for Individual) Page 1 Insurance Services		upation (for Individual) IU Past President	Memo Item					
	Receipt For:	Aggregate	Year-to-Date V						
	Primary General								
	Other (specify)		1300.00						
	UBTOTAL of Receipts This Page (optional)			215.00					
			· ·						
IΤ	OTAL This Period (last page this line number of	only)	••••••						

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			Use separate schedule(s) (c for each category of the			(check only one)								
11	ITEMIZED RECEIPTS		for ea Detai	X 11a 13		11b 14	11c 15		2 6	17				
	y information copied from such Reports and St for commercial purposes, other than using the					for the		pose of	soliciting	g conti	ributio	ons		
	NAME OF COMMITTEE (In Full)													
	National Association of Benefits	and Insu	urance	Professionals P	AC	(NAB	βIΡ	PAC	;)					
Α.	Full Name of Individual (Last, First, Middle Initi Redmon, Bridget, L., ,	ial) or Full O	Irganizati	on Name		Date of	f Re	eceipt						
	Mailing Address 711 E. Lewis & Clark Parkway Suite 205					^M 12	/	08	D / Y	y 202	23			
	City Clarksville	State IN	· · ·	Code 129-2287	_				1781114 Receipt th		riod			
	FEC ID number of contributing federal political committee.	С				<u> </u>					32.00)		
	Name of Employer (for Individual) B. Redmon Insurance Partners, LLC		upation(sident/Ag	for Individual) ent		M	emc	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-I	Date ▼ 384.00										
В.	Full Name of Individual (Last, First, Middle Initi Caselman, Diane, , ,	ial) or Full O	Irganizati	on Name		Date of	f Re	eceipt						
	Mailing Address 205 N 4th St					12 ^M	1	09		y 2023	ү ү З	7		
	City Grand Junction	State CO		Code 501-2522	_				1781150 Receipt th		riod			
	FEC ID number of contributing federal political committee.	С									20.00)		
	Name of Employer (for Individual) Home Loan Insurance	Occ Bro		for Individual)		M	emo	tem						
	Receipt For:	Aggregate	Year-to-I	Date ▼ 240.00]									
с.	Full Name of Individual (Last, First, Middle Initi Rice, Lori, R., ,	ial) or Full O	Irganizati	on Name		Date of	f Re	eceipt						
	Mailing Address 3201 Cherry Ridge, D405					^M 12	/	09		202				
	City San Antonio	State TX		Code 230-4820					: 1781150 Receipt th		riod			
	FEC ID number of contributing federal political committee.	С				Ľ.		y :	. ,		30.00)		
	Name of Employer (for Individual) Brown & Brown, Inc.			for Individual) Executive		M	emo	o Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-I	Date ▼ 360.00	1									
s	UBTOTAL of Receipts This Page (optional)			•••••	• •	Ę.	-	, .			82.00			
Т	OTAL This Period (last page this line number of	only)		•••••••	•			_	-		-	_		

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				Dotaliou outilitary Faye		13		1	4	15	16	}	17	7
	y information copied from such Reports and Stai for commercial purposes, other than using the n													
	NAME OF COMMITTEE (In Full)													
$\Big\rangle$	National Association of Benefits a	and Insu	ura	ance Professionals P	AC	(NA	BIF	P F	PAC)				
Α.	Full Name of Individual (Last, First, Middle Initia Jimison, Charles, , ,	l) or Full O	Drga	nization Name		Date	of R	lece	eipt					
	Mailing Address 6185 Magnolia Ave Ste 319					[™] 12		1	D D 09) / Y	2023		Y	
	City Riverside	State CA		Zip Code 92506-2524						1781150				
				92300-2324	_	Amou	nt o	of Ea	ach R	leceipt th	is Peri	od		
	FEC ID number of contributing federal political committee.	С					_	- 1		-9-	3	30.0	0	
	Name of Employer (for Individual) Jimison Insurance	Occi Broł	•	tion (for Individual)			Mem	no l'	tem					
	Receipt For:	Aggregate	Yea	ar-to-Date 🔻										
	Primary General Other (specify) ▼		- -	360.00										
в.	Full Name of Individual (Last, First, Middle Initia Magnuson, Raymond, E., , JD,CLU,ChF	l) or Full O	Drga	nization Name		Date	of R	Rece	eipt					
	Mailing Address 4337 E. 5th Street					[™] 12		/	09	/ Y	2023		Y	
	City	State		Zip Code		Trar	sac	tion	n ID :	1781150	5			
	Tucson	AZ		85711-2025		Amou	nt o	f Ea	ach R	leceipt th	is Peri	od		
	FEC ID number of contributing federal political committee.	С						-,			8	35.0	0	
	Name of Employer (for Individual) Magnuson and Associates	Occi Brol	•	tion (for Individual)			Mem	no l'	tem					
		Aggregate	Yea	ar-to-Date 🔻										
	Primary General Other (specify) ▼		,	1645.00										
с.	Full Name of Individual (Last, First, Middle Initia Mordo, David, , ACA Certif,	l) or Full O	Drga	nization Name		Date	of R	Rece	əipt					
	Mailing Address 1630 Killdeer Lane			-		[™] 12		/	09) / Y	2023		Y	
	City	State		Zip Code		Tra	nsac	ctio	n ID :	1781150	6			
	Wilmington	NC		28405-4479		Amou	nt o	of Ea	ach R	leceipt th	is Peri	od		
	FEC ID number of contributing federal political committee.	С				<u> </u>		,		,	1	12.0	0	
	Name of Employer (for Individual) D Mordo Consulting, LLC	Occu Princ	•	tion (for Individual) I			Merr	no l	ltem					
	Receipt For:	Aggregate	Yea	ar-to-Date 🔻										
	Primary General			219.00										
	Other (specify)		7	219.00										
s	UBTOTAL of Receipts This Page (optional)			•••••				,		. ,	12	27.00)	
т	OTAL This Period (last page this line number on	ıly)		•••••	-			,						

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			li	Detailed Summary Page	×	11a 13	\vdash	11b 14	11c	12	17
	y information copied from such Reports and State for commercial purposes, other than using the na					for the		pose of	f soliciting	g contrib	utions
$\overline{)}$	NAME OF COMMITTEE (In Full)										
\rangle	National Association of Benefits a	Ind Insu	ura	ince Professionals P	AC	(NAE	BIP	PAC	;)		
Α.	Full Name of Individual (Last, First, Middle Initial) Hansen, Sharon, , ,	or Full O	rga	nization Name		Date o	f Re	eceipt			
	Mailing Address 1219 So 2nd St	-				^M 12	/	09		ү ү 2023	Ý
	City	State		Zip Code		Trans	act	ion ID :	1781150	7	
	Mount Vernon	WA		98273-4801		Amoun	t of	Each F	Receipt th	is Perio	d
	FEC ID number of contributing federal political committee.	С							-7-	42	2.00
	Name of Employer (for Individual) Heritage Financial Group, Inc.	Occu Pres		tion (for Individual) nt		M	emo	tem			
	Receipt For:	Aggregate	Yea	ar-to-Date 🔻							
	Primary General Other (specify) ▼		-	504.00							
в.	Full Name of Individual (Last, First, Middle Initial) Rider, Susan, M., MS, REBC,,	or Full O	rga	nization Name		Date o	f Re	eceipt			
	Mailing Address PO Box 366					^M 12	/	09	D / Y	2023	Ý
	City	State		Zip Code		Trans	acti	ion ID :	1781150	8	
	Westfield	IN		46074-0366	·	Amoun	t of	Each F	Receipt th	is Perio	d
	FEC ID number of contributing federal political committee.	С						-	7	85	5.00
	Name of Employer (for Individual) Human Capital Concepts		•	tion (for Individual) r of Compliance and HR Const	ılı	M	emo	ltem			
	Receipt For:	Aggregate	Yea	ar-to-Date 🔻							
	Other (specify) ▼		,	1195.00							
с.	Full Name of Individual (Last, First, Middle Initial) Deagle, Michael, P., REBC,	or Full O	rga	nization Name		Date o	f Re	eceipt			
	Mailing Address 422 W. State St. Suite 150	1				^M 12	/	09		2023	Y
	City	State		Zip Code		Trans	sact	ion ID :	: 1781150	9	
	Geneva	IL		60134-2104	·	Amoun	t of	Each F	Receipt th	is Perio	d
	FEC ID number of contributing federal political committee.	С						,	5	166	6.67
	Name of Employer (for Individual) BenAxis, Inc.		•	tion (for Individual) Advisor		M	emo	o Item			
	Receipt For:	Aggregate	Yea	ar-to-Date 🔻							
	Other (specify)		7	2000.04							
s	UBTOTAL of Receipts This Page (optional)			••••••				,	5	293	.67
т	OTAL This Period (last page this line number only	y)		••••••				-			

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ITEMIZED RECEIPTS				for each category of the		X 11a 11b 11c 12									
				Detailed Summary Page		_	11a 13	\vdash	110		1C 5	\vdash	12 16	17	
	y information copied from such Reports and State for commercial purposes, other than using the na					for	the		pose	of soli	citing	g con	ntribu	tions	-
$\overline{\ }$	NAME OF COMMITTEE (In Full)														
$\Big)$	National Association of Benefits a	Ind Insi	ura	ance Professionals P	AC	۱)	JAE	BIP	PA	C)					
Α.	Full Name of Individual (Last, First, Middle Initial) Hartley, Lawrence, M., ,) or Full O	Drga	nization Name		Da	ate o	f Re	eceipt						
	Mailing Address 2040 Main Street Suite 450			7.0.1		ľ	12	/		D /	Y	20)23	Y	
	City Irvine	State CA		Zip Code 92614-8274	\vdash				-):178	-	-	oriod		_
	FEC ID number of contributing federal political committee.	С	l				noun		Each	Rece	рг III —	IS Pe	30.0	00	
	Name of Employer (for Individual) Risk Strategies Company		•	tion (for Individual) e President		C	Μ	emo) Item	l					
	Receipt For:	Aggregate	Ye	ar-to-Date 🔻											
	Primary General Other (specify) ▼		-	360.00											
в.	Full Name of Individual (Last, First, Middle Initial) Pedersen, Jill, L., REBC,) or Full O	Drga	nization Name		Da	ate o	f Re	eceipt						
	Mailing Address PO Box 190					ľ	12	/	D 1	D / 0	Y	202	23	Y	
	City Oregon City	State OR		Zip Code 97045-0190						: 178 Rece			eriod		
	FEC ID number of contributing federal political committee.	С				Ľ			-		- T	_	85.	00	
	Name of Employer (for Individual) Columbia Benefit Solutions, Inc.		•	ation (for Individual) r, Benefits Consultant			Μ	emo) Item	I					
	Receipt For: // Primary General Other (specify) ▼	Aggregate	Ye	ar-to-Date ▼ 1520.00											
с.	Full Name of Individual (Last, First, Middle Initial) Freeman, Joann, , ,) or Full O	Drga	nization Name		Da	ate o	f Re	eceipt						
	Mailing Address 625 Oak Street					ľ	12	/	D 1	D /	Y	202	23	Y	
	City	State CA		Zip Code			Frans	sact	ion ID):178	1153	; 0			
	Laguna Beach		_	92651-2920	-	An	noun	t of	Each	Rece	pt th	is Pe	eriod		
	FEC ID number of contributing federal political committee.	С				Ļ	_		y		9	_	30.	00	
	Name of Employer (for Individual) Freeman Laguna Insurance Services	Occi Brok	•	tion (for Individual)		ŀ	N	lemo	b Item	1					
		Aggregate	Ye	ar-to-Date 🔻											
	Other (specify)		-	360.00											
s	UBTOTAL of Receipts This Page (optional)			•	<u> </u>	Γ						_	145.(00	-
	OTAL This Period (last page this line number onl				-	Ē			, ,		, ,				

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			Use separate schedule(s)	(check only one)							
11	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 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	PAC (NABIP PAC)							
Α.	Full Name of Individual (Last, First, Middle Init Buza, Raymond, F., ,	ial) or Full O	rganization Name	Date of Receipt							
	Mailing Address 1165 22nd St			12 10 / Y Y Y Y Y 12 10 2023							
	City Vero Beach	State FL	Zip Code 32960-6035	Transaction ID : 17811531 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		85.00							
	Name of Employer (for Individual) Palm Beach Insurance Advisory Group, I	Occi Brol	upation (for Individual) ker	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 935.00]							
в.		ial) or Full O	rganization Name	Date of Receipt							
	Mailing Address 3016 Rock Rose PI	State	Zip Code	12 10 / Y Y Y Y 2023							
	City Round Rock	TX	78665-3821	Transaction ID : 17811532 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С									
	Name of Employer (for Individual) The Buffum Group LLC		upation (for Individual) all Group Specialist	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , , , 360.00]							
— c.	Full Name of Individual (Last, First, Middle Init Kelley, Dianne, M., ,	ial) or Full O	rganization Name	Date of Receipt							
	Mailing Address 7320 N La Cholla Blvd. 154-219			12 / 11 / 2023							
	City Tucson	State AZ	Zip Code 85741-2309	Transaction ID : 17811540 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		63.00							
	Name of Employer (for Individual) Sandbrook Group Receipt For:	Ins.	upation (for Individual) Broker	Memo Item							
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 756.00								
s	UBTOTAL of Receipts This Page (optional)			178.00							
т	OTAL This Period (last page this line number of	only)	••••••								

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

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ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)
An	y information copied from such Reports and Stat	ements ma	Ay not be sold or used by any pe	13 14 15 16 17 rson for the purpose of soliciting contributions
	for commercial purposes, other than using the n	ame and a	address of any political committee	to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	National Association of Benefits a	and Insu	urance Professionals Pr	AC (NABIP PAC)
A.	Full Name of Individual (Last, First, Middle Initial Block, Howard, , SGS,) or Full O	Organization Name	Date of Receipt
	Mailing Address 8722 Oak Kolbe Ln			12 11 2023
	City	State	Zip Code	Transaction ID : 17811545
	Houston	ТХ	77080-1468	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
	Evry Health		es Director	
	Poppint For:	Aggregate	Year-to-Date ▼	
	Primary General			
	Other (specify)		360.00	
R	Full Name of Individual (Last, First, Middle Initial Haberman, Joshua, , RHU,) or Full O	Organization Name	Date of Receipt
D.	Mailing Address 9301 Bryant Ave S			
	Suite 105			12 11 2023
	City	State	Zip Code	Transaction ID : 17811546
	Bloomington	MN	55420-3473	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		170.00
	Name of Employer (for Individual) 1445 Jessamine LLC	Occ CE	upation (for Individual) O	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	_
	Primary General			
	Other (specify) V		, 2315.00	
C.	Full Name of Individual (Last, First, Middle Initial Rogers, Malia, C., ,) or Full O	Organization Name	Date of Receipt
	Mailing Address PO Box 2966			12 / 11 / Y Y Y Y 12 / 11 2023
	City	State	Zip Code	Transaction ID : 17811547
	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	Occi Brok	upation (for Individual) ker	Memo Item
	Descript Form	Aggregate	Year-to-Date ▼	1
	Primary General			
	Other (specify)	L	360.00	
S	UBTOTAL of Receipts This Page (optional)		•	230.00
т	OTAL This Period (last page this line number on	ly)	····· •	

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			for each catego Detailed Summ		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 Profe	ssionals PA	AC (NABIP PAC)
Α.	Full Name of Individual (Last, First, Middle Initia Roberts, Paul, H., BBA,	al) or Full C	rganization Name		Date of Receipt
	Mailing Address 3712 3rd Avenue #4	1-			12 / D D / Y Y Y Y 12 2023
	City San Diego	State CA	Zip Code 92103-4168		Transaction ID : 17825485 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			12.00
	Name of Employer (for Individual) Word & Brown General Agency		upation (for Indivic Director Education	,	Memo Item
	Receipt For:				·
	Primary General Other (specify) ▼	Aggregate	Year-to-Date V	289.00	
В.	Full Name of Individual (Last, First, Middle Initia Cunix, David, L., ,	al) or Full C	rganization Name		Date of Receipt
	Mailing Address 6690 Beta Drive Suite 102				12 12 2023
	City Mayfield Village	State OH	Zip Code 44143-2359		Transaction ID : 17825488 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			30.00
	Name of Employer (for Individual) Cunix Insurance Services	Occ Bro	upation (for Individ	lual)	Memo Item
	Receipt For: Primary General	Aggregate	Year-to-Date 🔻		_
	Other (specify) v	L	4	460.00	
с.	Full Name of Individual (Last, First, Middle Initia Brannon, William, J., ,	al) or Full C	rganization Name		Date of Receipt
	Mailing Address 2 Terrace Way, Suite B				12 12 / Y Y Y Y 12 12 2023
	City Greensboro	State NC	Zip Code 27403-3663		Transaction ID : 17825494
			27403 3003		_ Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			30.00
	Name of Employer (for Individual) Group US, Inc.	Occ Brok	upation (for Indivic	lual)	Memo Item
	Receipt For:	Aggregate	Year-to-Date V		
	Other (specify)			360.00	
⊢	UBTOTAL of Receipts This Page (optional)				72.00

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		Detailed Summary Page		1 1a	11b	11c	12					
				13	14	15	16	17				
Any information copied from such Reports or for commercial purposes, other than usin												
NAME OF COMMITTEE (In Full)												
National Association of Ben	efits and Ins	urance Professionals F	PAC	(NAE	SIP PAC	2)						
Full Name of Individual (Last, First, Mide A. Vipond, Elizabeth, T., CLU, CFP,	dle Initial) or Full C	rganization Name		Date of	f Receipt							
Mailing Address 1209 Cumberland Av Ur	nit 1903			12 12 2023								
City	State	Zip Code		Trans	action ID	: 1782549	5					
Tampa	FL	33602-4260		Amoun	t of Each	Receipt thi	is Period	t				
FEC ID number of contributing federal political committee.	С				· · ·			.00				
Name of Employer (for Individual) The Senior Health Advisor		upation (for Individual) sident		M	emo Item							
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General Other (specify) ▼		360.00]									
Full Name of Individual (Last, First, Mide B. May, Robert, L., ,	dle Initial) or Full C	rganization Name		Date of	f Receipt							
Mailing Address 1416 East Main Suite A												
City	State	Zip Code	_	Transaction ID : 17825499								
Puyallup	WA	98372-3170		Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С					1000.pt un		.00				
Name of Employer (for Individual) Robert L. May & Associates, Inc. DBA H	Occ Bro	upation (for Individual) ker		М	emo Item							
Receipt For:		Year-to-Date ▼										
Primary General	Aggregate											
Other (specify) V		360.00										
Full Name of Individual (Last, First, Mide C. Gertz, Josh, , ,	dle Initial) or Full C	rganization Name		Date of	f Receipt							
Mailing Address 222 S. Riverside Plaza				M M	/ D	D / Y	Y Y	Y				
Suite 900				12	12		2023	_				
City	State	Zip Code		Trans	action ID	: 1782550	3					
Chicago	IL	60606-5975		Amoun	t of Each	Receipt thi	s Period	t				
FEC ID number of contributing federal political committee.	C			<u> </u>	, , ,	9	85	.00				
Name of Employer (for Individual) USI Insurance Services		upation (for Individual) npliance Project Specialist		M	emo Item							
Receipt For:	Year-to-Date ▼											
Other (specify)	1020.00]										
SUBTOTAL of Receipts This Page (option	al)		<u> </u>				145	.00				

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

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E			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	information copied from such Reports and St or commercial purposes, other than using the			to solicit contributions from such committee.
\ I	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 Daugherty, Cathy, M., ,	ial) or Full C	Organization Name	Date of Receipt
-	Mailing Address 3071 Via Serena N. Unit A. City	State	Zip Code	12 / D D / Y Y Y Y 13 / 2023
	Laguna Woods	CA	92637-0416	Transaction ID : 17852272 Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	С		85.00
E	Name of Employer (for Individual) Bridgeport Benefits	Occ Brol	upation (for Individual) ker	Memo Item
F	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼		1095.00	
	Full Name of Individual (Last, First, Middle Initi Hatfield, Matthew, F., ,	ial) or Full C	Organization Name	Date of Receipt
Ν	Aailing Address 2207 Springfield Avenue			12 13 / Y Y Y Y 12 13 2023
	Dity	State	Zip Code	Transaction ID : 17852274
-	Fort Wayne	IN	46805-1541	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		30.00
ŀ	Name of Employer (for Individual) Hatfield Insurance Services LLC	Occ Ow	upation (for Individual) ner	Memo Item
F	Receipt For:	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		, 360.00	
	Full Name of Individual (Last, First, Middle Initi Schiebel, AI, C., ,	ial) or Full C	Organization Name	Date of Receipt
Ν	Mailing Address 10 Glenlake Parkway			12 13 2023
Ō	North Tower, Suite 1050	State	Zip Code	Transaction ID : 17852275
_	Atlanta	GA	30328-3495	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	С		45.00
	Name of Employer (for Individual) Schiebel & Associates, LLC dba Shopben	Occ Owr	upation (for Individual) ner	Memo Item
Ē	Receipt For:	Aggregate	Year-to-Date 🔻	
	Other (specify)		690.00	
su	BTOTAL of Receipts This Page (optional)		•	160.00
то	TAL This Period (last page this line number of	only)		

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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
			person for the purpose of soliciting contributions be to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , ,	
National Association of Benef	its and Insu	urance Professionals I	PAC (NABIP PAC)
Full Name of Individual (Last, First, Middle Blakely, Russ, , ,	Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 246 E 11th Street Suite 302			12 13 Y Y Y Y Y 12 13 2023
City Chattanooga	State TN	Zip Code 37402-4269	Transaction ID : 17852276 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		85.00
Name of Employer (for Individual) Russ Blakely & Associates, LLC	Occi Brol	upation (for Individual) ker	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1020.00]
Full Name of Individual (Last, First, Middle	Initial) or Full O	rganization Name	
B. Jensen, Cerrina, , CHRS, CBC,, Mailing Address 12846 Knightsbrook Ave			Date of Receipt
City	State	Zip Code	Transaction ID : 17852277
Rancho Cordova	CA	95742-6625	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer (for Individual) SolV Independent Insurance Associates	Occ Bro	upation (for Individual) ker	Memo Item
Receipt For:	Aggregate	Year-to-Date 🔻	
Other (specify)		650.00]
Full Name of Individual (Last, First, Middle Anderson, Corey, Lee, ,	Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 11247 69th St NE Albertvill	1		12 / D D / Y Y Y Y 12 13 2023
City Albertville	State MN	Zip Code 55301-4576	Transaction ID : 17852279 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) Corey Anderson Insurance Services		upation (for Individual) Geek	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00]
SUBTOTAL of Receipts This Page (optional).			165.00
TOTAL This Period (last page this line number	er only)		

Use separate schedule(s) for each category of the

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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 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 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 Supation (for Individual) VP of Group Sales Year-to-Date ▼ 1020.00	Date of Receipt
В.	Mailing Address 7722 S 23rd St City Lincoln FEC ID number of contributing federal political committee. Name of Employer (for Individual) Medica Propert For:	State NE C	Drganization Name Zip Code 68512-9603 Cupation (for Individual) B/Small Group Sales Relationship M Year-to-Date ▼ 365,00	Date of Receipt MIN / D D / Y
C.	Full Name of Individual (Last, First, Middle Initial Geissinger, Charles, , , Mailing Address 3530 N. 163 Plaza City Omaha FEC ID number of contributing federal political committee. Name of Employer (for Individual) Preferred Marketing Associates Receipt For: Primary General Other (specify)	State NE C	Zip Code 68116-2109 cupation (for Individual) sident Year-to-Date ▼	Date of Receipt
	UBTOTAL of Receipts This Page (optional)		r	1450.00
T	OTAL This Period (last page this line number on	ıy)	▶	

Use separate schedule(s) for each category of the

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(check only one)

PAGE 37 OF

		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Association of Bene	efits and Insu	urance Professionals P	AC (NABIP PAC)
Full Name of Individual (Last, First, Middle A. Wilson, John, T., , Mailing Address 225 23rd Street Unit 304 City Roanoke FEC ID number of contributing federal political committee. Name of Employer (for Individual) Delta Dental Plan Of Virginia Receipt For: Primary General	State VA C Occu Accu	Zip Code 24014-1793 Upation (for Individual) ount Executive Year-to-Date ▼	Date of Receipt
Conter (specify) ▼ Full Name of Individual (Last, First, Middle Lamberth, Mark, J., , Mailing Address 43402 Waterside Trl	, 		Date of Receipt
City Punta Gorda FEC ID number of contributing federal political committee. Name of Employer (for Individual) Capstone Administrators Receipt For: Primary General Other (specify) ▼	Sen	Zip Code 33982-6007 upation (for Individual) ior Vice President Year-to-Date ▼ 324.00	Transaction ID : 17852465 Amount of Each Receipt this Period
Full Name of Individual (Last, First, Middle Seifert, Greg, , , Mailing Address 3311 NE 115th St. City Vancouver FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Employed Receipt For: Primary General Other (specify)	State WA C Occu Brok	rganization Name Zip Code 98686-3945 upation (for Individual) ter/Consultant Year-to-Date ▼ 650.00	Date of Receipt
SUBTOTAL of Receipts This Page (optiona	l)	•••••	566.00
TOTAL This Period (last page this line num	ber only)	•••••	

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ıт.	ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)								
11			for each category of the Detailed Summary Page	X 11a	11b	11c	12 16	17				
	y information copied from such Reports and St for commercial purposes, other than using the			erson for the		f soliciting	g contribu	utions				
	NAME OF COMMITTEE (In Full)											
	National Association of Benefits	and Insu	urance Professionals P	PAC (NAE	BIP PAC	;)						
Α.	Full Name of Individual (Last, First, Middle Init Smith, John, Joseph, ,	ial) or Full O	rganization Name	Date o	Date of Receipt							
	Mailing Address 1309 N Boulevard			M 12	M M / D D / Y Y Y Y 12 14 2023							
	City Anderson	State SC	Zip Code 29621-4830		saction ID : It of Each F			1				
	FEC ID number of contributing federal political committee.	С			· · ·		30	.00				
	Name of Employer (for Individual) SHK & Associates	Occu Broł	upation (for Individual) ker	N	lemo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00									
В.	Full Name of Individual (Last, First, Middle Initi Benkowski, Patricia, J., ,	ial) or Full O	rganization Name	Date o	f Receipt							
	Mailing Address 4688 W Jennifer Ave Ste 103	Chata	7in Oada	12			2023	Ŷ				
	City Fresno	State CA	Zip Code 93722-6418		saction ID :							
	FEC ID number of contributing federal political committee.	С		Amoun	it of Each F	receipt th		.00				
	Name of Employer (for Individual) PBT Insurance Services		upation (for Individual) sident		lemo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00									
— c.	Full Name of Individual (Last, First, Middle Initi Lovich, Cathryn, Robin, ,	ial) or Full O	rganization Name	Date o	f Receipt							
	Mailing Address 2355 Lee Elgin Road			M M 12			2023	Y				
	City Woolwine	State VA	Zip Code 24185-3790		saction ID : it of Each F			1				
	FEC ID number of contributing federal political committee.	С			, , ,		85	.00				
	Name of Employer (for Individual) Cathryn R. Lovich, LLC dba Gardner Ins	Brok			lemo Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 848.00									
s	UBTOTAL of Receipts This Page (optional)		•			. ,	145.	.00				
Т	OTAL This Period (last page this line number of	only)	•									

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IT.	TEMIZED RECEIPTS		Use separate schedule(s)			(check only one)							
11				r each category of the etailed Summary Page		X 11a 13		11b 14	11c		12 16	17	
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	itements maname and a	ay not addres	t be sold or used by any pe s of any political committee	rsor to s	n for the	pur ntrit	pose of	f soliciti	ng co Ich co	ntributi	ions	
	NAME OF COMMITTEE (In Full)												
$\left \right\rangle$	National Association of Benefits	and Insu	uran	ce Professionals P	AC	(NAE	BIP	PAC	C)				
Α.	Full Name of Individual (Last, First, Middle Initia Fearing, Meagan, Ray, ,	al) or Full O	Organiz	zation Name		Date of Receipt							
	Mailing Address 123 N Wahsatch Ave				12 14 Y Y Y Y 2023								
	City Colorado Springs	State CO	2	Zip Code 80903-3406	_				: 17852 Receipt		Period		
	FEC ID number of contributing federal political committee.	С				<u> </u>					42.0	0	
	Name of Employer (for Individual) Insurance Marketing Enterprises, Inc		•	n (for Individual) Broker		M	emo	o Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-	to-Date ▼ 654.00									
в.	Full Name of Individual (Last, First, Middle Initia Daidone, Grace, , ,	al) or Full O	Organiz	zation Name		Date o	f Re	eceipt					
	Mailing Address 3301 S. Virginia						12 14 2023						
	City	State	Z	Zip Code					17852				
	Reno	NV		89502-4516	_	Amoun	t of	Each F	Receipt	this F	'eriod		
	FEC ID number of contributing federal political committee.	C						-			30.0	0	
	Name of Employer (for Individual) A and H Insurance, Inc.	Occ Bro	•	n (for Individual)		M	emo	o Item					
	Receipt For:	Aggregate Year-to-Date ▼											
	Primary General Other (specify) ▼												
с.	Full Name of Individual (Last, First, Middle Initia Johnson, David, S., LUTCF,RHU,,	al) or Full O	Drganiz	zation Name		Date o	f Re	eceipt					
	Mailing Address 12138 Big Canoe	1				^M 12	J.	D 14		20	023	Y	
	City Big Canoe	State GA	2	Zip Code 30143-5157					: 17852 Receipt		Period		
	FEC ID number of contributing federal political committee.	С				Ľ		y :	. ,		100.0	0	
	Name of Employer (for Individual) David S. Johnson Insurance	Occi Brok	•	n (for Individual)		M	lem	o Item					
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1200.00											
s	UBTOTAL of Receipts This Page (optional)			•		<u> </u>		, .		-	172.0	0	
Т	OTAL This Period (last page this line number or	nly)		••••••				-					

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	13 14 15 16 17						
	y 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.	Full Name of Individual (Last, First, Middle Initi Matznick, Michael, E., ,	al) or Full O	rganization Name	Date of Receipt						
	Mailing Address 3207 Cottingham Ct			12 14 2023						
	City	State	Zip Code	Transaction ID : 17852531						
	Greensboro	NC	27410-8362	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						
	eBen Benefits	Brol								
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General									
	Other (specify) v		504.00							
_	Full Name of Individual (Last, First, Middle Initi	al) or Full O	rganization Name							
В.	· · · · ·			Date of Receipt						
	Mailing Address 7251 Engle Rd. Suite 103	State	Zip Code	12 14 2023						
	Cleveland	OH	44130-3400	Transaction ID : 17852532 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		42.00						
	Name of Employer (for Individual) Sage Partners, LLC		upation (for Individual) sident	Memo Item						
	Receipt For:	Aggregate	Year-to-Date V	_						
	Primary General	7.99.094.0								
	Other (specify) v	<u> </u>	504.00							
с.	Full Name of Individual (Last, First, Middle Initi Renkar, Christopher, J., ,	al) or Full O	rganization Name	Date of Receipt						
	Mailing Address 10286 Staples Mill Road #128			12 14 2023						
	City	State	Zip Code	Transaction ID : 17852533						
	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	Occi Brok	upation (for Individual) ter	Memo Item						
	Receipt For:	Aggregate	Year-to-Date V	7						
	Primary General Other (specify)		1004.00							
⊢	UBTOTAL of Receipts This Page (optional)			126.00						

FOR LINE NUMBER:

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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						
Any information copied from such Reports and or for commercial purposes, other than using the									
NAME OF COMMITTEE (In Full)									
National Association of Benefit	ts and Ins	urance Professionals P	PAC (NABIP PAC)						
Full Name of Individual (Last, First, Middle In A. Sutton, Trent, J., ,	nitial) or Full C	Organization Name	Date of Receipt						
Mailing Address 2824 Poleline Rd., # A			12 14 2023						
City	State	Zip Code	Transaction ID : 17852534						
Pocatello	ID	83201-6177	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 Ow	upation (for Individual) ner	Memo Item						
Receipt For:	Aggregate	Year-to-Date V							
Other (specify) ▼		360.00]						
Full Name of Individual (Last, First, Middle In	itial) or Full C	Organization Name							
B. Easterling, Sy, , ,			Date of Receipt						
Mailing Address 2909 13th St 6th Floor	City State Zip Code								
Gulfport	MS	39501-1925	Transaction ID : 17853819 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		30.00						
Name of Employer (for Individual) BXS Insurance		upation (for Individual) e President	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify) ▼		360.00]						
Full Name of Individual (Last, First, Middle In C. Bellman, Mark, , ,	nitial) or Full C	Organization Name	Date of Receipt						
Mailing Address 9120 Branch Hollow Dr			12 15 2023						
City	State TX	Zip Code	Transaction ID : 17853821						
Dallas		75243-7510	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		30.00						
Name of Employer (for Individual) UnitedHealthcare		upation (for Individual) of Small Business, Texas	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify)		360.00]						
SUBTOTAL of Receipts This Page (optional)			90.00						
TOTAL This Period (last page this line numbe	r 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
or for commercial purposes, other than using			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 P	PAC (NABIP PAC)
Full Name of Individual (Last, First, Middle Blevins, Andrea, K., , Mailing Address 1133 E. 33rd Place	e Initial) or Full C	rganization Name	Date of Receipt
City Tulsa	State OK	Zip Code 74105-2501	12 15 2023 Transaction ID : 17853823 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		10.00
Name of Employer (for Individual) Catalyst Benefits Group, LLC Receipt For: Primary General Other (specify) ▼	Acc	upation (for Individual) ount Manager Year-to-Date ▼ 270.00	Memo Item
Full Name of Individual (Last, First, Middle Wilson, Lisa, M., , Mailing Address 16211 N Brinson Suite 130	initial) or Full C		Date of Receipt
City Nampa FEC ID number of contributing	State ID	Zip Code 83687-5521	Transaction ID : 17854069 Amount of Each Receipt this Period 85.00
federal political committee. Name of Employer (for Individual) Insurers of Idaho Receipt For: Primary General Other (specify) ▼	Occ Bro	upation (for Individual) ker Year-to-Date 1050.00	Memo Item
Full Name of Individual (Last, First, Middle Kennedy, Tamara, P., , Mailing Address 7310 N 16th Street	e Initial) or Full C	organization Name	Date of Receipt
Suite 226 City Phoenix FEC ID number of contributing	State AZ	Zip Code 85020-8212	Transaction ID : 17854070 Amount of Each Receipt this Period
Federal political committee.		upation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)		ional Manager Year-to-Date ▼ 1020.00]
SUBTOTAL of Receipts This Page (optional)		180.00
TOTAL This Period (last page this line num	ber 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 or for commercial purposes, other than using th			
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 Trokey, Kevin, , , Mailing Address 215 S. Kirkwood Rd Ste 201 City Saint Louis FEC ID number of contributing federal political committee. Name of Employer (for Individual) Q4intelligence LLC Receipt For: Primary General Other (specify) ▼	State MO C Fou	Zip Code 63122-4359 upation (for Individual) unding Partner Year-to-Date ▼ 1570.00	Date of Receipt
Full Name of Individual (Last, First, Middle In Frankel, Teri, Frankel, , Mailing Address 21820 Burbank Blvd Suite 300 City Woodland Hills FEC ID number of contributing federal political committee. Name of Employer (for Individual) Leavitt Insurance Services of Los Ange Receipt For: Primary General Other (specify) ▼	C CA CC Bro	Organization Name Zip Code 91367-6485 supation (for Individual) oker Year-to-Date ▼ 360.00	Date of Receipt 12 16 2023 Transaction ID : 17854073 Amount of Each Receipt this Period 30.00 Memo Item
Full Name of Individual (Last, First, Middle In Banchy, Kate, , , Mailing Address 4233 Southtowne Drive City Eau Claire FEC ID number of contributing federal political committee. Name of Employer (for Individual) Spectrum Insurance Group Receipt For: Primary General Other (specify)	State WI C Occ Brol	Zip Code 54701-2652 upation (for Individual)	Date of Receipt 12 16 2023 Transaction ID : 17854074 Amount of Each Receipt this Period 42.00 Memo Item
SUBTOTAL of Receipts This Page (optional)			157.00
TOTAL This Period (last page this line numbe	r only)		

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177	ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)							
11			for each category of the Detailed Summary Page	X 11a		11b	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 ddress of any political committee	erson for the	purpo purpo	ose of s tions fro	soliciting	contri	butio	ns	
	NAME OF COMMITTEE (In Full)										
\rangle	National Association of Benefits	and Insu	urance Professionals P	AC (NAE	BIP F	PAC)					
А.	Full Name of Individual (Last, First, Middle Initia Munger, David, , ,	al) or Full O	rganization Name	Date o	Date of Receipt						
	Mailing Address 3312 W. Magistrate Loop			12 16 2023							
	City	State	Zip Code	Tran	sactio	n ID : 1	785407	6			
	Hayden	ID	83835-5019	Amour	nt of E	ach Re	ceipt th	is Peri	od		
	FEC ID number of contributing federal political committee.	С					-95	ξ	35.00		
	Name of Employer (for Individual)	Оссі	upation (for Individual)	N	lemo l	Item					
	Munger Insurance	Brok									
	Receipt For:	Aggregate	Year-to-Date ▼	_							
	Primary General	33 - 3									
	Other (specify)	L	1120.00								
В.	Full Name of Individual (Last, First, Middle Initia Owens, David, Patrick, ,	al) or Full O	rganization Name	Date o	of Rec	eipt					
	Mailing Address 2 Hazelwood Lane			M M / D D / Y Y Y Y 12 16 2023							
	City	State	Zip Code	Trans	sactio	n ID : 1	785407	7			
	Kinnelon	NJ	07405-2104	Amour	nt of E	ach Re	ceipt th	is Peri	od		
	FEC ID number of contributing federal political committee.	С		85.00							
	Name of Employer (for Individual) E.B. Cohen Insurance & Risk Management		upation (for Individual) naging Director		lemo I	ltem					
	Receipt For:	Aggregate	Year-to-Date ▼	_							
	Primary General Other (specify) ▼		1020.00								
<u> </u>	Full Name of Individual (Last, First, Middle Initia Douglas, James, F., ,	al) or Full O	Date o	of Rec	eipt						
	Mailing Address 5721 Woodboro Dr			M 12	M M / D D / Y Y Y Y Y						
	City Huntington Beach	State CA	Zip Code 92649-4949				785410 ceipt th		od		
	FEC ID number of contributing federal political committee.	С							35.00		
	Name of Employer (for Individual) Health Sync Insurance		upation (for Individual) ident	N	/lemo	ltem					
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)	L	420.00								
\vdash	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number o						9	20	05.00		

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a 11b 11c 12										
			Detailed Summary Page	ĹĖ	1			14	· -	_	15		16	17	
	y information copied from such Reports and Stat for commercial purposes, other than using the na														
	NAME OF COMMITTEE (In Full)														
$\Big)$	National Association of Benefits a			AC	(N	AE	BIP	' P	PAC)					
Α.	Full Name of Individual (Last, First, Middle Initial Mason, Gerene, J., ,		Drganization Name		Date of Receipt										
	Mailing Address 1224 South River Road, Suite A	1	Zin Code		12 17 2023										
	City Saint George	State UT	Zip Code 84790-8318	-	Transaction ID : 17854107 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period										
	Name of Employer (for Individual) Southern Utah Insurance	Occu Brok	cupation (for Individual) ker			Μ	lemo	o It	em						
		Aggregate	Year-to-Date V												
	Other (specify) ▼	General													
в.	Full Name of Individual (Last, First, Middle Initial Hild, Donald, A., ,) or Full O	Drganization Name		Dat	e o	f Re	ece	ipt						
	Mailing Address 2640 Willard Dairy Rd. Suite 122								12 / D D / Y Y Y Y Y 12 17 2023						
	City HIGH POINT	State NC	Zip Code 27265-8709		Transaction ID : 17854109 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		30.00											
	Name of Employer (for Individual) Blue Moon Benefits Group	Occupation (for Individual) Broker							Memo Item						
	Receipt For: Primary General Other (specify) ▼	For: Aggregate Year-to-Date ▼ imary General													
с.	Full Name of Individual (Last, First, Middle Initial Wakamoto-Lee, Sue, , CEBS,) or Full O	Drganization Name		Dat	e o	f Re	ece	ipt						
	Mailing Address 411 E Date St				12 17 2023										
	City Brea	State CA	Zip Code 92821-5402								85411 eipt thi		eriod		
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period										
	Name of Employer (for Individual) Advanced Benefit Consulting & Insuranc	cupation (for Individual) actor of Business Development		Memo Item											
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 344.00												
s	UBTOTAL of Receipts This Page (optional)												72.0	0	
т	OTAL This Period (last page this line number on	ly)		-				-			-				

Use separate schedule(s) for each category of the

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			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 Station 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 Law, Marv, , CLTC, Mailing Address 45345 Carrie Ln	l) or Full C	Organization Name	Date of Receipt							
		Otata	Zin Onde	12 17 2023							
	City La Quinta	State CA	Zip Code 92253-4291	Transaction ID : 17854112 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		30.00							
	Name of Employer (for Individual) HealthBridge Insurance Solutions	Occ Brol	cupation (for Individual) oker	Memo Item							
		Aggregate	e Year-to-Date ▼								
	Other (specify) ▼		360.00								
В.	Full Name of Individual (Last, First, Middle Initia Tompkins, Daniel, R., , JD, MBA	Organization Name	Date of Receipt								
	Mailing Address 1720 Windward Concourse Suite 290			12 17 2023							
	City Alpharetta	State GA	Zip Code 30005-2291	Transaction ID : 17854114							
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 85.00							
	Name of Employer (for Individual) Admin America, Inc.		cupation (for Individual) esident	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1020.00								
с.	Full Name of Individual (Last, First, Middle Initia Elam, Michael, Lee, ,	l) or Full C	Organization Name	Date of Receipt							
	Mailing Address 9000 Northpark Drive			M M / D D / Y Y Y Y 12 17 2023							
	City Johnston	State IA	Zip Code 50131-4817	Transaction ID : 17854116 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		85.00							
	Name of Employer (for Individual) Delta Dental of Iowa		cupation (for Individual) of Underwriting and Actuarial	Memo Item							
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1020.00								
s	UBTOTAL of Receipts This Page (optional)		••••••	200.00							
т	OTAL This Period (last page this line number on										

Use separate schedule(s) for each category of the

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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						
	y information copied from such Reports and Sta for commercial purposes, other than using the									
$\left[\right]$	NAME OF COMMITTEE (In Full)									
$\langle \rangle$	National Association of Benefits	and Insi	urance Professionals P	AC (NABIP PAC)						
Α.	Full Name of Individual (Last, First, Middle Initia Clark, Valerie, Jeanne, ,	al) or Full C	Organization Name	Date of Receipt						
	Mailing Address 520 Hammill Ln			12 / D D / Y Y Y Y 12 17 2023						
	City	State NV	Zip Code	Transaction ID : 17854117						
	Reno		89511-2045	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		85.00						
	Name of Employer (for Individual) Clark and Associates of Nevada		upation (for Individual) sident	Memo Item						
	Receipt For:	Aggrogato	Year-to-Date ▼	_						
	Primary General	Aggregate								
	Other (specify) ▼	L	1020.00							
в.	Full Name of Individual (Last, First, Middle Initia Balla, Donald, L., ,	Date of Receipt								
	Mailing Address 371 Steeplechase Drive									
	City	State	Zip Code	Transaction ID : 17854118						
	Cranberry Twp	PA	16066-2239	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	30.00								
	Name of Employer (for Individual) Alera Group		upation (for Individual) ecutive Vice President	Memo Item						
	Receipt For:	Aggregate	Year-to-Date V							
	Primary General Other (specify) ▼		360.00							
С.	Full Name of Individual (Last, First, Middle Initia Paulus, Raquel, E., ,	al) or Full C	Organization Name	Date of Receipt						
	Mailing Address 305 W Front St Ste 201			M M / D D / Y Y Y Y 12 17 2023						
	City	State	Zip Code	Transaction ID : 17854119						
	Traverse City	MI	49684-2337	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		30.00						
	Name of Employer (for Individual)	of Employer (for Individual) Occupation (for Individual)								
	Highstreet Peterson McGregor Insurance	Brok	ker	_						
	Receipt For:	Aggregate	Year-to-Date V							
	Other (specify)		360.00							
s	UBTOTAL of Receipts This Page (optional)		•	145.00						
т	OTAL This Period (last page this line number o	nly)	••••••	1 1 7 1 1 7 1 1 7 1						

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
or for commercial purposes, other than using the		person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
National Association of Benefits	s and Insurance Professionals	PAC (NABIP PAC)
Full Name of Individual (Last, First, Middle In Anderson, Michael, , , REBC	itial) or Full Organization Name	Date of Receipt
Mailing Address 3800 American Blvd W Suite 1500		12 / D D / Y Y Y Y 2023
City Minneapolis	State Zip Code MN 55431-4429	Transaction ID : 17854149
		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	Occupation (for Individual) REBC	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	—
Primary General Other (specify) ▼	504.00	
Full Name of Individual (Last, First, Middle In B. Eckard, Brenda, A., ,	itial) or Full Organization Name	Date of Receipt
Mailing Address 130 North 25th Street		12 18 2023
City	State Zip Code	Transaction ID : 17854152
Fort Dodge	IA 50501-4338	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	85.00
Name of Employer (for Individual) KHI Solutions	Occupation (for Individual) Owner	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1020.00	
Full Name of Individual (Last, First, Middle In C. Walker, Beth, Ann, ,	itial) or Full Organization Name	Date of Receipt
Mailing Address 1126 Lillo Court		12 18 / Y Y Y Y 12 18 2023
City	State Zip Code	Transaction ID : 17854153
Boulder City	NV 89005-3134	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Information Requested	President	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	510.00	
Other (specify)	510.00	
SUBTOTAL of Receipts This Page (optional)		157.00
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 St for commercial purposes, other than using the									
$\left \right $	NAME OF COMMITTEE (In Full)									
	National Association of Benefits	and Ins	urance Professionals P	AC (NABIP PAC)						
Α.	Full Name of Individual (Last, First, Middle Initi Maggiore, Joseph, William, ,	al) or Full C	Organization Name	Date of Receipt						
	Mailing Address 911 First Colonial Rd.	Ctoto	Zin Codo	12 / D D / Y Y Y Y 12 18 2023						
	City Virginia Beach	State VA	Zip Code 23454-3111	Transaction ID : 17854154 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 Bro	upation (for Individual) ker	Memo Item						
	Receipt For:	Aggregate	Year-to-Date V							
	Primary General Other (specify) ▼		360.00							
В.	Full Name of Individual (Last, First, Middle Initi Singleton, Terry, , , REBC,CFP,C	Date of Receipt								
	Mailing Address PO Box 195579			M M / D D / Y Y Y Y 12 18 2023						
	City	State	Zip Code	Transaction ID : 17854158						
	Winter Springs	FL	32719-5579	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		85.00						
	Name of Employer (for Individual) The Enterprise Team		cupation (for Individual) ncipal	Memo Item						
	Receipt For:	Aggregate	Year-to-Date ▼ 2020.00							
— c.	Full Name of Individual (Last, First, Middle Initi Hillenbrand, John, Ryan, ,	al) or Full C	Organization Name	Date of Receipt						
	Mailing Address 14500 S. Outer 40 Road Ste 203			12 / D D / Y Y Y Y 12 19 2023						
	City Chesterfield	State MO	Zip Code 63017-5736	Transaction ID : 17854634						
			03017-3730	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		20.00						
	Name of Employer (for Individual)		upation (for Individual)	Memo Item						
	Hillenbrand & Company Receipt For:	Brok		_						
	Primary General	Aggregate	Year-to-Date V							
	Other (specify)									
s	UBTOTAL of Receipts This Page (optional)		•	135.00						
Т	OTAL This Period (last page this line number c	only)	•							

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			Detailed Summary Page					11b	11c		12				
A	v information conied from such Deports and S	tatomonto m		t be sold or used by only a		13 for the		14	15		16 ntribut	17 tions			
or	y information copied from such Reports and S for commercial purposes, other than using the	name and a	addre	ss of any political committee	to so	licit co	ntrib	utions f	rom such	1 CO	mmitt	1011S 86.			
\setminus	NAME OF COMMITTEE (In Full)														
\square	National Association of Benefits	s and Ins	ura	nce Professionals P	AC	(NAE	BIP	PAC)						
Α.	Full Name of Individual (Last, First, Middle Ini Kanter, Tim, , ,	tial) or Full C	Organ	ization Name		Date of Receipt									
	Mailing Address 246 Lombard St Ste B				12 19 / Y Y Y Y 2023										
	City	State CA	Zip Code		Transaction ID : 17854635										
	Thousand Oaks	CA		91360-8219	_	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С													
	Name of Employer (for Individual) Get Benefits Insurance Services, Inc.		cupati esider	on (for Individual) t		М	emc	Item							
	Receipt For:	Aggregate	e Year	-to-Date ▼											
	Primary General Other (specify) ▼		-	450.00											
	Full Name of Individual (Last, First, Middle Ini Riggs, Donald, L., ,	tial) or Full C	Organ	ization Name		Data at									
В.	Mailing Address P.O. Box 14788						Date of Receipt								
				12 19 2023											
	City	State		Zip Code		Transaction ID : 17854636									
	Irvine	CA		92623-4788	_	Amoun	t of	Each R	leceipt th	is P	eriod				
	FEC ID number of contributing federal political committee.	C								_	85.0	00			
	Name of Employer (for Individual) Self Employed	Occ Age		Memo Item											
	Receipt For:	Aggregate													
	Other (specify) ▼		1020.00												
— c.	Full Name of Individual (Last, First, Middle Ini Lane, Thomas, W., ,	tial) or Full C	Organ	ization Name		Date of Receipt									
-	Mailing Address P.O. Box 5504					12 20 2023									
	City	State TN		Zip Code		Trans	sact	ion ID :	1785485	4					
	Maryville			37802-5504		Amoun	t of	Each R	leceipt th	is P	'eriod				
	FEC ID number of contributing federal political committee.	С				17.00									
	Name of Employer (for Individual) Physicians Mutual Insurance Company	Occ Brol	on (for Individual)		Memo Item										
	Receipt For:	Aggregate	e Year	-to-Date ▼											
	Other (specify)		204.00												
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number				 		-	5	· · ·		127.0)0			

FOR LINE NUMBER:

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ITI	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							
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n NAME OF COMMITTEE (In Full) National Association of Benefits a Full Name of Individual (Last, First, Middle Initia	ame and a	address of any political committee	to solicit contributions from such committee.							
Α.	Lilburn, Corey, , , Mailing Address 15831 Trackside Dr			Date of Receipt							
	City Odessa	State FL	Zip Code 33556-2904	Transaction ID : 17854855 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		30.00							
	Name of Employer (for Individual) Alltrust Insurance Receipt For:	Brok	cupation (for Individual) oker : Year-to-Date ▼	Memo Item							
	Primary General Other (specify) ▼		1485.00								
R	Full Name of Individual (Last, First, Middle Initia Frizzell, Paula, C., ,	l) or Full O	Drganization Name	Date of Receipt							
	Mailing Address 1890 Star Shoot Parkway Suite 170-408	1		12 20 2023							
	City Lexington	State KY	Zip Code 40509-4567	Transaction ID : 17854857 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		85.00							
	Name of Employer (for Individual) Frizzell and Associates, LLC Receipt For:	CG		Memo Item							
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1420.00								
C.	Full Name of Individual (Last, First, Middle Initia Keneipp, Wendy, , ,	l) or Full O	Drganization Name	Date of Receipt							
	Mailing Address 215 S Kirkwood Rd <u>Ste 201</u> City	State	Zip Code	12 20 2023							
	Saint Louis	MO	63122-4359	Transaction ID : 17854859 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		50.00							
	Name of Employer (for Individual) Q4intelligence LLC Receipt For:	Part	cupation (for Individual) tner & Coach	Memo Item							
	Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 600.00								
s	UBTOTAL of Receipts This Page (optional)			165.00							
т	OTAL This Period (last page this line number or	nly)	•								

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
or for commercial purposes, other than usin			erson for the purpose of soliciting contributions e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) National Association of Ber	efits and Insu	Irance Professionals F	PAC (NABIP PAC)					
Full Name of Individual (Last, First, Mide A. Trogdon, Zachary, Lorance, , Mailing Address 5090 N. Fruit Ave	dle Initial) or Full Or		Date of Receipt					
City Fresno	State CA	Zip Code 93711-3064	Transaction ID : 17854860 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		30.00					
Name of Employer (for Individual) Suntro Insurance Solutions, Inc. Receipt For:	Brok	upation (for Individual) er Year-to-Date ▼	Memo Item					
Other (specify) ▼		360.00	1					
Full Name of Individual (Last, First, Mide B. Samuels, Cindy, , ,	Date of Receipt							
Mailing Address 8430 W Lake Mead #10	1		12 20 / Y Y Y Y Y 2023					
City Las Vegas	State NV	Zip Code 89128-7674	Transaction ID : 17854861 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		100.00					
Name of Employer (for Individual) Insurance Concepts of Nevada	Occu Brok	upation (for Individual) ker	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1200.00]					
Full Name of Individual (Last, First, Mide Cross, Danny, W., ,	dle Initial) or Full Or	rganization Name	Date of Receipt					
Mailing Address 48170 Hjorth St #93	State	Zip Code	12 20 2023					
City Indio	CA	92201-7801	Transaction ID : 17854862 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		42.00					
Name of Employer (for Individual) D Cross Insurance Marketing Services	Occu Princ	ipation (for Individual) ciple	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 504.00]					
SUBTOTAL of Receipts This Page (option	al)		172.00					
TOTAL This Period (last page this line nu	mber only)							

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		category of the 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	s and Insurance P	Professionals P	AC (NABIP PAC)
Full Name of Individual (Last, First, Middle I A. Bly, Perry, J., , Mailing Address 528 N Sycamore Ave Ste 2 Ste 2 City Sioux Falls FEC ID number of contributing federal political committee. Name of Employer (for Individual) Pernell Insurance Agency, Inc. Receipt For: Primary General Other (specify) ▼	State Zip Coo	de 0-5737 Individual)	Date of Receipt
B. Full Name of Individual (Last, First, Middle I Skinner, Douglas, , , Mailing Address PO Box 1277 City	hitial) or Full Organization		Date of Receipt
Bloomington FEC ID number of contributing federal political committee. Name of Employer (for Individual) Hoosier Dental Plans Receipt For: Primary General Other (specify) ▼	IN 47402	Individual)	Amount of Each Receipt this Period
Full Name of Individual (Last, First, Middle I Mobley, Dennis, F., , Mailing Address 795 Woodlands Parkway Suite 101 City Ridgeland FEC ID number of contributing federal political committee. Name of Employer (for Individual) SouthGroup Benefits Consultants, LLC Receipt For: Primary General Other (specify)	Aggregate Year-to-Date	de -5217 Individual) ent	Date of Receipt 12 21 2023 Transaction ID : 17856381 Amount of Each Receipt this Period 75.00 Memo Item
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number			190.00

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

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				Detailed Summary Page	2	<	ł		11b	11c		12			
	y information copied from such Reports and Sta for commercial purposes, other than using the n					for								_	
<u>,</u>	NAME OF COMMITTEE (In Full)													-	
\rangle	National Association of Benefits a	and Insu	ura	ance Professionals P	AC	(١	IAB	IP	PAC	;)					
Α.	Full Name of Individual (Last, First, Middle Initia Enders, Shannon, J., ,	l) or Full C	Orga	nization Name		Da	ate of	Re	ceipt						
	Mailing Address 5797 Harvey St Ste A			12 / 21 / 2023											
	City Norton Shores	State MI		Zip Code 49444-6727		Transaction ID : 17856387 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С					iount	U				84.C	0		
	Name of Employer (for Individual) The Lead Agency dba Lakeshore Employee	Occ Part	•	tion (for Individual)		Ľ	Me	mo	Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 1232.50											
В.	Full Name of Individual (Last, First, Middle Initia Moore, Adrian, E., ,	l) or Full C	Orga	nization Name	Date of Receipt										
	Mailing Address 7936 Covey Chase Drive			12 / D D / Y Y Y Y 12 21 2023											
	City Charlotte	StateZip CodeNC28210-7231						Transaction ID : 17856389 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С				Ē	_		-			42.0	0		
	Name of Employer (for Individual) Cigna		•	tion (for Individual) oker Sales Manager, Mid-Atlan	tic	Memo Item									
	Receipt For:	Aggregate	Yea	ar-to-Date V											
	Other (specify) ▼		654.00												
C.	Full Name of Individual (Last, First, Middle Initia Sterner, Heidi, J., PAHM, LPRT,	l) or Full C	Orga	nization Name		Da	ate of	Re	ceipt						
	Mailing Address 3402 Cinnamon Creek Ave	-				IV	12 ^M	/	21			023	Y		
	City North Las Vegas	State NV		Zip Code 89031-3520						178563 Receipt t		Period			
	FEC ID number of contributing federal political committee.	С				Amount of Each Receipt this Period 42.00									
	Name of Employer (for Individual) LP Insurance		•	tion (for Individual) t Executive		Memo Item									
		Aggregate	Yea	ar-to-Date 🔻											
	Other (specify)		-	1040.00											
s	UBTOTAL of Receipts This Page (optional)			•••••	•				,	. ,		168.0	0		
т	OTAL This Period (last page this line number on	ly)			•				T						

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		Detailed Summary Page		(11a		11b	11c	12					
Any information copied from such Reports a	nd Statements m	Av not be sold or used by any n	erson	13 for the	<u> </u> ייווס	14	15 solicitina	16 contribu	tions				
or for commercial purposes, other than usin													
NAME OF COMMITTEE (In Full)													
National Association of Ben	efits and Ins	urance Professionals F	PAC	(NAB	IP	PAC)							
Full Name of Individual (Last, First, Midd A. Kidder, Sue, , ,	le Initial) or Full C	Organization Name		Date of Receipt									
Mailing Address 2700 Newport Blvd Ste 190				12 21 2023									
City	State	Zip Code		Transaction ID : 17856393									
Newport Beach	CA	92663-3735		Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С			30.00									
Name of Employer (for Individual) Sue Kidder Health & Insurance Services	Occ Bro	upation (for Individual) ker		Me	emo	tem							
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General Other (specify) ▼		360.00]										
Full Name of Individual (Last, First, Midd 3. Scott, Nicole, , ,	le Initial) or Full C	Organization Name		Date of Receipt									
Mailing Address 6200 Northwest Pkwy			12 / D D / Y Y Y Y 12 21 2023										
City See Antonio	State TX	Zip Code				on ID : 1							
San Antonio	1Ă	78249-3348		Amount	of	Each Re	ceipt th	is Period					
FEC ID number of contributing federal political committee.	C			30.00									
Name of Employer (for Individual) United Healthcare		Occupation (for Individual) Broker				tem							
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General Other (specify) ▼		330.00]										
Full Name of Individual (Last, First, Midd Hall, Dwight, , CHC, LUTCF,	le Initial) or Full C	Organization Name		Date of	Re	eceipt							
Mailing Address 6107 Hazelwood Ave.				12 ^M		D D D 21		y y 2023	Y				
City Indianapolis	State IN	Zip Code 46228-1316				ion ID : 1							
·		+0220-1310	-	Amount	of	Each Re	ceipt th	is Period					
FEC ID number of contributing federal political committee.	C			Ľ.	_			30.	00				
Name of Employer (for Individual) D Hall & Associates	Occ Brok	upation (for Individual) ker		Memo Item									
Receipt For:	Aggregate	Year-to-Date V											
Other (specify)		410.00]										
SUBTOTAL of Receipts This Page (optiona	al)		<u> </u>					90.	00				
TOTAL This Period (last page this line num							, ,						

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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						
Any information copied from such Reports	and Statements ma		erson for the purpose of soliciting contributions						
			e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)									
/ National Association of Be	nefits and Insu	urance Professionals F	PAC (NABIP PAC)						
Full Name of Individual (Last, First, Mid	ddle Initial) or Full O	rganization Name							
A. Nigro, Samuel, , ,			Date of Receipt						
Mailing Address 13333 California St., S	te 206		12 21 2023						
City	State	Zip Code	Transaction ID : 17856396						
Omaha	NE	68154-5238	Amount of Each Receipt this Period						
FEC ID number of contributing	С		85.00						
federal political committee.	0								
Name of Employer (for Individual)		upation (for Individual)	Memo Item						
Gallagher	Brol	ker							
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify) ▼		1180.00							
			-						
Full Name of Individual (Last, First, Mid B. Hain, Erica, R., ,	Data of Respiret								
Mailing Address 8 Spring House Innova	Date of Receipt								
			12 21 2023						
City	State	Zip Code	Transaction ID : 17856398						
Lower Gwynedd	PA	19002-1220	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		100.00						
Name of Employer (for Individual) Capstone Group		upation (for Individual) ctice Leader, Employee Benefits	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General		1200.00	1						
Other (specify) v		, , , , , , , , , , , , , , , , , , , ,	1						
Full Name of Individual (Last, First, Mid	ddle Initial) or Full O	rganization Name							
C. Harris, Deborah, I., , Mailing Address 43482 Lynnwood Ct			Date of Receipt						
Mailing Address 45462 Lynnwood Ct			12 21 2023						
City	State	Zip Code	Transaction ID : 17856400						
Canton	MI	48187-4902	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		12.00						
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item						
Brooks Agency LLC	Prin	cipal							
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify)		299.00							
			*						
SUBTOTAL of Receipts This Page (optic	nal)		197.00						
TOTAL This Period (last page this line n	umber only)								

Use separate schedule(s)

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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		y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
National Association of Benefits	s and Insurance Professionals	S PAC (NABIP PAC)
Full Name of Individual (Last, First, Middle Ini A. Trevino, Terrie, L., CHC, Mailing Address 830 Main Street, Ste. 200 City Meridian FEC ID number of contributing	State Zip Code ID 83642-2611	Date of Receipt 12 Transaction ID : 17856401 Amount of Each Receipt this Period
FEC ID Humber of contributing federal political committee. Name of Employer (for Individual) OneDigital Receipt For: Primary General Other (specify) ▼	C Occupation (for Individual) Benefit Advisor Aggregate Year-to-Date ▼ 522.00	42.00
Full Name of Individual (Last, First, Middle Ini Washko, Carla, D., , Mailing Address 7251 Engle Rd. Suite 103 City Cleveland FEC ID number of contributing federal political committee. Name of Employer (for Individual) Sage Partners, LLC Receipt For: Primary General Other (specify) ▼	itial) or Full Organization Name State Zip Code OH 44130-3400 C Occupation (for Individual) Ind. and Senior Product Cons. Aggregate Year-to-Date ▼ 560,00	Date of Receipt
Full Name of Individual (Last, First, Middle Ini Matznick, Carol, , , Mailing Address 3207 Cottingham Ct. City Greensboro FEC ID number of contributing federal political committee. Name of Employer (for Individual) Triune Technologies, Inc. Receipt For: Primary General Other (specify)	itial) or Full Organization Name State Zip Code NC 27410-8362 C Occupation (for Individual) Director of Marketing Aggregate Year-to-Date ▼ 330.00 330.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		

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

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Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS		ategory of the ummary 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 Benefit	s and Insurance Pr	ofessionals P	AC (NABIP PAC)
Full Name of Individual (Last, First, Middle In Croft, Sue, , , Mailing Address 706 Burks Hill Rd City Bedford FEC ID number of contributing federal political committee. Name of Employer (for Individual) Croft Insurance Services Receipt For: Primary General Other (specify) ▼	itial) or Full Organization Na State Zip Code VA 24523-2 C Occupation (for In Owner Aggregate Year-to-Date	e 2606 dividual)	Date of Receipt
Full Name of Individual (Last, First, Middle Ir Bechtold, Annette, , REBC, Mailing Address 148 Stone Cliff Trce City Cleveland FEC ID number of contributing federal political committee. Name of Employer (for Individual) Forte Consulting Atlanta Receipt For: Primary General Other (specify) ▼	State GA Zip Code 30528-5 C Occupation (for In	e 5397 Individual) adership Coach/Cons	Date of Receipt 12 22 2023 Transaction ID : 17856807 Amount of Each Receipt this Period 85.00 Memo Item
Full Name of Individual (Last, First, Middle In Wild, Trei, , , Mailing Address Five Cowboys Way Suite 300 City Frisco FEC ID number of contributing federal political committee. Name of Employer (for Individual) Warner Pacific Insurance Services CBDO Receipt For: Primary General Other (specify)	itial) or Full Organization Na State Zip Code TX 75034-2 C Occupation (for In PP Aggregate Year-to-Date	e 2074 dividual)	Date of Receipt
SUBTOTAL of Receipts This Page (optional)			255.00

Use separate schedule(s) for each category of the

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		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 Benefits	and Insu	urance Professionals F	PAC (NABIP PAC)
Full Name of Individual (Last, First, Middle Init A. Bryant, Jolene, , , Mailing Address 7317 W Montgomery Rd City Lake Oswego FEC ID number of contributing federal political committee. Name of Employer (for Individual) Columbia Benefit Solutions Receipt For: Primary General Other (specify) ▼	State OR C Occu Sen	Zip Code 97035 upation (for Individual) ior Acct. Executive Year-to-Date ▼ 644.00	Date of Receipt 12 22 2023 Transaction ID : 17856810 Amount of Each Receipt this Period 42.00 Memo Item
Full Name of Individual (Last, First, Middle Init Webb, Amy, R., , Mailing Address 7 E. Main Street Suite 200 City Moorestown FEC ID number of contributing federal political committee. Name of Employer (for Individual) Saratoga Benefit Services, LLC. Receipt For: Primary General Other (specify) ▼	State NJ C	rganization Name Zip Code 08057-3339 upation (for Individual) sident Year-to-Date ▼ 360.00	Date of Receipt
Full Name of Individual (Last, First, Middle Init Baer, Farren, , , Mailing Address 1212 New York Ave., NW Suite 1100 City Washington FEC ID number of contributing federal political committee. Name of Employer (for Individual) NABIP Receipt For: Primary General Other (specify)	State DC C	rganization Name Zip Code 20005-3987 upation (for Individual) President Year-to-Date ▼ 360.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)			102.00

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

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т	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			
Ar or	ny 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 pe address of any political committee	rson for the to solicit cor	purpose of htributions f	soliciting	contribu	tions iee.			
$\overline{)}$	NAME OF COMMITTEE (In Full)										
\rangle	National Association of Benefits a	and Insu	urance Professionals P	AC (NAB	IP PAC)					
	Full Name of Individual (Last, First, Middle Initial) or Full O	Organization Name								
Α.	Qualizza, Jacqueline, , ,			—	Receipt						
	Mailing Address 12877 W. 151st Street			12 22 2023							
	City Olathe	State KS	Zip Code 66062-9707		action ID :						
			00002-9707	Amount	of Each R	eceipt th	is Period				
	FEC ID number of contributing federal political committee.	С				-9-	25.	00			
	Name of Employer (for Individual)	Occi	upation (for Individual)	M	emo Item						
	Associate Insurance Services, Inc.	Pres	sident								
	Receipt For:	Aggregate	Year-to-Date V								
	Primary General										
	Other (specify) v		300.00								
_	Full Name of Individual (Last, First, Middle Initial) or Full O	Organization Name	_							
В.	Hogeland, Charlene, M., ,			Date of	Receipt						
	Mailing Address 3800 N Central Ave	Otata	Zin Oode	12 ^M	/ D D 22	/ Y	2023	Y			
	City Phoenix	State AZ	Zip Code 85012-1979		action ID :						
		1.2	03012 1373	Amoun	_ 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)	M	emo Item						
	Black, Gould & Associates	Par	tner Sr. Account Executive	_							
		Aggregate	Year-to-Date 🔻								
	Primary General Other (specify) ▼		2045.00								
	Full Name of Individual (Last, First, Middle Initial		Irganization Name								
C.	Ringer, John, , ,		nganizalion Nallie	Date of	Receipt						
	Mailing Address 905 12th Street			^M 12	/ D D 22	/ Y	y y 2023	Y			
	City	State	Zip Code		action ID :	1785681					
	Huntington Beach	CA	92648-3412		of Each R						
	FEC ID number of contributing	С					30.	00			
	federal political committee.				y y	. y	00.				
	Name of Employer (for Individual)		upation (for Individual)	М	emo Item						
Ringer Insurance Services Bro Receipt For: Aggregate				_							
	Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		360.00								
			Apr. 1 Apr. 1 An. 1								
s	UBTOTAL of Receipts This Page (optional)		•••••			.,	140.0	00			
т	OTAL This Period (last page this line number on	y)	····· •			1.40					
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•••			Detailed Summary Page		X 11a		11b	11c	12						
۸	u information conied from such Deports and Ot	atomonto m	Not be sold or used by arrite		13		14	15 coliciting	16	17 utions					
or	y information copied from such Reports and St for commercial purposes, other than using the														
\backslash	NAME OF COMMITTEE (In Full)														
	National Association of Benefits	and Ins	urance Professionals F	PAC	(NAB	BIP	PAC)							
А.	Full Name of Individual (Last, First, Middle Initi Lordigyan, Craig, K., ,	ial) or Full C	organization Name		Date of	f Re	ceint								
	Mailing Address 16 Jenny Jump Road				M M	_			VV	V					
					12	ĺ	23		2023						
	City	State NJ	Zip Code		Trans	acti	ion ID :	1785736	1						
	Blairstown	INJ	07825-3704	_	Amount	t of	Each R	eceipt thi	is Perio	b					
	FEC ID number of contributing federal political committee.	С			30.00										
	Name of Employer (for Individual)		upation (for Individual)		M	emc	Item								
	Lordigyan Insurance Agency, LLC Receipt For:		tner	_											
	Primary General	Aggregate	Year-to-Date ▼	11											
	Other (specify) ▼	L	390.00	4											
	Full Name of Individual (Last, First, Middle Initi Siino, Thomas, , RHU,	ial) or Full C	organization Name		Date of	f Re	ceipt								
	Mailing Address 1126 Clifton Avenue				12 ^M	1	D D D 23	/ Y	y 2023	Y					
	City	State	Zip Code		Trans	acti	on ID : '	1785736	5						
	Clifton	NJ	07013-3622	_	Amount	t of	Each R	eceipt thi	is Perio	b					
	FEC ID number of contributing federal political committee.	С					-	-	30	.00					
	Name of Employer (for Individual) Executive Benefits Group, LLC	Occ Bro	upation (for Individual) ker		M	emc	Item								
	Receipt For:	Aggregate	Year-to-Date V												
	Primary General Other (specify) ▼		, 360.00												
<u> </u>	Full Name of Individual (Last, First, Middle Initi Rauschert, Steve, , ,	ial) or Full C	organization Name		Date of	f Re	ceipt								
	Mailing Address 5797 Harvey Street Suite A				12 ^M	_	23	/ Y	2023	Y					
	City	State	Zip Code		Trans	act	ion ID :	1785736	8						
	Norton Shores	MI	49444-6727	_	Amount	t of	Each R	eceipt thi	is Perio	b					
	FEC ID number of contributing federal political committee.	С					,	, ,	20	.00					
	Name of Employer (for Individual)		upation (for Individual)		M	emo	Item								
	The Lead Agency dba Lakeshore Employee Receipt For:	Pari		_											
	Primary General	Aggregate	Year-to-Date ▼	11											
	Other (specify)		240.00	4											
s	UBTOTAL of Receipts This Page (optional)			•					80	.00					
	OTAL This Period (last page this line number of		· · · · · · · · · · · · · · · · · · ·	- •	<u> </u>										

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•••				Detailed Summary Page		X 11			11		11c		12	
An	y information copied from such Reports and Si	tatements m	l av n	ot be sold or used by any ne	ersor	13 1 for t		pur	14 14		15 solicitin	a co	16 ntribut	17 ions
	for commercial purposes, other than using the													
\backslash	NAME OF COMMITTEE (In Full)													
	National Association of Benefits				AC	; (N/	٩B	IP	P	PAC)				
•	Full Name of Individual (Last, First, Middle Init	ial) or Full C	Orgai	nization Name		Det			:	:				
Α.	Braner, Jodie, E., ,				_	Date		Re	_					
	Mailing Address Six Concourse Parkway Suite 2750						 2	1 '		23	/ Y	2	023	Y
	City	State		Zip Code		Tra	ans	act	ion	ID : 1	78573	70	_	
	Sandy Springs	GA		30328-6243		Amo	unt	of	Ea	ich Re	eceipt t	his F	eriod	
	FEC ID number of contributing federal political committee.	С							- 7				30.0	00
	Name of Employer (for Individual) The Benefit Company/An IMA Company		upat nsult	tion (for Individual) ant			Me	emo	o Ite	em				
	Receipt For:	Aggregate	Yea	ur-to-Date ▼										
	Primary General				L.									
	Other (specify)		-	360.00										
в.	Full Name of Individual (Last, First, Middle Init Pendergraft, Ross, W., ,	ial) or Full C	Drgai	nization Name		Date	o of	Re	erei	int				
υ.	Mailing Address 16622 Calahan Street						M	/	_	DD	/ Y	Y	Y	Y
							2		L	23		20	23	
	City	State		Zip Code		Tra	ins	acti	ion	ID : 1	785737	71		
	North Hills	CA		91343-3602		Amo	unt	of	Ea	ich Re	eceipt t	his F	Period	
	FEC ID number of contributing federal political committee.	С					_		-		- 45-		85.0	00
	Name of Employer (for Individual) Gallagher		•	tion (for Individual) ducer			Me	emo	o Ite	em				
	Receipt For:	Aggregate	Yea	ar-to-Date ▼										
	Primary General Other (specify) ▼		,	1040.00										
<u> </u>	Full Name of Individual (Last, First, Middle Init Stewart, Rachel, , ,	ial) or Full C	Drgai	nization Name		Date	e of	Be	ecei	int				
•	Mailing Address 18130 N 64th Dr W					М	2 ^M	/	_	D D D 23	/ Y)23	Y
	City	State		Zip Code		Tr	ans	act	tion	n ID : 1	178573	72		
	Glendale	AZ		85308-1068		Amo	unt	of	Ea	ich Re	eceipt t	his F	eriod	
	FEC ID number of contributing federal political committee.	С							y		,		30.0	00
	Name of Employer (for Individual) RS Assurance	Occ Brol	•	ion (for Individual)			Me	emo	o Ite	em				
	Receipt For:	Aggregate	Yea	ur-to-Date ▼										
	Primary General Other (specify)		-	360.00										
\vdash	UBTOTAL of Receipts This Page (optional)			•	- - -			-	j		,	-	145.(0

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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 Sta or for commercial purposes, other than using the		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Association of Benefits	and Insurance Professionals F	PAC (NABIP PAC)
Full Name of Individual (Last, First, Middle Initi Berger, Stephanie, , LPRT, CHRS, Mailing Address 1100 Flynn Rd Suite 102 City Camarillo FEC ID number of contributing federal political committee. Name of Employer (for Individual) Centered Insurance Solutions Receipt For: Primary General Other (specify) ▼	al) or Full Organization Name State Zip Code C 93012-8741 Occupation (for Individual) Independent Agent Aggregate Year-to-Date ▼ 380.00	Date of Receipt
Full Name of Individual (Last, First, Middle Initi McClaskey, Barbara, A., , Mailing Address 1965 Pine Street City Redding	al) or Full Organization Name State Zip Code CA 96001-1921	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Barbara McClaskey Insurance Services Receipt For: Primary General Other (specify) ▼	C Occupation (for Individual) Broker Aggregate Year-to-Date 504.00	42.00
Full Name of Individual (Last, First, Middle Initi Reeves, Valerie, , , Mailing Address 2315 Douglass Blvd	al) or Full Organization Name	Date of Receipt 12 / 23 / 2023 Transaction ID : 17857376
Louisville FEC ID number of contributing federal political committee. Name of Employer (for Individual) Your Medicare Advocate Receipt For: Primary General Other (specify)	KY 40205-1709 C Occupation (for Individual) President Aggregate Year-to-Date ▼ 504.00	Amount of Each Receipt this Period Amount of Each Receipt this Period Amount of Each Receipt this Period Memo Item
SUBTOTAL of Receipts This Page (optional)		114.00

TOTAL This Period (last page this line number 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 S or for commercial purposes, other than using the		y person for the purpose of soliciting contributions ttee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Association of Benefit	s and Insurance Professionals	PAC (NABIP PAC)
Full Name of Individual (Last, First, Middle In A. Bilhartz, Brian, , , Mailing Address 41865 Boardwalk Ste 108	itial) or Full Organization Name State Zip Code Q2211-9031 C Occupation (for Individual) Owner/Agent Aggregate Year-to-Date ▼ 1019.00	Date of Receipt
Full Name of Individual (Last, First, Middle In B. Goodman, Robert, Hiram, , Mailing Address 2211 7th Avenue South		Date of Receipt
Birmingham FEC ID number of contributing federal political committee. Name of Employer (for Individual) McGriff Insurance Services Receipt For: Primary General Other (specify) ▼	AL 35233-2310 C Occupation (for Individual) Broker Aggregate Year-to-Date ▼	Transaction ID : 17857381 Amount of Each Receipt this Period 42.00 Memo Item
C. Full Name of Individual (Last, First, Middle In Fitzgerald, Robert, Mark, , Mailing Address 185 Fowler St	State Zip Code	Date of Receipt
Woodstock FEC ID number of contributing federal political committee. Name of Employer (for Individual) Robert Fitzgerald Insurance Agency, In Receipt For: Primary General Other (specify)	GA 30188-5023 C Occupation (for Individual) President Aggregate Year-to-Date ▼ 2115.00	Amount of Each Receipt this Period T70.00 Memo Item
SUBTOTAL of Receipts This Page (optional)		297.00
TOTAL This Period (last page this line number	only)	· · · · · · · · · · · · · · · · · · ·

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			tor each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	y information copied from such Reports and Sta for commercial purposes, other than using the n			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
$\Big\rangle$	National Association of Benefits	and Insu	urance Professionals P	AC (NABIP PAC)
Α.	Full Name of Individual (Last, First, Middle Initia Loy, Dana, C., , Mailing Address PO Box 660	l) or Full O	rganization Name	Date of Receipt
	City	State	Zip Code	12 24 2023 Transaction ID : 17857441
	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		upation (for Individual) agging Owners	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 504.00	
	Full Name of Individual (Last, First, Middle Initia	I) or Full O		
В.	Bradley, Brittany, , ,	., 0. i uli O	gamzator namo	Date of Receipt
	Mailing Address 9301 Bryant Ave S, Suite 105			12 24 2023
	City	State	Zip Code	Transaction ID : 17857442
	Bloomington	MN	55420-3473	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer (for Individual) 1445 Jessamine LLC	Occ CF0	upation (for Individual) D	Memo Item
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Other (specify) ▼		210.00	
C.	Full Name of Individual (Last, First, Middle Initia Barrera, Rolando, G., ,	l) or Full O	rganization Name	Date of Receipt
	Mailing Address 807 N Upper Broadway St			12 24 2023
	Suite 102	State	Zip Code	Transaction ID : 17857445
	Corpus Christi	TX	78401-1909	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual) Roland Barrera Insurance		upation (for Individual) ncy Owner	Memo Item
	Receipt For:	-	Year-to-Date ▼	—
	Primary General Other (specify)		1200.00	
6	UBTOTAL of Receipts This Page (optional)			172.00
	OTAL This Period (last page this line number or			
L ''	UTAL THIS FERIOU (last page this line hulliber of	···y)	▶	apr apr av

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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 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)
A.	Full Name of Individual (Last, First, Middle Init Fugitt-Hetrick, Pamela, Leigh, LUTCF, PP Mailing Address 1123 Soquel Avenue City	,	Zip Code	Date of Receipt 12 / 24 / 2023 Transaction ID : 17857446
	Santa Cruz	CA	95062-2105	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
	DCD Financial & Insurance Services	Hea	Ith Insurance Mystery Solver	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General			
	Other (specify) v	L	360.00	
	Full Name of Individual (Last, First, Middle Init	ial) or Full C	rganization Name	
В.	Roberts, Danielle, Kunkle, ,			Date of Receipt
	Mailing Address 2601 Meacham Blvd Ste 500			12 24 2023
	City	State	Zip Code	Transaction ID : 17857447
	Fort Worth	TX	76137-4224	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	Fou	inding Partner	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General			
	Other (specify) v	L	2095.00	
c.	Full Name of Individual (Last, First, Middle Init Bartholomew, Rhonda, , CHRS,	ial) or Full C	rganization Name	Date of Receipt
	Mailing Address PO Box 5099			12 / D D / Y Y Y Y 2023
	City	State	Zip Code	Transaction ID : 17857448
	Twin Falls	ID	83303-5099	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
	HUB International		bloyee Benefits Broker	
	Receipt For:			
	Primary General	Aggregate	Year-to-Date V	
	Other (specify)		504.00	
s	UBTOTAL of Receipts This Page (optional)		•••••	157.00

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				Detailed Summary Page		11a 13		11b 14	11c	12 16	17				
	y information copied from such Reports and Sta for commercial purposes, other than using the n					for the		pose of	f soliciting	contrib	utions				
	NAME OF COMMITTEE (In Full)			- •											
\rangle	National Association of Benefits	and Insu	ura	nce Professionals P	AC	(NAE	BIP	PAC	;)						
Α.	Full Name of Individual (Last, First, Middle Initia Pittman, Joseph, E., ,	l) or Full O	Orgai	nization Name		Date c	of Re	eceipt							
	Mailing Address P O Box 24133					^M 12	/	D 24		y y 2023	Y				
	City	State		Zip Code		Tran	sact	ion ID :	1785744	9	_				
	Omaha	NE		68124-0133		Amour	t of	Each F	Receipt th	is Perio	ł				
	FEC ID number of contributing federal political committee.	С				<u> </u>				85	.00				
	Name of Employer (for Individual) Creative Association Management	Occu Brok		ion (for Individual)		N	lemo	o Item							
	Receipt For:	Aggregate	Yea	r-to-Date ▼											
	Other (specify) ▼		-3-	1020.00											
B.	Full Name of Individual (Last, First, Middle Initia Clark, Jonathan, S., ,	l) or Full O	Orgai	nization Name		Date c	of Re	eceipt							
	Mailing Address 913 Baxter Drive					12 24 2023									
	City	State		Zip Code		Trans	sact	ion ID :	1785745	2					
	South Jordan	UT		84095-8687	_	Amour	Receipt th	is Perio	ł						
	FEC ID number of contributing federal political committee.	С						- 1	-	30	.00				
	Name of Employer (for Individual) Fringe Benefit Analysts, An Alera Grou	Occi Brol	•	ion (for Individual)		N	lemo	o Item							
	Receipt For:	Aggregate	Yea	r-to-Date ▼											
	Other (specify) ▼		,	360.00											
С.	Full Name of Individual (Last, First, Middle Initia Tellesbo-Kembel, Marsha, , ,	l) or Full O	Orgai	nization Name		Date c	of Re	eceipt							
	Mailing Address 40 Lake Bellevue, Suite 100	-				^M 12		24		2023	Ŷ				
	City	State WA		Zip Code		Tran	sact	ion ID	1785745	54					
	Bellevue	VVA		98005-2480	_	Amour	t of	Each F	Receipt th	is Perio	ł				
	FEC ID number of contributing federal political committee.	С						y	, <u>,</u>	170	.00				
	Name of Employer (for Individual) Tellesbo & Company	Occu Brok	•	ion (for Individual)		Memo Item									
	Receipt For:	Aggregate	Yea	r-to-Date 🔻											
	Other (specify)		-	2040.00											
s	UBTOTAL of Receipts This Page (optional)			••••••	•			,		285	.00				
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IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)
	y information copied from such Reports and Sta			
or	for commercial purposes, other than using the r	name and a	aaress of any political committee	to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
/	National Association of Benefits	and Insi	urance Professionals P	AC (NABIP PAC)
A.	Full Name of Individual (Last, First, Middle Initia Mackin, Martin, John, ,	ll) or Full O	rganization Name	Date of Receipt
	Mailing Address 5133 Harding Pike Ste. B10 - 284			12 24 Y Y Y Y 12 24 2023
	City Nashville	State TN	Zip Code 37205-2891	Transaction ID : 17857457 Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	С		63.00
	Name of Employer (for Individual)	Оссі	upation (for Individual)	Memo Item
	Foresight Benefits, Inc.	Brok	ker	
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General		756.00	1
	Other (specify)			
	Full Name of Individual (Last, First, Middle Initia	l) or Full O	rganization Name	
Β.	McConnaughey, John, R., ,			Date of Receipt
	Mailing Address PO Box 805			12 / D D / Y Y Y Y 12 24 2023
	City West Chester	State OH	Zip Code 45071-0805	Transaction ID : 17857458
			43071-0005	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		42.00
	Name of Employer (for Individual) JRM & Associates Agency, Inc	Occi Brol	upation (for Individual) ker	Memo Item
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General	33 - 3		1
	Other (specify)	L	, 504.00	
c.	Full Name of Individual (Last, First, Middle Initia Farrell, Jennifer, Liane, ,	l) or Full O	rganization Name	Date of Receipt
	Mailing Address 3800 North Central Avenue			M M / D D / Y Y Y Y
	9th Floor			12 24 2023
	City Phoenix	State AZ	Zip Code 85012-1979	Transaction ID : 17857459
				Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item
	Black, Gould & Associates	Sr. A	Account Executive	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify)	_ · · ·	2960.00	
			Apr	
s	UBTOTAL of Receipts This Page (optional)			355.00
'	OTAL This Period (last page this line number or		••••••	

SCHEDULE A (FEC Form 3X) -

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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
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the n	ements ma ame and a	ay not be sold or used by any pe ddress of any political committee	rson for the purpose of soliciting contributions
$\overline{)}$	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Benefits a	and Insu	urance Professionals P	AC (NABIP PAC)
Α.	Full Name of Individual (Last, First, Middle Initial Upchurch, Mitch, , ,) or Full O	rganization Name	Date of Receipt
	Mailing Address 1500 N Lafayette			12 25 2023
	City Muncie	State IN	Zip Code 47303-9272	Transaction ID : 17857520 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		42.00
	Name of Employer (for Individual) Upchurch Insurance Services	Occu Brok	upation (for Individual) ker	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 336.00	
в.	Full Name of Individual (Last, First, Middle Initial Flowers, Jeannette, , ,) or Full O	rganization Name	Date of Receipt
	Mailing Address 601 Hickory St			12 25 2023
	City	State NY	Zip Code 13088-4416	Transaction ID : 17857522
	Liverpool FEC ID number of contributing		13088-4418	Amount of Each Receipt this Period
	federal political committee.	С		30.00
	Name of Employer (for Individual) WellNet Healthcare		upation (for Individual) ior Vice President, Operations	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	
С.	Full Name of Individual (Last, First, Middle Initial Roth, Gregory, S., MBA,) or Full O	rganization Name	Date of Receipt
	Mailing Address 99 Morris Avenue Suite 303			12 25 Y Y Y Y 12 25 2023
	City Springfield	State NJ	Zip Code 07081-1421	Transaction ID : 17857523 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer (for Individual) The Roth Agency		upation (for Individual) sident	Memo Item
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		240.00	
s	UBTOTAL of Receipts This Page (optional)			92.00
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		Detailed Summary Page		(11a	11b	11c	12	2					
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NAME OF COMMITTEE (In Full)													
/		urance Professionals F	PAC	(NAB	SIP PAC	C)							
Full Name of Individual (Last, Fi A. Andress, Carolyn, Marie, RE		organization Name		Date of	f Receipt								
Mailing Address 1959 Highway 3				^M 12	/ D		2023		Y				
City Wall Township	State NJ	Zip Code 07719-9760			action ID								
	145	07719-9760		Amount	t of Each I	Receipt thi	s Peri	od					
FEC ID number of contributing federal political committee.	C				-	-	3	30.0	0				
Name of Employer (for Individua HUB International	l) Occ Bro	upation (for Individual) ker		Me	emo Item								
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify) ▼		360.00	1										
Full Name of Individual (Last, Fi B. Todd, Helen, M., ,	st, Middle Initial) or Full C	Organization Name		Date of	f Receipt								
Mailing Address 10800 Financial Ste 300	-			^M 12	/ D		2023		Ŷ				
City Little Rock	State AR	Zip Code 72211-3588			action ID								
FEC ID number of contributing federal political committee.	С			Amount	t of Each I	Receipt thi		od 30.0	0				
Name of Employer (for Individua Sunstar Insurance of AR	,	upation (for Individual) count Executive		Me	emo Item								
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General Other (specify) ▼		360.00	1										
Full Name of Individual (Last, Fill C. Todd, Richard, H., ,	st, Middle Initial) or Full C	organization Name		Date of	f Receipt								
Mailing Address 54 Belle Meado	w Lane			^M 12	/ D 25		2023		Y				
City Little Rock	State AR	Zip Code 72210-3714			saction ID t of Each I			od	_				
FEC ID number of contributing federal political committee.	C			<u> </u>	, ,		3	30.0	0				
Name of Employer (for Individua Sunstar Insurance of AR	<i>'</i>	upation (for Individual) ducer		M	emo Item								
Receipt For:	Aggregate	Year-to-Date V											
Other (specify)		360.00											
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	y information copied from such Reports and St for commercial purposes, other than using the											
\backslash	NAME OF COMMITTEE (In Full)											
	National Association of Benefits	and Ins	ura	nce Professionals P	AC	(NAE	BIP	PAC)			
	Full Name of Individual (Last, First, Middle Initiation	al) or Full C	Drgai	nization Name								
Α.	Davis, Paul, L., ,				_	Date of	f Re	ceipt				
	Mailing Address 17347 Napa St					^M 12	/	25) / Y	۲ 2(023	Y
	City	State		Zip Code		Trans	act	ion ID :	1785753	0		
	Sherwood Forest	CA		91325-3441	_	Amoun	t of	Each R	Receipt th	is P	Period	
	FEC ID number of contributing federal political committee.	С								_	30.0	0
	Name of Employer (for Individual) Paul Davis Insurance Services	Occ Bro	•	ion (for Individual)		Μ	emc	Item				
	Receipt For:	Aggregate	Vos	r-to-Date ▼								
	Primary General	Aggregate	100		1							
	Other (specify) ▼	L	-	360.00								
в.	Full Name of Individual (Last, First, Middle Initi Lucas, William, H., ,	al) or Full C	Drgai	nization Name		Date of	f Re	ceipt				
	Mailing Address PO Box 1089					^M 12	/	25) / Y	ү 20)23	Y
	City	State		Zip Code		Trans	acti	on ID ·	1785753	1		
	Richmond Hill	GA		31324-1089					Receipt th		eriod	
	FEC ID number of contributing federal political committee.	С									30.0	0
	Name of Employer (for Individual) Bill Lucas & Associates Insurance	Occ Bro	•	tion (for Individual)		M	emc	ltem				
	Receipt For:	Aggrogato	Vor	r-to-Date ▼								
	Primary General	Ayyreyale	160		11							
	Other (specify) V		y	360.00								
<u>с</u> .	Full Name of Individual (Last, First, Middle Initi Thal, Harry, P., ,	al) or Full C	Drgai	nization Name		Date of	f Re	ceipt				
	Mailing Address PO BOX 2137					M M	/	D - D) / Y	Y	Y	Y
	11006 Kernville Rd #1					12		25)23	
	City	State		Zip Code		Trans	sact	ion ID :	1785753	2		
	KERNVILLE	CA		93238-2137		Amoun	t of	Each R	Receipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С						y .	,	_	85.0	0
	Name of Employer (for Individual)	000	unat	ion (for Individual)	-	М	emo	ltem				
	Harry P. Thal Insurance Agency Receipt For:	Mec	dicar	e Guru								
	Primary General	Aggregate	Yea	r-to-Date ▼								
	Other (specify)		-	1020.00								
⊢	UBTOTAL of Receipts This Page (optional)					Ľ.		5		-	145.0	0
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				Detailed Summary Page		_	11a 13		11b 14	11c	\vdash	12 16	17
	y information copied from such Reports and State for commercial purposes, other than using the na					foi	r the		bose of	soliciti		ontribut	tions
\setminus	NAME OF COMMITTEE (In Full)												
	National Association of Benefits a	Ind Insi	ura	nce Professionals P	AC	۱)	NAB	IP	PAC)			
A.	Full Name of Individual (Last, First, Middle Initial) Osborn, Jeffrey, C., ,) or Full O)rgai	nization Name			ate of	_	· .				
	Mailing Address 15 S. Gilmer St. 	State		Zip Code		L	12 Franc		25 on ID :	J L	-	2023	Y
	Cartersville	GA		30120-3313					Each R			Period	
	FEC ID number of contributing federal political committee.	С				Ľ			-	9		30.	00
	Name of Employer (for Individual) Harry Daniel Insurance	Occi Brol	•	ion (for Individual)		[Me	emo	Item				
	Receipt For:	Aggregate	Yea	r-to-Date ▼									
	Other (specify) ▼		-	270.00									
в.	Full Name of Individual (Last, First, Middle Initial) McComb, Margaret, E., ,) or Full O	rgai	nization Name		Da	ate of	Re	ceipt				
	Mailing Address 21862 Seacrest Lane	1					12	/	D D D 25	/		023	Y
	City Huntington Beach	State CA		Zip Code 92646-8226					on ID : Each R			Period	
	FEC ID number of contributing federal political committee.	С	l						,			85.0	00
	Name of Employer (for Individual) McComb Insurance Services		•	tion (for Individual) ce Broker		ļ	Me	emo	Item				
	Receipt For: // Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 1020.00									
<u>с.</u>	Full Name of Individual (Last, First, Middle Initial) Todd, David, , ,) or Full O	rga	nization Name		Da	ate of	Re	ceipt				
	Mailing Address 7011 Lucea Rd	1				[12 ^M	/	D D D 25	/		023	Y
	City Little Rock	State AR		Zip Code 72210-4146					i on ID : Each R			Period	
	FEC ID number of contributing federal political committee.	С					nount		,	eceipt		30.0	00
	Name of Employer (for Individual) Sunstar Insurance of AR	Occi EVP		ion (for Individual)			Me	emo	Item				
	Receipt For: // Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 360.00									
s	UBTOTAL of Receipts This Page (optional)			••••••	•				9	. ,		145.0	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 St 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)							
Α.	Full Name of Individual (Last, First, Middle Init Spell, Richard, Blake, ,	ial) or Full C	Organization Name	Date of Receipt							
	Mailing Address 6176 Centre Camp Ct.		7.01	12 / 25 / Y Y Y Y 2023							
	City Greensboro	State NC	Zip Code 27455-8315	Transaction ID : 17857539 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		20.00							
	Name of Employer (for Individual) Information Requested	Occ Brol	upation (for Individual) ker	Memo Item							
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		240.00								
в.	Full Name of Individual (Last, First, Middle Init Freridge, Thomas, M., ,	ial) or Full C	Organization Name	Date of Receipt							
	Mailing Address 4664 South Blvd Suite 200B			12 26 Y Y Y Y Y 12 26 2023							
	City Virginia Beach	State VA	Zip Code 23452-1058	Transaction ID : 17857568 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		85.00							
	Name of Employer (for Individual) Choice Insurance		upation (for Individual) e President	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 1195.00								
<u> </u>	Full Name of Individual (Last, First, Middle Init Hollister, Rachel, M., ,	ial) or Full C	Organization Name	Date of Receipt							
	Mailing Address 850 NW FEDERAL HWY STE 234			12 / D D / Y Y Y Y 26 2023							
	City Stuart	State FL	Zip Code 34994-1019	Transaction ID : 17857569 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		30.00							
	Name of Employer (for Individual) Hollister Insurance	Occ Age	upation (for Individual) nt	Memo Item							
	Receipt For:	Aggregate	Year-to-Date V	_							
	Primary General Other (specify)		330.00								
s	UBTOTAL of Receipts This Page (optional)		•	135.00							
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		Detailed Summary Page		1 12	\vdash	11b	11c	12		<u> </u>				
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or for commercial purposes, other than usir	ng the name and a	address of any political committe	e to s	olicit co	ntrik	outions	from su	ich com	nitte	e.				
NAME OF COMMITTEE (In Full)					_				_					
National Association of Ben	efits and Ins	urance Professionals I	PAC	(NAE	SIP	PAC	C)							
Full Name of Individual (Last, First, Mido A. Hollister, Daniel, , ,	lle Initial) or Full C	organization Name		Date o	f Re	eceipt								
Mailing Address 850 NW FEDERAL HWY SUITE 234	(M M	/	26		2023	Y	Y				
City	State	Zip Code		Trans	sact	ion ID	: 17857	570						
Stuart	FL	34994-1019		Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С			30.00										
Name of Employer (for Individual) Hollister Insurance	Occ Age	upation (for Individual) ent		Memo Item										
Receipt For:	Aggregate	Year-to-Date ▼												
Primary General Other (specify) ▼		330.00]	1										
Full Name of Individual (Last, First, Mide B. Ramirez, Scott, , ,	lle Initial) or Full C	organization Name		Date o	f Re	eceipt								
Mailing Address 1003 E Best Ave							12 / D D / Y Y Y Y 12 26 2023							
City	State	Zip Code		Trans	sact	ion ID	: 178575	571						
Coeur D Alene	ID	83814-4868		Amoun	t of	Each	Receipt	this Per	od					
FEC ID number of contributing federal political committee.	C			<u> </u>					30.00	0				
Name of Employer (for Individual) Dirks Insurance Group, LLC	Occ Bro	upation (for Individual) ker		Memo Item										
Receipt For:	Aggregate	Year-to-Date V												
Other (specify) ▼		360.00												
Full Name of Individual (Last, First, Mide C. MacDermid, Rick, , ,	lle Initial) or Full C	organization Name		Date o	f Re	eceipt								
Mailing Address 3611 River Rd				M M	/	26		y y 2023		Y				
Suite 110	State	Zip Code			sact	1.00	, :17857	- 1 - C						
Yakima	WA	98902-7350						this Per	od					
FEC ID number of contributing federal political committee.	С					,			90.00	0				
Name of Employer (for Individual) Senior Solutions Group	Occ Brok	upation (for Individual)		N	lem	o Item								
Receipt For:														
Primary General	Aggregate	Year-to-Date ▼												
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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
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A. Grant, Staci, R., , Mailing Address 74 Glendale Ave			12 26 2023
City Livingston	State NJ	Zip Code 07039-2310	Transaction ID : 17857575 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) Henry O. Baker Insurance Group Receipt For:	Vice	upation (for Individual) e President Benefits Division Year-to-Date ▼	Memo Item
Primary General Other (specify) ▼		360.00]
Full Name of Individual (Last, First, Midd Cociu, Dorothy, M., RHU, REBC,, Mailing Address P.O. Box 6677	lle Initial) or Full C	organization Name	Date of Receipt
City Fullerton	State CA	Zip Code 92834-6677	Transaction ID : 17857576 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		85.00
Name of Employer (for Individual) Advanced Benefit Consulting & Insuranc		upation (for Individual) sident	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1145.00]
Full Name of Individual (Last, First, Midd Gutierrez, Antonio, , ,	lle Initial) or Full C	organization Name	Date of Receipt
Mailing Address 12833 River Dance Dr.	State	Zip Code	12 / 26 / 2023 Transaction ID : 17857577
Raleigh	NC	27613-7093	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer (for Individual) Benefitcare.com		upation (for Individual) cipal	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00]
SUBTOTAL of Receipts This Page (option	al)		145.00
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	y information copied from such Reports and Sta for commercial purposes, other than using the													
\setminus	NAME OF COMMITTEE (In Full)													
	National Association of Benefits	and Ins	ura	nce Professionals P	AC	۹)	IAE	BIP	Ρ	AC	:)			
Α.	Full Name of Individual (Last, First, Middle Initia Haff, Jenni, , ,	al) or Full C	Orgai	nization Name		Date of Receipt								
	Mailing Address 111 Lariat Drive					12 / D D / Y Y Y Y 12 26 2023								
	City	State TX		Zip Code		Transaction ID : 17857578								
	San Antonio			78232-1004	_	An	noun	t of	Ea	ch F	Receipt t	his F	Period	
	FEC ID number of contributing federal political committee.	С							-				30.	00
	Name of Employer (for Individual) Insgroup San Antonio	Occ Bro	•	ion (for Individual)		Memo Item								
	Receipt For:	Aggregate	Yea	r-to-Date ▼										
	Primary General Other (specify) ▼		-	360.00										
В.								f Re	ecei	pt				
	Mailing Address 2331 Mustang Drive Suite 200					12 / D D / Y Y Y Y Y 12 26 2023								
	City	State		Zip Code		Т	rans	acti	on	ID :	178575	79		
	Grapevine	ТХ		76051-1014		An	noun	t of	Ea	ch F	Receipt t	his F	Period	
	FEC ID number of contributing federal political committee.	C							-				42.	00
	Name of Employer (for Individual) Innovative Insurance Solutions	Occ Pre		Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1280.00												
<u></u> с.	Full Name of Individual (Last, First, Middle Initia Tretter, Robert, C., CLU, ChFC,,	al) or Full C	Orgai	nization Name		Da	ate of	f Re	ecei	pt				
	Mailing Address 6222 Spring Lake Drive						12	/	Ľ	26			023 [°]	Y
	City Hamilton	State OH		Zip Code 45011-8189							178575 Receipt t		Period	
	FEC ID number of contributing federal political committee.	С				Ę	_		,		. y		42.	
	Name of Employer (for Individual) NABIP		•	ion (for Individual) esident of Marketing & Recruitn	n	ļ	М	emo	o Ite	əm				
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 554.00										
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				etailed Summary Page	>	Κ,	11a		11b	Γ	110	; [12	2	
				oranou ourninary r age		_	13		14		15		16	0223 Period 85.00 023 Period 85.00	17
An or	y information copied from such Reports and State for commercial purposes, other than using the nar	ments may	y no Idre	ot be sold or used by any pe ss of any political committee	erson to s	for olic	the it cor	purp ntrib	oose utior	of ns fi	solici rom s	ting c uch c	ontr comr	ibutio mitte	ons e.
	NAME OF COMMITTEE (In Full)														
\sum	National Association of Benefits a	nd Insur	rai	nce Professionals P	AC	(N	IAB	IP	PA	(C))				
A.	Full Name of Individual (Last, First, Middle Initial) Rivera, Michael, A., , Mailing Address, 42204 NW, Furth 2015	or Full Org	gan	ization Name		Date of Receipt									
	Mailing Address 13201 N.W. Fwy. Suite 265		,				12	'		26	/	Y			
	City Houston	State TX		Zip Code 77040-6165							17857		Por	iod	
	EC ID number of contributing	C						. 01			eceip)
	Name of Employer (for Individual) Northwest General	Occup Owne	•	on (for Individual)	Memo Item										
	Receipt For: A Primary General Other (specify) ▼	ggregate Y	/ear	-to-Date ▼ 1020.00											
в.		_	Da	ate of	Re	ceip	t								
	Mailing Address 2670 Electric Road					IV	12 ^M	/		26	/	Y 2	2023	3	
	City Roanoke	State VA		Zip Code 24018-3511	\vdash						17857 eceip		Per	iod	
	FEC ID number of contributing federal political committee.	C													
	Name of Employer (for Individual) Innovative Insurance Group, LLC		•	on (for Individual) of Sales		Ľ	M	emo	Iter	n					
	Receipt For: A Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1813.00													
с.	Full Name of Individual (Last, First, Middle Initial) Schneider, Chad, P., ,	or Full Org	gan	ization Name		Da	ate of	Re	ceip	t					
	Mailing Address 4470 Woodman Ave Apt 303					L	12 ^M	1	L	26		2	2023		
	City Sherman Oaks	State CA		Zip Code 91423-5520	\vdash						1785 eceip		Per	iod	
	FEC ID number of contributing federal political committee.	C									,Р)
	Name of Employer (for Individual) Origin		•	on (for Individual) Broker Partnerships			M	emo	Iter	n					
	Receipt For: A Primary General Other (specify)	ggregate Y	/ear	-to-Date ▼ 1020.00											
s	UBTOTAL of Receipts This Page (optional)			••••••	<u> </u>				,				2	55.00)
т	OTAL This Period (last page this line number 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 or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) National Association of Benef	its and Ins	urance Professionals P	PAC (NABIP PAC)						
Full Name of Individual (Last, First, Middle Holloway, Ryan, K., CBC, SGS,P, Mailing Address 4325 Elm St Suite 200 City Dallas FEC ID number of contributing federal political committee. Name of Employer (for Individual) Holloway Benefit Concepts Receipt For: Primary General Other (specify) ▼	Mailing Address 4325 Elm St Suite 200 City State Dallas TX FEC ID number of contributing federal political committee. Name of Employer (for Individual) Holloway Benefit Concepts Receipt For: Primary General Other (specify) ▼								
Full Name of Individual (Last, First, Middle Brooks, Timothy, , , Mailing Address 1024 N Elm Pl			Date of Receipt						
City Broken Arrow FEC ID number of contributing federal political committee. Name of Employer (for Individual) Flippo Insurance Receipt For: ☐ Primary ☐ General Other (specify) ▼	Age	Zip Code 74012-1603 upation (for Individual) ent Manager Year-to-Date ▼ 370.00	Transaction ID : 17858062 Amount of Each Receipt this Period 30.00 Memo Item						
Full Name of Individual (Last, First, Middle Yarn, Christopher, , , Mailing Address 306 Prairie Dune Way City Orlando FEC ID number of contributing federal political committee. Name of Employer (for Individual) WalkOnClinic Receipt For: Primary General Other (specify)	State FL C Occ Brok	Zip Code 32828-8860 upation (for Individual)	Date of Receipt						
SUBTOTAL of Receipts This Page (optional)			145.00						
TOTAL This Period (last page this line numb	er only)	••••••							

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		Detailed Summary Page	X 11a 11b 11c 12	۲							
Any information copied from such Reports a	and Statements ma	l ay not be sold or used by any p	erson for the purpose of soliciting contributions	17 s							
or for commercial purposes, other than usin			e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)											
National Association of Ben			PAC (NABIP PAC)								
Full Name of Individual (Last, First, Midd A. Franke, Gary, , MBA,	le Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 1100 Bellevue Way NE Suite 8A-545			M M / D D / Y Y Y Y 12 27 2023								
City	State	Zip Code	Transaction ID : 17858065	1							
Bellevue	WA	98004-4280	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		12.00								
Name of Employer (for Individual) Achieve Alpha Insurance, LLC	Occ Bro	upation (for Individual) ker	Memo Item								
Receipt For:	Aggregate	Year-to-Date ▼	_								
Primary General	, .99109410		1								
Other (specify) v		359.00									
Full Name of Individual (Last, First, Midd B. Parkin, Lars, B., ,	le Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 6143 S Willow Dr Suite 200	M M / D D / Y Y Y Y 12 27 2023										
City	State	Zip Code	Transaction ID : 17858067								
Greenwood Village	CO	80111-5123	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		85.00								
Name of Employer (for Individual) Warner Pacific Insurance Services		upation (for Individual) actor of Sales - Colorado	Memo Item								
Receipt For:	Aggregate	Year-to-Date V	—								
Primary General			1								
Other (specify) v		, 935.00									
Full Name of Individual (Last, First, Midd C. Hollister, Deborah, B., ,	le Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 850 NW Federal Hwy											
Suite 234	01-1-	Zin Code	12 27 2023								
City Stuart	State FL	Zip Code 34994-1019	Transaction ID : 17858068								
FEC ID number of contributing	_		Amount of Each Receipt this Period	_							
federal political committee.	C		42.00								
Name of Employer (for Individual) Hollister Insurance	Occ Owr	upation (for Individual) ner	Memo Item								
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General			1								
Other (specify)		554.00	1								
SUBTOTAL of Receipts This Page (option	al)		139.00								
TOTAL This Period (last page this line nur	nber only)										

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ITI	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
	y information copied from such Reports and Sta for commercial purposes, other than using the r NAME OF COMMITTEE (In Full) National Association of Benefits : Full Name of Individual (Last, First, Middle Initia Rice, Russell, Lee, , SGS	ame and a	ddress of any political committee	e to solicit contributions from such committee.
	Mailing Address 8830 Buckskin Dr City Boerne FEC ID number of contributing	State TX	Zip Code 78006-5554	12 27 2023 Transaction ID : 17858069 Amount of Each Receipt this Period
	federal political committee. Name of Employer (for Individual) AVESIS, Inc. Receipt For: Primary General Other (specify) ▼	Regi	upation (for Individual) ional Account Executive Year-to-Date ▼ 2115.00	170.00
В.	Full Name of Individual (Last, First, Middle Initia Riedl, Alycia, , , Mailing Address 16570 Lake Ridge Dr City	I) or Full O	rganization Name	Date of Receipt
	Maple Grove FEC ID number of contributing federal political committee. Name of Employer (for Individual) Mercer Receipt For: Primary General Other (specify) ▼	Prin	55311-1453 Upation (for Individual) cipal Client Manager Year-to-Date ▼ 1180.00	Amount of Each Receipt this Period 85.00 Memo Item
C.	Full Name of Individual (Last, First, Middle Initia Jackson, Jerry, D., , Mailing Address 1017 N. Maplewood Ave.	I) or Full O	Zip Code	Date of Receipt 12 / 27 / 2023 Transaction ID : 17858071
	Peoria FEC ID number of contributing federal political committee. Name of Employer (for Individual) Jackson Financial Services Receipt For: Primary General Other (specify)	IL C Occu Gene	61606-1035 upation (for Individual) eral Agent Year-to-Date ▼ 504.00	Amount of Each Receipt this Period 42.00 Memo Item
	UBTOTAL of Receipts This Page (optional)			297.00
Т	OTAL This Period (last page this line number or	nly)	••••••	

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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 or for commercial purposes, other than using			erson for the purpose of soliciting contributions								
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 Underhill, Elizabeth, J., ,	Initial) or Full C	Organization Name	Date of Receipt								
Mailing Address 23161 Ventura Blvd Ste 100			M M / D D / Y Y Y Y 12 27 2023								
City Woodland Hills	State CA	Zip Code 91364-1186	Transaction ID : 17858074 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		85.00								
Name of Employer (for Individual) Underhill Insurance Agency, a dba of F		upation (for Individual) ecutive Vice President	Memo Item								
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify)		1270.00]								
Full Name of Individual (Last, First, Middle B. Johnson, Suzanne, K., , RHU, CEBS		Organization Name	Date of Receipt								
Mailing Address 1024 Southstone Drive	,		12 27 2023								
City	State	Zip Code	Transaction ID : 17858075								
Charlotte	NC	28210-3029	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		85.00								
Name of Employer (for Individual) Information Requested	Occ Bro	upation (for Individual) ker	Memo Item								
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General Other (specify) ▼		1020,00]								
Full Name of Individual (Last, First, Middle C. Schwartz, Matt, B., ,	Initial) or Full C	Organization Name	Date of Receipt								
Mailing Address 2950 Breckenridge Lane, S	uite 8A		12 27 2023								
City Louisville	State KY	Zip Code 40220-1462	Transaction ID : 17858076 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		85.00								
Name of Employer (for Individual) Schwartz Insurance Group	Occ CEC	upation (for Individual) D	Memo Item								
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify)		1020.00]								
SUBTOTAL of Receipts This Page (optional).			255.00								
TOTAL This Period (last page this 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 and Sta or for commercial purposes, other than using the										
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 A. Adam, Ashely, N., CEBS, GBA,,	al) or Full C	rganization Name	Date of Receipt							
Mailing Address 2717 N 118th Street Suite 300			12 27 2023							
City	State	Zip Code	Transaction ID : 17858078							
Omaha	NE	68164-9684	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		itegic Account Executive								
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General	7.99.094.0		1							
Other (specify) v		360.00								
Full Name of Individual (Last, First, Middle Initi	al) or Full C	rganization Name								
B. Brown, Carey, H., CLU,			Date of Receipt							
Mailing Address Six Concourse Parkway Suite 2750 City	State	Zip Code	12 / D D / Y Y Y Y 2023							
Atlanta	GA	30328-6243	Transaction ID : 17858081							
			Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		50.00							
Name of Employer (for Individual) The Benefit Company		upation (for Individual) ncipal	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General			1							
Other (specify) v		, 600.00								
Full Name of Individual (Last, First, Middle Initi C. Harder, David, , ,	al) or Full C	rganization Name	Date of Receipt							
Mailing Address 2241 E Skelly Drive			M M / D D / Y Y Y Y							
Suite 102			12 27 2023							
City Tulsa	State OK	Zip Code 74105-5941	Transaction ID : 17858082							
			Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		30.00							
Name of Employer (for Individual) Spirit Financial Concepts, Inc	Occ Brok	upation (for Individual) ker	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General		360.00	1							
Other (specify)		300.00								
SUBTOTAL of Receipts This Page (optional)			110.00							
TOTAL This Period (last page this line number o	only)									

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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							
			e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)										
National Association o	f Benefits and Insu	rance Professionals F	YAC (NABIP PAC)							
Full Name of Individual (Last, First A. Reddy, Michael, S., ,	st, Middle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 330 River Pointe	Drive		M M / D D / Y Y Y Y 12 27 2023							
City Elkhart	State IN	Zip Code 46514-1457	Transaction ID : 17858085 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		85.00							
Name of Employer (for Individual Keystone Ins. & Benefits Group, L		upation (for Individual) ser	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1020.00]							
Full Name of Individual (Last, Firs B. Tierney, Robert, J., HDHP,	st, Middle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 830 N Main St Ste 200 City	State	Zip Code	12 / 27 / 2023							
Meridian	ID	83642-2611	Transaction ID : 17858087							
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 85.00							
Name of Employer (for Individual OneDigital		upation (for Individual) ciple	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2195.00]							
Full Name of Individual (Last, Firs	st, Middle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 8620 W Emerald Ste 130			12 / 27 / Y Y Y Y 12 27 2023							
City Boise	State ID	Zip Code 83704-4826	Transaction ID : 17858088 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		30.00							
Name of Employer (for Individual) Gem State Financial Group		upation (for Individual) ident	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00]							
SUBTOTAL of Receipts This Page	(optional)		200.00							
TOTAL This Period (last page this	line number only)									

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			Use separate schedule(s)	(che	eck only	/ or	ie)						
	IZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b 14	11c	12	17			
	ormation copied from such Reports and S commercial purposes, other than using the				for the		oose of	soliciting	g contribu	utions			
<u></u>	/E OF COMMITTEE (In Full)		······										
$\langle \rangle$	ational Association of Benefits	s and Insu	urance Professionals P	AC ((NAB	IP	PAC)					
	Name of Individual (Last, First, Middle Ini by, Matthew, F., ,	tial) or Full O	Drganization Name	[Date of Receipt								
	ing Address Blue Ocean Benefits & Consu 1971 State Route 34	Ilting L			12 / Y Y Y Y Y 27 / 2023								
City Wal	ll Township	State NJ	Zip Code 07719-9781	/				1785808 Receipt th		d			
	D number of contributing ral political committee.	С					-		85	.00			
Blue	ne of Employer (for Individual) Ocean Benefits & Consulting, LLC		supation (for Individual) sident		Memo Item								
	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 935.00										
	Name of Individual (Last, First, Middle Ini welson, Janet, , ChHC,	itial) or Full O	Drganization Name	1	Date of	Re	ceipt						
Mail	ing Address 3697 MT. DIABLO BLVD., SU	ITE 100		^M 12	/	28) / Y	2023	Y				
City		State	Zip Code		Trans	acti	on ID :	1785970	1				
Lafa	ayette	CA	94549-3769	/	Amount	of	Each R	Receipt th	is Period	b			
	CID number of contributing ral political committee.	С		24.00									
Epic	ne of Employer (for Individual) c Insurance Brokers	cupation (for Individual) alth Plan Legislation & Education N	. ,										
	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 360.00										
	Name of Individual (Last, First, Middle Ini nbro, Heather, , ,	itial) or Full O	Drganization Name		Date of	Re	ceipt						
Mail	ing Address 11704 Lackland Industrial Dri				^M 12	/	28		y y 2023	Y			
City Sai	nt Louis	State MO	Zip Code 63146-4209					1785970 Receipt th		d			
	D number of contributing ral political committee.	С					y .	,	85	.00			
The	ne of Employer (for Individual) ECCHIC Group		cupation (for Individual) e President of Administration		Me	emo	Item						
	eipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 935.00										
	OTAL of Receipts This Page (optional)						y .	,	194	.00			
ΤΟΤΑΙ	L This Period (last page this line number	only)	••••••				,	-					

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IT	EMIZED 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 S for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	National Association of Benefits	s and Insu	urance Professionals P	AC (NABIP PAC)
<u>ــــــــــــــــــــــــــــــــــــ</u>	Full Name of Individual (Last, First, Middle Init Lubenow, Justin, , ,	tial) or Full O	rganization Name	Deta of Descint
Α.	Mailing Address 15 Alden Street			Date of Receipt
	Suite 8			12 28 2023
	City Cranford	State NJ	Zip Code 07016-2149	Transaction ID : 17859703
			07010-2149	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
	Lubenow Agency	Brol	ker	
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General		1240.00	
	Other (specify) v		7	
_	Full Name of Individual (Last, First, Middle Init	tial) or Full O	rganization Name	
В.	.			Date of Receipt
	Mailing Address 1041 Old Cassatt Rd	Chata	Zin Oodo	12 28 2023
	City	State PA	Zip Code 19312-1152	Transaction ID : 17859707
	Berwyn		19312-1132	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer (for Individual) Simkiss & Block		upation (for Individual) actor of Compliance	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General			
	Other (specify)	<u> </u>	1070.00	
<u>с</u> .	Full Name of Individual (Last, First, Middle Init	tial) or Full O	rganization Name	Date of Receipt
	Mailing Address 2355 E. Camelback Road			M = M / D = D / Y = Y = Y = Y
	Suite 503			12 28 2023
	City Phoenix	State AZ	Zip Code 85016-9039	Transaction ID : 17859708
			00010-9059	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
	Principal Receipt For:		es Representative	_
	Primary General	Aggregate	Year-to-Date V	
	Other (specify)		1090.00	Membership Form
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number o		, , , , , , , , , , , , , , , , , , ,	255.00

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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 Stat for commercial purposes, other than using the na											
$\left[\right]$	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 Initial Benton, Marcia, , , Mailing Address 1718 S Spring Valley Ln) or Full O	Drganization Name	Date of Receipt								
	City Meridian	State ID	Zip Code 83642-9258	Transaction ID : 17859709 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		12.00								
	Name of Employer (for Individual) Craig Howard Insurance	Occi Age	cupation (for Individual) ent	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 214.00									
в.	Full Name of Individual (Last, First, Middle Initial O'Gara, Joshua, , ,) or Full O	Drganization Name	Date of Receipt								
	Mailing Address 6 Parker St			12 28 2023								
	City Woburn	State MA	Zip Code 01801-5912	Transaction ID : 17859712 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		25.00								
	Name of Employer (for Individual) O'Gara Financial Group		cupation (for Individual) oker	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 221.00									
с.	Full Name of Individual (Last, First, Middle Initial Mitchell, Sheri, , ,) or Full O	Drganization Name	Date of Receipt								
	Mailing Address 3350 Riverwood Pkwy, Suite 190			12 28 2023								
	City Atlanta	State GA	Zip Code 30339-2066	Transaction ID : 17859715 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		25.00								
	Name of Employer (for Individual) BenefitMall		cupation (for Individual) nefit Sales Executive	Memo Item								
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 275.00									
F	COTAL This Period (last page this line number on			62.00								

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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 person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
$\left \right $	NAME OF COMMITTEE (In Full)			
	National Association of Benefits a	and Insu	urance Professionals	S PAC (NABIP PAC)
Α.		l) or Full O	Organization Name	Date of Receipt
	Mailing Address 3023 N. Ruffy's Way	State	Zip Code	12 28 2023 Transaction ID : 17859717
	Bloomington	IN	47404-1413	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer (for Individual) L&C Marketing, LLC		upation (for Individual) ependent Insurance Agent	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		360.00	
в.	Full Name of Individual (Last, First, Middle Initia Malvich, Marlayna, , ,	l) or Full O	Organization Name	Date of Receipt
	Mailing Address 4125 Cass Elizabeth Rd			12 28 2023
	City	State	Zip Code	Transaction ID : 17859720
	Waterford	MI	48328-4206	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer (for Individual) Information Requested	Occ Bro	cupation (for Individual) oker	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 360.00	
с.	Full Name of Individual (Last, First, Middle Initia Stubbs, Guy, , ,	l) or Full O	Organization Name	Date of Receipt
	Mailing Address PO Box 337			12 / D D / Y Y Y Y 28 2023
	City Jerome	State ID	Zip Code 83338-0337	Transaction ID : 17859723 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		42.00
	Name of Employer (for Individual) Hall and Associates	Occi Age	upation (for Individual) ent	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify)		504.00	
\vdash	UBTOTAL of Receipts This Page (optional)			
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	NAME OF COMMITTEE (In Full)										
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Α.	Full Name of Individual (Last, First, Middle Initi West, Kimberly, J., ,	al) or Full O	rganization Name	Date of Receipt							
	Mailing Address 3581 Woodland Dr			12 28 2023							
	City Highland	State MI	Zip Code 48356-2366	Transaction ID : 17859725 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		42.00							
	Name of Employer (for Individual) Kim West Insurance Benefits LTD	Occu Brok	upation (for Individual) ker	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 462.00								
<u> </u>	Full Name of Individual (Last, First, Middle Initi Barrett, William, J., CLU, ChFC,	al) or Full O	rganization Name	Date of Receipt							
	Mailing Address 6 Keswick Commons			12 28 / Y Y Y Y 2023							
	City New Albany	State OH	Zip Code 43054-8231	Transaction ID : 17859727 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		30.00							
	Name of Employer (for Individual) Aetna		upation (for Individual) es Executive	Memo Item							
	Receipt For:	Aggregate	Year-to-Date ▼ 360.00								
— c.	Full Name of Individual (Last, First, Middle Initi Patton, Rhonda, L., ,	al) or Full O	rganization Name	Date of Receipt							
-	Mailing Address PO Box 751180			12 28 2023							
	City Petaluma	State CA	Zip Code 94975-1180	Transaction ID : 17859728 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		63.00							
	Name of Employer (for Individual) Patton & Spahr Insurance Services	Brok		Memo Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 756.00								
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Full Name of Individual (Last, First, Middle Initi A. Kinley, Christopher, , , Mailing Address 2417 Cimarrone Blvd City Saint Johns FEC ID number of contributing federal political committee. Name of Employer (for Individual) HealthEquity Receipt For: Primary General Other (specify) ▼	State FL Occ Bro Aggregate	Zip Code 32259-2184	Date of Receipt 12 28 2023 Transaction ID : 17859729 Amount of Each Receipt this Period 30.00 Memo Item
Full Name of Individual (Last, First, Middle Initi 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 Occ Pre	Zip Code 28270-5270 cupation (for Individual) esident Year-to-Date ▼ 360.00	Date of Receipt
Full Name of Individual (Last, First, Middle Initi Altman, Lauren, J., , Mailing Address 755 Teaberry St City Encinitas FEC ID number of contributing federal political committee. Name of Employer (for Individual) Information Requested Receipt For: Primary General Other (specify)	State CA Cca Occ Brol	Zip Code 92024-3353	Date of Receipt
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Α.	Full Name of Individual (Last, First, Middle Initial) Kowalczyk-Gonzalez, CarrieAnne, , ,	or Full Or	ganization Name		Date	of R	lecei	ipt				
	Mailing Address 6568 S Federal Way #213				^M 12	N	/	D D 28	/ Y	y 202	23	Ŷ
	City Boise	State ID	Zip Code 83716-9277						1785973 eceipt th		riod	
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	Name of Employer (for Individual) Personal Touch Ins & Benefits, LLC	Occu Broke	pation (for Individual) er		N	/lem	io Ite	em				
	Receipt For: At Primary General Other (specify) ▼	ggregate \	/ear-to-Date ▼ 1020.00									
B.	Full Name of Individual (Last, First, Middle Initial) Harrington, Paula, , ,	or Full Or	ganization Name		Date	of R	lecei	ipt				
	Mailing Address 6817 K Ave Ste 104				^M 12	И		D D D 28	/ Y	y 202	у З	Ŷ
	City Plano	State TX	Zip Code 75074-2544						785973 eceipt th		riod	
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	Name of Employer (for Individual) Harrington Insurance Solutions, LLC		pation (for Individual) /Agent/Broker		N	/lem	io Ite	em				
	Receipt For: Age Primary General Other (specify) ▼	ggregate \	/ear-to-Date ▼ 985.00									
с.	Full Name of Individual (Last, First, Middle Initial) Scopp, Kenneth, N., ,	or Full Or	ganization Name		Date	of R	lecei	ipt				
	Mailing Address 1112 Montana Avenue #906				^M 12	N	/	D D D 28	/ Y	ý 202		Y
	City Santa Monica	State CA	Zip Code 90403-1652						1785973 eceipt th	-	riod	
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Α.	Full Name of Individual (Last, First, Middle Initi Blasman, Wayne, , ,	al) or Full O	organization Name	Date of Receipt							
	Mailing Address 5210 Lewis Road, Suite 14			12 28 2023							
	City Agoura Hills	State CA	Zip Code 91301-2662	Transaction ID : 17859739 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		85.00							
	Name of Employer (for Individual) Bridgeport Benefits Inc	Occu Broł	upation (for Individual) ker	Memo Item							
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в.	Full Name of Individual (Last, First, Middle Initi Johnson, Sandra, , ,	al) or Full O	organization Name	Date of Receipt							
	Mailing Address 252 Apacheria Pass W			12 28 2023							
	City Comfort	State TX	Zip Code 78013-3300	Transaction ID : 17859740 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	Occi Age	upation (for Individual) ent	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00								
— c.	Full Name of Individual (Last, First, Middle Initi Blackford, Stephen, I, ,	al) or Full O	rganization Name	Date of Receipt							
	Mailing Address 11481 Old St. Augustine Rd., #	ŧ 201		12 28 2023							
	City Jacksonville	State FL	Zip Code 32258-1475	Transaction ID : 17859741 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		30.00							
	Name of Employer (for Individual) The Blackford Group	Brok		Memo Item							
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Full Name of Individual C. Selinsky, Steven,	(Last, First, Middle Initial)	or Full Or	ganization Name	Date o	f Receipt							
Mailing Address 28638	Oak Point Drive			12	/ 28		2023	Y				
City Farmington Hills		State MI	Zip Code 48331-2706		saction ID							
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Α.	Full Name of Individual (Last, First, Middle Init Hartman, William, J., ,	tial) or Full (Orga	nization Name		Date o	of Re	eceipt				
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В.	Full Name of Individual (Last, First, Middle Init Collins, Martha, T., RHU,	tial) or Full (Orga	nization Name		Date o	of Re	eceipt				
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\rangle	NAME OF COMMITTEE (In Full)	and loc		noo Drofoggianala D		/	ח	חו			١					
	National Association of Benefits a				AC	(11)	<u>۱</u> В		P	AC)					
Δ	Full Name of Individual (Last, First, Middle Initial Stocks, Deborah, P., ,) or Full C	Drga	nization Name		Date	e of	Re	cei	ipt						
· · ·	Mailing Address 2401 LAKE LOREINE LN						M	1.0		DDD	/	Y	Y	Y	Y	
		1					2	Ľ	L	28	<u> </u>	Ľ	20	23		
	City Henrico	State VA		Zip Code 23233-2523								59753				
			_	23233-2323	_	Amc	unt	of	Ea	ach R	lecei	ipt thi	s P	eriod		
	FEC ID number of contributing federal political committee.	С							-					30.0	00	
	Name of Employer (for Individual)	000		tion (for Individual)			Мс	emo	. Ita	٥m		,				
	OneDigital		•	Client Executive		ш	IVIC	51110		om						
	Dessint Fam	Aggregate	Yea	ar-to-Date 🔻												
	Primary General				11											
	Other (specify) V		7	360.00												
	Full Name of Individual (Last, First, Middle Initial) or Full C	Drga	nization Name												
B.	Morrison, James, M., RHU,REBC,				_	Date	e of	Re	ece	ipt						
	Mailing Address 2710 Gateway Rd					M 1	_™ 2	1	Г	28 D	/	Y	20	23 23	Y	
	City	State		Zip Code		Tra	insa	acti	ion	ID :	178	59755	;			
	Carlsbad	CA		92009-1730								ipt thi		eriod		
	FEC ID number of contributing	С							1					85.0	00	1
	federal political committee.	U	-			H	-	-	7	_	-	-J				1
	Name of Employer (for Individual)		•	tion (for Individual)		Ш	Me	emo	o Ite	em						
	Morrison Insurance Services, Inc Receipt For:		eside		_											
	Primary General	Aggregate	e Yea	ar-to-Date 🔻												
	Other (specify) v			1020.00												
			7-		-											
C.	Full Name of Individual (Last, First, Middle Initial Sheehan, Norman, , ,) or Full C	Drga	nization Name		Date	e of	Re	ecei	ipt						
	Mailing Address 808 Beaver St						M	/		D D	/	Y		Y	Y	
	0.1	01-1-		7:- 0- 1-		L	2	١.	J.	28			20	23		
	City Santa Rosa	State CA		Zip Code 95404-3731	-							59756		orice		
	FEC ID number of contributing		-		\neg	AITIC	unt	OT	⊏a	ICH R	ecel	ipt thi	SP		_	1
	federal political committee.	С							y			y	_	30.0	0	L,
	Name of Employer (for Individual)	Occ	cupa	tion (for Individual)	\neg	Π	Me	emc	o It	em						
	Norman Sheehan Insurance Agency LLC	Brol	•	, , , , , , , , , , , , , , , , , , ,												
		Aggregate	Yea	ar-to-Date V												
	Primary General Other (specify)			360.00												
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									1				-	145.0	0	1
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	y information copied from such Reports and Sta for commercial purposes, other than using the							
\setminus	NAME OF COMMITTEE (In Full)							
$\left \right\rangle$	National Association of Benefits	and Insu	urance Professionals P	AC (NABI	P PAC)		
•	Full Name of Individual (Last, First, Middle Initi	al) or Full O	rganization Name	Data of	Deceint			
Α.	Bravo, Gilbert, M., ,			Date of				
	Mailing Address 8340 N. Thornydale Rd. Suite 110-335			^M 12	/ D D D 28) / Y	2023	Y
	City	State	Zip Code	Transa	ction ID :	1785975	57	
	Tucson	AZ	85741-1162	Amount	of Each R	Receipt th	nis Period	ł
	FEC ID number of contributing federal political committee.	С				-	30	.00
	Nome of Employer (for Individual)		unation (for Individual)		mo Item			
	Name of Employer (for Individual) Bravo Insurance Solutions		upation (for Individual) sident		no nem			
	Receipt For:	1						
	Primary General	Aggregate	Year-to-Date V					
	Other (specify) V		360.00					
_	Full Name of Individual (Last, First, Middle Initi	al) or Full O	rganization Name					
В.	Smith, David, C., REBC,			Date of				
	Mailing Address 110 N. Corcoran St. #1205			^M 12	/ D D 28) / Y	2023	Y
	City	State	Zip Code		ction ID :			
	Durham	NC	27701-5020	Amount	of Each F	Receipt th	nis Perioo	1
	FEC ID number of contributing federal political committee.	С			-ge.		250	.00
	Name of Employer (for Individual) eBen Benefits		upation (for Individual) ior Vice President	Me	mo Item			
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General	.99.094.0	3050.00					
	Other (specify)	L	3030.00					
с.	Full Name of Individual (Last, First, Middle Initi Tower, Kimberly, H., ,	al) or Full O	rganization Name	Date of	Receipt			
	Mailing Address 408 E ParkCenter Blvd, Suite 1	00		12 ^M	/ 28		2023	Y
	City	State	Zip Code		action ID :		1	
	Boise	ID	83706-6512		of Each R			ł
	FEC ID number of contributing	С						.00
	federal political committee.				y			
	Name of Employer (for Individual)		upation (for Individual)	Me	mo Item			
	PacificSource Health Plans	Reg	ional Sales Director					
	Receipt For:	Aggregate	Year-to-Date 🔻					
	Other (specify)		360.00					
							310	00
S	UBTOTAL of Receipts This Page (optional)		•		9	,	310.	
Т	OTAL This Period (last page this line number o	nly)	•••••					

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12								
Any information copied from such Reports and	d Statements ma		13 14 15 16 17 person for the purpose of soliciting contributions								
			e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)											
/ National Association of Bene	fits and Ins	urance Professionals F	PAC (NABIP PAC)								
Full Name of Individual (Last, First, Middle	Initial) or Full C	organization Name									
A. Coley, Maggie, , ,			Date of Receipt								
Mailing Address 29 Olde Gate Court			12 28 2023								
City	State	Zip Code	Transaction ID : 17859762								
Pooler	GA	31322-8281	Amount of Each Receipt this Period								
FEC ID number of contributing	С		42.00								
federal political committee.											
Name of Employer (for Individual)		upation (for Individual)	Memo Item								
Coley Benefit Services, Inc Receipt For:	Bro										
Primary General	Aggregate	Year-to-Date ▼									
Other (specify)		504.00									
Full Name of Individual (Last, First, Middle B. Norman, Scott, , ,	Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 1231 East Beltline NE			M M / D D / Y Y Y Y								
MC1335			12 28 2023								
City Grand Rapids	State MI	Zip Code 49525-4501	Transaction ID : 17859763								
	_	40020 4001	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		30.00								
Name of Employer (for Individual) PriorityHealth		upation (for Individual) Sales of Senior Market	Memo Item								
Receipt For:		Year-to-Date ▼									
Primary General	, iggi oguto		1								
Other (specify) v		330.00	1								
Full Name of Individual (Last, First, Middle C. Burns, Patrick, , CEBS,	Initial) or Full C	Organization Name	Date of Receipt								
Mailing Address 5653 Maxwelton Road											
-			12 28 2023								
City Oakland	State CA	Zip Code 94618-2654	Transaction ID : 17859765								
	_		Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		170.00								
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item								
Burns Employee Benefits Insurance Serv	Mar	aging Member									
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify)		2290.00									
SUBTOTAL of Receipts This Page (optional)			242.00								
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				Detailed Summary Page	2	-	11a 13		11 14	- H	11c	\vdash	12 16		17
	y information copied from such Reports and State for commercial purposes, other than using the na					fo	r the		pos	se of	solicitin		ontribu	tions	-
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) National Association of Benefits a														
A.	Full Name of Individual (Last, First, Middle Initial) Burett, Raymond, , , Mailing Address 30 Broad Street	or Full O)rgar	nization Name		Date of Receipt 12 28 2023 Transaction ID : 17859767									
	35th Floor City	State		Zip Code	_										
	New York FEC ID number of contributing	NY	-	10004-2952	_	Ar	nount	of	Ea	ich Re	eceipt t	nis F	Period 85.0	חר	
	federal political committee. Name of Employer (for Individual) Brio Benefit Consulting		•	ion (for Individual)		Ľ	Me	emo	o Ite	em		-	00.	50	
	Poppint For:	Executive Vice-President eneral Aggregate Year-to-Date ▼ 850.00													
В.	Full Name of Individual (Last, First, Middle Initial) Kapostins, Ashley, , ,	nization Name	Date of Receipt												
	Mailing Address 3843 Rock Hill Loop	Stata		Zin Codo		12 / 28 / 2023									
	City Apopka	State FL		Zip Code 32712-4792	Transaction ID : 17859768 Amount of Each Receipt this Period										
		s (85.00							00		
	Name of Employer (for Individual) Kapsher Consulting, LLC	Occu Broł	•	tion (for Individual)		Memo Item									
	Receipt For: A Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 1020.00											
c.	Full Name of Individual (Last, First, Middle Initial) Bear, Dale, F., ,	or Full O	rgar	nization Name		Da	ate of	Re	ecei	ipt					
	Mailing Address 2027 Scott Station Rd	01.1		7. 0.1		L	12 ^M	/	L	28	/ _ Y	2	023	Y	
	City Jefferson City	State MO		Zip Code 65109-8425	_						178597 eceipt t		Period		
	FEC ID number of contributing federal political committee.	S S						_	y		. ,	_	63.	00	
	Name of Employer (for Individual) Expat Solutions International dba ESI Receipt For:	Princ	cipa			Memo Item									
	Primary General Other (specify)	Yea	r-to-Date ▼ 756.00												
s	UBTOTAL of Receipts This Page (optional)			•••••					,	_	,	_	233.0)0	
т	OTAL This Period (last page this line number only	/)			•				-		-				

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				n category of the d Summary Page		〈 11a		11b	11c	12				
						13		14	15	16	17			
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N/	AME OF COMMITTEE (In Full)													
) N	lational Association of Benefits a	Ind Insi	urance	Professionals P	AC	(NAB	IP	PAC)					
	II Name of Individual (Last, First, Middle Initial) Linkugel, Lewis, P., ,) or Full O	rganization	Name		Data of	Bor	point						
	ailing Address 5831 South 58th Street				-	Date of Receipt								
	Suite D					12 29 2023								
Cit	-	State	Zip C			Transaction ID : 17859871								
_Li	ncoln	NE	685	16-3649	_	Amount	of I	Each R	eceipt th	is Perioc	1			
	EC ID number of contributing deral political committee.	С								1200	.00			
								7	-	4				
	ame of Employer (for Individual)	Occi Brol		r Individual)		Me	emo	Item						
	wis P. Linkugel Financial Services													
Ке	eceipt For:	Year-to-Da	te V											
-	Other (specify) V		_	1220.00										
	II Name of Individual (Last, First, Middle Initial)) or Full O	rganization	Name		Dation	_							
	Aulcare, Robert, , , ailing Address 7606 Tekoa Dr			Date of	Red			- W - W						
ivic	AULTON LOUD LEKOA DL					12		29	/ Y	2023	Y			
Cit	ty	State	Zip C	ode		Trans	actio	on ID :	1785987	5				
Pa	asco	WA	9930)1-7900		Amount	of I	Each R	eceipt th	is Perioc				
	C ID number of contributing deral political committee.	С		85.00										
	ame of Employer (for Individual) ghstreet Insurance & Financial Servi	Occ Hea		Me	emo	Item								
	agint For:		Year-to-Da											
	Primary General	.99.09uto												
	Other (specify)		,	, 1145.00										
	II Name of Individual (Last, First, Middle Initial) /illagran, Denise, S., MBA,) or Full O	rganization	Name		Date of	Red	ceipt						
	ailing Address 210 S Carancahua St					M M	/	D D	/ Y	YY	Y			
-	Ste 301	0				12	L,	31		2023				
Cit C	ty orpus Christi	State TX	Zip C 7840	ode 11-3042	-					6123339				
	C ID number of contributing	C			\neg	Amount	OT	ach R	eceipt th	iis Perioc	1			
	deral political committee.			<u>L</u> .	_	y =	y	30	.00					
	me of Employer (for Individual) Occupat			r Individual)		Me	emo	Item						
	Degree Benefits/Entrust, Inc.	Business Development S. Texas												
He T	eceipt For:	Aggregate	Year-to-Da	ite 🔻										
-	Other (specify)	360.00					uctio	on (\$30	.00 Mont	hly)				
SUB	TOTAL of Receipts This Page (optional)			•••••				,	,	1315.	.00			
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	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions							
\setminus	NAME OF COMMITTEE (In Full)										
	National Association of Benefit	s and Insu	urance Professionals P	AC (NABIP PAC)							
Α.	Full Name of Individual (Last, First, Middle In Schreder, Lynn, M., ,	itial) or Full O	organization Name	Date of Receipt							
	Mailing Address 5501 NW 86th Street Suite 700			12 31 2023							
	City Johnston	State IA	Zip Code 50131-1820	Transaction ID : PR433076133398 Amount of Each Receipt this Period							
	FFC ID number of contributing										
	FEC ID number of contributing federal political committee.	C		100.00							
	Name of Employer (for Individual) KHI Solutions	Occi Brol	upation (for Individual) ker	Memo Item							
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General	33 - 3		P/R Deduction (\$100.00 Monthly)							
	Other (specify) v		1200.00	· · · · · · · · · · · · · · · · · · ·							
в.	Full Name of Individual (Last, First, Middle In Rubio, Hilario, Francisco, ,	itial) or Full O	organization Name	Date of Receipt							
	Mailing Address 807 Grand Ave			12 31 Y Y Y Y 12 31 2023							
	City	State	Zip Code	Transaction ID : PR433085733398							
	Las Vegas	NM	87701-4518	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		42.00							
	Name of Employer (for Individual) Rubio Financial, LLC		upation (for Individual) ency Principal	Memo Item							
	Receipt For:	-	Year-to-Date ▼	_							
	Primary General	riggioguio		D/D Deduction (\$42.00 Monthly)							
	Other (specify) v		1129.00	P/R Deduction (\$42.00 Monthly)							
<u>с.</u>	Full Name of Individual (Last, First, Middle In Adams, Carla, , CBC, GBA,,	itial) or Full O	organization Name	Date of Receipt							
	Mailing Address 210 Bridget Dr			12 31 2023							
	City	State	Zip Code	Transaction ID : PR433095033398							
	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		upation (for Individual) ctor of Benefit Services	Memo Item							
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify)		714.00	P/R Deduction (\$63.00 Monthly)							
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	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	Irance Pro	fessionals PA	AC (NABIP PAC)							
Α.	Full Name of Individual (Last, First, Middle Initial Deacon, Joseph, H., , Mailing Address 221 1/2 Hale St) or Full O	rganization Nan	ne	Date of Receipt							
	City	State WV	Zip Code	07	12 31 2023 Transaction ID : PR433129333398							
	Charleston FEC ID number of contributing federal political committee.	C	25301-22		_ Amount of Each Receipt this Period 30.00							
		Prine	upation (for Indi cipal, Employee Year-to-Date V	vidual) Benefits Consultan	Memo Item							
	Primary General Other (specify) ▼	360.00	P/R Deduction (\$30.00 Monthly)									
в.	Full Name of Individual (Last, First, Middle Initial Sweaney, Jennifer, , ,	ne	Date of Receipt									
	Mailing Address 13231 Champion Forest Dr., Ste				12 31 2023							
	City Houston	State TX	Zip Code 77069-26	48	Transaction ID : PR433151833398 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С			42.00							
	Name of Employer (for Individual) Business Health Strategies, LLC		upation (for Indi cipal	vidual)	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	504.00	P/R Deduction (\$42.00 Monthly)							
с.	Full Name of Individual (Last, First, Middle Initial McFerrin, Dwane, C., CLU, CFP,,) or Full O	rganization Nan	ne	Date of Receipt							
	Mailing Address 8420 West Dodge Road Suite 510				12 31 2023							
	City Omaha	State NE	Zip Code 68114-343	32	Transaction ID : PR433168133398 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.		85.00									
	Name of Employer (for Individual) Senior Market Sales, LLC		ipation (for Indi or Vice Presider	vidual) nt, Med Solutions	Memo Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼	2020.00	P/R Deduction (\$85.00 Monthly)							
s	UBTOTAL of Receipts This Page (optional)				157.00							
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			Detailed Summary Page		X 11a		_	11b 14	11c		12 16	17		
	y information copied from such Reports and State for commercial purposes, other than using the na				for the		urpo	ose of	solicitin		ntribut	ions		
	NAME OF COMMITTEE (In Full)		across of any political committee						Suc					
	National Association of Benefits a	nd Insu	irance Professionals F	PAC	(NA	BI	ΡF	PAC)					
Α.	Full Name of Individual (Last, First, Middle Initial) Meason, Toby, , ,	or Full Or	rganization Name		Date of Receipt									
	Mailing Address 301 S. Polk Suite 600				12 / D D / Y Y Y Y 12 31 2023									
	City	State TX	Zip Code 79101-1406		Transaction ID : PR433183133398									
	Amarillo	1	/9101-1406	_	Amou	nt c	of E	ach R	Receipt t	nis P	eriod			
	FEC ID number of contributing federal political committee.	С												
	Name of Employer (for Individual) INSURICA		pation (for Individual) punt Executive			Men	mo l	ltem						
		ggregate `	Year-to-Date 🔻											
	Primary General Other (specify) ▼		240.00		P/R De	eduo	ctior	n (\$20	.00 Mon	thly)				
В.	Full Name of Individual (Last, First, Middle Initial) Christensen, H., Elizabeth, ,	Date of Receipt												
	Mailing Address 3013 Sonora Canyon Rd	12 / D D / Y Y Y Y 12 31 / 2023												
	City	State TX	Zip Code						PR4331					
	Weatherford		76087-8215	\neg	Amou	nt c	of E	ach R	leceipt tl	nis P	eriod	_		
	FEC ID number of contributing federal political committee.	C					30.00							
	Name of Employer (for Individual) United Senior Services of Texas		upation (for Individual) sident of A.B.A.I.A Agency		Memo Item									
		ggregate `	Year-to-Date ▼		7									
	Primary General Other (specify) ▼		, 360.00	'	P/R Deduction (\$30.00 Monthly)									
с.	Full Name of Individual (Last, First, Middle Initial) Dorman, Harry, , ,	or Full Or	rganization Name		Date	of F	Rec	eipt						
	Mailing Address 1500 N Casaloma Dr Suite 411				^M 12		/	D 31	JL	20)23	Ŷ		
	City Appleton	State WI	Zip Code 54913-8219						PR4331					
	EEC ID number of contributing	_		\neg	Amou	nt c	of E	ach R	leceipt tl	nis P	'eriod			
	FEC ID number of contributing federal political committee.	C							J J		30.0	0		
	Name of Employer (for Individual) Medicare Masters, LLC	Occupation (for Individual) Broker					mo	ltem						
	Receipt For: A	ggregate	Year-to-Date 🔻											
	Other (specify)		360.00		P/R De	edu	ictio	n (\$30	.00 Mon	thly)				
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\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 Init Long, Scott, W., , CLCS, SGS	tial) or Full O	rganization Name	Date of Receipt								
	Mailing Address 1715 Greenway Village Dr			M M / D D / Y Y Y Y 12 31 2023								
	City	State	Zip Code	Transaction ID : PR433206833398								
	Katy	ТХ	77494-2175	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		30.00								
	Name of Employer (for Individual)	Occi	pation (for Individual)	Memo Item								
	Cornerstone Preferred Reasources		aging Partner									
	Receipt For:			-								
	Primary General	Aggregale	Year-to-Date V									
	Other (specify) v		360.00	P/R Deduction (\$30.00 Monthly)								
	Full Name of Individual (Last, First, Middle Init	tial) or Full O	rganization Name	+								
В.	Brittain, Jennifer, , ,		-	Date of Receipt								
	Mailing Address 208 N. Mill			12 / D D / Y Y Y Y 12 31 2023								
	City	State	Zip Code	Transaction ID : PR433214333398								
	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)	Occi	upation (for Individual)	Memo Item								
	Brown & Brown, Inc.		President Employee Benefits	-								
	Receipt For:	Aggregate	Year-to-Date ▼	-								
	Primary General	Aggregate										
	Other (specify) V	L	1020.00	P/R Deduction (\$85.00 Monthly)								
с.	Full Name of Individual (Last, First, Middle Init Gerken, Barb, , ,	tial) or Full O	rganization Name	Date of Receipt								
	Mailing Address 5520 Monroe Street			M M / D D / Y Y Y Y								
	Suite A			12 31 2023								
	City	State	Zip Code	Transaction ID : PR433268333398								
	Sylvania	OH	43560-2538	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		85.00								
	Name of Employer (for Individual)	Occi	pation (for Individual)	Memo Item								
	First Insurance Group		ctor of Health Care Reform Compli	a								
	Receipt For:	I	Year-to-Date ▼	1								
	Primary General	, iggi ogalo		P/P Doduction (\$95.00 Monthly)								
	Other (specify)	L	910.00	P/R Deduction (\$85.00 Monthly)								
s	UBTOTAL of Receipts This Page (optional)		▶	200.00								

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	r information copied from such Reports and State or commercial purposes, other than using the nar										sol	liciting	con	ntribut	ions
1 /	NAME OF COMMITTEE (In Full)														
	National Association of Benefits an	nd Insu	ura	nce Professionals P	AC	(N/	٩B	IP	Ρ	AC)				
A	Full Name of Individual (Last, First, Middle Initial) Shooshanian, Barbara, , ,	or Full O	rgan	nization Name		Date of Receipt									
-	Mailing Address 39500 High Pointe Blvd Ste 400	<u>.</u>		7. 0.1		M m / D m / Y m </td									
	City Novi	State MI		Zip Code 48375-5517											
F		С													
	Name of Employer (for Individual) Health Alliance Administrators	upati VP	ion (for Individual)			Me	emo	lte	əm						
Ī	Receipt For: A Primary General Other (specify) ▼	r-to-Date ▼ 360.00		P/R I	Ded	uctio	on	(\$30.	.00	Month	ıly)				
	Full Name of Individual (Last, First, Middle Initial) Vetter, Leah, M., ,	or Full O	rgan	nization Name		Date	e of	Re	cei	pt					
_	Mailing Address 10050 Regency Circle Suite 300	Zip Code	12 / D D / Y Y Y Y 12 31 2023									Y			
	City Omaha	State NE	_							43330 eipt thi					
	FEC ID number of contributing ederal political committee.	s l					30.00						00		
	Name of Employer (for Individual) Arthur J. Gallagher	Occi Brol	•	ion (for Individual)		Memo Item									
Ī	Receipt For: A Primary General Other (specify) ▼	ggregate	Year		P/R [Ded	uctic	on	(\$30.	.00	Month	ly)			
c.	Full Name of Individual (Last, First, Middle Initial) Lovincey, Rebecca, L., ,	or Full O	rgan	nization Name		Date	e of	Re	cei	pt					
I	Mailing Address 16100 NW Cornell Rd #140						[™]	/	Ľ	31		/ Y	202	23	Ŷ
(City Beaverton	State OR		Zip Code 97006-7361								43334			
-			_	0.0001001	-	Amo	ount	of	⊦a	ch R	ece	eipt thi	s Pe	eriod	
	FEC ID number of contributing rederal political committee.			Ļ	_	_	y		-	y		30.0	00		
I	Name of Employer (for Individual) Price Financial Group	•	ion (for Individual) e Specialist - Benefits		Memo Item										
ł	Receipt For: A Primary General Other (specify) I	r-to-Date ▼ 360.00		P/R	Ded	uctio	on	(\$30	.00	Month	ıly)				
รเ	JBTOTAL of Receipts This Page (optional)			•	·				,			9		90.0	0
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	y information copied from such Reports and Sta for commercial purposes, other than using the n						or the p		pos	se of s	olicitir		ntribut	ions	
$\overline{)}$	NAME OF COMMITTEE (In Full)														
$\Big\rangle$	National Association of Benefits a				AC	(NAB	IP	Ρ	PAC)					
Α.	Full Name of Individual (Last, First, Middle Initia Ornellas, Helen, , ,	l) or Full O	Orgar	nization Name		C	Date of	Re	ecei	ipt					
	Mailing Address 239 W. Court St.					12 / D D / Y Y Y Y 12 31 2023									
	City Woodland	State CA		Zip Code 95695-3080		Transaction ID : PR433463233398									
	FEC ID number of contributing federal political committee.	C				Amount of Each Receipt this Period 42.00									
	Name of Employer (for Individual) Ornellas & Associates		cupat ncipa	ion (for Individual) I			Me	emo	o Ite	em					
	Receipt For: Primary General Other (specify) ▼	r-to-Date ▼ 584.00		P/	/R Dedu	uctio	on	(\$42.0	0 Mor	nthly)					
в.	Full Name of Individual (Last, First, Middle Initia Coogan, Michael, , ,	l) or Full O	Drgar	nization Name	Date of Receipt										
	Mailing Address 118 North Bedford Road Suite 100		12 / D D / Y Y Y Y Y 12 31 2023												
	City Mount Kisco	State NY		Zip Code 10549-2555	_	Transaction ID : PR433548033398 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C							-				42.0	00	
	Name of Employer (for Individual) Coogan FX Insurance LLC		cupat oker	tion (for Individual)	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 504.00	P/R Deduction (\$42.00 Monthly)										
с.	Full Name of Individual (Last, First, Middle Initia Golden, Johnna, , ,	l) or Full O	Orgar	nization Name		C	Date of	Re	ecei	ipt					
	Mailing Address 3800 Centerpoint Dr., Ste 940					l	^M 12	/	L	31	1	20	023	Ŷ	
	City Anchorage	State AK		Zip Code 99503-5825		_	Transa								
	FEC ID number of contributing federal political committee.	C			Amount of Each Receipt this Period 30.00							0			
	Name of Employer (for Individual) Premera Blue Cross Blue Shield of Alas	cupat ker	ion (for Individual)			Me	emo	o Ite	em						
	Receipt For: Primary General Other (specify) General 330.00							ucti	ion	(\$30.0	00 Moi	nthly)			
s	UBTOTAL of Receipts This Page (optional)					[1				114.0	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						
	y information copied from such Reports and Si for commercial purposes, other than using the									
$\left[\right]$	NAME OF COMMITTEE (In Full)									
	National Association of Benefits	and Ins	urance Professionals P	AC (NABIP PAC)						
Α.	Full Name of Individual (Last, First, Middle Init Butler, Allison, , , Mailing Address 2800 Civic Circle Suite 200	ial) or Full C	organization Name	Date of Receipt						
	City	State	Zip Code	Transaction ID : PR433694533398						
	Amarillo	TX	79109-1619	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		30.00						
	Name of Employer (for Individual) Butler Benefits & Consulting, LLC	Occ Bro	upation (for Individual) ker	Memo Item						
	Receipt For:	Aggregate	Year-to-Date ▼	—						
	Other (specify) ▼		360.00	P/R Deduction (\$30.00 Monthly)						
	Full Name of Individual (Last, First, Middle Init	ial) or Full C	organization Name							
В.	Schneider, JoEllen, , ,			Date of Receipt						
	Mailing Address 1818 W. State Street			12 31 2023						
	City Boise	State ID	Zip Code 83702-3955	Transaction ID : PR433791833398 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С								
	Name of Employer (for Individual) JS & BK Insurance		upation (for Individual) sident	Memo Item						
	Receipt For:	Aggregate	Year-to-Date V							
	Primary General Other (specify) ▼		504.00	P/R Deduction (\$42.00 Monthly)						
с.	Full Name of Individual (Last, First, Middle Init Skinner, Roger, W., ,	ial) or Full C	organization Name	Date of Receipt						
	Mailing Address 5518 Hammock Glen Drive			12 31 Y Y Y Y 2023						
	City	State IN	Zip Code	Transaction ID : PR436789433398						
	Indianapolis		46235-9779	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		30.50						
	Name of Employer (for Individual) Aflac	Occ Broł	upation (for Individual) ker	Memo Item						
	Receipt For:	Aggregate	Year-to-Date V							
	Other (specify)		366.00	P/R Deduction (\$30.50 Monthly)						
s	UBTOTAL of Receipts This Page (optional)		•	102.50						

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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 Si 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 Init Van Zant, Catherine, , , Mailing Address 7136 S. Yale Ave., Suite 300, a		rganization Name	Date of Receipt							
	City	State	Zip Code	Transaction ID : PR436801933398							
	Tulsa	OK	74136-6381	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							
	Rogers Benefit Group, Inc.	Sale	es Representative								
	Receipt For:	Aggregate	Year-to-Date V								
	Primary General Other (specify) ▼		360.00	P/R Deduction (\$30.00 Monthly)							
	Full Name of Individual (Last, First, Middle Init	ial) or Full C	rganization Name								
В.	Smith, Patti, , ,			Date of Receipt							
	Mailing Address 19925 80th PI W			12 / D D / Y Y Y Y 12 31 2023							
	City Edmonds	State WA	Zip Code 98026-6407	Transaction ID : PR436829333398							
			90020-0407	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		20.00							
	Name of Employer (for Individual) P Smith Insurance Services	Occ Bro	upation (for Individual) ker	Memo Item							
	Receipt For:	Aggregate	Year-to-Date ▼	_							
	Primary General Other (specify) ▼		240.00	P/R Deduction (\$20.00 Monthly)							
с.	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			12 / D D / Y Y Y Y 12 31 2023							
	City	State	Zip Code	Transaction ID : PR436830333398							
	Lubbock	ТХ	79424-0803	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.		upation (for Individual) a Vice President	Memo Item							
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify)		2040.00	P/R Deduction (\$170.00 Monthly)							
s	UBTOTAL of Receipts This Page (optional)		•	220.00							

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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 State for commercial purposes, other than using the na									
\backslash	NAME OF COMMITTEE (In Full)									
$\Big\rangle$	National Association of Benefits a	nd Insi	urance Professionals Pr	AC (NABIP PAC)						
Α.	Full Name of Individual (Last, First, Middle Initial) Grundman, Robert, A., , Mailing Address 7412 Karl Drive	or Full O	rganization Name	Date of Receipt						
	City	State	Zip Code							
	Lincoln	NE	68516-4368	Transaction ID : PR436838933398						
				_ Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		50.00						
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item						
	Senior Benefit Strategies	Brok	ker							
	Receipt For:		Year-to-Date ▼							
	Primary General	.99.094.0		P/R Deduction (\$50.00 Monthly)						
	Other (specify)		600.00							
в.	Full Name of Individual (Last, First, Middle Initial) Wright, Keith, L., ChHC,CLU,R,	or Full O	rganization Name	Date of Receipt						
	Mailing Address 812 S Garfield Suite 3			M M / D D / Y Y Y Y 12 31 2023						
	City	State	Zip Code	Transaction ID : PR436848533398						
	Traverse City	MI	49686-3456	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		42.00						
	Name of Employer (for Individual) Wright Insurance Group	Occ	upation (for Individual) D	Memo Item						
	Boosint For:	_	Year-to-Date ▼	-						
	Primary General	Aggregate								
	Other (specify) V		504.00	P/R Deduction (\$42.00 Monthly)						
с.	Full Name of Individual (Last, First, Middle Initial) Trebing, C., Louanne, ,	or Full O	rganization Name	Date of Receipt						
	Mailing Address 1806 Patton Drive			12 31 2023						
	City	State	Zip Code	Transaction ID : PR436856933398						
	Garland	ТХ	75042-8205	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		30.00						
	Name of Employer (for Individual) Trebing Insurance Services	Occu Brok	upation (for Individual)	Memo Item						
	Receipt For:			-						
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00	P/R Deduction (\$30.00 Monthly)						
s	UBTOTAL of Receipts This Page (optional)		••••••	122.00						

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				ategory of the ummary Page		11a 13	\vdash	11b 14	11c 15		12 16	17	
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	NAME OF COMMITTEE (In Full)												
	National Association of Benefits	and Insu	urance Pr	ofessionals F	AC	(NAB	BIP	PAC)				
Α.	Full Name of Individual (Last, First, Middle Initi Freeman, Michael, J., CLU,	al) or Full O	rganization N		Date of Receipt								
	Mailing Address 2333 Camino Del Rio South Suite 200					12 31 Y Y Y Y 12 31 2023							
	City San Diego	State CA	Zip Code 92108-			Transaction ID : PR436861833398 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С				,	-		30.00	0			
	Name of Employer (for Individual) Countywide Health Ins. Services, Inc.	Occu Age	upation (for In nt	dividual)		M	emo	ltem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date	360.00] F	P/R Ded	luctio	on (\$30.	.00 Mont	thly)			
В.	, ,,,,		rganization N	ame		Date of	f Rec	ceipt					
	Mailing Address 7272 Wurzbach Road, Suite 10 City	104 State Zip Code					/	31	J L	202			
	San Antonio	TX					PR4368						
	FEC ID number of contributing federal political committee.	С				20.00							
	Name of Employer (for Individual) ABC / Associated Benefit Consultants,	Occupation (for Individual) Emplyee Benefit Advisor				Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date	240.00	P	2/R Ded	uctio	n (\$20.	.00 Mont	hly)			
<u>с</u> .	Full Name of Individual (Last, First, Middle Initi Wilson, Paula, L., ,	al) or Full O	rganization N	ame		Date of	f Rec	ceipt					
	Mailing Address 31930 Daniel Way					^M 12		D D D 31	JL	202		Ŷ	
	City Temecula	State CA	Zip Code 92591-2						PR4368 leceipt th				
	FEC ID number of contributing federal political committee.	С						9	. ,		85.00	0	
	Name of Employer (for Individual) Paula Wilson, Inc.	Occu Brok	upation (for In er	dividual)		M	emo	Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date	1020.00	P/R Deduction (\$85.00 Monthly)								
s	UBTOTAL of Receipts This Page (optional)			••••••	•			y	- 9	1	135.00)	
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		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
			Person for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)										
National Association of Bene	efits and Insu	urance Professionals F	PAC (NABIP PAC)							
Full Name of Individual (Last, First, Middle A. Trahin, Cindy, K., RHU, CSA,	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 7127 Homestead Road Suite B			12 / D D / Y Y Y Y 12 31 2023							
City Fort Wayne	State IN	Zip Code 46814-4601	Transaction ID : PR436875633398 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		50.00							
Name of Employer (for Individual) Trahin Insurance Services LLC	Occ Owr	upation (for Individual) ner	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	P/R Deduction (\$50.00 Monthly)							
Full Name of Individual (Last, First, Middle B. Johnston, David, N., , Mailing Address 1440 Beaumont Avenue	e Initial) or Full O	rganization Name	Date of Receipt							
City	State	Zip Code	12 31 2023 Transaction ID : PR436881533398							
Cherry Valley	CA	92223-6820	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		17.00							
Name of Employer (for Individual) The Benefits Consultancy	Occ Bro	upation (for Individual) ker	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 204.00	P/R Deduction (\$17.00 Monthly)							
Full Name of Individual (Last, First, Middle C. Stuart, Rodney, , ,	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 484 E Carmel Dr Suite 358			12 / D D / Y Y Y Y 12 31 2023							
City Carmel	State IN	Zip Code 46032-2812	Transaction ID : PR436883333398 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		50.00							
Name of Employer (for Individual) Strategic Insurance Inc.		upation (for Individual) sident	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1025.00	P/R Deduction (\$50.00 Monthly)							
SUBTOTAL of Receipts This Page (optional)		117.00							
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An	y information copied from such Reports and Stat	tements ma	ay not be sold or used by any pe	erson	13 for the	purp	14 bose of s	15 soliciting	, con	16 htributi	17 ons			
or	for commercial purposes, other than using the n	ame and a	ddress of any political committee	e to so	olicit cor	ntrib	utions fr	om such	n cor	nmitte	90.			
\backslash	NAME OF COMMITTEE (In Full)													
$\Big $	National Association of Benefits a			AC	(NAB	IP	PAC)							
Α.	Full Name of Individual (Last, First, Middle Initial Janway, Leah-Anne, , ,	l) or Full O	rganization Name		Date of Receipt									
	Mailing Address 2225 SW 96				12 31 2023									
	City	State	Zip Code	_	la de la companya de	acti		DA3600						
	Oklahoma City	OK	73159-6861	Transaction ID : PR436901533398 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		30.00										
	Name of Employer (for Individual) Self		upation (for Individual) cutive Director	Memo Item										
		Aggregate	Year-to-Date 🔻											
	Other (specify)		360.00		P/R Ded	uctio	on (\$30.0	00 Montl	hly)					
B.	Full Name of Individual (Last, First, Middle Initial Booth, Tonya, S., ,	l) or Full O	rganization Name		Date of	Re	ceipt							
	Mailing Address P.O. Box 2542 432 Halifax Drive				12 ^M	/	D D D 31	/ Y	202	23 23	Y			
	City	State	Zip Code	Transaction ID : PR436911033398										
	Coppell	ТХ	75019-8500		Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С					7	45		100.0	0			
	Name of Employer (for Individual) BIZ Benefits, LLC		upation (for Individual) sident		Memo Item									
	Receipt For:	Aggregate	Year-to-Date 🔻											
	Primary General Other (specify) ▼		1500.00	P/R Deduction (\$100.00 Monthly)										
С.	Full Name of Individual (Last, First, Middle Initial Shaffer, Annette, , ,	l) or Full O	rganization Name		Date of	Re	ceipt							
	Mailing Address 418 South Main Street				^M 12	/	D D D 31	/ Y	20:	23	Ŷ			
	City	State	Zip Code		Trans	acti	ion ID : I	PR4369	1723	3398				
	Findlay	ОН	45840-3273	_	Amount	of	Each Re	eceipt th	is Pe	eriod				
	FEC ID number of contributing federal political committee.	С			<u> </u>		y	,		30.0	0			
	Name of Employer (for Individual) Group Benefit Consultants	Occi Brok	upation (for Individual) er		Me	emo	Item							
		Aggregate	Year-to-Date ▼											
	Other (specify)		360.00	'	P/R Ded	ucti	on (\$30.0	00 Mont	hly)					
s	UBTOTAL of Receipts This Page (optional)		•••••	•			5	.,		160.0	0			
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		Detailed Summary Page										
			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 A. Kaczmarek, Larry, , ,	Initial) or Full C	organization Name	Date of Receipt									
Mailing Address 145 N. Chestnut St. Ste. 202			12 31 / Y Y Y Y Y 12 31									
City	State OH	Zip Code	Transaction ID : PR436923433398									
Ravenna		44266-4009	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		31.00									
Name of Employer (for Individual) Kaczmarek Ins. Services Agency, Inc.	Occ Brol	upation (for Individual) ker	Memo Item									
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General Other (specify) ▼		372.00	P/R Deduction (\$31.00 Monthly)									
Full Name of Individual (Last, First, Middle B. Seifert, Greg, , ,	Initial) or Full C	Prganization Name	Date of Receipt									
Mailing Address 3311 NE 115th St.			12 31 2023									
City	State	Zip Code	Transaction ID : PR436941633398									
Vancouver	WA	98686-3945	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		50.00									
Name of Employer (for Individual) Self Employed		upation (for Individual) ker/Consultant	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 700.00	P/R Deduction (\$50.00 Monthly)									
Full Name of Individual (Last, First, Middle	Initial) or Full C	, ,	-									
C. Woods, John, T., ,			Date of Receipt									
Mailing Address 1700 East Market Street Suite 110			12 D D / Y Y Y Y 2023									
City	State OH	Zip Code 44483-6625	Transaction ID : PR436950033398									
Warren		44400-0020	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) ker	Memo Item									
Receipt For:	Addredate	Year-to-Date ▼										
Primary General Other (specify)		360.00	P/R Deduction (\$30.00 Monthly)									
SUBTOTAL of Receipts This Page (optional)))	111.00									
TOTAL This Period (last page this line numb	per only)											

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		Detailed Summary Page		< 11a		11b	11c	12				
Any information copied from such Reports	and Statements ma	ly not be sold or used by any n	erson	13 for the		14	15 soliciting	16	17			
or for commercial purposes, other than us												
NAME OF COMMITTEE (In Full)												
National Association of Be	nefits and Insu	urance Professionals F	PAC	(NAB	IP	PAC)						
Full Name of Individual (Last, First, Mid A. Holland, Robert, V., ,	ddle Initial) or Full O	rganization Name		Date of	Re	eceipt						
Mailing Address PO Box 698				12 31 Y Y Y Y Y 12 31 2023								
City	State	Zip Code		Trans	act	ion ID : I	PR43696	61733398	;			
Centralia	WA	98531-0698		Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		63.00									
Name of Employer (for Individual) CGA Bob Holland Insurance	Occu Owr	upation (for Individual) ner		Me	emo	tem						
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General Other (specify) ▼		756.00] F	P∕R Ded	ucti	on (\$63.0	00 Month	nly)				
Full Name of Individual (Last, First, Mid Parker, John, C., RHU, LTCP,	ddle Initial) or Full O	rganization Name		Date of	Re	eceipt						
Mailing Address 38 Hope St Unit 1312				^M 12	1	D D 31	/ Y	y y 2023	Y			
City	State	Zip Code						6833398				
Niantic	СТ	06357-2454		Amount	of	Each Re	eceipt th	is Period				
FEC ID number of contributing federal political committee.	С			125.00								
Name of Employer (for Individual) Parker Agency		upation (for Individual) icipal		Memo Item								
Receipt For:	Aggregate	Year-to-Date ▼		-								
Primary General Other (specify) ▼		1500.00] F	אל Ded	ucti	on (\$125	.00 Mon	thly)				
Full Name of Individual (Last, First, Mic Splawn, William, Craig, ,	ddle Initial) or Full O	rganization Name		Date of	Re	eceipt						
Mailing Address 800 Avenue C				^M 12	J.	D D 31		2023 Y				
City Katy	State TX	Zip Code 77493-2302						92833398				
		11433-2302	-	Amount	of	Each Re	eceipt th	is Period				
FEC ID number of contributing federal political committee.	С			Ľ		y	y	50.	00			
Name of Employer (for Individual) Splawn & Associates	Occu Brok	upation (for Individual) ser		M	emo	o Item						
Receipt For:	Aggregate	Year-to-Date ▼										
Other (specify)		600.00	0 P/R Deduction (\$50.00 Monthly)									
SUBTOTAL of Receipts This Page (optic	nal)		<u> </u>					238.	00			
TOTAL This Period (last page this line n						7						

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		Detailed Summary Page		1 1a		11b	11c	12					
Any information copied from such Reports a	nd Statements ma	Ay not be sold or used by any p	erson	13 for the	pur	14 pose of	15 soliciting	16 contribu	17 tions				
or for commercial purposes, other than using													
NAME OF COMMITTEE (In Full)					_	_							
National Association of Bene	efits and Insi	urance Professionals F	PAC	(NAB	SIP	PAC))						
Full Name of Individual (Last, First, Middl A. Phillips, Paige, W., ,	e Initial) or Full C	organization Name		Date of	Re	eceipt							
Mailing Address 1434 Hwy 301				12 31 Y Y Y Y Y 12 31 2023									
City	State	Zip Code		Trans	act	ion ID : I	PR43699	93033398					
Calera	AL	35040-5466		Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		25.00										
Name of Employer (for Individual) Paige Phillips Agency, LLC	Occ Bro	upation (for Individual) ker	Memo Item										
Receipt For:	Aggregate	Year-to-Date V											
Primary General Other (specify) ▼		300.00] F	P/R Ded	lucti	ion (\$25.	00 Month	nly)					
Full Name of Individual (Last, First, Middl B. Fristoe, Kelly, Don, LUTCF, SGS,	e Initial) or Full C	organization Name		Date of	Re	eceipt							
Mailing Address PO Box 4789				12 / D D / Y Y Y Y 12 31 2023									
	State TX	Zip Code						2333398					
Wichita Falls		76308-0789		Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C			30.00									
Name of Employer (for Individual) Financial Partners		upation (for Individual) sident		Memo Item									
Receipt For:	Aggregate	Year-to-Date V											
Primary General Other (specify) ▼		, 1050.00	P/R Deduction (\$30.00 Monthly)										
Full Name of Individual (Last, First, Middl C. Thorn, Ryan, P., ,	e Initial) or Full C	organization Name		Date of	Re	eceipt							
Mailing Address 10342 South Springcrest				^M 12	Ŀ	D D 31		2023 Y					
City South Jordan	State UT	Zip Code 84095-4538						04033398					
FEC ID number of contributing				Amount	l of	⊨acn Re	eceipt th	is Period					
federal political committee.	C			<u> </u>	-	9		40.	00				
Name of Employer (for Individual) Ryan P. Thorn Insurance Planning, Inc.		upation (for Individual) sident		M	emo	o Item							
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify)		580.00] F	P/R Ded	lucti	ion (\$40.	00 Montl	hly)					
SUBTOTAL of Receipts This Page (optiona	l)		•					95.	00				
TOTAL This Period (last page this line num	nber only)		•				, , ,						

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\	AME OF COMMITTEE (In Full)										
	National Association of Benefits a	and Insu	urance Professionals P	AC (NABIP PAC)							
	ull Name of Individual (Last, First, Middle Initia Buie, Scott, T., ,	l) or Full O	rganization Name	Date of Receipt							
N	lailing Address 4525 S 2300 E Ste 201			12 31 Y Y Y Y Y 2023							
	ity Salt Lake City	State UT	Zip Code 84117-4639	Transaction ID : PR437010533398 Amount of Each Receipt this Period							
	EC ID number of contributing deral political committee.	С		50.00							
	ame of Employer (for Individual) uie Insurance Services	Occu Brok	upation (for Individual) ker	Memo Item							
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	P/R Deduction (\$50.00 Monthly)							
	ull Name of Individual (Last, First, Middle Initia Gray, Michael, D., RHU,	l) or Full O	rganization Name	Date of Receipt							
N	lailing Address 601 R St. Ste. 150			12 31 2023							
	ity incoln	State NE	Zip Code 68508-1540	Transaction ID : PR437016733398 Amount of Each Receipt this Period							
	EC ID number of contributing deral political committee.	С		100.00							
	lame of Employer (for Individual) NIC	Occi Brol	upation (for Individual) ker	Memo Item							
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1275.00	P/R Deduction (\$100.00 Monthly)							
	ull Name of Individual (Last, First, Middle Initia Duhon, Keith, M., ,	l) or Full O	rganization Name	Date of Receipt							
_	lailing Address PO Box 80158			12 / D D / Y Y Y Y 2023							
	ity .afayette	State LA	Zip Code 70598-0158	Transaction ID : PR437017133398 Amount of Each Receipt this Period							
	EC ID number of contributing deral political committee.	С		30.00							
Т	ame of Employer (for Individual) he Family Insurance Center, Inc.	Occu Brok	upation (for Individual) ker	Memo Item							
R	eceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00	P/R Deduction (\$30.00 Monthly)							
SU	BTOTAL of Receipts This Page (optional)		•	180.00							
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NAME OF COMMITTEE (In Full)																
National Association of Bene	fits and Insu	rance Professionals F	PAC (N	AB	IP	PAC)									
Full Name of Individual (Last, First, Middle A. Kaczmarek, T., Darlene, ,	e Initial) or Full O	rganization Name	Dat	e of	Re	ceipt										
Mailing Address 145 N. Chestnut St., Suite	202			12 / D D / Y Y Y Y 12 31 2023												
City	State	Zip Code	Т	ransa	acti	on ID :	PR4370	2633	33398							
Ravenna	OH	44266-4009	Am	ount	of	Each R	eceipt th	nis F	'eriod							
FEC ID number of contributing federal political committee.	С					.			31.(00						
Name of Employer (for Individual) Kaczmarek Ins. Services Agency, Inc.		ipation (for Individual) ident		Me	emo	Item										
Receipt For:	Aggregate	Year-to-Date 🔻	_													
Other (specify) ▼		372.00	P/R	Dedu	uctio	on (\$31.	.00 Mont	thly)								
Full Name of Individual (Last, First, Middle	e Initial) or Full O	rganization Name														
B. Blizman, Donna, J., ,			Dat	e of	Re	ceipt										
Mailing Address 1939 Racimo Dr				12 [™]	/	D D D 31	/ Y	ү 20)23	Y						
City	State	Zip Code	Tr	ansa	acti	on ID :	PR4370	3153	3398							
Sarasota	FL	34240-9426	Am	ount	of	Each R	eceipt th	nis F	'eriod							
FEC ID number of contributing federal political committee.	С						-		30.0	00						
Name of Employer (for Individual)	Осси	upation (for Individual)		Memo Item												
Employee Benefits Marketing Group	Brok	Broker														
Receipt For:	Aggregate	Year-to-Date ▼														
Primary General			P/R Deduction (\$30.00 Monthly)													
Other (specify) v		, 360.00	P/R Deduction (\$30.00 Monthly)													
Full Name of Individual (Last, First, Middle C. Hayes, Leesa, Kay, ,	e Initial) or Full O	rganization Name	Dat	e of	Re	ceipt										
Mailing Address 812 Lyndon Lane Suite 10)1			12 ^M	/	D D D 31	/ Y)23 [°]	Y						
City	State	Zip Code	Т	ransa	acti	ion ID :	PR4370	433	33398							
Louisville	KY	40222-3844	Am	ount	of	Each R	eceipt th	nis F	'eriod							
FEC ID number of contributing federal political committee.	C			_		y	, <u>,</u>	_	30.0	00						
Name of Employer (for Individual) BIM Group		ipation (for Individual) runt Manager		Me	emo	Item										
Receipt For:	Aggregate	Year-to-Date ▼														
Primary General Other (specify)		360.00	P/R	Dedu	ucti	on (\$30	.00 Mon	thly)								
SUBTOTAL of Receipts This Page (optional)					y		-	91.(00						

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	EMIZED RECEIPTS			or each category of the Detailed Summary Page		11a 13	11b	11c	12 16	17				
	y information copied from such Reports and Sta for commercial purposes, other than using the r													
	NAME OF COMMITTEE (In Full)													
$\langle \rangle$	National Association of Benefits	and Ins	ura	nce Professionals PA	4C (N	IABI	P PA	C)						
A.	Full Name of Individual (Last, First, Middle Initia Ameling, Mary, K., ,	ll) or Full C	Organ	ization Name	Date of Receipt									
	Mailing Address 1202 Wood Lily Circle	State		Zip Code	12 31 2023 Transaction ID : PR437057733398									
	Leland	NC		28451-7686				Receipt th						
	FEC ID number of contributing federal political committee.	С							30.	00				
	Name of Employer (for Individual) Ganey, Byrd, & Dunn Insurance Group, I	Occ Bro	•	ion (for Individual)		Me	mo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 360.00	P/R	R Dedu	uction (\$3	30.00 Mont	hly)					
в.	Full Name of Individual (Last, First, Middle Initia Olson, Terri, M., ,	ization Name	Date of Receipt											
	Mailing Address P. O. Box 21479	_			12 / D D / Y Y Y Y Y 12 31 2023									
	City Keizer	State OR		Zip Code 97307-1479	Transaction ID : PR437070233398 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			nount			65.	_					
	Name of Employer (for Individual) Olson Insurance		•	ion (for Individual) dent Agent	דן	Me	mo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Aggregate Year-to-Date ▼ 780.00				P/R Deduction (\$65.00 Monthly)							
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Alberts, Suzy, , ,	l) or Full C	Organ	ization Name	Da	ate of	Receipt							
	Mailing Address 26555 Evergreen Rd Ste 535			7.0.1	4 L	12	3	D / Y	2023					
	City Southfield	State MI		Zip Code 48076-4213				Receipt th		-				
	FEC ID number of contributing federal political committee.	С				nount			84.	_				
	Name of Employer (for Individual) Comprehensive Benefits, Inc.			ion (for Individual) Director		Me	mo Item							
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 1133.00	P/F	R Dedu	uction (\$8	34.00 Mon ⁻	thly)					
s	UBTOTAL of Receipts This Page (optional)			•		-	y		179.	00				
Т	OTAL This Period (last page this line number or	ıly)												

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			Detailed Summary Page		11a		-	1b	11c			<u> </u>				
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$\langle \rangle$	AME OF COMMITTEE (In Full)		man a Desta de D		/				,							
<u> </u>	National Association of Benefits a	ind Insi	urance Protessionals P	'AC	(NAE	SIP	' P	'AC)							
	ull Name of Individual (Last, First, Middle Initial) Smith, Kevin, W., CLU, RHU,) or Full O	organization Name		Date of Receipt											
M	lailing Address P.O. Box 674103				12 31 Y Y Y Y Y 12 31 2023											
	ity	State	Zip Code		Trans	sact	tior	ו ID :	PR4370	772333	398					
	<i>I</i> larietta	GA	30006-0069	_	Amount of Each Receipt this Period											
	EC ID number of contributing deral political committee.	С					,				30.0	0				
	ame of Employer (for Individual) SA Insurance Agency, LLC	Occu Age	upation (for Individual) ent		M	lemo	o It	em								
_	againt For:	u	Year-to-Date ▼													
	Primary General Other (specify) ▼	<u> </u>	360.00	I F	P/R Deo	ducti	tion	(\$30.	00 Mont	thly)						
	ull Name of Individual (Last, First, Middle Initial) Koehler, Linda Rose, , LPRT CIP C,) or Full O	organization Name		Date o	of Re	ece	eipt								
_	lailing Address 2 Treeble Ct			12 / D D / Y Y Y Y 12 31 2023												
	ity	State	Zip Code						PR4370							
_	Greensboro	NC	27406-5375		Amount of Each Receipt this Period											
	EC ID number of contributing ederal political committee.	С					-		-		30.0	0				
	lame of Employer (for Individual) oehler Insurance Agency	Occi Brol	upation (for Individual) ker		Memo Item											
R		Aggregate	Year-to-Date ▼		7											
	Other (specify)		F	P/R Deduction (\$30.00 Monthly)												
	ull Name of Individual (Last, First, Middle Initial) Stephens, James, R., ,) or Full O	Prganization Name		Date o	of Re	ece	eipt								
_	lailing Address 3350 Riverwood Parkway Suite 1900	1			^M 12		′	D D D 31	J L	2023	3	Ý				
	ity Atlanta	State GA	Zip Code 30339-2066						PR4371							
_			00007-2000		Amoun	it of	i Ea	ach R	eceipt th	nis Per	iod	_				
	EC ID number of contributing ederal political committee.	С					y		- J		30.00	0				
В	ame of Employer (for Individual) enefitMall	Occu Brok	upation (for Individual) ker		N	lemo	o It	tem								
R		Aggregate	Year-to-Date V													
	Other (specify)		360.00	"	P/R De	duct	tion	ı (\$30.	.00 Mon	thly)						
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	y information copied from such Reports and S for commercial purposes, other than using the													
\backslash	NAME OF COMMITTEE (In Full)													
	National Association of Benefits				(NAE	BIP	PAC)						
	Full Name of Individual (Last, First, Middle Ini	tial) or Full C	Drganization Name		_									
Α.	MCEVILLY, BRIAN, J., RHU,				Date of Receipt									
	Mailing Address 7260 West Azure Drive				12 31 2023									
	#140-201 City	State	Zip Code	_	a second second	act		PR43711	1					
	Las Vegas	NV	89130-7999		Transaction ID : PR437117733398 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C		42.00										
	Name of Employer (for Individual) McEvilly Benefits	Occ Bro	cupation (for Individual) oker		Μ	emc	tem							
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General	, iggi oguto		11	P/R Dec	lucti	on (\$42	.00 Montl	hlv)					
	Other (specify) v		504.00	4	1,112,000		οπ (φ ι2.		,					
_	Full Name of Individual (Last, First, Middle Ini	tial) or Full C	Drganization Name											
В.					Date of	f Re	eceipt							
	Mailing Address 20058 Ventura Blvd #10				^M 12	/	D D 31	/ Y	2023		Y			
	City	State	Zip Code					PR43712						
	Woodland Hills	CA	91364-2637		Amoun	eceipt th	is Per	iod						
	FEC ID number of contributing federal political committee.	С							ł	85.0	0			
	Name of Employer (for Individual) Genesis Financial & Insurance Services		cupation (for Individual) ecutive Vice President and CEO		Memo Item									
	Receipt For:	Aggregate	e Year-to-Date ▼											
	Primary General			11.	P/R Ded	lucti	on (\$85	00 Month	vlv)					
	Other (specify) v		1020.00	P/R Deduction (\$85.00 Monthly)										
<u>с</u> .	Full Name of Individual (Last, First, Middle Ini Antongiovanni, Joanna, , ,	tial) or Full C	Drganization Name		Date of	f Re	eceipt							
	Mailing Address 1826 N. Loop 1604 W				12 ^M	/	31	/ Y	2023		Y			
	Suite 375	State	Zip Code		a second second	act	a second second	PR43712	1. A.	1.1				
	San Antonio	TX	78248-4535					eceipt th						
	FEC ID number of contributing				, inour		Laoin II				_			
	federal political committee.	C					9	, y		30.0	0			
	Name of Employer (for Individual)	Occ	cupation (for Individual)		М	emo	tem							
	Higginbotham Ins Agency, Inc.	Vice	e President											
	Receipt For:	Aggregate	e Year-to-Date ▼											
	Other (specify)		360.00]	P/R Dec	ducti	ion (\$30	.00 Mont	hly)					
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SCHEDULE A (FEC Form 3X) DEAEIDTA

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ITEMIZED REC	EIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only o	one) 11b 11c 14 15	12	17						
			An the sold or used by any p ddress of any political committed	erson for the pu	irpose of solicitin	g contribut	tions						
			duress of any political commute										
	()	s and Insu	urance Professionals F	PAC (NABI	P PAC)								
Full Name of Individ A. Aguilar, Terry, , (dual (Last, First, Middle In CEBS,	itial) or Full O	rganization Name	Date of F	Receipt								
	00 A Street, Suite 400			M M 12	/ D D / 31	2023	Y						
City Anchorage		State AK	Zip Code 99503-4040		Transaction ID : PR437182333398 Amount of Each Receipt this Period								
FEC ID number of federal political com	U U	С			150.00								
Name of Employer Wilson Albers	(for Individual)	Occi Broł	upation (for Individual) ker	Men	no Item								
Receipt For: Primary Other (specify	General) ▼	Aggregate	Year-to-Date ▼ 2450.00	P/R Deduc	tion (\$150.00 Mo	nthly)							
B. Debler, Johnnie	dual (Last, First, Middle In O., RHU, ChHC,,	itial) or Full O	rganization Name	Date of F	·								
Mailing Address 11	02 E. Laurel St.	State	Zip Code	12	31	2023	Ŷ						
Rockport		TX	78382-2815		t ion ID : PR4371 If Each Receipt t								
FEC ID number of federal political com	-	С			30.00								
Name of Employer GSM Insurors	(for Individual)		upation (for Individual) ployee Benefits Advisor	Mem	Memo Item								
Receipt For: Primary Other (specify	General) ▼	Aggregate	Year-to-Date ▼ 360.00	P/R Deduc	P/R Deduction (\$30.00 Monthly)								
Full Name of Individ C. Bunkers, Scott	dual (Last, First, Middle In , R., ,	itial) or Full O	rganization Name	Date of F	Receipt								
Mailing Address 13	20 Magnolia Bay Ct			^M 12	/ D D / 31	2023							
City Maitland		State FL	Zip Code 32751-6472		ction ID : PR437								
FEC ID number of federal political com	U U	С			30.00								
Name of Employer Fringe Benefit Plans	, ,	Occi Brok	upation (for Individual) ker	Men	no Item								
Receipt For: Primary Other (specify	General)	Aggregate	Year-to-Date ▼ 360.00	P/R Deduc	ction (\$30.00 Mor	ithly)							
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		for each category of the Detailed Summary Page	X 11a 11b 11c 12								
Any information copied from such Reports and or for commercial purposes, other than using			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 Benef	fits and Ins	urance Professionals F	YAC (NABIP PAC)								
Full Name of Individual (Last, First, Middle Nace, Joshua, D., ,	Initial) or Full C	Organization Name	Date of Receipt								
Mailing Address 300 Madison Avenue Suite 270	Ototo	Zin Oode	12 / D D / Y Y Y Y 12 31 2023								
City Toledo	State OH	Zip Code 43604-1568	Transaction ID : PR437203333398 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		30.00								
Name of Employer (for Individual) Paramount Health & Dental Plans		upation (for Individual) sident	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	P/R Deduction (\$30.00 Monthly)								
Full Name of Individual (Last, First, Middle B. Garbina, James, S., ,	Initial) or Full C	Organization Name	Date of Receipt								
Mailing Address 14010 FNB Pkwy Ste 300			12 31 Y Y Y Y Y 2023								
City Omaha	State NE	Zip Code 68154-5235	Transaction ID : PR437212233398 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		Memo Item								
Name of Employer (for Individual) First Insurance Group, LLC dba FNIC		upation (for Individual) hior Vice President									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1020.00	P/R Deduction (\$85.00 Monthly) Date of Receipt								
Full Name of Individual (Last, First, Middle C. Cooper, Catherine, L., ,	Initial) or Full C	Organization Name									
Mailing Address 52587 Shadowview Dr.			12 / D D / Y Y Y Y 12 31 2023								
City Northville	State MI	Zip Code 48167-9625	Transaction ID : PR437218333398								
FEC ID number of contributing		40107-9023	Amount of Each Receipt this Period								
federal political committee.	C		200.00								
Name of Employer (for Individual) Comprehensive Benefits	Occ COC	upation (for Individual) D	Memo Item								
Receipt For:	Aggregate	Year-to-Date ▼	_								
Other (specify)		5000.00	P/R Deduction (\$200.00 Monthly)								
SUBTOTAL of Receipts This Page (optional)			315.00								
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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							
Any information copied from such Poporta and	l Statemonto m	w not be sold or used by any n	13 14 15 16 17 erson for the purpose of soliciting contributions							
or for commercial purposes, other than using	the name and a	iddress of any political committee	e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)										
National Association of Benef	its and Insu	urance Professionals F	PAC (NABIP PAC)							
Full Name of Individual (Last, First, Middle	Initial) or Full C	Organization Name								
A. Daubert, James, F., CLU,			Date of Receipt							
Mailing Address P.O. Box 67220			12 31 2023							
City	State	Zip Code	Transaction ID : PR437219633398							
Lincoln	NE	68506-7220	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							
First Concord Benefits Group	Brol	ker								
Receipt For:	Aggregate	Year-to-Date V								
Other (specify)		1020.00	P/R Deduction (\$85.00 Monthly)							
			1							
Full Name of Individual (Last, First, Middle	Initial) or Full C	organization Name								
B. Semple, Theresa, M., ,			Date of Receipt							
Mailing Address 91 Deerfield Rd			12 / 31 / 2023 Transaction ID : PR437223633398							
City	State	Zip Code								
Sayreville	NJ	08872-1616	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		27.00							
Name of Employer (for Individual) Semple Solutions LLC	Occ Bro	upation (for Individual) ker	Memo Item							
Receipt For:	1	Year-to-Date ▼								
Primary General	Aggregate									
Other (specify)		, 324.00	P/R Deduction (\$15.00 Monthly)							
Full Name of Individual (Last, First, Middle	Initial) or Full C	organization Name								
C. Musser, Rita, A., ,			Date of Receipt							
Mailing Address 3330 Thames Drive			12 31 2023							
City	State	Zip Code	Transaction ID : PR437229133398							
Fort Wayne	IN	46815-5994	Amount of Each Receipt this Period							
FEC ID number of contributing	\mathbf{c}		30.00							
federal political committee.	С									
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item							
Senior Insurance Solutions	Brok	ker								
Receipt For:	Aggregate	Year-to-Date V								
Primary General		360.00	P/R Deduction (\$30.00 Monthly)							
Other (specify)			1							
SUBTOTAL of Receipts This Page (optional).			142.00							
		P								
TOTAL This Period (last page this line numb	er only)	••••••	1 1 90 1 1 90 1 1 90 1							

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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 16	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	purpose o	f soliciting	contribu	utions			
	NAME OF COMMITTEE (In Full)										
\rangle	National Association of Benefits	and Insu	urance Professionals P	AC (NAE	BIP PAC	C)					
Α.	Full Name of Individual (Last, First, Middle Initi Gardner, Joy, K., LUTCF,	al) or Full O	Organization Name	Date o	of Receipt						
	Mailing Address 10605 Sterling Ridge Way			12	12 31 2023						
	City Reno	State NV	Zip Code 89521-5199		saction ID						
	FEC ID number of contributing federal political committee.	С				- 7	50	.00			
	Name of Employer (for Individual) Comstock Insurance		upation (for Individual) es Consultant		lemo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00	P/R De	duction (\$5	0.00 Mont	hly)				
в.	Full Name of Individual (Last, First, Middle Initi Rowe, Peter, L., CLU,	al) or Full O	Organization Name	Date o	of Receipt						
	Mailing Address 7878 N. 16th Street Suite 130-22			12 / D D / Y Y Y Y 12 31 2023							
	City	State AZ	Zip Code 85020-4463		saction ID						
	Phoenix		65020-4405	Amour	nt of Each	Receipt th	is Period	t .			
	FEC ID number of contributing federal political committee.	С		L	-	-	310	.00			
	Name of Employer (for Individual) Arcwood Benefits Consulting, Inc.		cupation (for Individual) esident		lemo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 5000.00	P/R Deduction (\$415.00 Monthly)							
с.	Full Name of Individual (Last, First, Middle Initi Barton-Lewis, Diane, L., ,	al) or Full O	Organization Name	Date o	of Receipt						
	Mailing Address 615 E Britton Rd			12 31 2023							
	City Oklahoma City	State OK	Zip Code 73114-7710		saction ID						
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period						
	Name of Employer (for Individual) Gallagher Benefit Services, Inc.		upation (for Individual) ior Account Executive		lemo Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 410.00	P/R Deduction (\$30.00 Monthly)							
s	UBTOTAL of Receipts This Page (optional)				,	9	390	.00			
т	OTAL This Period (last page this line number o	nly)	•••••								

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162

				(check only one)								
11			for each category of the Detailed Summary Page	X 11a	11b	11c		Г	17			
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the	atements ma	ay not be sold or used by any per address of any political committee	son for the	e purpose d	of soliciting	g contr	ributic	ons			
\setminus	NAME OF COMMITTEE (In Full)											
	National Association of Benefits	and Insu	urance Professionals PA	AC (NAE	C (NABIP PAC)							
Α.	Full Name of Individual (Last, First, Middle Initia Merken, Monte, A., ,	al) or Full O	Drganization Name	Date o	of Receipt							
	Mailing Address 24577 Indian Hill Lane			12	M M / D D / Y Y Y Y 12 31 2023							
	City West Hills	State CA	Zip Code 91307-3829		saction ID							
	FEC ID number of contributing federal political committee.	С						30.00)			
	Name of Employer (for Individual) Merken Insurance, Petersen Internation		supation (for Individual) ncipal/Acct Executive & General Age		lemo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	P/R De	duction (\$3	0.00 Mont	hly)					
в.	Full Name of Individual (Last, First, Middle Initia McLane, Mark, A., ,	al) or Full O	Drganization Name	Date o	of Receipt							
	Mailing Address 3301 Veterans Drive, Suite 210)		12 31 2023								
	City Traverse City	State MI	Zip Code 49684-4575	Transaction ID : PR437258333398								
	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		lemo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	P/R Deduction (\$30.00 Monthly)								
с.	Full Name of Individual (Last, First, Middle Initia Powers-Booth, Sandra, Lee, ,	al) or Full O	Drganization Name	Date o	of Receipt							
	Mailing Address 4817 S. 175th Street			12	3	1	2023	3				
	City Seatac	State WA	Zip Code 98188-3710		saction ID							
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period 42.00							
	Name of Employer (for Individual) Health Benefits Northwest	Occu own	cupation (for Individual) ner	Memo Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 504.00	P/R Deduction (\$42.00 Monthly)								
s	UBTOTAL of Receipts This Page (optional)		•		. , .	. ,	1	02.00)			
т	OTAL This Period (last page this line number o	nly)	•••••		· · ·			-				

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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								
Any information copied from such Reports and or for commercial purposes, other than using	d Statements ma	A not be sold or used by any point of any point of any political according to the sold of any political according to the solution of according to the sol	13 14 15 16 17 erson for the purpose of soliciting contributions to collicit contributions from such committee								
NAME OF COMMITTEE (In Full)	the name and a	doress of any political committee	to solicit contributions from such committee.								
National Association of Benef	its and Insu	urance Professionals P	AC (NABIP PAC)								
Full Name of Individual (Last, First, Middle A. Hardy, Allen, D., , LUTCF	Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 802 Kosciusko Road P.O. Box 89			12 31 2023 Transaction ID : PR437264933398 Amount of Each Receipt this Period								
City Philadelphia	State MS	Zip Code 39350-3555									
FEC ID number of contributing federal political committee.	С		30.00								
Name of Employer (for Individual) Philadelphia Security Insurance	Occ Brol	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	P/R Deduction (\$30.00 Monthly)								
Full Name of Individual (Last, First, Middle B. Harte, Heather, Roberts, ,	Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 11365 Avant Lane			Image: Market of the second state o								
City Cincinnati	State OH	Zip Code 45249-2373									
FEC ID number of contributing federal political committee.	С		30.00								
Name of Employer (for Individual) Pinnacle Health & Benefits		upation (for Individual) nior Vice President Health & Benef	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	P/R Deduction (\$30.00 Monthly)								
Full Name of Individual (Last, First, Middle C. Toups, Jennifer, L., ,	Initial) or Full C	organization Name	Date of Receipt								
Mailing Address #1 Galleria Blvd, Suite 112	2		12 / D D / Y Y Y Y 12 31 2023								
City Metairie	State LA	Zip Code 70001-2092	Transaction ID : PR437270533398 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		85.00								
Name of Employer (for Individual) Humana	Occ Brok	upation (for Individual) ker	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1020.00	P/R Deduction (\$85.00 Monthly)								
SUBTOTAL of Receipts This Page (optional)			145.00								
TOTAL This Period (last page this line numb	er only)										

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			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 11						
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 pa 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 Initi Hissong, James, H., ,	ial) or Full O	Organization Name	Date of Receipt						
	Mailing Address 8401 Widmer Rd			12 31 Y Y Y Y Y 12 31 2023						
	City Lenexa	State KS	Zip Code 66215-5416	Transaction ID : PR437274733398 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		30.00						
	Name of Employer (for Individual) Self	Occu Brok	upation (for Individual) ker	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	P/R Deduction (\$30.00 Monthly)						
В.	Full Name of Individual (Last, First, Middle Initi Summers, James, F., ,	ial) or Full O	Organization Name	Date of Receipt						
	Mailing Address 8420 West Dodge Road, 5th Fo	oor		12 31 2023						
	City	State NE	Zip Code 68114-3443	Transaction ID : PR437281033398						
	Omaha FEC ID number of contributing	_	06114-3443	Amount of Each Receipt this Period						
	federal political committee.	С		125.00						
	Name of Employer (for Individual) Senior Market Sales, LLC	upation (for Individual) ker	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.00	P/R Deduction (\$125.00 Monthly)						
с.	Full Name of Individual (Last, First, Middle Initi Grossnickle, Jeffrey, R., ,	ial) or Full O	Organization Name	Date of Receipt						
	Mailing Address 1405 North College Avenue			12 / D D / Y Y Y Y 2023						
	City Bloomington	State IN	Zip Code 47404-2417	Transaction ID : PR437294733398 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		30.00						
	Name of Employer (for Individual) First Insurance Group Inc.	Occu Brok	upation (for Individual) ker	Memo Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00	P/R Deduction (\$30.00 Monthly)						
s	UBTOTAL of Receipts This Page (optional)			185.00						
т	OTAL This Period (last page this line number of	only)	••••••	1 1 1 1 1 1 1 1 1						

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ITEMIZED 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 to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)											
National Association of Bene	efits and Insu	ance Professionals P	AC (NABIP PAC)								
Full Name of Individual (Last, First, Middl Sullivan, TJ, , ,	e Initial) or Full Org	anization Name	Date of Receipt								
Mailing Address 235 Front St SE 	State	Zip Code	12 / D D / Y Y Y Y 31 2023								
Salem	OR	97301-3303	Transaction ID : PR437310533398								
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period								
Name of Employer (for Individual) Huggins Insurance Services, Inc.	Occup Broke	pation (for Individual) r	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 360.00	P/R Deduction (\$30.00 Monthly)								
Full Name of Individual (Last, First, Middl B. Bell, Marie, D., FLMI,AIAA, Mailing Address PO Box 1853	e Initial) or Full Org	janization Name	Date of Receipt								
City	State	Zip Code	12 31 2023								
Minnetonka	MN	55345-0853	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		P/R Deduction (\$85.00 Monthly)								
Name of Employer (for Individual) DeRuyter-Bell, LLC	Occup Broke	pation (for Individual) er									
Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 1020.00									
Full Name of Individual (Last, First, Middl C. Mihalyi-Stiffler, Patricia, , ,	e Initial) or Full Org	anization Name	Date of Receipt								
Mailing Address 155 N. Riverview Dr Suite 100			12 / D D / Y Y Y Y 12 31 2023								
City	State CA	Zip Code	Transaction ID : PR437326133398								
Anaheim FEC ID number of contributing federal political committee.	C	92808-1225	Amount of Each Receipt this Period 85.00								
		pation (for Individual)	Memo Item								
Name of Employer (for Individual) Options in Insurance	Broke	()									
Receipt For:	Aggregate Y	ear-to-Date 🔻									
Other (specify)		1145.00	P/R Deduction (\$85.00 Monthly)								
SUBTOTAL of Receipts This Page (optiona	l)	•	200.00								
TOTAL This Period (last page this line num	ber only)										

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$						
Any information copied from such Reports an or for commercial purposes, other than using			erson for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full) National Association of Bene	fits and Ins	urance Professionals P	AC (NABIP PAC)						
Full Name of Individual (Last, First, Middle Martin, Patricia, A., , Mailing Address 13815 Starhill Ct.	Initial) or Full C	Organization Name	Date of Receipt						
City Houston	State TX	Zip Code 77077-1117	12 31 2023 Transaction ID : PR437329733398						
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period						
Name of Employer (for Individual) Information Requested Receipt For:	Occ Ms	upation (for Individual)	Memo Item						
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	P/R Deduction (\$20.00 Monthly)						
Full Name of Individual (Last, First, Middle Duvernay, Jack, , ,	Initial) or Full C	Organization Name	Date of Receipt						
Mailing Address 714 Millikens Bend			12 / D D / Y Y Y Y 12 31 2023						
City Covington	State LA	Zip Code 70433-4581	Transaction ID : PR437344533398 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		25.00 Memo Item						
Name of Employer (for Individual) Benefitsone, LLC		upation (for Individual) sident							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	P/R Deduction (\$25.00 Monthly)						
Full Name of Individual (Last, First, Middle Bajkowski, Catherine, A., ,	Initial) or Full C	Organization Name	Date of Receipt						
Mailing Address 188 Industrial Drive, Suite	226		12 / D D / Y Y Y Y 12 31 2023						
City Elmhurst	State IL	Zip Code 60126-1610	Transaction ID : PR437361133398 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		42.00						
Name of Employer (for Individual) CB Health Insurance	Occ Owr	upation (for Individual) her	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 504.00	P/R Deduction (\$42.00 Monthly)						
SUBTOTAL of Receipts This Page (optional))		87.00						
TOTAL This Period (last page this line numb	per only)	••••••	· · · · · · · · · · · ·						

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			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						
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 address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full)									
$\left \right\rangle$	National Association of Benefits	and Insu	urance Professionals P	AC (NABIP PAC)						
Α.	Full Name of Individual (Last, First, Middle Initi Thomas, Jeffery, C., CLU,RHU,RE,	al) or Full O	Organization Name	Date of Receipt						
	Mailing Address 3072 Arborwood Blvd.			12 / D D / Y Y Y Y 12 31 2023						
City Sta Spring Arbor MI			Zip Code 49283-9663	Transaction ID : PR437385433398 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		42.00						
	Name of Employer (for Individual)		upation (for Individual)	Memo Item						
	Small Business Association of Michigan	Dire	ector of Agent Relations							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 654.00	P/R Deduction (\$42.00 Monthly)						
	Full Name of Individual (Last, First, Middle Initi	al) or Full O	Drganization Name							
В.	Bogard, Andrea, J., ,			Date of Receipt						
	Mailing Address 4598 Harrier Court			12 / D D / Y Y Y Y 12 31 2023						
	City Jeffersonville	State IN	Zip Code 47130-4486	Transaction ID : PR437400033398 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		30.00						
	Name of Employer (for Individual) A. Bogard Insurance Group	Occi Brol	supation (for Individual) ker	Memo Item						
	Receipt For:	Aggregate	Year-to-Date ▼ 360.00	P/R Deduction (\$30.00 Monthly)						
	Full Name of Individual (Last, First, Middle Initi Cramer, Valerie, , RHU,	al) or Full O	Organization Name	Date of Receipt						
0.	Mailing Address 2701 Burgen Ct. NE			12 31 2023						
	City Grand Rapids	State MI	Zip Code 49525-3979	Transaction ID : PR437416433398						
	FEC ID number of contributing			Amount of Each Receipt this Period						
	federal political committee.	С		100.00						
HealthBridge			upation (for Individual) President, Sales	Memo Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1325.00	P/R Deduction (\$100.00 Monthly)						
s	UBTOTAL of Receipts This Page (optional)		•	172.00						
Т	OTAL This Period (last page this line number of	nly)	•••••							

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ITEMIZED 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 to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)										
National Association of Bene	fits and Insu	Irance Professionals P	AC (NABIP PAC)							
Full Name of Individual (Last, First, Middle A. Gandy, Hollie, , ,	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 5801 W Interstate 40 Ste 101	State	Zin Code	12 / D D / Y Y Y Y 12 31 2023							
City Amarillo	TX	Zip Code 79106-4633	Transaction ID : PR437425033398							
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period							
Name of Employer (for Individual) Safe Money Solutions	Occu Brok	upation (for Individual) ser	Memo Item							
Receipt For:	Aggregate	Year-to-Date V								
Other (specify) ▼		360.00	P/R Deduction (\$30.00 Monthly)							
Full Name of Individual (Last, First, Middle Carlson, Daryl, , ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 112 Derby Drive										
City Nicholasville	State KY	Zip Code 40356-9493	Transaction ID : PR437442133398 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		15.00							
Name of Employer (for Individual) McGriff		upation (for Individual) President	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00	P/R Deduction (\$15.00 Monthly)							
Full Name of Individual (Last, First, Middle C. Mutter, Amy, D., ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 2670 Electric Road			12 / D D / Y Y Y Y 12 31 2023							
City Roanoke	State VA	Zip Code 24018-3511	Transaction ID : PR437454933398							
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 63.00							
Name of Employer (for Individual) Innovative Insurance Group, LLC		upation (for Individual) ctor of Sales	Memo Item							
Receipt For:		Year-to-Date V								
Primary General Other (specify)		1876.00	P/R Deduction (\$63.00 Monthly)							
SUBTOTAL of Receipts This Page (optional)		108.00							
TOTAL This Period (last page this line num	ber only)	•								

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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								
Any information copied from such Reports and											
or for commercial purposes, other than using th	e name and a	doress of any political committee	to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)											
/ National Association of Benefit	s and insi	urance Protessionals P	AC (NABIP PAC)								
Full Name of Individual (Last, First, Middle Ir	nitial) or Full C	organization Name									
A. Powers, Jason, A., ,			Date of Receipt								
Mailing Address 30724 Explorers Trl			12 31 2023								
City	State	Zip Code	Transaction ID : PR437467133398								
De Soto	KS	66018-8407	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								
Legacy Brokers, LLC		ef Business Development Officer									
Receipt For:		Year-to-Date ▼									
Primary General	Aggregate		P/R Deduction (\$30.00 Monthly)								
Other (specify)		360.00	P/K Deduction (\$50.00 Monthly)								
			-								
Full Name of Individual (Last, First, Middle Ir	nitial) or Full C	organization Name									
B. Creasy, Marcus, , ,			Date of Receipt								
Mailing Address P. O. Box 220			12 31 2023								
City	State	Zip Code	Transaction ID : PR437474933398								
Heber Springs	AR	72543-0220	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		30.00								
Name of Employer (for Individual) Adams & Creasy Insurance Agency, Inc.	Occ	upation (for Individual) ker	Memo Item								
Receipt For:	Aggregate	Year-to-Date ▼	-								
Primary General	Aggregate		D/P Deduction (\$20.00 Monthly)								
Other (specify) v		360.00	P/R Deduction (\$30.00 Monthly)								
Full Name of Individual (Last, First, Middle Ir c. Fiala, Colby, , ,	itial) or Full C	Prganization Name	Date of Receipt								
Mailing Address 710 Fillmore St											
Ste 100			12 31 2023								
City	State	Zip Code	Transaction ID : PR437475133398								
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)	000	upation (for Individual)	Memo Item								
Magic Valley Insurance	Brol	1 ()									
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General	33 - 3		P/R Deduction (\$30.00 Monthly)								
Other (specify)		360.00									
SUBTOTAL of Receipts This Page (optional)			90.00								
TOTAL This Period (last page this line number	only)										

SCHEDULE A (FEC Form 3X) DEAEIDTA

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the									
				Detailed Summary Page		X 11a	\vdash	11b 14	11c		2 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 no addre	ot be sold or used by any pe ss of any political committee	ersor to s	n for the	pur	pose of	solicitin	ig cont	ributio	ons
	NAME OF COMMITTEE (In Full)											
$\langle \rangle$	National Association of Benefits	and Insu	ura	nce Professionals P	AC	(NAE	BIP	PAC	;)			
Full Name of Individual (Last, First, Middle Initial) or Full Blevins, Andrea, K., ,				ization Name		Date o	of Re	eceipt				
	Mailing Address 1133 E. 33rd Place						1 /	D 31		202	23	
	City Tulsa	State OK		Zip Code 74105-2501	_				PR4374 Receipt t			
	FEC ID number of contributing federal political committee.	С				<u> </u>					10.00)
	Name of Employer (for Individual) Catalyst Benefits Group, LLC		•	on (for Individual) Manager		N	lem	o Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	r-to-Date ▼ 280.00		P/R De	duct	ion (\$10).00 Mor	ithly)		
в.	Full Name of Individual (Last, First, Middle Initi Miller Kay, Dawn, M., ,	al) or Full O	Organ	ization Name		Date c	of Re	eceipt				
	Mailing Address PO Box 847			12 31 Y Y Y Y Y 12 31 2023								
	City McMinnville	State OR		Zip Code 97128-0847	-				PR4374			
	FEC ID number of contributing federal political committee.	C			Amount of Each Receipt this Period)	
	Name of Employer (for Individual) Hagan Hamilton Insurance Solutions	Occupation (for Individual) Life & Health Agent			Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Igregate Year-to-Date ▼ 300.00					P/R Deduction (\$25.00 Monthly)				
с.	Full Name of Individual (Last, First, Middle Initi Sterner, Heidi, J., PAHM, LPRT,	al) or Full O	Organ	ization Name		Date o	of Re	eceipt				
	Mailing Address 3402 Cinnamon Creek Ave					M 12	1 /	31		202	3	
	City North Las Vegas	State NV		Zip Code 89031-3520					Receipt t			
	FEC ID number of contributing federal political committee.	С				42.00						
	LP Insurance Ac			on (for Individual) Executive		N	/lem	o Item				
	Receipt For: Primary General Other (specify)	Aggregate	gate Year-to-Date ▼ 1082.00				P/R Deduction (\$42.00 Monthly)					
s	UBTOTAL of Receipts This Page (optional)							,			77.00)
Т	OTAL This Period (last page this line number c	only)		>	-			-			-	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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162

	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 n			
$\left[\right]$	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 Stedt, Margaret, Evelyn, C.S.A., LP, Mailing Address 486 Calle Amigo	l) or Full C	Drganization Name	Date of Receipt
	City	State	Zip Code	12 31 2023 Transaction ID : PR437529933398
	San Clemente	CA	92673-3003	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual) Stedt Insurance Services		cupation (for Individual) esident	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1425.00	P/R Deduction (\$100.00 Monthly)
в.	Full Name of Individual (Last, First, Middle Initia Giardina, Charles, J., ,	l) or Full C	Organization Name	Date of Receipt
	Mailing Address 5440 Mounes Street, Suite 112			12 31 2023
	City New Orleans	State LA	Zip Code 70123-3296	Transaction ID : PR437562833398 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		42.00
	Name of Employer (for Individual) MassMutual		cupation (for Individual) nancial Services Executive	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1524.00	P/R Deduction (\$42.00 Monthly)
с.	Full Name of Individual (Last, First, Middle Initia Yarling, Ky, R., ,	l) or Full C	Organization Name	Date of Receipt
	Mailing Address PO Box 521	1-		12 / D D / Y Y Y Y 12 31 2023
	City Hanover	State IN	Zip Code 47243-0521	Transaction ID : PR437567433398
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer (for Individual) Colonial Life & Accident Insurance	Occ Brok	cupation (for Individual) ker	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 300.00	P/R Deduction (\$25.00 Monthly)
s	UBTOTAL of Receipts This Page (optional)		•	167.00
Т	OTAL 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 State for commercial purposes, other than using the na			
\backslash	NAME OF COMMITTEE (In Full)			
$\Big/$	National Association of Benefits a	and Insu	urance Professionals PA	AC (NABIP PAC)
Α.	Full Name of Individual (Last, First, Middle Initial) Robinson, Judith, L., , Mailing Address P O Box 10071 City) or Full O	Zip Code	Date of Receipt
	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 Receipt For:	Age	upation (for Individual) nt/Owner Year-to-Date ▼	Memo Item
	Primary General Other (specify) ▼		1020.00	P/R Deduction (\$85.00 Monthly)
–	Full Name of Individual (Last, First, Middle Initial)) or Full O	rganization Name	Data of Descipt
р.	Starks, Eugene, , , Mailing Address 1022 Highland Colony Parkway Suite 202	1		Date of Receipt
	City Pidgeland	State MS	Zip Code 39157-2086	Transaction ID : PR437603133398
	Ridgeland FEC ID number of contributing federal political committee.	C	39137-2000	Amount of Each Receipt this Period 85.00
	Name of Employer (for Individual) Benefit Administration Services, Ltd.		upation (for Individual) ncipal	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1595.00	P/R Deduction (\$85.00 Monthly)
c.	Full Name of Individual (Last, First, Middle Initial) Williams, George, , ,) or Full O	rganization Name	Date of Receipt
	Mailing Address 4109 Woodway Dr.	State	Zip Code	12 31 2023 Transaction ID : PR437605733398
	Monroe	LA	71201-2218	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer (for Individual) Financial Planning Resources	Occi Brok	upation (for Individual) ker	Memo Item
	Receipt For: // Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00	P/R Deduction (\$30.00 Monthly)
s	UBTOTAL of Receipts This Page (optional)		▶	200.00
1				

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

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

FOR LINE NUMBER:

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PAGE 135 OF

		Detailed Summary Page		-		11b	11c	12	
Any information assist from such Departs and	ud Statamanta m	w not be sold or used by error		13		14	15	16	17
Any information copied from such Reports an or for commercial purposes, other than using									
NAME OF COMMITTEE (In Full)									
National Association of Bene	fits and Insu	urance Professionals F	PAC	(NAE	3IP	PAC)		
Full Name of Individual (Last, First, Middle A. Canter, Julianne, , ,	• Initial) or Full O	rganization Name		Date of	f Re	eceipt			
Mailing Address 32110 Agoura Road				12 ^M	/	31	/ Y	y y 2023	Ŷ
City	State	Zip Code		Trans	sact	ion ID :	PR4376	2193339	3
Westlake Village	CA	91361-4026		Amoun	t of	Each R	eceipt th	nis Perioo	ł
FEC ID number of contributing federal political committee.	С				_	-	- 41-	12	.00
Name of Employer (for Individual) Warner Pacific Insurance Services CBDO		upation (for Individual) ount Executive		М	lemc	o Item			
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify) ▼		204.00] F	P/R Dec	ducti	ion (\$12.	.00 Mont	hly)	
Full Name of Individual (Last, First, Middle B. Siciliano, Dominic, , ,	e Initial) or Full O	rganization Name		Date o	f Re	eceipt			
Mailing Address 500 Cascade Road SE Su				M M 12	」 ′	D D D 31	/ Y	y y 2023	Y
City Crand Banida	State	Zip Code						69533398	
Grand Rapids	MI	49546-2166	-	Amoun	t of	Each R	eceipt th	nis Perioc	t
FEC ID number of contributing federal political committee.	С			Ľ		-		30	.00
Name of Employer (for Individual) Benefit Profiles Inc.	Occ Bro	upation (for Individual) ker		М	lemc	tem			
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify) V		360.00] F	P/R Ded	lucti	on (\$30.	.00 Mont	hly)	
Full Name of Individual (Last, First, Middle C. Ledgerwood, Michael, , ,	Initial) or Full O	rganization Name	\top	Date o	f Re	eceipt			
Mailing Address 12022 FOREST MOON D				^M 12	/	31	/ Y	2023	Y
City CYPRESS	State TX	Zip Code 77433-3834						7193339	
		11700004	\neg	Amoun	t of	Each R	eceipt th	nis Perioc	1
FEC ID number of contributing federal political committee.	C			Ľ		- y	- -	42	.00
Name of Employer (for Individual) Senior Health Plans of Texas		upation (for Individual) sident		M	lemo	o Item			
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify)		504.00] '	P/R Dec	ducti	ion (\$42	.00 Mont	thly)	
SUBTOTAL of Receipts This Page (optional)		•		-	,		84	.00
TOTAL This Period (last page this line numl	,		▶		-	7			

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
	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)			
	National Association of Benefits	and Insu	Irance Professionals F	PAC (NABIP PAC)
Α.	Full Name of Individual (Last, First, Middle Init Protsman, Lori, , , Mailing Address 7391 Hodgson Memorial Drive	- -	rganization Name	Date of Receipt
	Suite 100	State	Zin Code	12 31 2023
	City Savannah	GA	Zip Code 31406-2565	Transaction ID : PR437675233398
				Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer (for Individual)	Осси	pation (for Individual)	Memo Item
	McGriff Insurance Services	Brok	ter	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General	.99.094.0		P/R Deduction (\$30.00 Monthly)
	Other (specify) v		340.00	
	Full Name of Individual (Last, First, Middle Init	tial) or Full O	rganization Name	
В.	Strouse, Marcie, , ,			Date of Receipt
	Mailing Address 9854 Colby Ave			12 31 2023
	City	State	Zip Code	Transaction ID : PR437683133398
	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)	Оссі	upation (for Individual)	Memo Item
	Capitol Benefits Group	Ben	efits Consultant/Partner	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General			P/R Deduction (\$85.00 Monthly)
	Other (specify) v	L	1170.00	
с.	Full Name of Individual (Last, First, Middle Init Atkinson, Lynn, , HIA,MBA,SC,	tial) or Full O	rganization Name	Date of Receipt
	Mailing Address 2336 Cantle Lane, SW			12 / D D / Y Y Y Y 12 31 2023
	City	State	Zip Code	Transaction ID : PR437687333398
	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)	0.00	ination (for Individual)	Memo Item
	Lynn Atkinson Independent Agent	Ager	upation (for Individual) ht	
	Receipt For:			
	Primary General	Aggregale	Year-to-Date ▼	
	Other (specify)		360.00	P/R Deduction (\$30.00 Monthly)
s	UBTOTAL of Receipts This Page (optional)			145.00

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

SCHEDULE A (FEC Form 3X) DEAEIDTA

Use separate schedule(s)

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ITEMIZED RECE			Use separate schedule(s) for each category of the	(check only one)						
			Detailed Summary Page	X 11a 13	11b 11c 14 15	12 16	17			
Any information copied f or for commercial purpos	rom such Reports and Stat ses, other than using the na	ements ma ame and a	ay not be sold or used by any per address of any political committee	son for the pu to solicit contri	rpose of solicitin butions from suc	g contribut	ions ee.			
NAME OF COMMITT	EE (In Full)									
National Asso	ciation of Benefits a	and Insu	urance Professionals PA	AC (NABIF	P PAC)					
Full Name of Individu A. Granado, Arthur, ,	al (Last, First, Middle Initial ,) or Full O	Organization Name	Date of R	eceipt					
Mailing Address 418	Peoples, # 505			12 ^M	/ D D / 31	y y 2023	Y			
City Corpus Christi		State TX	Zip Code 78401-2350		tion ID : PR4376 f Each Receipt t					
FEC ID number of co federal political comm	0	С				85.0)0			
Name of Employer (for The Granado Group	or Individual)	Occu Brok	upation (for Individual) ker	Mem	o Item					
Receipt For: Primary Other (specify)	General	Aggregate	Year-to-Date ▼ 1020.00	P/R Deduc	tion (\$85.00 Mon	thly)				
B. Helgoza, Renee, Mailing Address 9112) or Full O	Organization Name	Date of R	leceipt		Ŷ			
City	191	State	Zip Code	12 Transac	31 tion ID : PR4377	2023				
Huntington Beach		CA	92646-3405		f Each Receipt t					
FEC ID number of co federal political comm	0	С				60.0)0			
Name of Employer (f Melgoza Insurance So		Occi Brol	upation (for Individual) ker	Mem	o Item					
Receipt For: Primary Other (specify)	General	Aggregate	Year-to-Date ▼ 720.00	P/R Deduct	tion (\$30.00 Mon	thly)				
Full Name of Individu C. Webb, Yolanda,	al (Last, First, Middle Initial Marie, CHRS,) or Full O	Organization Name	Date of R	leceipt					
Mailing Address 611	' Clover Ct.			M M 12	/ ^D ^D / 31	2023	Y			
City Chino		State CA	Zip Code 91710-5337		tion ID : PR4377 f Each Receipt t					
FEC ID number of co federal political comm	5	С			y	85.0	0			
Name of Employer (for Webb Insurance Solut	,	Occı Own	upation (for Individual) ner	Merr	no Item					
Receipt For: Primary Other (specify)	General	Aggregate	Year-to-Date ▼ 1270.00	P/R Deduc	tion (\$85.00 Mor	thly)				
SUBTOTAL of Receipts	This Page (optional)		>			230.0	0			
TOTAL This Period (las	t page this line number on	y)	•••••							

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				Detailed Summary Page		< 1	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												
\backslash	NAME OF COMMITTEE (In Full)												
\sum	National Association of Benefits a	and Insu	ura	nce Professionals P	PAC	(N	IAB	IP	PAC)			
Α.	Full Name of Individual (Last, First, Middle Initial Berry, Ernest, , ,) or Full O	Orgai	nization Name		Da	ate of	Re	ceipt				
	Mailing Address 5121 69th St., A9A					IV	12	/	D D D 31	/ Y	ү 20)23	Y
	City	State		Zip Code		Т	ransa	acti	on ID :	PR4377	3743	3398	_
	Lubbock	ТХ		79424-1631	_	An	nount	of	Each R	eceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С							-			50.0	00
	Name of Employer (for Individual) Berry Agency	Occ Brol	•	ion (for Individual)			Me	emo	Item				
	Receipt For:	Aggregate	Yea	r-to-Date ▼									
	Primary General Other (specify) ▼		-	600.00	1	P/R	l Dedu	uctio	on (\$50.	.00 Mont	hly)		
B	Full Name of Individual (Last, First, Middle Initial Williams, Leslie, A., CHRS,) or Full O	Orgai	nization Name		Da	ate of	Re	ceipt				
0.	Mailing Address 2295 Hilltop Drive Suite 5						12	/	31	/ Y		23	Y
	City	State		Zip Code		Т	ransa	acti	on ID :	PR43774	1293	3398	
	Redding	CA		96002-0515		An	nount	of	Each R	eceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С								 		42.0	00
	Name of Employer (for Individual) Leslie A. Williams Insurance Services	Occ Age	•	tion (for Individual)		C	Me	emo	Item				
	Dessint Far	u		r-to-Date ▼	_								
	Primary General	Ayyreyale	162		ı İ.	- /			(* 40				
	Other (specify) V	L	,	504.00		2/R	Dedu	uctio	on (\$42.	00 Montl	nly)		
C.	Full Name of Individual (Last, First, Middle Initial Edwards, Susan, Christensen, ,) or Full O	Orgai	nization Name		Da	ate of	Re	ceipt				
	Mailing Address 40 S. Roop St					N	10	/		/ Y		Y	Y
	PO Box 1478	Ctoto		Zin Codo	_	Ļ	12		31	DD 4977		23	_
	City Susanville	State CA		Zip Code 96130-4336	\vdash					PR4377			
			-		\neg	All	ιουητ	of	eacn R	eceipt th	iis P	enoa	_
	FEC ID number of contributing federal political committee.	С				Ļ		_	y	y		50.0	00
	Name of Employer (for Individual) E. Christensen Insurance Agency, Inc.	Occi Brok		ion (for Individual)		ŀ	Me	emo	Item				
	Receipt For:	Aggregate	Yea	ur-to-Date ▼									
	Primary General Other (specify)		-	600.00		P/R	R Dedu	ucti	on (\$50	.00 Mont	hly)		
s	UBTOTAL of Receipts This Page (optional)				<u> </u>				,			142.0	0

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

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

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			Detailed Summary Page	2	< 11a		-	1b	11c			— . —
Any	information copied from such Reports and State	ements ma	l ay not be sold or used by any pe	erson	13 for the	pur		4 se of	15 soliciting	g contr	-	17 ons
or fo	or commercial purposes, other than using the na											
	IAME OF COMMITTEE (In Full)	الممر	menes Destauris	<u>،</u> م	/	חוו	\ -		\			
/	National Association of Benefits a	ind Insi	urance Protessionals P	AC	(NAE	SIP	' F	PAC)			
۶ ۹.	ull Name of Individual (Last, First, Middle Initial) Johnson, John, P., ,) or Full O	rganization Name		Date o	f Re	ece	eipt				
N	Aailing Address 8414 N. Wall Street Ste C				12 ^M	/	′	D D 31	/ Y	Y 202		
	Sity	State	Zip Code		Trans	sact	tio	n ID : I	PR4377	758333	398	_
-	Spokane	WA	99208-6161	_	Amoun	t of	E	ach R	eceipt th	nis Per	iod	
	EC ID number of contributing ederal political committee.	С					,				63.00)
	lame of Employer (for Individual) FS	Occı Broł	upation (for Individual) ker		M	lemo	o l	tem				
F	Receipt For:	Agaregate	Year-to-Date ▼									
	Other (specify)		756.00	F	P/R Deo	ducti	tior	n (\$63.	00 Mont	thly)		
	ull Name of Individual (Last, First, Middle Initial) Cade, Kareim, R., ,) or Full O	rganization Name		Date o	f Re	ece	eipt				
N	Aailing Address 512 N Main St Suite 105				^M 12	/	′	D D 31	/ Y	2023		
	Sity	State	Zip Code		Trans	sacti	ior	n ID : I	PR4377	786333	898	_
- -	Royal Oak	MI	48067-1815	_	Amoun	t of	E	ach R	eceipt th	nis Per	iod	
	EC ID number of contributing ederal political committee.	С			<u> </u>		-,		-		85.00)
	lame of Employer (for Individual) Great Lakes Benefit Group		upation (for Individual) sident and CEO		Μ	lemo	o l	tem				
F		Aggregate	Year-to-Date ▼									
	Other (specify)		1020.00	F	P/R Dec	ducti	ion	(\$85.	00 Mont	hly)		
	ull Name of Individual (Last, First, Middle Initial) Heider, Ryan, , ,) or Full O	rganization Name		Date o	f Re	ece	eipt				
_	Aailing Address 710 Fillmore St, Suite 100				12		′	D D D 31	/ Y	2023		
	Sity	State	Zip Code		Tran	sact	tio	n ID :	PR4377	92233	398	
-	Twin Falls	ID	83301-4641	_	Amoun	t of	Ea	ach R	eceipt th	nis Per	iod	
	EC ID number of contributing ederal political committee.	С					,		,		30.00)
	lame of Employer (for Individual) ⁄Iagic Valley Ins.	Occu Ager	upation (for Individual) nt		N	lemo	o I	tem				
F	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify)		360.00	'	P/R De	duct	tior	n (\$30.	.00 Mont	thly)		
SU	BTOTAL of Receipts This Page (optional)			<u> </u>			ļ			1	78.00)
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Use separate schedule(s) for each category of the

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	EMIZED RECEIFTS			Detailed Summary Page		-		11	- H	11c		12	<u> </u>
	y information copied from such Reports and Sta								se of				
or	for commercial purposes, other than using the r	iame and a	udre	ess of any political committee	to so	NICIT COL	ITID	utio	UNS T	UTT SUC	n co	ommitt	.
\rangle	NAME OF COMMITTEE (In Full) National Association of Benefits	and Insu	ura	nce Professionals P	AC	(NAB	IP	Ρ	AC))			
A.	Full Name of Individual (Last, First, Middle Initia Purcilly, Amy, , ,	al) or Full O)rgar	nization Name		Date of	Re	ecei	ipt				
	Mailing Address 3155 W Big Beaver Rd Ste 125					^M 12	/	Ľ	D D 31	/ Y		023	Y
	City Troy	State MI		Zip Code 48084-3007		Trans Amount				PR4378 eceipt t			
	FEC ID number of contributing federal political committee.	С						,				30.0	00
	Name of Employer (for Individual) Mason-McBride, Inc.	Occi Brol	•	ion (for Individual)		Me	emo	o Ite	em				
	Receipt For: Primary General	Aggregate	Yea	ur-to-Date ▼	F	P/R Ded	ucti	on	(\$30.)	00 Mon	thlv)		
	Other (specify) v	L	-17-	360.00		in Dou	aotr		(\$00.				
в.	Full Name of Individual (Last, First, Middle Initia Little, Cathy, , ,	al) or Full O)rgai	nization Name		Date of	Re	ecei	ipt				
	Mailing Address 1145 2nd Street #A-269	-1		1		[™] 12	/		31	/ Y		023	Y
	City Brentwood	State CA		Zip Code 94513-2292		Trans Amount				PR4378 eceipt t			
	FEC ID number of contributing federal political committee.	С						-		- 45-	_	38.0	00
	Name of Employer (for Individual) Essential Exchange Insurance Services		•	tion (for Individual) al Broker		Me	emo	o Ite	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ur-to-Date ▼ 456.00	P	/R Ded	uctio	on	(\$38.0	00 Mon	thly)		
			,										
C.	Full Name of Individual (Last, First, Middle Initia James, Leslie, C., ,	al) or Full O)rgar	nization Name		Date of	Re	cei	ipt				
	Mailing Address 6902 Pearl Road Suite 405					^M 12	/	L	31	/ Y	20	023 [°]	_
	City Cleveland	State OH		Zip Code 44130-3621		Trans Amount				PR4378			
	FEC ID number of contributing federal political committee.	С					. 01			Jooipt 1		85.0	00
	Name of Employer (for Individual) Insurance Strategy Inc.		•	ion (for Individual) esident		M	ema	o Ite	em				
	Receipt For:			ir-to-Date ▼	-								
	Primary General Other (specify)		-	960.00	F	P/R Ded	lucti	ion	(\$85.	00 Mon	thly)	I	
s	UBTOTAL of Receipts This Page (optional)			••••••				,				153.0	00
т	OTAL This Period (last page this line number of	nly)		•••••				7					

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(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 State for commercial purposes, other than using the na			
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
$\Big)$	National Association of Benefits a	Ind Insi	urance Professionals Pr	AC (NABIP PAC)
Α.	Full Name of Individual (Last, First, Middle Initial) Emidy, Mike, , , Mailing Address PO Box 2021) or Full O	rganization Name	Date of Receipt
	City	State	Zip Code	12 31 2023 Transaction ID : PR437878333398
	Ridgeland	MS	39158-2021	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	Colonial Life		iness Councelor	
	Receipt For:	Aggregate	Year-to-Date ▼	_
	Primary General Other (specify) ▼		360.00	P/R Deduction (\$30.00 Monthly)
	Full Name of Individual (Last, First, Middle Initial)) or Full O	rganization Name	
Β.	May, Charles, K., ,			Date of Receipt
	Mailing Address 9848 Portage Rd			12 / D D / Y Y Y Y 12 31 2023
	City Portage	State MI	Zip Code 49002-7259	Transaction ID : PR450868633398
			49002-7239	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	Miller Schuring Agency	Bro	ker	
		Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼		240.00	P/R Deduction (\$20.00 Monthly)
с.	Full Name of Individual (Last, First, Middle Initial) Waltman, Jessica, , ,) or Full O	rganization Name	Date of Receipt
	Mailing Address 10 Doyle Road			12 31 2023
	City	State	Zip Code	Transaction ID : PR470100133398
	Wayne	PA	19087-3903	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		85.00
	Name of Employer (for Individual) Angle Health	Occi Brok	upation (for Individual) ter	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	_
	Primary General Other (specify)		1020.00	P/R Deduction (\$85.00 Monthly)
s	UBTOTAL of Receipts This Page (optional)			135.00

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

SCHEDULE A (FEC Form 3X) DEOFIDTO

Use separate schedule(s)

FOR LINE NUMBER:

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ידו			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 Sta 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)							
<u> </u>	Full Name of Individual (Last, First, Middle Initia Riley, Amanda, Danielle, ,	al) or Full O	rganization Name	Date of Receipt							
	Mailing Address 13712 Big Sky Dr E			12 31 2023							
	City Bonney Lake	State WA	Zip Code 98391-5520	Transaction ID : PR476686833398 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		30.00							
	Name of Employer (for Individual) HealthEquity, Inc.	Оссі МН/	upation (for Individual) A	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	P/R Deduction (\$30.00 Monthly)							
В.	Full Name of Individual (Last, First, Middle Initia Petersen, Benjamin, Lee, ,	al) or Full O	rganization Name	Date of Receipt							
	Mailing Address 1420 NW Lovejoy St Apt 725			12 / D D / Y Y Y Y 12 31 2023							
	City Portland	State OR	Zip Code 97209-2752	Transaction ID : PR492528833398							
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 85.00							
	Name of Employer (for Individual) K & B Benefit Advisors	Occ Bro	upation (for Individual) ker	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1475.00	P/R Deduction (\$85.00 Monthly)							
	Full Name of Individual (Last, First, Middle Initia Stevens, Kenneth, W., ,	al) or Full O	rganization Name	Date of Receipt							
	Mailing Address 4916 Bellemeade Avenue	1		12 / D D / Y Y Y Y 12 31 2023							
	City Evansville	State IN	Zip Code 47715-4130	Transaction ID : PR496323833398 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) ident	Memo Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1020.00	P/R Deduction (\$85.00 Monthly)							
s	UBTOTAL of Receipts This Page (optional)		•	200.00							

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

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

SCHEDULE A (FEC Form 3X) DEAEIDTA

Use separate schedule(s)

FOR LINE NUMBER:

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ITE	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					
An or	v information copied from such Reports and Sta	atements ma name and a	ay not be sold or used by any pe address 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	and Insu	urance Professionals P	AC (NABIP PAC)					
Α.	Full Name of Individual (Last, First, Middle Initi Bravo, Denisse, G., ,	al) or Full C	Organization Name	Date of Receipt					
	Mailing Address 8340 N Thornydale Road Suite 110-335			12 31 2023					
	City Tucson	State AZ	Zip Code 85741-1162	Transaction ID : PR497996233398 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	Occ Brol	upation (for Individual) ker	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 460.00	P/R Deduction (\$30.00 Monthly)					
Β.	Full Name of Individual (Last, First, Middle Initi Wayt, Andrew, , , Mailing Address 747 Winslow Ave	al) or Full C	Organization Name	Date of Receipt					
		State	Zip Code	12 31 2023 Transaction ID : PR528187233398					
	Saint Paul	MN	55107-3349	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		30.00					
	Name of Employer (for Individual) IFC National Marketing		supation (for Individual) sker	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 360.00	P/R Deduction (\$30.00 Monthly)					
<u>с.</u>	Full Name of Individual (Last, First, Middle Initi Ybarra, Valeria, , ,	al) or Full C	Organization Name	Date of Receipt					
	Mailing Address 7236 Vanessa Dr			12 / D D / Y Y Y Y 12 31 2023					
	City Corpus Christi	State TX	Zip Code 78414-5710	Transaction ID : PR528424133398 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		30.00					
	Name of Employer (for Individual) Acrisure LLC dba Carlisle Insurance	Occu Brok	upation (for Individual) ker	Memo Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 955.00	P/R Deduction (\$30.00 Monthly)					
S	JBTOTAL of Receipts This Page (optional)		•	90.00					
т	OTAL This Period (last page this line number o	nly)	•••••						

FOR LINE NUMBER:

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17			Use separate schedule(s)	(check only one)							
111	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 na										
$\overline{)}$	NAME OF COMMITTEE (In Full)										
\rangle	National Association of Benefits a	and Insu	urance Professionals P	AC (NABIP PAC)							
Α.	Full Name of Individual (Last, First, Middle Initial Kennedy, Jeff, , ,) or Full O	rganization Name	Date of Receipt							
	Mailing Address 901 E. Battlefield			12 31 2023							
	City	State	Zip Code	Transaction ID : PR573884933398							
	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)	Occi	upation (for Individual)	Memo Item							
	Nixon & Lindstrom Insurance	Emp	oloyee Benefits Specialist								
	Receipt For:	Aggregate	Year-to-Date ▼	_							
	Primary General	33 - 3		P/R Deduction (\$85.00 Monthly)							
	Other (specify) v		1095.00								
_	Full Name of Individual (Last, First, Middle Initial) or Full O	rganization Name								
Β.	Haberman, Caleb, , ,			Date of Receipt							
	Mailing Address 9301 Bryant Ave S Ste 105			12 31 2023							
	City	State	Zip Code	Transaction ID : PR623646633398							
	Bloomington	MN	55420-3473	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		30.00							
	Name of Employer (for Individual) 1445 Jessamine LLC	Occ	upation (for Individual) ker	Memo Item							
	Poppint For:	Aggregate	Year-to-Date ▼	-							
	Primary General	riggrogato		P/P Doduction (\$20.00 Monthly)							
	Other (specify) v		360.00	P/R Deduction (\$30.00 Monthly)							
с.	Full Name of Individual (Last, First, Middle Initial Parker, Frederick, R., ,) or Full O	rganization Name	Date of Receipt							
	Mailing Address 12303 Hwy 707										
	Suite B			12 31 2023							
	City Murrells Inlet	State SC	Zip Code 29576-9740	Transaction ID : PR742659133398 Amount of Each Receipt this Period							
	FEC ID number of contributing										
	federal political committee.	С		30.00							
	Name of Employer (for Individual) Hibbits Insurance Inc	Occi Brok	upation (for Individual) ser	Memo Item							
		Aggregate	Year-to-Date V								
	Primary General		360.00	P/R Deduction (\$30.00 Monthly)							
	Other (specify)										
s	UBTOTAL of Receipts This Page (optional)		•	145.00							
т	OTAL This Period (last page this line number on	ly)	▶	· · · · · · · · · · · · · · ·							

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

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162

		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 Benefits	and Insura	ance Professionals PA	C (NABIP PAC)
Full Name of Individual (Last, First, Middle Init A. Petrovas, Lisa, A., , Mailing Address 7127 Homestead Road Suite B City Fort Wayne FEC ID number of contributing	State IN	Zip Code 46814-4601	Date of Receipt 12 ' 31 ' 2023 Transaction ID : PR746093233398 Amount of Each Receipt this Period
federal political committee. Name of Employer (for Individual) Trahin Insurance Services LLC Receipt For: Primary General Other (specify) ▼	Aggregate Ye	240.00	Memo Item P/R Deduction (\$30.00 Monthly)
Full Name of Individual (Last, First, Middle Init B. Nichols, Thomas, L., , Mailing Address 3100 S Berry <u>Suite 100</u> City Norman	State	Zip Code 73072-7480	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Colonial Life Receipt For:	С	ation (for Individual)	Memo Item P/R Deduction (\$85.00 Monthly)
Full Name of Individual (Last, First, Middle Init Mulcare, Robert, , , Mailing Address 7606 Tekoa Dr City Pasco FEC ID number of contributing federal political committee. Name of Employer (for Individual) Highstreet Insurance & Financial Servi Receipt For: Primary General Other (specify)	State WA C	Zip Code 99301-7900 ation (for Individual) Department Lead - Southern Ore	Date of Receipt 12 31 2023 Transaction ID : PR860243833398 Amount of Each Receipt this Period 85.00 Memo Item P/R Deduction (\$85.00 Monthly)
SUBTOTAL of Receipts This Page (optional)			200.00

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

SCHEDULE A (FEC Form 3X) ľ

FOR LINE NUMBER:

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162

	-	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		
			person for the purpose of soliciting contributions te 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, Mide A. Morgan, Christian, D., ,	dle Initial) or Full O	rganization Name	Date of Receipt		
Mailing Address 2200 W Commercial Blv Ste 306	/d		12 31 Y Y Y Y Y 12 31 2023		
City Fort Lauderdale	State FL	Zip Code 33309-3064	Transaction ID : PR891081433398 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	ů – L				
Name of Employer (for Individual) Morgan Fidelity Associates, Inc.	Occi Brol	upation (for Individual) ker	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2040.00	P/R Deduction (\$170.00 Monthly)		
Full Name of Individual (Last, First, Mide B. Israel, Richard, , ,		rganization Name	Date of Receipt		
Mailing Address 1060 Winchester Road I		7.0.4	M M / D D / Y Y Y Y 12 31 2023		
City Huntsville	State AL	Zip Code 35811-8904	Transaction ID : PR919114033398 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		42.00		
Name of Employer (for Individual) Archi-Agency	Occ Bro	upation (for Individual) ker	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00	P/R Deduction (\$42.00 Monthly)		
Full Name of Individual (Last, First, Mide Eades, Christina, Marie, ,	dle Initial) or Full O	rganization Name	Date of Receipt		
Mailing Address 15411 W Waddell Rd Ste 102 PMB 172	0	7.0.4	12 1 D D / Y Y Y Y 12 31 2023		
City Surprise	State AZ	Zip Code 85379-5170	Transaction ID : PR956265533398 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		30.00		
Name of Employer (for Individual) Calibrated Benefits Group	Occi Pres	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Monthly)		
SUBTOTAL of Receipts This Page (option	nal)		242.00		
TOTAL This Period (last page this line nu	mber only)				

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

FOR LINE NUMBER:

(check only one)

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		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			erson for the purpose of soliciting contributions										
NAME OF COMMITTEE (In Full)		_											
National Association of Benefits	s and Insura	nce Professionals P											
Full Name of Individual (Last, First, Middle In Arnold, Shelley, L., ,	itial) or Full Organ	ization Name	Date of Receipt										
Mailing Address 3525 Iron Horse Drive #102			12 / D D / Y Y Y Y 12 31 2023										
City Ladson	State SC	Zip Code 29456-4331	Transaction ID : PR984491233398										
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period										
Name of Employer (for Individual) American Eagle Insurance Agency	Occupati Agent/Pa	ion (for Individual) artner	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate Year	r-to-Date ▼ 360.00	P/R Deduction (\$30.00 Monthly)										
Full Name of Individual (Last, First, Middle In	itial) or Full Organ	ization Name	Date of Receipt										
Mailing Address													
City	State	Zip Code	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.													
Name of Employer (for Individual)	Occupati	ion (for Individual)	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate Year	r-to-Date ▼											
Full Name of Individual (Last, First, Middle In	itial) or Full Organ	ization Name	Date of Receipt										
Mailing Address													
City	State	Zip Code	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С												
Name of Employer (for Individual)	Occupati	on (for Individual)	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate Year	r-to-Date ▼											
SUBTOTAL of Receipts This Page (optional)			30.00										
TOTAL This Period (last page this line number			- 26567.17										

	CHEDULE B (FEC Form 3X)	Use sepa	arate schedule(s)				NUMBER: one)	P	AGE	148 OF 162
11	EMIZED DISBURSEMENTS	for each	category of the Summary Page		\mathbf{X}		22 23 28b 280	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	iona	als	PAC	C (NABIP PA	AC)		
Α.	Full Name (Last, First, Middle Initial) PayPal						Date of Disbur	sement	V	
	Mailing Address 2211 North First Street						12	31		023
	City	State	Zip Code				FEC Identificat	ion Numb	ər	
	San Jose Purpose of Disbursement	CA	95131				0			-
				0	01		С			
	Candidate Name			Cate	egory	/	Transactic Amount of Eac			
					ype					642.09
	Office Sought: House Disburse Senate President	ment For: Primary Other (spec	General cify) ▼						-	642.98
	State: District:		-) , v				Memo Iten	1		
В.	Full Name (Last, First, Middle Initial)						Date of Disbur			
	Mailing Address						M = M / D	D /	Y	
	City	State	Zip Code				FEC Identificat	ion Numb	ər	
	Purpose of Disbursement					1	C			
	Candidate Name				egory ype	/	Amount of Eac	h Disburs	emer	t this Period
	Office Sought: House Disburse	ment For: Primary	General							1 45 1
	State: District:	Other (spec					Memo Iten	ı		
	Full Name (Last, First, Middle Initial)					\rightarrow				
C.							Date of Disbur	sement	Y	
	Mailing Address									
	City	State	Zip Code				FEC Identificat	ion Numb	ər	
	Purpose of Disbursement			-		٦	С			
	Candidate Name				egory ype	/	Amount of Eac	h Disburs	emer	t this Period
	Office Sought: House Disburse	ment For:			71					
	President	Primary Other (spec	General cify) ▼							
	State: District:						Memo Iten	1		
s	UBTOTAL of Disbursements This Page (optional).					•				642.98
т	OTAL This Period (last page this line number only	/)					,	,		642.98

SC	CHEDULE B (FEC Form 3X)			FC		NUMBER: PAGE 149 OF 162
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	-	neck only	y one)
			Summary Page		21b 28a	22 X 23 26 27 28b 28c 29 30b
	y information copied from such Reports and State for commercial purposes, other than using the na					
$\left \right\rangle$	NAME OF COMMITTEE (In Full)					
	National Association of Benefits a	nd Insura	ance Profes	siona	als PA	.C (NABIP PAC)
<u>د</u>	Full Name (Last, First, Middle Initial)					
Α.	Feenstra For Congress					Date of Disbursement
	Mailing Address 641 2nd St					12 05 2023
	City	State	Zip Code			FEC Identification Number
	Hull Purpose of Disbursement	IA	51239			
				0	11	C Transaction ID : 17810354
	Candidate Name				gory/	Amount of Each Disbursement this Period
	Feenstra, Randy, , , Office Sought: Y House Disburse	ement For: 2	2024	Ту	pe	1000.00
	Senate	Primary	General			<u> </u>
	State: IA District: 04	Other (spe	cify) 🔻			Memo Item
_	Full Name (Last, First, Middle Initial)					
В.	Friends Of Dave Joyce					Date of Disbursement
	Mailing Address 9856 Archer Ln					12 05 2023
	City	State OH	Zip Code			FEC Identification Number
	Dublin Purpose of Disbursement	ОП	43017-8914	_	_	C C00527457
				0	11	Transaction ID : 17810355
	Candidate Name				gory/	Amount of Each Disbursement this Period
	Joyce, Dave, , Rep., Office Sought: Y House Disburse	ment For:	2024	Ty	pe	1000.00
		Primary	General			
	State: OH District: 14	Other (spec	cify)			Memo Item
C.	Full Name (Last, First, Middle Initial)					Date of Disbursement
С.	John Curtis For Utah					
	Mailing Address PO Box 296					12 05 2023
	City	State	Zip Code			FEC Identification Number
	Provo Purpose of Disbursement	UT	84603	_	_	С С00647339
				0	11	Transaction ID : 17810356
	Candidate Name				gory/	Amount of Each Disbursement this Period
	Curtis, John, , Rep., Office Sought: Y House Disburse	ement For: 2	2024	Ty	rpe	1000.00
	Senate	Primary	General			
	President	Other (spe	cify) 🔻			Memo Item
	State: UT District: 03					
s	UBTOTAL of Disbursements This Page (optional).				····· >	3000.00
Т	OTAL This Period (last page this line number only	/)			····· Þ	, ,

SCHEDULE B (FEC Form 3X)		arate schedule(s)	FOR LINE	
ITEMIZED DISBURSEMENTS	for each	category of the Summary Page	(check only 21b 28a	22 X 23 26 27 28b 28c 29 30b
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 Insur	ance Profess	sionals PA	C (NABIP PAC)
Full Name (Last, First, Middle Initial) A. Moulton For Congress				Date of Disbursement
Mailing Address PO Box 2013				12 / D D / Y Y Y Y 12 06 / 2023
City Salem	State MA	Zip Code 01970		FEC Identification Number
Purpose of Disbursement		01070		C C00547240
			011	Transaction ID : 17810557
Candidate Name			Category/	Amount of Each Disbursement this Period
Moulton, Seth, , Rep., Office Sought: X House Disburs	ement For:	0004	Туре	1000.00
Office Sought: House Disburse Senate President	Primary Other (spe	General		
State: MA District: 06		····)/ •		Memo Item
Full Name (Last, First, Middle Initial)				Date of Disbursement
B. Rosen For Nevada				M M / D D / Y Y Y Y
Mailing Address PO Box 46110				12 06 2023
City	State NV	Zip Code		FEC Identification Number
Las Vegas Purpose of Disbursement		89114	011	С сообобеззе
Candidate Name				Transaction ID : 17810559 Amount of Each Disbursement this Period
Rosen, Jacky, , Sen.,			Category/ Type	Amount of Each Disbursement this Pendu
Office Sought: House Disburse	ement For:	-		1000.00
X Senate	Primary	General		
State: NV District:	Other (spe	ecify)		Memo Item
Full Name (Last, First, Middle Initial)				Date of Disbursement
C. Mike Kelly For Congress				M M / D D / Y Y Y Y
Mailing Address PO Box 476				12 06 2023
City	State	Zip Code		FEC Identification Number
Lyndora Purpose of Disbursement	PA	16045		C C00474189
			011	Transaction ID : 17810560
Candidate Name			Category/	Amount of Each Disbursement this Period
Kelly, Mike, , Rep., Jr.			Туре	1000.00
	ement For:	-		1000.00
President	Primary Other (spe	General		
State: PA District: 16		(Solly)		Memo Item
SUBTOTAL of Disbursements This Page (optional)				3000.00
			P	
TOTAL This Period (last page this line number onl	y)		••••••	, ,

S	CHEDULE B (FEC Form 3X)			F	OR LI		NUMBER:	PAGE 151 OF 162						
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(C	heck	-								
			Summary Page			21b 28a	22 X 23 28b 28c	26 27 29 30b						
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\setminus	NAME OF COMMITTEE (In Full)													
	National Association of Benefits a	nd Insura	ance Profess	siona	als I	PAC	C (NABIP PAC	C)						
Α.	Full Name (Last, First, Middle Initial) Andy Barr For Congress, Inc.						Date of Disburse							
	Mailing Address PO Box 2059						12 / D D / Y Y Y Y 12 06 2023							
	City	State	Zip Code				FEC Identification	Number						
	Lexington Purpose of Disbursement	KY	40588				0 000 40755							
				0	011	11	C C0046757	and the second sec						
	Candidate Name			Cate	egory	,		ID: 17810561 Disbursement this Period						
	Barr, Andy, , Rep., IV				ype									
	Office Sought: X House Disburse Senate President	ment For: 2 Primary	General					1000.00						
	State: KY District: 06	Other (spec	Sily) 🔻				Memo Item							
	Full Name (Last, First, Middle Initial)													
В.	Latta For Congress						Date of Disburse							
	Mailing Address PO Box 106						12 0	6 2023						
	City Bowling Green	State OH	Zip Code 43402-0106				FEC Identification	n Number						
	Purpose of Disbursement			-	-		C C0043869	17						
				C)11			ID : 17810562						
	Candidate Name				egory	/		Disbursement this Period						
	Latta, Bob, , Rep., Office Sought: Y House Disburse	ment For: 2	2024	Ту	ype			1000.00						
		Primary	2024 General					1000.00						
	President	Other (spec					Memo Item							
	State: OH District: 05													
C.	Full Name (Last, First, Middle Initial)						Date of Disburse							
	Mailing Address P.O. Box 15854						12 / D							
	City	State	Zip Code				FEC Identification	Number						
	Washington Purpose of Disbursement	DC	20003											
				0)11	11	C C0050757	and the second sec						
	Candidate Name				egory. ype	/		ID: 17810565 Disbursement this Period						
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<u>د</u>	Full Name (Last, First, Middle Initial)						Data of	Diebuw						
Α.	Claudia Tenney For Congress						Date of		ser		V	YYYY		
	Mailing Address PO Box 378						12		12			2023		
	City Victor	State NY	Zip Code 14564				FEC Ide	ntificati	on	Num	ber			
	Purpose of Disbursement		14304	_	-		С	00632	82	8	-			
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	Candidate Name Tenney, Claudia, , Rep.,				egory. /pe	/	Amount	of Eacl	h [Disbu	seme	nt this Pe	eriod	
		ment For: 2	024	- I y	/pe							1000.00		
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	State: NY District: 24	Other (spec	∶ify) ▼				Men	no Item	ı					
	Full Name (Last, First, Middle Initial)													
В.	Friends Of Todd Young, Inc.						Date of	Disburs	ser	ment				
	Mailing Address PO Box 3743										2023			
	5	State	Zip Code				FEC Ide	ntificati	on	Num	ber			
	Carmel Purpose of Disbursement	IN	46082			_	C	00459	25	5		-		
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	Candidate Name				gory	/						nt this Pe	eriod	
	Young, Todd, C., Sen., Office Sought: House Disburser	ment For: 2	2028	Ty	/pe		1000.00							
		Primary	General					-1				1 40		
	State: IN District:	Other (spec	ify)				Men	no Item	ı					
	Full Name (Last, First, Middle Initial)													
C.	Cramer For Senate						Date of						_	
	Mailing Address PO Box 396						м м 12		13			2023		
	5	State	Zip Code				FEC Ide	ntificati	on	Num	ber			
	Bismarck Purpose of Disbursement	ND	58502-0396				С	200504	70	4				
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	Candidate Name				gory	/	Amount	of Eacl	h [Disbu	seme	nt this Pe	eriod	
	Cramer, Kevin, , Sen., Office Sought: House Disburse	ment For: 2	024	IJ	/pe							1000.00		
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\square	NAME OF COMMITTEE (In Full)													
	National Association of Benefits a	nd Insura	ance Profes	siona	als	PAC	C (NA	BIP	PA	С	;)			
Α.	Full Name (Last, First, Middle Initial) Alaskans For Dan Sullivan						Date	of Di	sburse	en	nent			
							M 10		D) /		Y Y Y	
	Mailing Address 3705 Arctic Blvd #447		1				12			13			2023	
	City Anchorage	State AK	Zip Code 99503				FEC	denti	ficatio	n	Numbe	ər		
	Purpose of Disbursement	,	00000	_	_		С	CO	05709	92	1			
				0)11			rans	actior	1	D : 178	523	13	
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	Sullivan, Dan, , Sen., USMC Office Sought: House Disburse	ment For: 2	0.21	Ţ	уре								1000.00	
	X Senate	Primary	General				<u> </u>		7	-			- 40	-
	State: AK District:	Other (spec	cify) ▼				N	lemo	Item					
_	Full Name (Last, First, Middle Initial)													
В.	Laurel Lee For Congress, Inc.						Date	_		-	_			_
	Mailing Address P.O. Box 2743						12 / D D / Y Y Y Y 12 14 2023							
	City	State	Zip Code				FEC	denti	ficatio	n	Numbe	ər		
	Brandon Purpose of Disbursement	FL	33509			_	C	CO	18153	73	2	-		
				C	011		C C00815373 Transaction ID : 17852846							
	Candidate Name				egory	y/							ent this Pe	eriod
	Lee, Laurel, , Rep., Office Sought: Y House Disburse	ment For: 2	0004	T	ype		2000.00							
		Primary	General										2000.00	- L
	President	Other (spec						lemo	Item					
	State: FL District: 15						LU		nom					
C.	Full Name (Last, First, Middle Initial) Chris Coons For Delaware						Date	of Di	sburse	en	nent			
							M			D			Y Y Y	
	Mailing Address PO Box 9900						12			14		-	2023	
	City	State DE	Zip Code 19714				FEC	denti	ficatio	n	Numbe	ər		
	Newark Purpose of Disbursement	DE	19714	_	_		С	C0	04753	392	2			
				0)11			rans	actior	n I	D : 178	535	78	
	Candidate Name				egory	y/	Amou	nt of	Each	D	Disburs	eme	ent this Pe	eriod
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		Summary Page			21b 28a	22 	×	23 28c	\mid	26 29	27 30b		
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NAME OF COMMITTEE (In Full)													
ight angle National Association of Benefits a	nd Insura	ance Profess	siona	als	PAC	(NAE	BIP	PA	C)				
Full Name (Last, First, Middle Initial)						D-t	4	h	-				
A. Common Values PAC						Date o	_						
Mailing Address 1020 North Fairfax St Suite 201						12	/	D 1		/ Y	2023	Ŷ	
City	State	Zip Code				FEC ld	lentifi	icatio	n Nu	mber			
Alexandria Purpose of Disbursement	VA	22314				_					_		
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Candidate Name										17853	593 ient this P	ariad	
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Office Sought: House Disburse	ment For:			-	\neg						1000.00)	
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D						Date o	f Dis	burse	men	t			
Kuster For Congress, Inc						M M	/	D	D	/ Y	YY	Y	
Mailing Address PO Box 1498						12 14 2023							
City Concord	State NH	Zip Code 03302				FEC ld	lentifi	icatio	n Nu	mber			
Purpose of Disbursement		00002	_	_		C C00462861							
			0	11									
Candidate Name			Cate	gory	/	Transaction ID : 17853594 Amount of Each Disbursement this Perio							
Kuster, Ann, McLane, Rep.,				/pe j									
	ement For: 2							-		-9-	1000.0	J	
Senate X	Primary Other (spec	General											
State: NH District: 02						Me	emo l	ltem					
Full Name (Last, First, Middle Initial)													
C. Johnson For Congress						Date o	f Dis	burse	emen	t			
Mailing Address PO Box 906						м м 12	/	D 1		/ Y	2023	Y	
Maining Address FO BOX 300						12			r		2020		
City	State	Zip Code			\top	FEC ld	lentifi	icatio	n Nu	mber			
Marietta	ОН	45750				_	-		-				
Purpose of Disbursement			0	11	ור	С		4768					
Candidate Name										17853		ariad	
Johnson, Bill, , Rep., USAF (Ret)				egory /pe	′	Amoun	. 01 1	Laun	080	uisell	ient this P	enou	
Office Sought: X House Disburse	ement For: 2	2024		-				-			1000.0	C	
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President	Other (spec	cify) 🔻				Me	emo l	Item					
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SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 155 OF 162
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		Summary Page	21b	22 🗙 23 26 27
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NAME OF COMMITTEE (In Full)				
National Association of Benefits a	and Insur	ance Profess	sionals PA	C (NABIP PAC)
Full Name (Last, First, Middle Initial)				Date of Disbursement
A. Brittany Pettersen For Colorado				
Mailing Address PO Box 150887				12 14 2023
City	State	Zip Code		FEC Identification Number
Lakewood Purpose of Disbursement	CO	80215		
Fulpose of Disbursement			011	C C00637215
Candidate Name			Category/	Transaction ID : 17853597 Amount of Each Disbursement this Period
Pettersen, Brittany, , Rep.,			Type	Amount of Each Disburschient this Fehou
	sement For:			1000.00
Senate President	Primary Other (spe	General		
State: CO District: 07		(only)		Memo Item
Full Name (Last, First, Middle Initial)				
^{B.} Donald Norcross For Congress				Date of Disbursement
Mailing Address PO Box 160				12 14 2023
City	State NJ	Zip Code 08108		FEC Identification Number
Collingswood Purpose of Disbursement	INJ	00100		C C00558320
			011	
Candidate Name			Category/	Transaction ID : 17853598 Amount of Each Disbursement this Period
Norcross, Donald, , Rep.,			Type	
Ŭ 🖌	sement For:			1000.00
	Primary	General		
State: NJ District: 01	Other (spe	ciry)		Memo Item
Full Name (Last, First, Middle Initial)				
^{C.} Guy For Congress				Date of Disbursement
Mailing Address P.O. Box 23177				12 14 Y Y Y Y Y 12 14 2023
City	State	Zip Code		FEC Identification Number
Pittsburgh	PA	15222		
Purpose of Disbursement			011	C C00657833
Candidate Name				Transaction ID : 17853599
Reschenthaler, Guy, , Rep.,			Category/ Type	Amount of Each Disbursement this Period
Office Sought: X House Disburs	sement For:	2024	71	1000.00
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President	Other (spe	ecify)		Memo Item
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NAME OF COMMITTEE (In Full)					
ight angle National Association of Benefits a	nd Insura	ance Profess	sionals	s PA(C (NABIP PAC)
Full Name (Last, First, Middle Initial)					
A. Himes For Congress					Date of Disbursement
Mailing Address 857 Post Rd #312					12 14 2023
City Fairfield	State CT	Zip Code 06824			FEC Identification Number
Purpose of Disbursement	01	00024			C C00434191
			011		
Candidate Name			Catego	rv/	Transaction ID : 17853600 Amount of Each Disbursement this Period
Himes, Jim, , Rep.,			Туре		
Senate	ment For: 2 Primary	General			1000.00
State: CT District: 04	Other (spe	cify) 🔻			Memo Item
Full Name (Last, First, Middle Initial)					
^{B.} Jimmy Gomez For Congress					Date of Disbursement
Mailing Address 600 Pennsylvania Ave Se #1518)				12 14 2023
City	State	Zip Code			FEC Identification Number
Washington Purpose of Disbursement	CA	20003			С С00629659
			011		
Candidate Name			Catego	rv/	Transaction ID : 17853601 Amount of Each Disbursement this Period
Gomez, Jimmy, , Rep.,			Туре		
	ment For:				1000.00
President	Primary Other (spe	General			-
State: CA District: 34	Other (spe	city)			Memo Item
Full Name (Last, First, Middle Initial)					Data of Diskurgement
C. Lauren Underwood For Congress					Date of Disbursement
Mailing Address 13400 S Route 59 Ste 116 Box 248					12 / D D / Y Y Y Y 12 14 2023
City	State	Zip Code			FEC Identification Number
Plainfield Purpose of Disbursement	IL	60585			0 000050740
Fulpose of Disbursement			011		C C00652719
Candidate Name					Transaction ID : 17853602 Amount of Each Disbursement this Period
Underwood, Lauren, , Rep.,			Catego Type		Amount of Each Disburschieft this Feriod
Office Sought: X House Disburse	ment For:	2024			1000.00
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President	Other (spe	cify) 🔻			Memo Item
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NAME OF COMMITTEE (In Full)																				
National Association of Benefits	and Insur	ance Profess	siona	als I	PAC	C (NAE	BIP	PA	C)											
Full Name (Last, First, Middle Initial) A. Forward Together PAC										Date of Disbursement										
	Mailing Address 1751 POTOMAC GREENS DR								D /	Y	2002	Y								
Mailing Address 1751 POTOMAC GREENS DR									4		2023									
City Alexandria	State VA	Zip Code 22314				FEC lo	dentif	icatio	n Num	ber										
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Candidate Name			0	11		Tr				ID : 17853604										
Canuluate mame			Cate Ty	egory /pe	/	Amount of Each Disbursement this Period 5000.00														
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	State: District:																			
 Full Name (Last, First, Middle Initial) B. Nikema For Congress, Inc 								Date of Disbursement												
									D / A	Y	2023	Y								
Mailing Address PO Box 311913				12 14 2023																
City Atlanta	State GA	Zip Code 31131				FEC lo	dentif	icatio	n Num	ber										
Purpose of Disbursement						С	C00	75258	34											
Candidate Name	011								ID : 17853605											
Williams, Nikema, , Rep.,			Cate Tv	egory vpe	/	Amour	ent this P	eriod												
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State: GA District: 05		ectry)				Memo Item														
Full Name (Last, First, Middle Initial)						Date o		burec	ment											
^{C.} McHenry For Congress	^{C.} McHenry For Congress									Y	YYY	Y								
Mailing Address PO Box 2165						12 14 2023														
City	State	Zip Code				FEC lo	dentif	icatio	n Num	ber										
Gastonia Purpose of Disbursement											_									
	11	C C00393629																		
Candidate Name						Transaction ID : 17853606 Amount of Each Disbursement this Period 2500.00														
McHenry, Patrick, , Rep., Office Sought: Y House Disburg																				
Senate	Primary	General																		
President	Other (spe	ecify) 🔻				M	emo	Item												
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\backslash	NAME OF COMMITTEE (In Full)													
	National Association of Benefits an	nd Insura	ance Profess	ionals PA	C (NABIP PAC)									
Α.	Full Name (Last, First, Middle Initial) Casten For Congress Mailing Address PO Box 132				Date of Disbursement									
	City Downers Grove	State IL	Zip Code 60515		FEC Identification Number									
	Purpose of Disbursement	IL	60515	011	C C00648493									
	Candidate Name		I	Category/	Transaction ID : 17853607 Amount of Each Disbursement this Period									
	Casten, Sean, , Rep.,			Type										
	Office Sought: X House Disbursed Senate President	ment For: 2 Primary Other (spec	General		1000.00									
	State: IL District: 06													
В.	Shontel Brown for Congress	Date of Disbursement												
	Mailing Address PO BOX 221232													
	City Beechwood	State OH	Zip Code 44122		FEC Identification Number									
	Purpose of Disbursement		11122	011	C C00764381 Transaction ID : 17853608									
	Candidate Name			Category/	Amount of Each Disbursement this Period									
	Brown, Shontel, , , Office Sought: X House Disburser	ment For: 2	001	Туре	1000.00									
		Primary	General		7 7 7									
	State: OH District: 11	Other (spec	sify)		Memo Item									
с.	Full Name (Last, First, Middle Initial)	Date of Disbursement												
	Velvet Hammer PAC				M M / D D / Y Y Y									
	Mailing Address P.O. BOX 14362		12 14 2023											
	5	State MN	Zip Code 55114		FEC Identification Number									
	St. Paul Purpose of Disbursement		C											
	Candidate Name			011 Category/ Type	Transaction ID : 17853611 Amount of Each Disbursement this Period									
		ment For:	2 F *	2500.00										
	State:	Primary Other (spec	General Sify) ▼		Memo Item									
	State: District:													
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	for each category of Detailed Summary F			21b 28a		, 22 28b	X 23 280		26		27 30b				
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NAME OF COMMITTEE (In Full)															
National Association of Benefits ar	nd Insurance Pro	ofessi	ona	ls PA	C (I	NAB	IP PA	AC))						
Full Name (Last, First, Middle Initial)	Date of Disbursement														
* Val Hoyle For Congress					10	M	/ D	D	/	Y	YYYY				
Mailing Address PO Box 657						12		14		_	2023				
City Springfield	State Zip Code OR 97477				F	EC Ide	entificati	on l	Numb	ber					
Purpose of Disbursement	011 01411				6		C00796								
			011												
Candidate Name			Cate	orv/	Transaction ID : 17853612 Amount of Each Disbursement this Period										
Hoyle, Val, , Rep.,			Тур												
Senate	Senate Primary General							1000.00							
State: OR District: 04	Other (specify)					Mer	mo Item	I							
Full Name (Last, First, Middle Initial)															
Vicente Gonzalez For Congress			Date of Disbursement					YYYY							
Mailing Address 121 North 10th Street	Mailing Address 121 North 10th Street								12 14 2023						
City Mcallen	State Zip Code TX 78501			FEC Identification Number											
Purpose of Disbursement							C00592	659							
								n ID):17	853	614				
Candidate Name						Amount of Each Disbursement this Period									
Gonzalez, Vicente, , , Office Sought: Y House Disbursen	nent For: 2024		Тур	be	- E						1000.00				
	Primary Gen	eral				_	-1-	-	-7	-	1000.00				
	Other (specify)														
State: TX District: 15						Mer	mo Item								
Full Name (Last, First, Middle Initial)															
DIRIGO PAC			D	ate of	Disburs	sem	ent								
Mailing Address 1020 N. Fairfax Street, Suite 201	ress 1020 N. Fairfax Street, Suite 201							12 15 / Y Y Y Y 12 15							
5	State Zip Code			FEC Identification Number											
Alexandria Purpose of Disbursement	VA 22314							-		_					
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Candidate Name							Transaction ID : 18018900								
		Category/ Type			Amount of Each Disbursement this Period										
Office Sought: House Disburser	nent For:	1	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								- 2500.00				
	Primary Gen	eral						V	, - hic	DIR	IGO PAC - Not Cas				
State: District:	Other (specify)					Mer	mo Item								
					-			-	-						
SUBTOTAL of Disbursements This Page (optional)				···· >	Ļ	_		-		-	- 500.00				
TOTAL This Period (last page this line number only)				🕨						,					

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page		DR LINE neck only	NUMBER: PAGE 160 OF 162 / one) 22 X 23 26 27								
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or for commercial purposes, other than using the n													
NAME OF COMMITTEE (In Full)													
National Association of Benefits a	and Insur	ance Professi	iona	als PA	C (NABIP PAC)								
Full Name (Last, First, Middle Initial)													
A. Tony Cardenas For Congress					Date of Disbursement								
Mailing Address 122 C St Nw Ste 360	12 15 / Y Y Y Y 2023												
City	State	Zip Code			FEC Identification Number								
Washington Purpose of Disbursement	CA	20001			0 000400070								
Void - Tony Cardenas For Congress - Not Cashe	ed		0	11	C C00498873								
Candidate Name			Cate	gory/	Transaction ID : 18018901 Amount of Each Disbursement this Period								
Cardenas, Tony, , Rep.,				/pe									
	sement For:	- 			- 1000.00								
Senate Senate	Primary	General			Void - Tony Cardenas For								
State: CA District: 29													
Full Name (Last, First, Middle Initial)													
^{B.} Virginia Foxx For Congress	Date of Disbursement												
Mailing Address PO Box 2676													
City		FEC Identification Number											
Purpose of Disbursement	Boone NC 28607 Purpose of Disbursement												
Void - Virginia Foxx For Congress- Not Cashed	11	C C00386748 Transaction ID : 18018902											
Candidate Name			Cate	gory/	Amount of Each Disbursement this Period								
Foxx, Virginia, , Rep., Ed.D.			Ту	vpe	- 2500.00								
č N	sement For:	2024 General											
President	Other (spe				Void - Virginia Foxx For Congi Nome Itom Not Cashed								
State: NC District: 05					Memo Item Not Cashed								
Full Name (Last, First, Middle Initial)													
^{C.} Darren Soto For Congress	Darren Soto For Congress												
Mailing Address PO Box 421349	-												
					12 15 2023								
City	State FL	Zip Code 34742			FEC Identification Number								
Kissimmee		C C00581074											
Void - Darren Soto For Congress - Not Cashed	Purpose of Disbursement Void - Darren Soto For Congress - Not Cashed 011												
Candidate Name	gory/	Transaction ID : 18018903 Amount of Each Disbursement this Period											
Soto, Darren, , Rep.,	/pe												
	ement For:			- 1000.00									
President			Void - Darren Soto For Cong										
State: FL District: 09	Other (spe	<i>,,</i> ,			Memo Item Not Cashed								
SUBTOTAL of Disbursements This Page (optional)				- 4500.00								
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TOTAL This Period (last page this line number on	ly)			►	, ,								

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS							NE NUMBER: phy one) 1b 22 X 23 26 27 3a 28b 28c 29 30b							
Any information copied from such Reports and State or for commercial purposes, other than using the nar														
NAME OF COMMITTEE (In Full)														
National Association of Benefits ar	nd Insura	ance Profes	siona	als PA	C (I	NAB	IP PA	C)						
A. Full Name (Last, First, Middle Initial) Madison PAC Mailing Address 235 STATE STREET #206	Date of Disbursement													
City SPRINGFIELD	State MA	Zip Code 01103			FI	EC Ide	entificatio	on N	umber	r				
Purpose of Disbursement		01103	_	_	C		C004268	809						
Void - Madison PAC - Not Cashed			0	11			nsaction		. 1801	8904				
Candidate Name				egory/ /pe	A		of Each				this Per	iod		
Office Sought: House Disburse Senate President	Senate Primary General										500.00 PAC - N	Jot Cash		
State: District:														
Full Name (Last, First, Middle Initial) B.	Il Name (Last, First, Middle Initial)								nt	/ Y	YYY			
Mailing Address														
City	Zip Code			FEC Identification Number										
Purpose of Disbursement	—	C												
Candidate Name				egory/ /pe	Amount of Each Disbursement this Period							iod		
Office Sought: House Disburse Senate President	Senate Primary General						-		-		-			
State: District:	Other (spec	лу)			L	Mer	mo Item							
Full Name (Last, First, Middle Initial)							Disburs		_		ΥΥ	_		
Mailing Address	Mailing Address							D			- T - T			
City	State	Zip Code			FEC Identification Number									
Purpose of Disbursement	Purpose of Disbursement													
Candidate Name		egory/ /pe	Amount of Each Disbursement this Period						iod					
Senate														
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SUBTOTAL of Disbursements This Page (optional)									-9-		500.00 500.00			

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ITEMIZED DISBURSEMENTS		for each	arate schedule(s) category of the	(check only	v one) 22 23 26 27								
		Detailed :	Summary Page	X 28a	28b 28c 29 30b								
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\backslash	NAME OF COMMITTEE (In Full)												
	National Association of Benefits a	nd Insura	ance Profess	sionals PA	C (NABIP PAC)								
A.	Full Name (Last, First, Middle Initial)		Date of Disbursement										
	Stenger, James, R., ,				12 15 2023								
	Mailing Address 8926 Crown Colony Boulevard												
	City Fort Myers	State FL	Zip Code 33908-5627		FEC Identification Number								
	Purpose of Disbursement		33906-5027		С								
	Void - James R. Stenger - Not Cashed			010									
	Candidate Name			Category/ Type	Transaction ID : 18018905 Amount of Each Disbursement this Period								
	Office Sought: House Disburse	ment For:		71	- 85.00								
	Senate	Primary	General		Void - James R. Stenger - No								
	State: District:	Other (spec	city) 🔻		Memo Item Cashed								
	Full Name (Last, First, Middle Initial)												
В.					Date of Disbursement								
	Mailing Address												
	City	State	Zip Code		FEC Identification Number								
	Purpose of Disbursement			· · · · ·	C								
	Candidate Name			Category/ Type	Amount of Each Disbursement this Period								
	Office Sought: House Disburse	ment For:		1900									
	Senate	Primary	General										
	State: District:	Other (spec	city)		Memo Item								
_	Full Name (Last, First, Middle Initial)												
C.					Date of Disbursement								
	Mailing Address												
	City	State	Zip Code		FEC Identification Number								
	Purpose of Disbursement				C Amount of Each Disbursement this Period								
	Candidate Name			Category/ Type									
	Office Sought: House Disburse												
	Senate President	Primary Other (spec	General										
	State: District:	Other (spec	Siry) 🔻		Memo Item								
s	UBTOTAL of Disbursements This Page (optional).				- 85.00								
⊢					- 85.00								
Т	OTAL This Period (last page this line number only	/)		••••••	- 00.00								