

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

ADDRESS (number and street) 999 E Street, NW
Suite 400
Washington DC 20004
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00283135 3. IS THIS REPORT NEW (N) OR AMENDED (A)

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

5. Covering Period 04 / 01 / 2023 through 04 / 30 / 2023

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Murphy, Jennifer, , ,
Type or Print Name of Treasurer

Signature of Treasurer *Murphy, Jennifer, , ,* [Electronically Filed] Date 05 / 04 / 2023

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2023"/>		278198.46
(b) Cash on Hand at Beginning of Reporting Period.....	302851.42	
(c) Total Receipts (from Line 19)	34527.17	250443.68
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	337378.59	528642.14
7. Total Disbursements (from Line 31).....	22247.98	213511.53
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	315130.61	315130.61
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	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	19089.67	141197.51
(ii) Unitemized	15437.50	109246.17
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	34527.17	250443.68
(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)	34527.17	250443.68
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	34527.17	250443.68
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	34527.17	250443.68

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	747.98	5011.53
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	747.98	5011.53
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	21500.00	205500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	3000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	3000.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	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
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	22247.98	213511.53
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	22247.98	213511.53

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	34527.17	250443.68
34. Total Contribution Refunds (from Line 28(d))	0.00	3000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	34527.17	247443.68
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	747.98	5011.53
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	747.98	5011.53

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

A. Bennett, Andrea, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5360 Gulf of Mexico Drive #107
 City Longboat Key State FL Zip Code 34228-2046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AM Bennett & Co Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 465.00

Date of Receipt 04 / 02 / 2023
Transaction ID : 17325334
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Bagley, Calvin, Dean, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2300 W Sahara Ave Ste 650, Box 29
 City Las Vegas State NV Zip Code 89102-4398
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nuvo Health Occupation (for Individual) Managing Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 04 / 02 / 2023
Transaction ID : 17325345
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Giardina, Charles, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5440 Mounes Street, Suite 112
 City New Orleans State LA Zip Code 70123-3296
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MassMutual Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 466.00

Date of Receipt 04 / 02 / 2023
Transaction ID : 17325355
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

A. Yurek, Terri, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13240 Evening Creek Dr S
 Suite 305

City San Diego State CA Zip Code 92128-4105

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

Name of Employer (for Individual) Terri Yurek Insurance Occupation (for Individual) Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 03 / 2023
Transaction ID : 17325386

Amount of Each Receipt this Period 85.00

Memo Item

B. Sterner, Heidi, J., PAHM, LPRT,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3402 Cinnamon Creek Ave

City North Las Vegas State NV Zip Code 89031-3520

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

Name of Employer (for Individual) A and H Insurance Occupation (for Individual) Insurance Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 452.00

Date of Receipt 04 / 03 / 2023
Transaction ID : 17325395

Amount of Each Receipt this Period 42.00

Memo Item

C. Dinkel, Matthew, Kim, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13700 Six Mile Cypress Pkwy

City Fort Myers State FL Zip Code 33912-4324

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

Name of Employer (for Individual) AWA Insurance Agency Occupation (for Individual) Broker

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 03 / 2023
Transaction ID : 17325398

Amount of Each Receipt this Period 85.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	212.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

A. Warwick, John, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1907 B Mangrove Ave.
 City Chico State CA Zip Code 95926-2381
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) John Warwick Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 03 / 2023
Transaction ID : 17325402
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Murphy, Stacy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3080 S Jog Rd
 City Greenacres State FL Zip Code 33467-2053
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Absolute Best Insurance Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 03 / 2023
Transaction ID : 17325404
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Cagliola, David, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1041 Old Cassatt Rd
 City Berwyn State PA Zip Code 19312-1152
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Simkiss & Block Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 04 / 2023
Transaction ID : 17325893
 Amount of Each Receipt this Period 170.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	340.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

A. Nolimal, Frank, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5740 S. Arville, Ste 204
 City Las Vegas State NV Zip Code 89118-3071
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Assurance Ltd. Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 04 / 2023
Transaction ID : 17325894
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Carroll, Ryan, John, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2101 Florence Ave
 City Cincinnati State OH Zip Code 45206-2426
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cornerstone Broker Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 04 / 2023
Transaction ID : 17325895
 Amount of Each Receipt this Period
 85.00
 Memo Item

C. Croft, Sue, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 706 Burks Hill Rd
 City Bedford State VA Zip Code 24523-2606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Croft Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 05 / 2023
Transaction ID : 17326028
 Amount of Each Receipt this Period
 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	270.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

A. Carothers, Christopher, B., LUTCF,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3037 E Warm Springs Rd. Suite 400
 City Las Vegas State NV Zip Code 89120-3759
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Carothers Insurance Agency, Inc. Occupation (for Individual) Agency Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 04 / 05 / 2023
Transaction ID : 17326030
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Crosby, Neil, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32110 Agoura Road
 City Westlake Village State CA Zip Code 91361-4026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Director of Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 05 / 2023
Transaction ID : 17326038
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Southan, Tamela, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 W. Renner Rd., Ste 330
 City Richardson State TX Zip Code 75082-2025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Benefit Solutions By Design, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 05 / 2023
Transaction ID : 17326039
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 200.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

A. Wham, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 Plymwood Dr
 City Plymouth Meeting State PA Zip Code 19462-2636
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kistler Tiffany Benefits Occupation (for Individual) Director of Compliance Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 218.00

Date of Receipt 04 / 05 / 2023
Transaction ID : 17326042
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Sale, Raymer, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2905 Premiere Parkway Suite 285
 City Duluth State GA Zip Code 30097-5246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) E2E Benefits Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 05 / 2023
Transaction ID : 17326045
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Smith, Michael, David, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6200 Stone Hill Farms Parkway
 City Flower Mound State TX Zip Code 75028-4312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Brokerage, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 770.00

Date of Receipt 04 / 06 / 2023
Transaction ID : 17326339
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	172.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

A. Hoffman, Crystal, , SGS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14905 Southwest Fwy
Ste 200

City Sugar Land State TX Zip Code 77478-5021

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

Name of Employer (for Individual) Benefit Concepts, Inc. Occupation (for Individual) Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 06 / 2023

Transaction ID : 17326343

Amount of Each Receipt this Period
100.00

Memo Item

B. Sokol, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 901 Wilshire Drive
Suite 330

City Troy State MI Zip Code 48084-5611

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

Name of Employer (for Individual) Wilshire Benefits Group Occupation (for Individual) President/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
680.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 06 / 2023

Transaction ID : 17326344

Amount of Each Receipt this Period
170.00

Memo Item

C. Marinelli, Aaron, M. J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 36711 American Way
Suite 2F

City Avon State OH Zip Code 44011-4061

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

Name of Employer (for Individual) Magis Advisory Group Occupation (for Individual) Broker

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2023

Transaction ID : 17327073

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	520.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

A. Mayer, Alana, Marie, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3800 N. Central Ave
 9th Floor
 City Phoenix State AZ Zip Code 85012-1979
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Black, Gould & Associates Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 465.00

Date of Receipt
 04 / 07 / 2023
Transaction ID : 17327074
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Pendorf, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31666 W. Nine Dr.
 City Laguna Niguel State CA Zip Code 92677-2955
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Independent Financial Group LLC Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt
 04 / 07 / 2023
Transaction ID : 17327078
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Gussin, Craig, , CLU, LPRT,,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 701 Palomar Airport Road #260
 City Carlsbad State CA Zip Code 92011-1047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Auerbach & Gussin Insurance and Financ Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt
 04 / 07 / 2023
Transaction ID : 17327079
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	255.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

A. Galardini, Richard, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 Pinewood Ln
Ste 301

City Warrendale State PA Zip Code 15086-7617

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

Name of Employer (for Individual) Emerson Reid/My Benefit Advisor, LLC Occupation (for Individual) Chairman & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 08 / 2023

Transaction ID : 17327121

Amount of Each Receipt this Period
 125.00

Memo Item

B. Hepscher, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 38168 Medical Center Avenue

City Zephyrhills State FL Zip Code 33540-1380

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

Name of Employer (for Individual) The Canadian Medstore Occupation (for Individual) Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2515.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 08 / 2023

Transaction ID : 17327129

Amount of Each Receipt this Period
 85.00

Memo Item

C. Griffey, Patricia, A., CSA, RHU,,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 56294 Primrose Cir

City Elkhart State IN Zip Code 46516-1509

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

Name of Employer (for Individual) Page 1 Insurance Services Occupation (for Individual) Broker

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 08 / 2023

Transaction ID : 17327132

Amount of Each Receipt this Period
 100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	310.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

A. Deagle, Michael, P., REBC,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 422 W. State St.
 Suite 150
 City Geneva State IL Zip Code 60134-2104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BenAxis, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **666.68**

Date of Receipt **04 / 09 / 2023**
Transaction ID : 17327152
 Amount of Each Receipt this Period **166.67**
 Memo Item

B. Rider, Susan, M., MS, REBC,,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 366
 City Westfield State IN Zip Code 46074-0366
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Human Capital Concepts Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **515.00**

Date of Receipt **04 / 09 / 2023**
Transaction ID : 17327153
 Amount of Each Receipt this Period **85.00**
 Memo Item

c. Magnuson, Raymond, E., JD,CLU,ChF,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4337 E. 5th Street
 City Tucson State AZ Zip Code 85711-2025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Magnuson and Associates Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **965.00**

Date of Receipt **04 / 09 / 2023**
Transaction ID : 17327156
 Amount of Each Receipt this Period **85.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	336.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

A. Snitchler, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O Box 2720
 City Bakersfield State CA Zip Code 93303-2720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kern Island Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 248.00

Date of Receipt 04 / 10 / 2023
Transaction ID : 17327170
 Amount of Each Receipt this Period 12.00
 Memo Item

B. Pedersen, Jill, L., REBC,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16325 Boones Ferry Rd #204
 City Lake Oswego State OR Zip Code 97035-4297
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Columbia Benefit Solutions, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 740.00

Date of Receipt 04 / 10 / 2023
Transaction ID : 17327175
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Dillon, Michael, F., CEBS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 329 Flint Street
 City Reno State NV Zip Code 89501-2005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dillon Health Occupation (for Individual) President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1560.00

Date of Receipt 04 / 10 / 2023
Transaction ID : 17327176
 Amount of Each Receipt this Period 415.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	512.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

A. Buza, Raymond, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1070 Reef Rd
 Apt 305
 City Vero Beach State FL Zip Code 32963-4342
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Palm Beach Insurance Advisory Group, I Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 04 / 10 / 2023
Transaction ID : 17327177
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Kelley, Dianne, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7320 N La Cholla Blvd.
 154-219
 City Tucson State AZ Zip Code 85741-2309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sandbrook Group Occupation (for Individual) Ins. Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 04 / 11 / 2023
Transaction ID : 17327429
 Amount of Each Receipt this Period 63.00
 Memo Item

C. Haberman, Joshua, , RHU,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9301 Bryant Ave S
 Suite 105
 City Bloomington State MN Zip Code 55420-3473
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 1445 Jessamine LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 955.00

Date of Receipt 04 / 11 / 2023
Transaction ID : 17327437
 Amount of Each Receipt this Period 170.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	318.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

A. Cunix, David, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6690 Beta Drive Suite 102
 City Mayfield Village State OH Zip Code 44143-2359
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cunix Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 04 / 12 / 2023
Transaction ID : 17332487
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Gertz, Josh, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 222 S. Riverside Plaza Suite 900
 City Chicago State IL Zip Code 60606-5975
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USI Insurance Services Occupation (for Individual) Compliance Project Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 12 / 2023
Transaction ID : 17332489
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Sherrill, David, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 498 Palm Springs Dr, Suite 270
 City Altamonte Springs State FL Zip Code 32701-7805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sherrill Insurance Brokerage Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 04 / 13 / 2023
Transaction ID : 17367600
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	145.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 OF 79
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

A. Schiebel, Al, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 Glenlake Parkway
 North Tower, Suite 1050
 City Atlanta State GA Zip Code 30328-3495
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Schiebel & Associates, LLC dba Shopben Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 04 / 13 / 2023
Transaction ID : 17367602
 Amount of Each Receipt this Period 45.00
 Memo Item

B. Blakely, Russ, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 246 E 11th Street
 Suite 302
 City Chattanooga State TN Zip Code 37402-4269
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Russ Blakely & Associates, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 13 / 2023
Transaction ID : 17367604
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Daugherty, Cathy, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3071 Via Serena N.
 Unit A.
 City Laguna Woods State CA Zip Code 92637-0416
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bridgeport Benefits Occupation (for Individual) Partner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 415.00

Date of Receipt 04 / 13 / 2023
Transaction ID : 17367606
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	215.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

A. Scholz, Paul, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4221 N 203rd St
 Ste 200
 City Elkhorn State NE Zip Code 68022-3474
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OCI Insurance & Financial Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 13 / 2023
Transaction ID : 17367608
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Fearing, Meagan, Ray, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 123 N Wahsatch Ave
 City Colorado Springs State CO Zip Code 80903-3406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Insurance Marketing Enterprises, Inc Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 318.00

Date of Receipt 04 / 14 / 2023
Transaction ID : 17367899
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Stuart, Rodney, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 484 E Carmel Dr
 Suite 358
 City Carmel State IN Zip Code 46032-2812
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Strategic Insurance Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 490.00

Date of Receipt 04 / 14 / 2023
Transaction ID : 17367904
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	212.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

A. Renkar, Christopher, J., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10286 Staples Mill Road #128

City Glen Allen	State VA	Zip Code 23060-3064
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Renkar Insurance Agency LLC	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
668.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		14		2023

Transaction ID : 17367907

Amount of Each Receipt this Period
42.00

Memo Item

B. Johnson, David, S., LUTCF,RHU,,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12138 Big Canoe

City Big Canoe	State GA	Zip Code 30143-5157
-------------------	-------------	------------------------

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

Name of Employer (for Individual) David S. Johnson Insurance	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		14		2023

Transaction ID : 17367913

Amount of Each Receipt this Period
100.00

Memo Item

C. Huston, Danielle, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 600 University Street
Suite 1900

City Seattle	State WA	Zip Code 98101-4115
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Lockton Companies	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		15		2023

Transaction ID : 17367981

Amount of Each Receipt this Period
85.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	227.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

A. Spleet, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2444 East Hill Rd.
 City Grand Blanc State MI Zip Code 48439-5098
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Franklin Benefit Solutions Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt **04 / 15 / 2023**
Transaction ID : 17367986
 Amount of Each Receipt this Period 63.00
 Memo Item

B. Michaelson Jenet, Dafna, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16891 East 107th Avenue
 City Commerce City State CO Zip Code 80022-9573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kalish Financial Services, LLC Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt **04 / 16 / 2023**
Transaction ID : 17368014
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Wilson, Lisa, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16211 N Brinson Suite 130
 City Nampa State ID Zip Code 83687-5521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Insurers of Idaho Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt **04 / 16 / 2023**
Transaction ID : 17368016
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	233.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

A. Kennedy, Tamara, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7310 N 16th Street
 Suite 226
 City Phoenix State AZ Zip Code 85020-8212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rogers Benefit Group, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt
 04 / 16 / 2023
Transaction ID : 17368017
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Trokey, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 215 S. Kirkwood Rd
 Ste 201
 City Saint Louis State MO Zip Code 63122-4359
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Q4intelligence LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 890.00

Date of Receipt
 04 / 16 / 2023
Transaction ID : 17368018
 Amount of Each Receipt this Period 85.00
 Memo Item

c. Munger, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3312 W. Magistrate Loop
 City Hayden State ID Zip Code 83835-5019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Munger Insurance Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt
 04 / 16 / 2023
Transaction ID : 17368022
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	255.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

A. Owens, David, Patrick, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Hazelwood Lane
 City Kinnelon State NJ Zip Code 07405-2104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) E.B. Cohen Insurance & Risk Management Occupation (for Individual) Principal
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 16 / 2023
Transaction ID : 17368023
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Ashford, James, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1209 S Frankfort Avenue Suite 205
 City Tulsa State OK Zip Code 74120-4247
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vision Care Direct of Oklahoma Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 465.00

Date of Receipt 04 / 17 / 2023
Transaction ID : 17368056
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Elam, Michael, Lee, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9000 Northpark Drive
 City Johnston State IA Zip Code 50131-4817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Delta Dental of Iowa Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 17 / 2023
Transaction ID : 17368058
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	255.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

A. Clark, Valerie, Jeanne, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 520 Hammill Ln
 City Reno State NV Zip Code 89511-2045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Clark and Associates of Nevada Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 17 / 2023
Transaction ID : 17368063
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Wakamoto-Lee, Sue, , CEBS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 411 E Date St
 City Brea State CA Zip Code 92821-5402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Claremont Insurance Services Occupation (for Individual) Producer/ Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 248.00

Date of Receipt 04 / 17 / 2023
Transaction ID : 17368064
 Amount of Each Receipt this Period 12.00
 Memo Item

C. Tompkins, Daniel, R., JD, MBA,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1720 Windward Concourse Suite 290
 City Alpharetta State GA Zip Code 30005-2291
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Admin America, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 17 / 2023
Transaction ID : 17368069
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	182.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

A. Walker, Beth, Ann, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1126 Lillo Court
 City Boulder City State NV Zip Code 89005-3134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 18 / 2023
Transaction ID : 17368179
 Amount of Each Receipt this Period
 30.00
 Memo Item

B. Singleton, Terry, , REBC,CFP,C,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 195579
 City Winter Springs State FL Zip Code 32719-5579
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 18 / 2023
Transaction ID : 17368189
 Amount of Each Receipt this Period
 85.00
 Memo Item

C. Wren, M. Hughes, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 7661
 City Wilmington State NC Zip Code 28406-7661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 415.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 18 / 2023
Transaction ID : 17368190
 Amount of Each Receipt this Period
 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

A. Eckard, Brenda, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 130 North 25th Street
 City Fort Dodge State IA Zip Code 50501-4338
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KHI Solutions Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 18 / 2023
Transaction ID : 17368192
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Waller, Doris, , LPRT Soari,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6411 Highland Crest Lane
 City Sachse State TX Zip Code 75048-5552
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pan-American Benefits Solutions, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 18 / 2023
Transaction ID : 17368193
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Kanter, Tim, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 246 Lombard St Ste B
 City Thousand Oaks State CA Zip Code 91360-8219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Get Benefits Insurance Services, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 19 / 2023
Transaction ID : 17368340
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	195.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

A. Riggs, Donald, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 14788
 City Irvine State CA Zip Code 92623-4788
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 19 / 2023
Transaction ID : 17368342
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Walker, Mychal, Hutchinson, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3455 Peachtree Industrial Blvd Ste 305
 City Duluth State GA Zip Code 30096-5176
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Walker Agency, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 465.00

Date of Receipt 04 / 19 / 2023
Transaction ID : 17368350
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Barke, Robert, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1306 Meadowlake Way
 City Monument State CO Zip Code 80132-9048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bar-K-Insurance Solutions, Inc. Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00

Date of Receipt 04 / 19 / 2023
Transaction ID : 17368451
 Amount of Each Receipt this Period 365.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	535.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 29 OF 79
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

A. Samuels, Cindy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8430 W Lake Mead #100
 City Las Vegas State NV Zip Code 89128-7674
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Insurance Concepts of Nevada Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 20 / 2023
Transaction ID : 17368473
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Bly, Perry, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 528 N Sycamore Ave Ste 2
 City Sioux Falls State SD Zip Code 57110-5737
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pernell Insurance Agency, Inc. Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 20 / 2023
Transaction ID : 17368476
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Frizzell, Paula, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1890 Star Shoot Parkway Suite 170-408
 City Lexington State KY Zip Code 40509-4566
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Frizzell and Associates, LLC Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 740.00

Date of Receipt 04 / 20 / 2023
Transaction ID : 17368479
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	270.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

A. Lilburn, Corey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15831 Trackside Dr
 City Odessa State FL Zip Code 33556-2904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alltrust Insurance Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1245.00

Date of Receipt **04 / 20 / 2023**
Transaction ID : 17368485
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Moore, Adrian, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7936 Covey Chase Drive
 City Charlotte State NC Zip Code 28210-7231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Friday Health Plans Occupation (for Individual) Regional Sales Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 318.00

Date of Receipt **04 / 21 / 2023**
Transaction ID : 17368608
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Nigro, Samuel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10050 Regency Cir Ste 300
 City Omaha State NE Zip Code 68114-3721
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gallagher Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **04 / 21 / 2023**
Transaction ID : 17368619
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	157.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

A. Hain, Erica, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 109 Pheasant Run Road
 100 North Academy Avenue
 City Newtown State PA Zip Code 18940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Johnson Kendall Johnson Occupation (for Individual) Senior Director, Commercial Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 21 / 2023
Transaction ID : 17368620
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Washko, Carla, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7251 Engle Rd.
 Suite 103
 City Cleveland State OH Zip Code 44130-3400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sage Partners, LLC Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 224.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 21 / 2023
Transaction ID : 17368623
 Amount of Each Receipt this Period
 42.00
 Memo Item

C. Harris, Deborah, I., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1236 122nd Ave
 City Hopkins State MI Zip Code 49328-9623
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brooks Agency LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 203.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 21 / 2023
Transaction ID : 17368625
 Amount of Each Receipt this Period
 12.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	154.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

A. Bechtold, Annette, , REBC,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 148 Stone Cliff Trce

City Cleveland	State GA	Zip Code 30528-5397
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Forte Consulting Atlanta	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		22		2023

Transaction ID : 17368946

Amount of Each Receipt this Period
85.00

Memo Item

B. Wild, Trei, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Five Cowboys Way Suite 300

City Frisco	State TX	Zip Code 75034-2074
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Warner Pacific Insurance Services	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		22		2023

Transaction ID : 17368947

Amount of Each Receipt this Period
85.00

Memo Item

C. Bryant, Jolene, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7317 W Montgomery Rd

City Lake Oswego	State OR	Zip Code 97035
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Columbia Benefit Solutions	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
208.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		22		2023

Transaction ID : 17368950

Amount of Each Receipt this Period
42.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	212.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

A. Hogeland, Charlene, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3800 N Central Ave
 Ninth Floor
 City Phoenix State AZ Zip Code 85012-1979
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Black, Gould & Associates Occupation (for Individual) Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1165.00

Date of Receipt 04 / 22 / 2023
Transaction ID : 17368958
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Bilhartz, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 41865 Boardwalk
 Ste 108
 City Palm Desert State CA Zip Code 92211-9031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bilhartz Desert Insurance Agency Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 339.00

Date of Receipt 04 / 23 / 2023
Transaction ID : 17369181
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Pendergraft, Ross, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16622 Calahan Street
 City North Hills State CA Zip Code 91343-3602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Leavitt Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 04 / 23 / 2023
Transaction ID : 17369185
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	255.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

A. Fitzgerald, Robert, Mark, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 185 Fowler St

City Woodstock	State GA	Zip Code 30188-5023
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Robert Fitzgerald Insurance Agency, In	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
755.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		23		2023

Transaction ID : 17369187

Amount of Each Receipt this Period
170.00

Memo Item

B. Mackin, Martin, John, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5133 Harding Pike
Ste. B10 - 284

City Nashville	State TN	Zip Code 37205-2891
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Foresight Benefits, Inc.	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2023

Transaction ID : 17369265

Amount of Each Receipt this Period
63.00

Memo Item

C. Tellesbo-Kembel, Marsha, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 40 Lake Bellevue, Suite 100

City Bellevue	State WA	Zip Code 98005-2480
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Tellesbo & Company	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
680.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2023

Transaction ID : 17369273

Amount of Each Receipt this Period
170.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	403.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

A. Barrera, Rolando, G., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 807 N Upper Broadway St
 Suite 102
 City Corpus Christi State TX Zip Code 78401-1909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Roland Barrera Insurance Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **04 / 24 / 2023**
Transaction ID : 17369274
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Farrell, Jennifer, Liane, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3800 North Central Avenue
 9th Floor
 City Phoenix State AZ Zip Code 85012-1979
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Black, Gould & Associates Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt **04 / 24 / 2023**
Transaction ID : 17369277
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Pittman, Joseph, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O Box 24133
 City Omaha State NE Zip Code 68124-0133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Creative Association Management Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt **04 / 24 / 2023**
Transaction ID : 17369278
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	435.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

A. Roberts, Danielle, Kunkle, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2601 Meacham Blvd Ste 500
 City Fort Worth State TX Zip Code 76137-4224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Boomer Benefits Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1415.00

Date of Receipt 04 / 24 / 2023
Transaction ID : 17369282
 Amount of Each Receipt this Period 85.00
 Memo Item

B. McComb, Margaret, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21862 Seacrest Lane
 City Huntington Beach State CA Zip Code 92646-8226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) McComb Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 25 / 2023
Transaction ID : 17369900
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Thal, Harry, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 2137
 City KERNVILLE State CA Zip Code 93238-2137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Harry P. Thal Insurance Agency Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 25 / 2023
Transaction ID : 17369913
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	255.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

A. Mutter, Amy, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2670 Electric Road
 City Roanoke State VA Zip Code 24018-3511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Innovative Insurance Group, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 629.00

Date of Receipt **04 / 26 / 2023**
Transaction ID : 17370487
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Freridge, Thomas, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4664 South Blvd Suite 200B
 City Virginia Beach State VA Zip Code 23452-1058
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Choice Insurance Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 515.00

Date of Receipt **04 / 26 / 2023**
Transaction ID : 17370488
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Gilbert, Debra, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2331 Mustang Drive Suite 200
 City Grapevine State TX Zip Code 76051-1014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Innovative Insurance Solutions Occupation (for Individual) President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 944.00

Date of Receipt **04 / 26 / 2023**
Transaction ID : 17370490
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	212.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

A. Kohlsdorf, Eric, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1501 Ingersoll Ave
 Suite 200
 City Des Moines State IA Zip Code 50309-3102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Prisma Strategies Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 04 / 26 / 2023
Transaction ID : 17370491
 Amount of Each Receipt this Period 85.00
 Memo Item

B. MacDermid, Rick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3611 River Rd
 Suite 110
 City Yakima State WA Zip Code 98902-7350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Senior Solutions Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 497.00

Date of Receipt 04 / 26 / 2023
Transaction ID : 17370493
 Amount of Each Receipt this Period 90.00
 Memo Item

C. Rivera, Michael, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13201 N.W. Fwy. Suite 265
 City Houston State TX Zip Code 77040-6165
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northwest General Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 26 / 2023
Transaction ID : 17370498
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	260.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

A. Tretter, Robert, C., CLU, ChFC,,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6222 Spring Lake Drive
 City Hamilton State OH Zip Code 45011-8189
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NAHU Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 218.00

Date of Receipt 04 / 26 / 2023
Transaction ID : 17370499
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Schneider, Chad, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4470 Woodman Ave Apt 303
 City Sherman Oaks State CA Zip Code 91423-5520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Origin Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 26 / 2023
Transaction ID : 17370502
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Cociu, Dorothy, M., RHU, REBC,,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 6677
 City Fullerton State CA Zip Code 92834-6677
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Advanced Benefit Consulting & Insuranc Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 465.00

Date of Receipt 04 / 26 / 2023
Transaction ID : 17370504
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	212.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 79
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

A. Embry, Michael, A., RHU, REBC,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 49927 Schooner Ct

City Chesterfield	State MI	Zip Code 48047-4339
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Comprehensive Benefits	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1735.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2023

Transaction ID : 17371120

Amount of Each Receipt this Period
415.00

Memo Item

B. Schwartz, Matt, B., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2950 Breckenridge Lane, Suite 8A

City Louisville	State KY	Zip Code 40220-1462
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Schwartz Insurance Group	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2023

Transaction ID : 17371122

Amount of Each Receipt this Period
85.00

Memo Item

C. Hollister, Deborah, B., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 850 NW Federal Hwy
Suite 224

City Stuart	State FL	Zip Code 34994-1019
----------------	-------------	------------------------

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

Name of Employer (for Individual) Hollister Insurance	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
218.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2023

Transaction ID : 17371124

Amount of Each Receipt this Period
42.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	542.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

A. Stivers, Jody, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2660 Olivet Church Road, Suite #1
 City Paducah State KY Zip Code 42001-9703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HollandStivers Employer Solutions, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 355.00

Date of Receipt 04 / 27 / 2023
Transaction ID : 17371125
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Parkin, Lars, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6143 S Willow Dr Suite 200
 City Greenwood Village State CO Zip Code 80111-5123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Warner Pacific Insurance Services Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 04 / 27 / 2023
Transaction ID : 17371127
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Roy, Matthew, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Blue Ocean Benefits & Consulting L 1971 State Route 34
 City Wall Township State NJ Zip Code 07719-9750
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Ocean Benefits & Consulting, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 04 / 27 / 2023
Transaction ID : 17371128
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	255.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

A. Pleasants, Jennifer, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6726 Stuyvesant Ct.

City Corpus Christi	State TX	Zip Code 78414-4269
------------------------	-------------	------------------------

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

Name of Employer (for Individual) UnitedHealthcare Employer & Individual	Occupation (for Individual) Account Executive
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		27		2023

Transaction ID : 17371135

Amount of Each Receipt this Period
63.00

Memo Item

B. Tierney, Robert, J., HDHP,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 830 N Main St Ste 200

City Meridian	State ID	Zip Code 83642-2611
------------------	-------------	------------------------

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

Name of Employer (for Individual) OneDigital	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1015.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		27		2023

Transaction ID : 17371136

Amount of Each Receipt this Period
85.00

Memo Item

C. Yarn, Christopher, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 306 Prairie Dune Way

City Orlando	State FL	Zip Code 32828-8860
-----------------	-------------	------------------------

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

Name of Employer (for Individual) WalkOnClinic	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
580.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		27		2023

Transaction ID : 17371137

Amount of Each Receipt this Period
85.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	233.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

A. Bolt, Misty, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 421 Kingsridge Dr
 City Hixson State TN Zip Code 37343-2867
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MedicareMisty Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 830.00

Date of Receipt 04 / 27 / 2023
Transaction ID : 17371141
 Amount of Each Receipt this Period 415.00
 Memo Item

B. Edwards, Jonathan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 680 E Colorado Blvd Ste 180
 City Pasadena State CA Zip Code 91101-6144
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Citrust Insurance Agency Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 27 / 2023
Transaction ID : 17371143
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Palmer, Krista, , SGS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2950 N Harwood Suite 1200
 City Dallas State TX Zip Code 75201-1519
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Frost Insurance Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 329.00

Date of Receipt 04 / 27 / 2023
Transaction ID : 17371146
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	585.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

A. Underhill, Elizabeth, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5951 Canoga Avenue
 City Woodland Hills State CA Zip Code 91367-5010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Underhill Insurance Agency, Inc. Occupation (for Individual) Insurance agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 590.00

Date of Receipt 04 / 27 / 2023
Transaction ID : 17371149
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Reddy, Michael, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 330 River Pointe Drive
 City Elkhart State IN Zip Code 46514-1457
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Keystone Ins. & Benefits Group, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 27 / 2023
Transaction ID : 17371151
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Riedl, Alycia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16570 Lake Ridge Dr
 City Maple Grove State MN Zip Code 55311-1453
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mercer Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 27 / 2023
Transaction ID : 17371152
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	255.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

A. Rice, Russell, Lee, SGS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8830 Buckskin Dr
 City Boerne State TX Zip Code 78006-5554
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AVESIS, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 755.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 27 / 2023
Transaction ID : 17371157
 Amount of Each Receipt this Period
 170.00
 Memo Item

B. Johnson, Suzanne, K., RHU, CEBS,,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1024 Southstone Drive
 City Charlotte State NC Zip Code 28210-3029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 27 / 2023
Transaction ID : 17371160
 Amount of Each Receipt this Period
 85.00
 Memo Item

C. Whang, Victor, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 51150 Washington St.
 City New Baltimore State MI Zip Code 48047-2159
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Insurance Warehouse Occupation (for Individual) Broker/Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 465.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2023
Transaction ID : 17371721
 Amount of Each Receipt this Period
 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	340.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

A. Morrison, James, M., RHU,REBC,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2710 Gateway Rd
 City Carlsbad State CA Zip Code 92009-1730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Morrison Insurance Services, Inc Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 28 / 2023
Transaction ID : 17371722
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Burns, Patrick, , CEBS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5653 Maxwellton Road
 City Piedmont State CA Zip Code 94618-2654
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Burns Employee Benefits Insurance Serv Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 930.00

Date of Receipt 04 / 28 / 2023
Transaction ID : 17371724
 Amount of Each Receipt this Period 170.00
 Memo Item

C. Childers, Russell, B., CLU,ChFC,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1547
 City Americus State GA Zip Code 31709-1547
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Russ Childers, CLU Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 04 / 28 / 2023
Transaction ID : 17371732
 Amount of Each Receipt this Period 90.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	345.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)	PAGE 47 OF 79
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

A. Hill, Donna, D., FLMI,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2905 Premiere Parkway
Suite 285

City Duluth	State GA	Zip Code 30097-5246
----------------	-------------	------------------------

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

Name of Employer (for Individual) E2E Benefits Services Inc	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	28	/	2023

Transaction ID : 17371733

Amount of Each Receipt this Period
85.00

Memo Item

B. Reents, Joni, Robin, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 730

City Eastlake	State CO	Zip Code 80614-0730
------------------	-------------	------------------------

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

Name of Employer (for Individual) Reents Insurance Agency	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
465.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	28	/	2023

Transaction ID : 17371734

Amount of Each Receipt this Period
85.00

Memo Item

C. Kapostins, Ashley, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3843 Rock Hill Loop

City Apopka	State FL	Zip Code 32712-4792
----------------	-------------	------------------------

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

Name of Employer (for Individual)	Occupation (for Individual) Broker
-----------------------------------	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	28	/	2023

Transaction ID : 17371738

Amount of Each Receipt this Period
85.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	255.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

A. Cagliola, Victoria, , CPA,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1041 Old Cassatt Rd
 City Berwyn State PA Zip Code 19312-1152
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Simkiss & Block Occupation (for Individual) CPA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 04 / 28 / 2023
Transaction ID : 17371748
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Lubenow, Douglas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 214 West Main Street Suite 101
 City Moorestown State NJ Zip Code 08057-2345
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lubenow Agency Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 28 / 2023
Transaction ID : 17371750
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Ybarra, Valeria, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7236 Vanessa Dr
 City Corpus Christi State TX Zip Code 78414-5710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acrisure LLC dba Carlisle Insurance Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 430.00

Date of Receipt 04 / 28 / 2023
Transaction ID : 17371754
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	255.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

A. Wilson, Thomas, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 701 Lamar
 City Wichita Falls State TX Zip Code 76301-6824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Keystone/Boley Featherston Insurance A Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 755.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2023
Transaction ID : 17371762
 Amount of Each Receipt this Period
 170.00
 Memo Item

B. Selinsky, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28638 Oak Point Drive
 City Farmington Hills State MI Zip Code 48331-2706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Health Alliance Plan Director of Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2023
Transaction ID : 17371763
 Amount of Each Receipt this Period
 85.00
 Memo Item

C. Hartman, William, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 217 Airport North Office Park
 City Fort Wayne State IN Zip Code 46825-6702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Hartman Insurance Services Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2023
Transaction ID : 17371768
 Amount of Each Receipt this Period
 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	340.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

A. Grava, A. Andra, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 E. McDermott Drive
 City Allen State TX Zip Code 75002-2802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The DI Center Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 28 / 2023
Transaction ID : 17371769
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Bear, Dale, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2027 Scott Station Rd
 City Jefferson City State MO Zip Code 65109-8425
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Expat Solutions International dba ESI Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 04 / 28 / 2023
Transaction ID : 17371771
 Amount of Each Receipt this Period 63.00
 Memo Item

C. Kowalczyk-Gonzalez, CarrieAnne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6568 S Federal Way #213
 City Boise State ID Zip Code 83716-9277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Personal Touch Ins & Benefits, LLC Occupation (for Individual) Health Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 28 / 2023
Transaction ID : 17371773
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	398.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

A. Patton, Rhonda, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 751180
 City Petaluma State CA Zip Code 94975-1180
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Patton & Spahr Insurance Services Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2023
Transaction ID : 17371780
 Amount of Each Receipt this Period
 63.00
 Memo Item

B. Johnson, Kari, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10612 Road H
 City Ottawa State OH Zip Code 45875-9655
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kari Johnson The Health Insurance Advo Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2023
Transaction ID : 17371787
 Amount of Each Receipt this Period
 85.00
 Memo Item

C. Smith, David, C., REBC,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 110 N. Corcoran St. #1205
 City Durham State NC Zip Code 27701-5020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) eBen Benefits Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2023
Transaction ID : 17371800
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	398.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

A. Chavez, Chandler, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2355 E. Camelback Road
 Suite 503
 City Phoenix State AZ Zip Code 85016-9039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Principal Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 410.00

Date of Receipt 04 / 28 / 2023
Transaction ID : 17371801
 Amount of Each Receipt this Period 85.00
 Memo Item
 Membership Form

B. Blasman, Wayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5210 Lewis Road, Suite 14
 City Agoura Hills State CA Zip Code 91301-2662
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bridgeport Benefits Inc Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 28 / 2023
Transaction ID : 17371806
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Ambro, Heather, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11704 Lackland Industrial Drive
 City Saint Louis State MO Zip Code 63146-4209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The ECCHIC Group Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 04 / 28 / 2023
Transaction ID : 17371808
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	255.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

A. Harrington, Paula, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6817 K Ave
 Ste 104
 City Plano State TX Zip Code 75074-2544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Harrington Insurance Solutions, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 305.00

Date of Receipt 04 / 28 / 2023
Transaction ID : 17371820
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Keehn, Joanie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3104 Hubbard Rd
 City Madison State OH Zip Code 44057-2940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HealthMarkets Insurance Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 04 / 28 / 2023
Transaction ID : 17371821
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Lubenow, Justin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 Alden Street
 Suite 8
 City Cranford State NJ Zip Code 07016-2149
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lubenow Agency Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 505.00

Date of Receipt 04 / 28 / 2023
Transaction ID : 17371851
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	255.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

A. Schreder, Lynn, M.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5501 NW 86th Street
 Suite 700
 City Johnston State IA Zip Code 50131-1820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KHI Solutions Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **04 / 30 / 2023**
Transaction ID : PR433076131426
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$100.00 Monthly)

B. Rubio, Hilario, Francisco,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 807 Grand Ave
 City Las Vegas State NM Zip Code 87701-4518
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rubio Financial, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 543.00

Date of Receipt **04 / 30 / 2023**
Transaction ID : PR433085731426
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

C. Adams, Carla, , CBC, GBA,,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 210 Bridget Dr
 City Marble Falls State TX Zip Code 78654-4127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Isolved Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt **04 / 30 / 2023**
Transaction ID : PR433095031426
 Amount of Each Receipt this Period 63.00
 Memo Item
 P/R Deduction (\$63.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	205.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

A. McFerrin, Dwane, C., CLU, CFP,,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8420 West Dodge Road
 Suite 510
 City Omaha State NE Zip Code 68114-3432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Senior Market Sales, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1340.00

Date of Receipt 04 / 30 / 2023
Transaction ID : PR433168131426
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

B. Brittain, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 208 N. Mill
 City Pryor State OK Zip Code 74361-2422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brown & Brown, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 30 / 2023
Transaction ID : PR433214331426
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

C. Gerken, Barb, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5520 Monroe Street
 Suite A
 City Sylvania State OH Zip Code 43560-2538
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) First Insurance Group Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 04 / 30 / 2023
Transaction ID : PR433268331426
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	255.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

A. Willison, Clover, Denise, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 355 Sprowel Creek Rd
 City Garberville State CA Zip Code 95542-3110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Clover Willison Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 30 / 2023
Transaction ID : PR433468631426
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$100.00 Monthly)

B. Trautwein, Janet, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 999 E Street NW, Ste 400
 City Washington State DC Zip Code 20004-2032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NABIP Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt 04 / 30 / 2023
Transaction ID : PR436821431426
 Amount of Each Receipt this Period 170.00
 Memo Item
 P/R Deduction (\$170.00 Monthly)

c. Ashmore, Elizabeth, , CBC, SGS,,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6102 82nd St, Bldg #6
 City Lubbock State TX Zip Code 79424-0803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ashmore/Arthur J. Gallagher, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt 04 / 30 / 2023
Transaction ID : PR436830331426
 Amount of Each Receipt this Period 170.00
 Memo Item
 P/R Deduction (\$170.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	440.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

A. Wilson, Paula, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31930 Daniel Way
 City Temecula State CA Zip Code 92591-2129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Paula Wilson, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 30 / 2023
Transaction ID : PR436873531426
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

B. Stuart, Rodney, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 484 E Carmel Dr Suite 358
 City Carmel State IN Zip Code 46032-2812
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Strategic Insurance Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 04 / 30 / 2023
Transaction ID : PR436883331426
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Monthly)

C. Booth, Tonya, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 2542 432 Halifax Drive
 City Coppell State TX Zip Code 75019-8500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BIZ Benefits, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 04 / 30 / 2023
Transaction ID : PR436911031426
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	235.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

A. Stenger, James, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8926 Crown Colony Boulevard
 City Fort Myers State FL Zip Code 33908-5627
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AgencySmart Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt **04 / 30 / 2023**
Transaction ID : PR436939931426
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

B. Seifert, Greg, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3311 NE 115th St.
 City Vancouver State WA Zip Code 98686-3945
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt **04 / 30 / 2023**
Transaction ID : PR436941631426
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Monthly)

C. Holland, Robert, V., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 698
 City Centralia State WA Zip Code 98531-0698
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Centralia General Agencies Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt **04 / 30 / 2023**
Transaction ID : PR436961731426
 Amount of Each Receipt this Period 63.00
 Memo Item
 P/R Deduction (\$63.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	198.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

A. Parker, John, C., RHU, LTCP,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 38 Hope St
 Unit 1312
 City Niantic State CT Zip Code 06357-2454
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Parker Agency Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2023
Transaction ID : PR436986831426
 Amount of Each Receipt this Period
 125.00
 Memo Item
 P/R Deduction (\$125.00 Monthly)

B. Fristoe, Kelly, Don, LUTCF, SGS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 4789
 City Wichita Falls State TX Zip Code 76308-0789
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Financial Partners Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 810.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2023
Transaction ID : PR437002331426
 Amount of Each Receipt this Period
 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

C. Gray, Michael, D., RHU,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 R St.
 Ste. 150
 City Lincoln State NE Zip Code 68508-1540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FNIC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2023
Transaction ID : PR437016731426
 Amount of Each Receipt this Period
 100.00
 Memo Item
 P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	255.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

A. Olson, Terri, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P. O. Box 21479
 City Keizer State OR Zip Code 97307-1479
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Olson Insurance Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 04 / 30 / 2023
Transaction ID : PR437070231426
 Amount of Each Receipt this Period 65.00
 Memo Item
 P/R Deduction (\$65.00 Monthly)

B. Alberts, Suzy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26555 Evergreen Rd Ste 535
 City Southfield State MI Zip Code 48076-4213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Comprehensive Benefits, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 461.00

Date of Receipt 04 / 30 / 2023
Transaction ID : PR437076131426
 Amount of Each Receipt this Period 84.00
 Memo Item
 P/R Deduction (\$84.00 Monthly)

C. Benton, Bruce, D., RHU, REBC,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20058 Ventura Blvd #10
 City Woodland Hills State CA Zip Code 91364-2637
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Genesis Financial & Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 30 / 2023
Transaction ID : PR437123031426
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	234.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

A. Aguilar, Terry, , CEBS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3000 A Street, Suite 400
 City Anchorage State AK Zip Code 99503-4040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wilson Albers Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 04 / 30 / 2023
Transaction ID : PR437182331426
 Amount of Each Receipt this Period 250.00
 Memo Item
 P/R Deduction (\$250.00 Monthly)

B. Garbina, James, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14010 FNB Pkwy Ste 300
 City Omaha State NE Zip Code 68154-5235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) First Insurance Group, LLC dba FNIC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 30 / 2023
Transaction ID : PR437212231426
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

C. Cooper, Catherine, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17232 Brookview Dr.
 City Livonia State MI Zip Code 48152-4543
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2150.00

Date of Receipt 04 / 30 / 2023
Transaction ID : PR437218331426
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$200.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	535.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

A. Daubert, Jim, F., CLU,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. Box 67220

City Lincoln	State NE	Zip Code 68506-7220
-----------------	-------------	------------------------

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

Name of Employer (for Individual) First Concord Benefits Group	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2023

Transaction ID : PR437219631426

Amount of Each Receipt this Period
85.00

Memo Item

P/R Deduction (\$85.00 Monthly)

B. Gardner, Joy, K., LUTCF,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9424 Double R Blvd

City Reno	State NV	Zip Code 89521-5977
--------------	-------------	------------------------

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

Name of Employer (for Individual) Comstock Insurance	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2023

Transaction ID : PR437231231426

Amount of Each Receipt this Period
50.00

Memo Item

P/R Deduction (\$50.00 Monthly)

C. Rowe, Peter, L., CLU,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7878 N. 16th Street
Suite 130-18

City Phoenix	State AZ	Zip Code 85020-4449
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Arcwood Benefits Consulting, Inc.	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1785.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2023

Transaction ID : PR437236931426

Amount of Each Receipt this Period
415.00

Memo Item

P/R Deduction (\$415.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	550.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

A. Toups, Jennifer, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address #1 Galleria Blvd, Suite 1122
 City Metairie State LA Zip Code 70001-2092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Humana Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt **04 / 30 / 2023**
Transaction ID : PR437270531426
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

B. Summers, James, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8420 West Dodge Road, 5th Floor
 City Omaha State NE Zip Code 68114-3443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Senior Market Sales, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **04 / 30 / 2023**
Transaction ID : PR437281031426
 Amount of Each Receipt this Period 125.00
 Memo Item
 P/R Deduction (\$125.00 Monthly)

C. Bell, Marie, D., FLMI,AIAA,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1853
 City Minnetonka State MN Zip Code 55345-0853
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DeRuyter-Bell, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt **04 / 30 / 2023**
Transaction ID : PR437323331426
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	295.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

A. Mihalyi-Stiffler, Patricia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 155 N. Riverview Dr
 Suite 100
 City Anaheim State CA Zip Code 92808-1225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Options in Insurance Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 465.00

Date of Receipt **04 / 30 / 2023**
Transaction ID : PR437326131426
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

B. Thomas, Jeffery, C., CLU,RHU,RE,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3072 Arborwood Blvd.
 City Spring Arbor State MI Zip Code 49283-9663
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Small Business Association of Michigan Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 318.00

Date of Receipt **04 / 30 / 2023**
Transaction ID : PR437385431426
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

C. Jensen, Cerrina, , CHRS, CBC,,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12846 Knightsbrook Ave
 City Rancho Cordova State CA Zip Code 95742-6625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SolV Independent Insurance Associates Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **04 / 30 / 2023**
Transaction ID : PR437391231426
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	177.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

A. Cramer, Valerie, Lynn, RHU,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2701 Burgen Ct. NE

City Grand Rapids	State MI	Zip Code 49525-3979
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HealthBridge	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		30		2023

Transaction ID : PR437416431426

Amount of Each Receipt this Period
100.00

Memo Item

P/R Deduction (\$100.00 Monthly)

B. Carlson, Daryl, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 112 Derby Drive

City Nicholasville	State KY	Zip Code 40356-9493
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) McGriff	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		30		2023

Transaction ID : PR437442131426

Amount of Each Receipt this Period
15.00

Memo Item

P/R Deduction (\$15.00 Monthly)

C. Mutter, Amy, D., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2670 Electric Road

City Roanoke	State VA	Zip Code 24018-3511
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Innovative Insurance Group, LLC	Occupation (for Individual) Broker
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
692.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		30		2023

Transaction ID : PR437454931426

Amount of Each Receipt this Period
63.00

Memo Item

P/R Deduction (\$63.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	178.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

A. Sterner, Heidi, J., PAHM, LPRT,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3402 Cinnamon Creek Ave
 City North Las Vegas State NV Zip Code 89031-3520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) A and H Insurance Occupation (for Individual) Insurance Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 494.00

Date of Receipt 04 / 30 / 2023
Transaction ID : PR437516831426
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

B. Stedt, Margaret, Evelyn, C.S.A., LP,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 486 Calle Amigo
 City San Clemente State CA Zip Code 92673-3003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Stedt Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 04 / 30 / 2023
Transaction ID : PR437529931426
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$100.00 Monthly)

C. Giardina, Charles, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5440 Mounes Street, Suite 112
 City New Orleans State LA Zip Code 70123-3296
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MassMutual Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 508.00

Date of Receipt 04 / 30 / 2023
Transaction ID : PR437562831426
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	184.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

A. Robinson, Judith, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O Box 10071
 City Tyler State TX Zip Code 75711-0071
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Judith Robinson Insurance Services, LL Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 30 / 2023
Transaction ID : PR437594131426
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

B. Starks, Eugene, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1022 Highland Colony Parkway Suite 202
 City Ridgeland State MS Zip Code 39157-2086
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Benefit Administration Services, Ltd. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 915.00

Date of Receipt 04 / 30 / 2023
Transaction ID : PR437603131426
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

C. Strouse, Marcie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9854 Colby Ave
 City Clive State IA Zip Code 50325-6422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Capitol Benefits Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 490.00

Date of Receipt 04 / 30 / 2023
Transaction ID : PR437683131426
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	255.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

A. Granado, Arthur, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 418 Peoples, # 505
 City Corpus Christi State TX Zip Code 78401-2350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Granado Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 30 / 2023
Transaction ID : PR437693231426
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

B. Melgoza, Renee, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9114 Adams Avenue Ste 191
 City Huntington Beach State CA Zip Code 92646-3405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Melgoza Insurance Solutions Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 04 / 30 / 2023
Transaction ID : PR437701131426
 Amount of Each Receipt this Period 60.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

c. Webb, Yolanda, Marie, CHRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6117 Clover Ct.
 City Chino State CA Zip Code 91710-5337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Webb Insurance Solutions Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 30 / 2023
Transaction ID : PR437705631426
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	230.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

A. Johnson, John, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8414 N. Wall Street
 Ste C
 City Spokane State WA Zip Code 99208-6161
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IFS Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 04 / 30 / 2023
Transaction ID : PR437775831426
 Amount of Each Receipt this Period 63.00
 Memo Item
 P/R Deduction (\$63.00 Monthly)

B. Cade, Kareim, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 512 N Main St
 Suite 105
 City Royal Oak State MI Zip Code 48067-1815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Great Lakes Benefit Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 30 / 2023
Transaction ID : PR437778631426
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

C. James, Leslie, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6902 Pearl Road
 Suite 405
 City Cleveland State OH Zip Code 44130-3621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Insurance Strategy Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 04 / 30 / 2023
Transaction ID : PR437860031426
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	233.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 70 OF 79
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

A. Lubenow, Justin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 Alden Street
 Suite 8
 City Cranford State NJ Zip Code 07016-2149
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lubenow Agency Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt **04 / 30 / 2023**
Transaction ID : PR470069131426
 Amount of Each Receipt this Period 55.00
 Memo Item
 P/R Deduction (\$55.00 Monthly)

B. Waltman, Jessica, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1829 Reistertown Road
 Suite 100
 City Pikesville State MD Zip Code 21208-6301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MZQ Consulting Occupation (for Individual) Principal
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt **04 / 30 / 2023**
Transaction ID : PR470100131426
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

C. Petersen, Benjamin, Lee, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 400 E Evergreen Blvd
 Ste 124
 City Vancouver State WA Zip Code 98660-3263
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) K & B Benefit Advisors Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt **04 / 30 / 2023**
Transaction ID : PR492528831426
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	225.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

A. Stevens, Kenneth, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4916 Bellemeade Ave
 City Evansville State IN Zip Code 47715-4130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Stevens Insurance Advisors Occupation (for Individual) Independent Agent & Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 30 / 2023
Transaction ID : PR496323831426
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

B. Bravo, Denisse, G., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8340 N Thornydale Road Suite 110-335
 City Tucson State AZ Zip Code 85741-1162
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bravo Insurance Solutions Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 04 / 30 / 2023
Transaction ID : PR497996231426
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

C. Ybarra, Valeria, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7236 Vanessa Dr
 City Corpus Christi State TX Zip Code 78414-5710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acrisure LLC dba Carlisle Insurance Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 04 / 30 / 2023
Transaction ID : PR528424131426
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	145.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

A. Kennedy, Jeff, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 901 E. Battlefield
 City Springfield State MO Zip Code 65807-4811
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nixon & Lindstrom Insurance Occupation (for Individual) Group Health and Benefits Producer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 415.00

Date of Receipt 04 / 30 / 2023
Transaction ID : PR573884931426
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

B. Nichols, Thomas, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3100 S Berry Suite 100
 City Norman State OK Zip Code 73072-7480
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Colonial Life Occupation (for Individual) District General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 30 / 2023
Transaction ID : PR840269931426
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

C. Mulcare, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 121 S 6th St
 City Klamath Falls State OR Zip Code 97601-6132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Simmons Agency, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 465.00

Date of Receipt 04 / 30 / 2023
Transaction ID : PR860243831426
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	255.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Morgan, Christian, D., ,

Mailing Address 2200 W Commercial Blvd
Ste 306

City Fort Lauderdale State FL Zip Code 33309-3064

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

Name of Employer (for Individual) Morgan Fidelity Associates, Inc. Occupation (for Individual) CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
680.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2023
Transaction ID : PR891081431426

Amount of Each Receipt this Period
170.00

Memo Item

P/R Deduction (\$170.00 Monthly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	170.00
TOTAL This Period (last page this line number only).....	19089.67

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

Full Name (Last, First, Middle Initial)

A. PayPal

Mailing Address 2211 North First Street

City
San Jose

State
CA

Zip Code
95131

Purpose of Disbursement

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	2	3

FEC Identification Number

C []

Transaction ID : 17372619

Amount of Each Disbursement this Period

[] 747.98 []

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C []

Amount of Each Disbursement this Period

[] []

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C []

Amount of Each Disbursement this Period

[] []

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[] 747.98 []

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

[] 747.98 []

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

Full Name (Last, First, Middle Initial)

A. Families For James Lankford

Mailing Address PO Box 1639

City
Bethany

State
OK

Zip Code
73008

Purpose of Disbursement

011

Category/
Type

Candidate Name

Lankford, James, , ,

Office Sought:

House
 Senate
 President

Disbursement For: 2028

Primary General
 Other (specify) ▼

State: OK

District:

Date of Disbursement

MM / DD / YYYY
04 / 06 / 2023

FEC Identification Number

C00466482

Transaction ID : 17326352

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Deb Fischer For Us Senate Inc

Mailing Address 5555 South St

City
Lincoln

State
NE

Zip Code
68506

Purpose of Disbursement

011

Category/
Type

Candidate Name

Fischer, Deb, , Sen.,

Office Sought:

House
 Senate
 President

Disbursement For: 2024

Primary General
 Other (specify)

State: NE

District:

Date of Disbursement

MM / DD / YYYY
04 / 06 / 2023

FEC Identification Number

C00498907

Transaction ID : 17326353

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Angie Craig For Congress

Mailing Address PO Box 22116

City
Eagan

State
MN

Zip Code
55122

Purpose of Disbursement

011

Category/
Type

Candidate Name

Craig, Angela, , ,

Office Sought:

House
 Senate
 President

Disbursement For: 2024

Primary General
 Other (specify) ▼

State: MN

District: 02

Date of Disbursement

MM / DD / YYYY
04 / 06 / 2023

FEC Identification Number

C00575209

Transaction ID : 17326354

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

4500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

Full Name (Last, First, Middle Initial)

A. Friends Of David Schweikert

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 13 / 2023

Mailing Address 8175 East Evans Road
13176

City State Zip Code
Scottsdale AZ 85267

FEC Identification Number

C C00540617

Transaction ID : 17367617

Amount of Each Disbursement this Period

1000.00

Memo Item

Purpose of Disbursement

011
Category/ Type

Candidate Name

Schweikert, David, , Rep.,

Office Sought: House Senate President
 Disbursement For: 2024 Primary General Other (specify) ▼
 State: AZ District: 06

Full Name (Last, First, Middle Initial)

B. Michelle Steel For Congress

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 13 / 2023

Mailing Address 92a Surfside Avenue, #472

City State Zip Code
Surfside CA 90743

FEC Identification Number

C C00704981

Transaction ID : 17367690

Amount of Each Disbursement this Period

1000.00

Memo Item

Purpose of Disbursement

011
Category/ Type

Candidate Name

Steel, Michelle, , ,

Office Sought: House Senate President
 Disbursement For: 2024 Primary General Other (specify) ▼
 State: CA District: 48

Full Name (Last, First, Middle Initial)

C. Russ Fulcher For Idaho

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 13 / 2023

Mailing Address PO Box 1375

City State Zip Code
Meridian ID 83680

FEC Identification Number

C C00648295

Transaction ID : 17367691

Amount of Each Disbursement this Period

1000.00

Memo Item

Purpose of Disbursement

011
Category/ Type

Candidate Name

Fulcher, Russ, , ,

Office Sought: House Senate President
 Disbursement For: 2024 Primary General Other (specify) ▼
 State: ID District: 01

SUBTOTAL of Disbursements This Page (optional).....▶

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

Full Name (Last, First, Middle Initial)

A. Virginia Foxx For Congress

Mailing Address PO Box 2676

City Boone State NC Zip Code 28607

Purpose of Disbursement

Category/
Type

Candidate Name
Foxx, Virginia, , Rep.,

Office Sought: House Senate President
Disbursement For: 2024 Primary General Other (specify) ▼
State: NC District: 05

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 17367693

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Vern Buchanan For Congress

Mailing Address P. O. Box 48928

City Sarasota State FL Zip Code 34230

Purpose of Disbursement

Category/
Type

Candidate Name
Buchanan, Vern, , Rep.,

Office Sought: House Senate President
Disbursement For: 2024 Primary General Other (specify) ▼
State: FL District: 16

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 17367694

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Cramer For Senate

Mailing Address PO Box 396

City Bismarck State ND Zip Code 58502

Purpose of Disbursement

Category/
Type

Candidate Name
Cramer, Kevin, , Sen.,

Office Sought: House Senate President
Disbursement For: 2024 Primary General Other (specify) ▼
State: ND District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 17368352

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

Full Name (Last, First, Middle Initial)

A. Bucshon For Congress

Mailing Address PO Box 250

City
Newburgh

State
IN

Zip Code
47629

Purpose of Disbursement

011

Category/
Type

Candidate Name

Bucshon, Larry, , Rep., MD

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: IN District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	2	3

FEC Identification Number

C C00468256

Transaction ID : 17369925

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Memo Item

Full Name (Last, First, Middle Initial)

B. Meuser For Congress

Mailing Address 499 S CAPITOL ST SW
STE 405

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement

011

Category/
Type

Candidate Name

Meuser, Daniel, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify)

State: PA District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	2	3

FEC Identification Number

C C00654723

Transaction ID : 17369926

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Memo Item

Full Name (Last, First, Middle Initial)

C. LOBO PAC

Mailing Address PO BOX 25852

City
ALBUQUERQUE

State
NM

Zip Code
87125

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	2	3

FEC Identification Number

C C00497073

Transaction ID : 17369927

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

3	0	0	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

3	0	0	0	0	0	0	0	0	0
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Benefits and Insurance Professionals PAC (NABIP PAC)

Full Name (Last, First, Middle Initial)

A. Comer For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		25		2023

Mailing Address PO Box 338

City
Tompkinsville

State
KY

Zip Code
42167

FEC Identification Number

C C00588764

Transaction ID : 17369928

Amount of Each Disbursement this Period

1000.00

Memo Item

Purpose of Disbursement

011
Category/
Type

Candidate Name

Comer, James, , Rep., Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: KY District: 01

Full Name (Last, First, Middle Initial)

B. Larson For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		25		2023

Mailing Address PO Box 261172

City
Hartford

State
CT

Zip Code
06126

FEC Identification Number

C C00330142

Transaction ID : 17369929

Amount of Each Disbursement this Period

1500.00

Memo Item

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: CT District: 01

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y

Mailing Address

City

State

Zip Code

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ▶

2500.00

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

21500.00