

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] / [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] / [D D] / [Y Y Y Y Y Y] in the State of []

5. Covering Period [02] / [01] / [2023] through [02] / [28] / [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 [03] / [09] / [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"/>	<input type="text" value="278198.46"/>	<input type="text" value="278198.46"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="322037.15"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="112143.17"/>	<input type="text" value="156933.34"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="434180.32"/>	<input type="text" value="435131.80"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="159174.16"/>	<input type="text" value="160125.64"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="275006.16"/>	<input type="text" value="275006.16"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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).....	70529.67	84994.67
(ii) Unitemized	41613.50	71938.67
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	112143.17	156933.34
(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)	112143.17	156933.34
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)).....▶	112143.17	156933.34
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	112143.17	156933.34

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	2174.16	3125.64
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2174.16	3125.64
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	156000.00	156000.00
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	1000.00	1000.00
(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)).....	1000.00	1000.00
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)) ..	159174.16	160125.64
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	159174.16	160125.64

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)	112143.17	156933.34
34. Total Contribution Refunds (from Line 28(d))	1000.00	1000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	111143.17	155933.34
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2174.16	3125.64
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2174.16	3125.64

**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 85
	<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	

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. 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 ▼ 212.00

Date of Receipt 02 / 02 / 2023
Transaction ID : 17228778
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Potter, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1117 Perimeter Ctr Ste W101
 City Atlanta State GA Zip Code 30338-5449
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Snellings Walters Insurance Agency Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 02 / 2023
Transaction ID : 17228785
 Amount of Each Receipt this Period 5000.00
 Memo Item

C. Hopkin Bishop, Cristin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6200 Stone Hill Farms Pkwy
 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 ▼ 2000.00

Date of Receipt 02 / 03 / 2023
Transaction ID : 17229036
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	6085.00
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 85
	<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. 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 ▼ 1085.00

Date of Receipt 02 / 03 / 2023
Transaction ID : 17229041
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. 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 ▼ 340.00

Date of Receipt 02 / 04 / 2023
Transaction ID : 17229066
 Amount of Each Receipt this Period 170.00
 Memo Item

C. 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 ▼ 340.00

Date of Receipt 02 / 06 / 2023
Transaction ID : 17229124
 Amount of Each Receipt this Period 170.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1340.00
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 85
<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. Jetter, Arthur, C., CLU RHU RE,
Mailing Address 11301 Davenport St.
City Omaha State NE Zip Code 68154-2629
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) Art Jetter & Company Occupation (for Individual) Broker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 06 / 2023
Transaction ID : 17229157
Amount of Each Receipt this Period 5000.00
 Memo Item

B. Marinelli, Aaron, M. J., ,
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 ▼ 500.00

Date of Receipt 02 / 07 / 2023
Transaction ID : 17229580
Amount of Each Receipt this Period 250.00
 Memo Item

C. Hepscher, William, , ,
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 ▼ 2270.00

Date of Receipt 02 / 08 / 2023
Transaction ID : 17229827
Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	5335.00
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 85
	<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 ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 08 / 2023

Transaction ID : 17229839

Amount of Each Receipt this Period
125.00

Memo Item

B. 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 ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 08 / 2023

Transaction ID : 17230270

Amount of Each Receipt this Period
100.00

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 ▼ 340.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2023

Transaction ID : 17230500

Amount of Each Receipt this Period
170.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	395.00
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 85
	<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. 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 ▼ 333.34

Date of Receipt 02 / 09 / 2023
Transaction ID : 17230506

Amount of Each Receipt this Period 166.67

Memo Item

B. 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 ▼ 730.00

Date of Receipt 02 / 10 / 2023
Transaction ID : 17231820

Amount of Each Receipt this Period 365.00

Memo Item

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

Mailing Address 244 N Rose St

City Kalamazoo State MI Zip Code 49007-3887

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

Name of Employer (for Individual) Rose Street Advisors Occupation (for Individual) Broker

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 13 / 2023
Transaction ID : 17269727

Amount of Each Receipt this Period 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 1031.67

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 11 OF 85
	<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. 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 ▼ 220.00

Date of Receipt **02 / 14 / 2023**
Transaction ID : 17269862
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Campbell, Morgan, Shipes, CLU,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2233 Lee Road # 204
 City Winter Park State FL Zip Code 32789-1845
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rogers Benefit Group - Central & South Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **02 / 14 / 2023**
Transaction ID : 17269876
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. King, Michael, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 400 White Spruce Blvd
 Suite C
 City Rochester State NY Zip Code 14623-1619
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Century Benefits Group, Inc Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **02 / 14 / 2023**
Transaction ID : 17270145
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1585.00
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 85
	<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. Wojcik, Michael, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10320 Orland Parkway
 City Orland Park State IL Zip Code 60467-5658
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Horton Group, Inc. Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 16 / 2023
Transaction ID : 17270450
 Amount of Each Receipt this Period
 3000.00
 Memo Item

B. 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 ▼ 85.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 16 / 2023
Transaction ID : 17270538
 Amount of Each Receipt this Period
 85.00
 Memo Item

C. 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 ▼ 1060.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 20 / 2023
Transaction ID : 17271280
 Amount of Each Receipt this Period
 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3115.00
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 85
	<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. Mlynarski, Angela, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 144 Ferndale Way
 City Saint Augustine State FL Zip Code 32092-7645
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BenefitMall Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2085.00

Date of Receipt 02 / 20 / 2023
Transaction ID : 17271296
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Lago, Julian, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6671 W Indiantown Rd, Ste 50284
 City Jupiter State FL Zip Code 33458-3991
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Benezon LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 02 / 21 / 2023
Transaction ID : 17273112
 Amount of Each Receipt this Period 2000.00
 Memo Item

C. 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
 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 ▼ 340.00

Date of Receipt 02 / 23 / 2023
Transaction ID : 17274365
 Amount of Each Receipt this Period 170.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	3170.00
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 85
<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. Berman, Jennifer, Spiegel, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1829 Reisterstown Road

City Pikesville	State MD	Zip Code 21208-6320
--------------------	-------------	------------------------

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

Name of Employer (for Individual) MZQ Consulting	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
02	/	23	/	2023

Transaction ID : 17274384

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 5797 Harvey St Ste A

City Norton Shores	State MI	Zip Code 49444-6727
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) The Lead Agency dba Lakeshore Employee	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
625.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2023

Transaction ID : 17274388

Amount of Each Receipt this Period
500.00

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 ▼
320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2023

Transaction ID : 17274473

Amount of Each Receipt this Period
150.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1650.00
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 85
	<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. 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
------------------	-------------	------------------------

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 ▼
340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2023

Transaction ID : 17274562

Amount of Each Receipt this Period
170.00

Memo Item

B. 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 ▼
1170.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2023

Transaction ID : 17274570

Amount of Each Receipt this Period
85.00

Memo Item

C. 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 ▼
335.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2023

Transaction ID : 17274581

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	505.00
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 16 OF 85
	<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. 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)
---	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
192.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 26 / 2023

Transaction ID : 17275146

Amount of Each Receipt this Period
90.00

Memo Item

B. 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 ▼
233.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 26 / 2023

Transaction ID : 17275151

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 ▼
170.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 26 / 2023

Transaction ID : 17275156

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 17 OF 85
	<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	<input type="checkbox"/> 17

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

A. Buckner, Marcy, , ,
 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 20004-2007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NAHU Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 26 / 2023
Transaction ID : 17275166
 Amount of Each Receipt this Period 500.00
 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 ▼ 170.00

Date of Receipt 02 / 27 / 2023
Transaction ID : 17275209
 Amount of Each Receipt this Period 85.00
 Memo Item

C. 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 ▼ 830.00

Date of Receipt 02 / 27 / 2023
Transaction ID : 17275212
 Amount of Each Receipt this Period 415.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 85
<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. 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 ▼
340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2023

Transaction ID : 17275216

Amount of Each Receipt this Period
170.00

Memo Item

B. 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 ▼
560.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2023

Transaction ID : 17275233

Amount of Each Receipt this Period
500.00

Memo Item

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 ▼
135.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2023

Transaction ID : 17275235

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	720.00
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 19 OF 85
	<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. Carlson, Daryl, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 W Vine Street
 Ste 300
 City Lexington State KY Zip Code 40507-1620
 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 ▼ 315.00

Date of Receipt **02 / 27 / 2023**
Transaction ID : 17275240
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Lett, Richard, , MVO,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address LeClair Group
 6701 Upper Afton Road
 City Woodbury State MN Zip Code 55125-2154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LeClair Group Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **02 / 27 / 2023**
Transaction ID : 17275242
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Bogdan, Deborah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19249 Wheelers Lane
 City Strongsville State OH Zip Code 44149-5060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Magis Advisory Group Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt **02 / 27 / 2023**
Transaction ID : 17275246
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
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 85
	<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. Stanley, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9680 Alamosa Dr
 City Frisco State TX Zip Code 75033-7657
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alera Group Occupation (for Individual) Counsel & Compliance Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 27 / 2023
Transaction ID : 17275259
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. 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 ▼ 255.00

Date of Receipt 02 / 27 / 2023
Transaction ID : 17275261
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Shepherd, Melissa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1183 N. Henderson St.
 City Galesburg State IL Zip Code 61401-2523
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Way Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 02 / 27 / 2023
Transaction ID : 17275263
 Amount of Each Receipt this Period 365.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1450.00
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 85
	<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. Hopkin Bishop, Cristin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6200 Stone Hill Farms Pkwy
 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 ▼ 3000.00

Date of Receipt 02 / 27 / 2023
Transaction ID : 17275265
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. 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 ▼ 333.00

Date of Receipt 02 / 27 / 2023
Transaction ID : 17275272
 Amount of Each Receipt this Period 100.00
 Memo Item

C. 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 ▼ 670.00

Date of Receipt 02 / 27 / 2023
Transaction ID : 17275274
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1600.00
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 85
	<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. Trevino, Emily, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10782 Bellaire Blvd
 Suite C
 City Houston State TX Zip Code 77072-2759
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wise Up Financial LLC Occupation (for Individual)
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **5000.00**

Date of Receipt **02 / 27 / 2023**
Transaction ID : 17275280
 Amount of Each Receipt this Period **5000.00**
 Memo Item

B. Hebert, Tim, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1501 S Lemay Ave Suite 200
 City Fort Collins State CO Zip Code 80524-4253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sage Benefit Advisors Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **365.00**

Date of Receipt **02 / 27 / 2023**
Transaction ID : 17276402
 Amount of Each Receipt this Period **365.00**
 Memo Item

C. 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 **220.00**

Date of Receipt **02 / 28 / 2023**
Transaction ID : 17276448
 Amount of Each Receipt this Period **85.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	5450.00
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 85
	<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. 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 ▼ 295.00

Date of Receipt 02 / 28 / 2023
Transaction ID : 17276464
 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 ▼ 590.00

Date of Receipt 02 / 28 / 2023
Transaction ID : 17276467
 Amount of Each Receipt this Period 170.00
 Memo Item

C. 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 ▼ 295.00

Date of Receipt 02 / 28 / 2023
Transaction ID : 17276476
 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 24 OF 85
	<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. 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 ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2023

Transaction ID : 17276490

Amount of Each Receipt this Period
85.00

Memo Item

B. 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 ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2023

Transaction ID : 17276496

Amount of Each Receipt this Period
250.00

Memo Item

C. 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) Keystone/Boley Featherston Insurance A	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
02		28		2023

Transaction ID : 17276499

Amount of Each Receipt this Period
170.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	505.00
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 85
	<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. 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 ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2023
Transaction ID : 17276505
 Amount of Each Receipt this Period
 85.00
 Memo Item

B. 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2023
Transaction ID : 17276514
 Amount of Each Receipt this Period
 250.00
 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 ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2023
Transaction ID : 17276517
 Amount of Each Receipt this Period
 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	420.00
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 85
<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. 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 ▼ 1170.00

Date of Receipt 02 / 28 / 2023
Transaction ID : 17276543
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Brown, Shawn, Edward, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 140 S Beach St.
 310
 City Daytona Beach State FL Zip Code 32114-4472
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Shawn E Brown Insurance Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 02 / 28 / 2023
Transaction ID : 17276555
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. 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 ▼ 220.00

Date of Receipt 02 / 27 / 2023
Transaction ID : 17276717
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2050.00
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 85
	<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. DeRico, Tony, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3825 Merton Drive
 Suite 110
 City Raleigh State NC Zip Code 27609-6609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Diversified Benefits Administrators LL Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 02 / 27 / 2023
Transaction ID : 17276718
 Amount of Each Receipt this Period 50.00
 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 ▼ 220.00

Date of Receipt 02 / 27 / 2023
Transaction ID : 17276721
 Amount of Each Receipt this Period 50.00
 Memo Item

C. 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 ▼ 220.00

Date of Receipt 02 / 27 / 2023
Transaction ID : 17276724
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
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 85
<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. 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 ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2023

Transaction ID : 17276733

Amount of Each Receipt this Period
50.00

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)
---	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2023

Transaction ID : 17276735

Amount of Each Receipt this Period
50.00

Memo Item

C. 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 ▼
720.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2023

Transaction ID : 17276740

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
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 85
	<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. 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 ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2023

Transaction ID : 17276742

Amount of Each Receipt this Period
50.00

Memo Item

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 ▼
520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2023

Transaction ID : 17276743

Amount of Each Receipt this Period
50.00

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 ▼
370.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2023

Transaction ID : 17276749

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
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 85
	<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. 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 ▼ 160.00

Date of Receipt 02 / 27 / 2023
Transaction ID : 17276753
 Amount of Each Receipt this Period 100.00
 Memo Item

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 ▼ 200.00

Date of Receipt 02 / 27 / 2023
Transaction ID : 17276757
 Amount of Each Receipt this Period 100.00
 Memo Item

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 ▼ 200.00

Date of Receipt 02 / 27 / 2023
Transaction ID : 17276759
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00
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 85
	<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. 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 ▼ 185.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2023
Transaction ID : 17276760
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. 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 ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2023
Transaction ID : 17276762
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. 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 ▼ 184.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2023
Transaction ID : 17276764
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
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 85
	<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. 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)
 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
 02 / 27 / 2023
Transaction ID : 17276765
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Cooley, Stephanie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 333 West Vine St
 Suite 500
 City Lexington State KY Zip Code 40507-1627
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UMR Occupation (for Individual)
 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
 02 / 27 / 2023
Transaction ID : 17276769
 Amount of Each Receipt this Period
 200.00
 Memo Item

C. 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 ▼
 585.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2023
Transaction ID : 17276770
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	800.00
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 85
	<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. 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 ▼ 670.00

Date of Receipt 02 / 27 / 2023
Transaction ID : 17276771
 Amount of Each Receipt this Period 500.00
 Memo Item

B. 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 ▼ 870.00

Date of Receipt 02 / 27 / 2023
Transaction ID : 17276772
 Amount of Each Receipt this Period 700.00
 Memo Item

C. Lago, Julian, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6671 W Indiantown Rd, Ste 50284
 City Jupiter State FL Zip Code 33458-3991
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Benezon LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 02 / 27 / 2023
Transaction ID : 17276773
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2200.00
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 85
	<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. 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 ▼ 1500.00

Date of Receipt 02 / 27 / 2023
Transaction ID : 17276774
 Amount of Each Receipt this Period 1300.00
 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) Occupation (for Individual) A and H Insurance Insurance Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 326.00

Date of Receipt 02 / 28 / 2023
Transaction ID : 17276902
 Amount of Each Receipt this Period 50.00
 Memo Item

C. 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) Occupation (for Individual) The Walker Agency, LLC Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 02 / 28 / 2023
Transaction ID : 17276904
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1400.00
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 85
	<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. 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 ▼ 495.00

Date of Receipt 02 / 28 / 2023
Transaction ID : 17276909
 Amount of Each Receipt this Period 150.00
 Memo Item

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 ▼ 459.00

Date of Receipt 02 / 28 / 2023
Transaction ID : 17276919
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Cochran, Stacy, , REBC, RHU,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2131 Fawkes Ln
 City Keller State TX Zip Code 76262-9048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 90 Degree Benefits Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 02 / 28 / 2023
Transaction ID : 17276920
 Amount of Each Receipt this Period 365.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	765.00
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 85
	<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. Stricker, Gerald, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6268 Day Road
 City Cincinnati State OH Zip Code 45252-1333
 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 ▼ 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2023
Transaction ID : 17276921
 Amount of Each Receipt this Period
 365.00
 Memo Item

B. 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) Occupation (for Individual)
 Innovative Insurance Solutions President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 710.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2023
Transaction ID : 17276922
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Haisha, Richard, , LUTCF,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 2903
 City SPRING VALLEY State CA Zip Code 91979-2903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Haisha Insurance Services, Inc. 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
 02 / 28 / 2023
Transaction ID : 17276923
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1365.00
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 85
	<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. Barberena, Raul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6750 West Loop South
 Suite 250
 City Houston State TX Zip Code 77087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Frost Insurance Occupation (for Individual)
 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
 02 / 28 / 2023
Transaction ID : 17276924
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. 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 ▼ 584.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2023
Transaction ID : 17276925
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Pancerz, Claire, , , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12712 Park Central Drive
 Suite 200
 City Dallas State TX Zip Code 75251-1544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Holmes Murphy & Associates Occupation (for Individual)
 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
 02 / 28 / 2023
Transaction ID : 17276926
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
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 85
	<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. 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 ▼ 720.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2023
Transaction ID : 17276927
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Hayes, Judith, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 Hialeah Circle
 City Odessa State TX Zip Code 79761-3527
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hayes 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
 02 / 28 / 2023
Transaction ID : 17276928
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Prior, Sheila, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 334 E Orange Dr
 City Phoenix State AZ Zip Code 85012-1464
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2023
Transaction ID : 17276929
 Amount of Each Receipt this Period
 750.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1750.00
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 85
	<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, Marilyn, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8926 Crown Colony Blvd
 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 ▼ 1000.00

Date of Receipt 02 / 28 / 2023
Transaction ID : 17276930
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Wallace, Keith, , Seattle Ch,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1400 Broadway
 City Bellingham State WA Zip Code 98225-3036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Www.Ricelnsurance.Com Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 02 / 28 / 2023
Transaction ID : 17276931
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. James, Keith, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6750 Poplar Avenue, Suite 208
 City Memphis State TN Zip Code 38138-7414
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The James Group, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 28 / 2023
Transaction ID : 17276932
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3000.00
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 85
	<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. Bain, Buffie, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 104 Maxwell Ave Ste 150
 City Greenwood State SC Zip Code 29646-2641
 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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2023
Transaction ID : 17276933
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Crandall, Lori, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2375 E Camelback Rd Suite 250
 City Phoenix State AZ Zip Code 85016-3491
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 USI Insurance Services Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2023
Transaction ID : 17276934
 Amount of Each Receipt this Period
 1500.00
 Memo Item

C. Goldman, Donald, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5245 Vista Blvd. #F3 Suite 266
 City Sparks State NV Zip Code 89436-0839
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Dental Health Services of America, INC Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2023
Transaction ID : 17276935
 Amount of Each Receipt this Period
 5000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	7500.00
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 85
	<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, 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 ▼ 160.00

Date of Receipt 02 / 28 / 2023
Transaction ID : 17279360
 Amount of Each Receipt this Period 0.00
 Memo Item
 Refund(s) on Schedule B Totaling \$1000.00 This changes the YTD Total to \$160.00

B. 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 ▼ 1185.00

Date of Receipt 02 / 28 / 2023
Transaction ID : PR433049231154
 Amount of Each Receipt this Period 125.00
 Memo Item
 P/R Deduction (\$50.00 Weekly)

C. 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 ▼ 209.00

Date of Receipt 02 / 28 / 2023
Transaction ID : PR433085731154
 Amount of Each Receipt this Period 167.00
 Memo Item
 P/R Deduction (\$50.00 Weekly)

SUBTOTAL of Receipts This Page (optional).....	292.00
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 85
	<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, 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 ▼ 160.00

Date of Receipt 02 / 28 / 2023
Transaction ID : PR433150531154
 Amount of Each Receipt this Period 75.00
 Memo Item
 P/R Deduction (\$75.00 Monthly)

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 ▼ 345.00

Date of Receipt 02 / 28 / 2023
Transaction ID : PR433177431154
 Amount of Each Receipt this Period 125.00
 Memo Item
 P/R Deduction (\$50.00 Weekly)

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 ▼ 210.00

Date of Receipt 02 / 28 / 2023
Transaction ID : PR433198631154
 Amount of Each Receipt this Period 125.00
 Memo Item
 P/R Deduction (\$50.00 Weekly)

SUBTOTAL of Receipts This Page (optional).....	325.00
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 85
	<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. 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 ▼ 390.00

Date of Receipt 02 / 28 / 2023
Transaction ID : PR43322231154

Amount of Each Receipt this Period 50.00

Memo Item

P/R Deduction (\$50.00 Weekly)

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 ▼ 234.00

Date of Receipt 02 / 28 / 2023
Transaction ID : PR433255331154

Amount of Each Receipt this Period 50.00

Memo Item

P/R Deduction (\$50.00 Weekly)

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

Mailing Address 9220 Bass Lake Rd, Suite 225

City New Hope State MN Zip Code 55428-4052

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

Name of Employer (for Individual) Crosstown Insurance Occupation (for Individual) Insurance Agent

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 02 / 28 / 2023
Transaction ID : PR433347431154

Amount of Each Receipt this Period 50.00

Memo Item

P/R Deduction (\$50.00 Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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 85
	<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. McFarland, Dawn, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19509 Haynes St
 City Reseda State CA Zip Code 91335-5729
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M & M Benefit Solutions Insurance Serv Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 28 / 2023**
Transaction ID : PR433489231154
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$50.00 Weekly)

B. Bogdan, Deborah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19249 Wheelers Lane
 City Strongsville State OH Zip Code 44149-5060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Magis Advisory Group Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 28 / 2023**
Transaction ID : PR433529631154
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Weekly)

C. Wojcik, Michael, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10320 Orland Parkway
 City Orland Park State IL Zip Code 60467-5658
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Horton Group, Inc. Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3075.00

Date of Receipt **02 / 28 / 2023**
Transaction ID : PR433660731154
 Amount of Each Receipt this Period 75.00
 Memo Item
 P/R Deduction (\$75.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	325.00
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 85
	<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. Berman, Jennifer, Spiegel, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1829 Reisterstown Road
 City Pikesville State MD Zip Code 21208-6320
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MZQ Consulting Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 02 / 28 / 2023
Transaction ID : PR433707031154
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Weekly)

B. 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 ▼ 320.00

Date of Receipt 02 / 28 / 2023
Transaction ID : PR433762531154
 Amount of Each Receipt this Period 150.00
 Memo Item
 P/R Deduction (\$150.00 Monthly)

C. 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 ▼ 260.00

Date of Receipt 02 / 28 / 2023
Transaction ID : PR433790931154
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$50.00 Weekly)

SUBTOTAL of Receipts This Page (optional).....	400.00
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 85
	<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. 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 ▼ 340.00

Date of Receipt 02 / 28 / 2023
Transaction ID : PR436821431154
 Amount of Each Receipt this Period 170.00
 Memo Item
 P/R Deduction (\$170.00 Monthly)

B. 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 ▼ 340.00

Date of Receipt 02 / 28 / 2023
Transaction ID : PR436830331154
 Amount of Each Receipt this Period 170.00
 Memo Item
 P/R Deduction (\$170.00 Monthly)

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 ▼ 295.00

Date of Receipt 02 / 28 / 2023
Transaction ID : PR436844631154
 Amount of Each Receipt this Period 125.00
 Memo Item
 P/R Deduction (\$50.00 Weekly)

SUBTOTAL of Receipts This Page (optional).....	465.00
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 85
	<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. 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 ▼ 270.00

Date of Receipt 02 / 28 / 2023
Transaction ID : PR436883331154
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Monthly)

B. 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 ▼ 245.00

Date of Receipt 02 / 28 / 2023
Transaction ID : PR436910831154
 Amount of Each Receipt this Period 75.00
 Memo Item
 P/R Deduction (\$75.00 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 ▼ 500.00

Date of Receipt 02 / 28 / 2023
Transaction ID : PR436911031154
 Amount of Each Receipt this Period 300.00
 Memo Item
 P/R Deduction (\$50.00 Weekly)

SUBTOTAL of Receipts This Page (optional).....	425.00
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 85
	<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. 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 ▼ 210.00

Date of Receipt 02 / 28 / 2023
Transaction ID : PR436911131154
 Amount of Each Receipt this Period 150.00
 Memo Item
 P/R Deduction (\$150.00 Monthly)

B. 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 ▼ 905.00

Date of Receipt 02 / 28 / 2023
Transaction ID : PR436914131154
 Amount of Each Receipt this Period 75.00
 Memo Item
 P/R Deduction (\$75.00 Monthly)

C. 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 ▼ 250.00

Date of Receipt 02 / 28 / 2023
Transaction ID : PR436986831154
 Amount of Each Receipt this Period 125.00
 Memo Item
 P/R Deduction (\$125.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	350.00
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 85
	<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. 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 ▼ 750.00

Date of Receipt **02 / 28 / 2023**
Transaction ID : PR437002331154
 Amount of Each Receipt this Period 230.00
 Memo Item
 P/R Deduction (\$50.00 Weekly)

B. Schmidt, Kenneth, L., CLU,RHU,RE,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1332 Hunters Hollow Court
 City Eureka State MO Zip Code 63025-1051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sonus Benefits Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt **02 / 28 / 2023**
Transaction ID : PR437004131154
 Amount of Each Receipt this Period 125.00
 Memo Item
 P/R Deduction (\$50.00 Weekly)

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 ▼ 275.00

Date of Receipt **02 / 28 / 2023**
Transaction ID : PR437016731154
 Amount of Each Receipt this Period 175.00
 Memo Item
 P/R Deduction (\$75.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	530.00
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 85
	<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. 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 ▼ 210.00

Date of Receipt 02 / 28 / 2023
Transaction ID : PR437053231154
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Weekly)

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 ▼ 293.00

Date of Receipt 02 / 28 / 2023
Transaction ID : PR437076131154
 Amount of Each Receipt this Period 209.00
 Memo Item
 P/R Deduction (\$50.00 Weekly)

C. 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) Keystone/Boley Featherston Insurance A Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 02 / 28 / 2023
Transaction ID : PR437119031154
 Amount of Each Receipt this Period 75.00
 Memo Item
 P/R Deduction (\$75.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	334.00
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 85
	<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. 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 ▼ 710.00

Date of Receipt 02 / 28 / 2023
Transaction ID : PR437144731154
 Amount of Each Receipt this Period 150.00
 Memo Item
 P/R Deduction (\$150.00 Monthly)

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 ▼ 845.00

Date of Receipt 02 / 28 / 2023
Transaction ID : PR437175231154
 Amount of Each Receipt this Period 125.00
 Memo Item
 P/R Deduction (\$50.00 Weekly)

C. 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 ▼ 550.00

Date of Receipt 02 / 28 / 2023
Transaction ID : PR437182331154
 Amount of Each Receipt this Period 300.00
 Memo Item
 P/R Deduction (\$50.00 Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	575.00
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 85
	<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. 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
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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 ▼
795.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2023

Transaction ID : PR437187331154

Amount of Each Receipt this Period
125.00

Memo Item

P/R Deduction (\$50.00 Weekly)

B. 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
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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 ▼
1750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2023

Transaction ID : PR437218331154

Amount of Each Receipt this Period
250.00

Memo Item

P/R Deduction (\$50.00 Weekly)

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

Name of Employer (for Individual) Comstock Insurance	Occupation (for Individual) Broker
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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
02		28		2023

Transaction ID : PR437231231154

Amount of Each Receipt this Period
200.00

Memo Item

P/R Deduction (\$150.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	575.00
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 85
	<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. 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 ▼ 955.00

Date of Receipt 02 / 28 / 2023
Transaction ID : PR437236931154
 Amount of Each Receipt this Period 540.00
 Memo Item
 P/R Deduction (\$50.00 Weekly)

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 ▼ 250.00

Date of Receipt 02 / 28 / 2023
Transaction ID : PR437281031154
 Amount of Each Receipt this Period 125.00
 Memo Item
 P/R Deduction (\$125.00 Monthly)

C. Enders, Shannon, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5797 Harvey St
 Ste A
 City Norton Shores State MI Zip Code 49444-6727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Lead Agency dba Lakeshore Employee Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt 02 / 28 / 2023
Transaction ID : PR437322431154
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Weekly)

SUBTOTAL of Receipts This Page (optional).....	715.00
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 85
	<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 ▼ 295.00

Date of Receipt 02 / 28 / 2023
Transaction ID : PR437326131154

Amount of Each Receipt this Period 210.00

Memo Item

P/R Deduction (\$50.00 Weekly)

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 ▼ 460.00

Date of Receipt 02 / 28 / 2023
Transaction ID : PR437358831154

Amount of Each Receipt this Period 125.00

Memo Item

P/R Deduction (\$50.00 Weekly)

C. 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

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 ▼ 325.00

Date of Receipt 02 / 28 / 2023
Transaction ID : PR437416431154

Amount of Each Receipt this Period 225.00

Memo Item

P/R Deduction (\$50.00 Weekly)

SUBTOTAL of Receipts This Page (optional).....	560.00
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 85
	<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. Carlson, Daryl, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 W Vine Street
 Ste 300
 City Lexington State KY Zip Code 40507-1620
 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 ▼ 330.00

Date of Receipt 02 / 28 / 2023
Transaction ID : PR437442131154
 Amount of Each Receipt this Period 15.00
 Memo Item
 P/R Deduction (\$15.00 Monthly)

B. 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 ▼ 396.00

Date of Receipt 02 / 28 / 2023
Transaction ID : PR437454931154
 Amount of Each Receipt this Period 63.00
 Memo Item
 P/R Deduction (\$63.00 Monthly)

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 ▼ 300.00

Date of Receipt 02 / 28 / 2023
Transaction ID : PR437474531154
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	128.00
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 85
	<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. 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
 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 ▼ 415.00

Date of Receipt **02 / 28 / 2023**
Transaction ID : PR437488431154
 Amount of Each Receipt this Period 75.00
 Memo Item
 P/R Deduction (\$75.00 Monthly)

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 ▼ 345.00

Date of Receipt **02 / 28 / 2023**
Transaction ID : PR437510731154
 Amount of Each Receipt this Period 125.00
 Memo Item
 P/R Deduction (\$50.00 Weekly)

C. 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 ▼ 276.00

Date of Receipt **02 / 28 / 2023**
Transaction ID : PR437516831154
 Amount of Each Receipt this Period 192.00
 Memo Item
 P/R Deduction (\$150.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	392.00
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 85
	<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. 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 ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2023

Transaction ID : PR437529931154

Amount of Each Receipt this Period
150.00

Memo Item

P/R Deduction (\$50.00 Weekly)

B. 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 ▼
254.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2023

Transaction ID : PR437562831154

Amount of Each Receipt this Period
42.00

Memo Item

P/R Deduction (\$42.00 Monthly)

C. 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 ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2023

Transaction ID : PR437564431154

Amount of Each Receipt this Period
125.00

Memo Item

P/R Deduction (\$50.00 Weekly)

SUBTOTAL of Receipts This Page (optional).....	317.00
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 85
<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. 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 ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2023

Transaction ID : PR437600531154

Amount of Each Receipt this Period
200.00

Memo Item

P/R Deduction (\$50.00 Weekly)

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 ▼
670.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2023

Transaction ID : PR437603131154

Amount of Each Receipt this Period
85.00

Memo Item

P/R Deduction (\$85.00 Monthly)

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

Mailing Address 603 E Broadway St

City Prosper	State TX	Zip Code 75078-2943
-----------------	-------------	------------------------

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

Name of Employer (for Individual) CPR Financial & Insurance Services, In	Occupation (for Individual) Broker
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1125.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2023

Transaction ID : PR437635331154

Amount of Each Receipt this Period
125.00

Memo Item

P/R Deduction (\$50.00 Weekly)

SUBTOTAL of Receipts This Page (optional).....	410.00
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 85
<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. 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 ▼ 245.00

Date of Receipt **02 / 28 / 2023**
Transaction ID : PR437658731154
 Amount of Each Receipt this Period 75.00
 Memo Item
 P/R Deduction (\$75.00 Monthly)

B. 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 ▼ 320.00

Date of Receipt **02 / 28 / 2023**
Transaction ID : PR437683131154
 Amount of Each Receipt this Period 135.00
 Memo Item
 P/R Deduction (\$50.00 Weekly)

C. 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 ▼ 1245.00

Date of Receipt **02 / 28 / 2023**
Transaction ID : PR437700831154
 Amount of Each Receipt this Period 75.00
 Memo Item
 P/R Deduction (\$75.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	285.00
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 85
	<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 ▼ 995.00

Date of Receipt 02 / 28 / 2023
Transaction ID : PR437846631154
 Amount of Each Receipt this Period 125.00
 Memo Item
 P/R Deduction (\$50.00 Weekly)

B. 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 ▼ 295.00

Date of Receipt 02 / 28 / 2023
Transaction ID : PR438919931154
 Amount of Each Receipt this Period 125.00
 Memo Item
 P/R Deduction (\$50.00 Weekly)

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 ▼ 285.00

Date of Receipt 02 / 28 / 2023
Transaction ID : PR492528831154
 Amount of Each Receipt this Period 285.00
 Memo Item
 P/R Deduction (\$50.00 Weekly)

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 61 OF 85
	<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. Hopkin Bishop, Cristin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6200 Stone Hill Farms Pkwy
 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 ▼ 3075.00

Date of Receipt 02 / 28 / 2023
Transaction ID : PR691245831154
 Amount of Each Receipt this Period 75.00
 Memo Item
 P/R Deduction (\$75.00 Monthly)

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)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 317.00

Date of Receipt 02 / 28 / 2023
Transaction ID : PR744034331154
 Amount of Each Receipt this Period 125.00
 Memo Item
 P/R Deduction (\$50.00 Weekly)

C. 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)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 02 / 28 / 2023
Transaction ID : PR746392631154
 Amount of Each Receipt this Period 150.00
 Memo Item
 P/R Deduction (\$150.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	350.00
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 85
<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. 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 ▼ 220.00

Date of Receipt **02 / 28 / 2023**
Transaction ID : PR753079231154
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Weekly)

B. Ideus, Calleen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 53
 City Filley State NE Zip Code 68357-0053
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ideus Agency LLC Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **02 / 28 / 2023**
Transaction ID : PR849093331154
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$50.00 Weekly)

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 ▼ 295.00

Date of Receipt **02 / 28 / 2023**
Transaction ID : PR860243831154
 Amount of Each Receipt this Period 160.00
 Memo Item
 P/R Deduction (\$75.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	410.00
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 85
	<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. 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 ▼ 570.00

Date of Receipt 02 / 28 / 2023
Transaction ID : PR873316831154
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$50.00 Weekly)

B. Morgan, Christian, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 340.00

Date of Receipt 02 / 28 / 2023
Transaction ID : PR891081431154
 Amount of Each Receipt this Period 170.00
 Memo Item
 P/R Deduction (\$170.00 Monthly)

C. 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)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 02 / 28 / 2023
Transaction ID : PR956269331154
 Amount of Each Receipt this Period 75.00
 Memo Item
 P/R Deduction (\$75.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	445.00
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 85
	<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. Freeman, Carmen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 860 Redstem Dr
 City Prosper State TX Zip Code 75078-0260
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Versant Health Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 28 / 2023
Transaction ID : PR969295931154
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$50.00 Weekly)

B. Bailey, Cynthia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5250 Hwy 78 Ste 750-223
 City Sachse State TX Zip Code 75048-4252
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Benefit Administration By Design LLC Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 28 / 2023
Transaction ID : PR973160131154
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$50.00 Weekly)

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
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	400.00
TOTAL This Period (last page this line number only).....	70529.67

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	2		2	8		2	0	2	3

FEC Identification Number

C []

Transaction ID : 17278386

Amount of Each Disbursement this Period

[] 2174.16 []

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).....▶

[] 2174.16 []

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

[] 2174.16 []

**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. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 FIRST STREET S.E.

City WASHINGTON State DC Zip Code 20003

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 Y Y
02 / 09 / 2023

FEC Identification Number

C00075820

Transaction ID : 17230509

Amount of Each Disbursement this Period

15000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address 430 SOUTH CAPITOL STREET, SE

City WASHINGTON State DC Zip Code 20003

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 Y Y
02 / 09 / 2023

FEC Identification Number

C00000935

Transaction ID : 17230510

Amount of Each Disbursement this Period

15000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Mailing Address 425 SECOND STREET NE

City WASHINGTON State DC Zip Code 20002

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 Y Y
02 / 09 / 2023

FEC Identification Number

C00027466

Transaction ID : 17230511

Amount of Each Disbursement this Period

15000.00

Memo Item

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

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

45000.00

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

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

FOR LINE NUMBER:
(check only one)

<input 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. DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE

Mailing Address 120 MARYLAND AVENUE NE

City
WASHINGTON

State
DC

Zip Code
20002

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	2		0	9		2	0	2	3

FEC Identification Number

C C00042366

Transaction ID : 17230512

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

B. REPUBLICAN MAINSTREET PARTNERSHIP PAC

Mailing Address 410 First Street, SE, Suite 200

City
Washington

State
DC

Zip Code
20003

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	2		0	9		2	0	2	3

FEC Identification Number

C C00165159

Transaction ID : 17230513

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

C. BLUE DOG POLITICAL ACTION COMMITTEE

Mailing Address 68449 Old Dominion Dr.
Suite 222

City
McLean

State
VA

Zip Code
22101

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	2		0	9		2	0	2	3

FEC Identification Number

C C00305318

Transaction ID : 17230514

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item

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

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

2	5	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. TUESDAY GROUP POLITICAL ACTION COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		09		2023

Mailing Address 124 16th Street SE

FEC Identification Number

C	C00433060
---	-----------

City Washington State DC Zip Code 20003

Transaction ID : 17230515

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

5000.00

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

B. New Democrat Coalition

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		09		2023

Mailing Address 233 Pennsylvania Ave SE
2nd Floor

FEC Identification Number

C	C00409730
---	-----------

City Washington State DC Zip Code 20003

Transaction ID : 17230516

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

5000.00

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

C. Congressional Black Caucus PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		09		2023

Mailing Address 1100 New Jersey Ave SE
#2410

FEC Identification Number

C	C00147512
---	-----------

City Washington State DC Zip Code 20003

Transaction ID : 17230517

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

5000.00

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Memo Item

State: District:

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

15000.00

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

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. MODERATE DEMOCRATS PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		09		2023

Mailing Address P.O. Box 70179

FEC Identification Number

C	C00436022
---	-----------

City Washington State DC Zip Code 20024

Transaction ID : 17230518

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

5000.00

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

B. CHC BOLD PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		09		2023

Mailing Address PO BOX 15096

FEC Identification Number

C	C00365536
---	-----------

City Washington State DC Zip Code 20003

Transaction ID : 17230519

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

5000.00

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

C. Adrian Smith For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		23		2023

Mailing Address 1126 Avenue A Suite 6

FEC Identification Number

C	C00412890
---	-----------

City Scottsbluff State NE Zip Code 69361

Transaction ID : 17274389

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

2000.00

Candidate Name
Smith, Adrian, , Rep.,

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

Memo Item

State: NE District: 03

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

12000.00

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

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Angie Craig For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		23		2023

Mailing Address PO Box 22116

FEC Identification Number

C	C00575209
---	-----------

City Eagan State MN Zip Code 55122

Transaction ID : 17274390

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

2000.00

Candidate Name

Craig, Angela, , ,

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: MN District: 02

Memo Item

Full Name (Last, First, Middle Initial)

B. Citizens For Boyle

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		23		2023

Mailing Address PO Box 14310

FEC Identification Number

C	C00543363
---	-----------

City Philadelphia State PA Zip Code 19116

Transaction ID : 17274391

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

2000.00

Candidate Name

Boyle, Brendan, , Rep.,

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: PA District: 02

Memo Item

Full Name (Last, First, Middle Initial)

C. Debbie Lesko For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		23		2023

Mailing Address PO Box 45388

FEC Identification Number

C	C00663914
---	-----------

City Phoenix State AZ Zip Code 85064

Transaction ID : 17274396

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

2000.00

Candidate Name

Lesko, Debbie, , Rep.,

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: AZ District: 08

Memo Item

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

6000.00

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

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. People For Derek Kilmer

Mailing Address PO Box 1381

City
Tacoma

State
WA

Zip Code
98402

Purpose of Disbursement

011

Category/
Type

Candidate Name

Kilmer, Derek, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2024

Primary General
 Other (specify) ▼

State: WA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	23	/	2023

FEC Identification Number

C C00514893

Transaction ID : 17274397

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Greg Pence For Congress

Mailing Address PO Box 275

City
TAYLORSVILLE

State
IN

Zip Code
47280

Purpose of Disbursement

011

Category/
Type

Candidate Name

Pence, Gregory, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2024

Primary General
 Other (specify)

State: IN District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	23	/	2023

FEC Identification Number

C C00658401

Transaction ID : 17274398

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Michelle Steel For Congress

Mailing Address 92a Surfside Avenue, #472

City
Surfside

State
CA

Zip Code
90743

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	23	/	2023

FEC Identification Number

C C00704981

Transaction ID : 17274399

Amount of Each Disbursement this Period

2000.00

Memo Item

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

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Haley Stevens For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	23	/	2023

Mailing Address 33717 Woodward Ave
#539

City Birmingham State MI Zip Code 48009

Purpose of Disbursement

011
Category/ Type

FEC Identification Number

C	C00638650
---	-----------

Transaction ID : 17274401

Amount of Each Disbursement this Period

2000.00

Memo Item

Candidate Name

Stevens, Haley, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: MI District: 11

Full Name (Last, First, Middle Initial)

B. Texans For Henry Cuellar Congressional Campaign

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	23	/	2023

Mailing Address 1519 Washington Street
Suite 200

City Laredo State TX Zip Code 78040

Purpose of Disbursement

011
Category/ Type

FEC Identification Number

C	C00371302
---	-----------

Transaction ID : 17274403

Amount of Each Disbursement this Period

2000.00

Memo Item

Candidate Name

Cuellar, Henry, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: TX District: 28

Full Name (Last, First, Middle Initial)

C. Jeff Jackson For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	23	/	2023

Mailing Address P.O. Box 470882

City Charlotte State NC Zip Code 28226

Purpose of Disbursement

011
Category/ Type

FEC Identification Number

C	C00767400
---	-----------

Transaction ID : 17274404

Amount of Each Disbursement this Period

2000.00

Memo Item

Candidate Name

Jackson, Jeff, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: NC District: 14

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

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

6000.00

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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. Josh Gottheimer For Congress

Mailing Address PO Box 584

City
Ridgewood

State
NJ

Zip Code
07451

Purpose of Disbursement

011

Category/
Type

Candidate Name

Gottheimer, Josh, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: NJ District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	23	/	2023

FEC Identification Number

C C00573949

Transaction ID : 17274405

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Kat For Congress

Mailing Address 5200 Nw 43rd St Ste 102-180

City
Gainesville

State
FL

Zip Code
32606

Purpose of Disbursement

011

Category/
Type

Candidate Name

Cammack, Kathryn, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify)

State: FL District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	23	/	2023

FEC Identification Number

C C00730895

Transaction ID : 17274406

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Lori Chavez-Deremer For Congress

Mailing Address 11805 Se Eastbourne Lane

City
Happy Valley

State
OR

Zip Code
97086

Purpose of Disbursement

011

Category/
Type

Candidate Name

Chavez-Deremer, Lori, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: OR District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	23	/	2023

FEC Identification Number

C C00784520

Transaction ID : 17274407

Amount of Each Disbursement this Period

2000.00

Memo Item

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

6000.00

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

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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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. Fischbach For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		23		2023

Mailing Address PO Box 190

FEC Identification Number

C	C00717959
---	-----------

City
Litchfield

State
MN

Zip Code
55355

Transaction ID : 17274408

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

2000.00

Candidate Name

Fischbach, Michelle, , Rep.,

Office Sought:

<input checked="" type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2024

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: MN

District: 07

Memo Item

Full Name (Last, First, Middle Initial)

B. Committee To Elect Mike Ezell

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		23		2023

Mailing Address 808 Grant Avenue

FEC Identification Number

C	C00776393
---	-----------

City
Pascagoula

State
MS

Zip Code
39567

Transaction ID : 17274409

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

2000.00

Candidate Name

Ezell, Mike, , Rep.,

Office Sought:

<input checked="" type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2024

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: MS

District: 04

Memo Item

Full Name (Last, First, Middle Initial)

C. Monica For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		23		2023

Mailing Address P.O. Box 4605

FEC Identification Number

C	C00765719
---	-----------

City
McAllen

State
TX

Zip Code
78502

Transaction ID : 17274410

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

2000.00

Candidate Name

De La Cruz, Monica, , Rep.,

Office Sought:

<input checked="" type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2024

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: TX

District: 15

Memo Item

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

6000.00

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

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Rick W. Allen For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		23		2023

Mailing Address P. O. Box 338

FEC Identification Number

C	C00504019
---	-----------

Transaction ID : 17274411

Amount of Each Disbursement this Period

2000.00

Memo Item

City Augusta State GA Zip Code 30903

Purpose of Disbursement

011
Category/ Type

Candidate Name

Allen, Rick, W., Rep.,

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: GA District: 12

Full Name (Last, First, Middle Initial)

B. Russ Fulcher For Idaho

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		23		2023

Mailing Address PO Box 1375

FEC Identification Number

C	C00648295
---	-----------

Transaction ID : 17274412

Amount of Each Disbursement this Period

2000.00

Memo Item

City Meridian State ID Zip Code 83680

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

Full Name (Last, First, Middle Initial)

C. Horsford For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		23		2023

Mailing Address PO BOX 15096

FEC Identification Number

C	C00504613
---	-----------

Transaction ID : 17274413

Amount of Each Disbursement this Period

2000.00

Memo Item

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

011
Category/ Type

Candidate Name

Horsford, Steven, A., Rep.,

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: NV District: 04

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

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Walberg For Congress

Mailing Address PO Box 1362

City
Jackson

State
MI

Zip Code
49204

Purpose of Disbursement

011

Category/
Type

Candidate Name

Walberg, Tim, , Rep.,

Office Sought:

 House
 Senate
 President

Disbursement For: 2024

 Primary General
 Other (specify) ▼

State: MI District: 07

Date of Disbursement

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

FEC Identification Number

C C00390724

Transaction ID : 17274414

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

B. Balderson For Congress

Mailing Address PO BOX 2302

City
Zanesville

State
OH

Zip Code
43702

Purpose of Disbursement

011

Category/
Type

Candidate Name

Balderson, Troy, , ,

Office Sought:

 House
 Senate
 President

Disbursement For: 2024

 Primary General
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

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

FEC Identification Number

C C00662650

Transaction ID : 17274415

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

C. Mike Flood For Congress

Mailing Address PO Box 81041

City
Lincoln

State
NE

Zip Code
68501

Purpose of Disbursement

011

Category/
Type

Candidate Name

Flood, Mike, , Rep.,

Office Sought:

 House
 Senate
 President

Disbursement For: 2024

 Primary General
 Other (specify) ▼

State: NE District: 01

Date of Disbursement

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

FEC Identification Number

C C00801241

Transaction ID : 17274416

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item

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

6	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

6	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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. Matsui For Congress

Mailing Address PO Box 1738

City
Sacramento

State
CA

Zip Code
95812

Purpose of Disbursement

011

Category/
Type

Candidate Name

Matsui, Doris, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: CA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		23		2023

FEC Identification Number

C C00409219

Transaction ID : 17274417

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Hudson For Congress

Mailing Address PO Box 5053

City
Concord

State
NC

Zip Code
28027

Purpose of Disbursement

011

Category/
Type

Candidate Name

Hudson, Richard, L., Rep., Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: NC District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		23		2023

FEC Identification Number

C C00504522

Transaction ID : 17274418

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Jimmy Panetta For Congress

Mailing Address PO Box 103

City
Carmel Valley

State
CA

Zip Code
93924

Purpose of Disbursement

011

Category/
Type

Candidate Name

Panetta, Jimmy, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: CA District: 20

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		23		2023

FEC Identification Number

C C00592154

Transaction ID : 17274419

Amount of Each Disbursement this Period

1500.00

Memo Item

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

3500.00

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. Mike Thompson For Congress

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement

Category/
Type

Candidate Name

Thompson, Mike, , Rep.,

Office Sought: House Senate President
 Disbursement For: 2024 Primary General Other (specify) ▼
 State: CA District: 05

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 17274420

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Dr. Raul Ruiz For Congress

Mailing Address PO Box 3433

City Palm Desert State CA Zip Code 92261

Purpose of Disbursement

Category/
Type

Candidate Name

Ruiz, Raul, , Rep., MD

Office Sought: House Senate President
 Disbursement For: 2024 Primary General Other (specify) ▼
 State: CA District: 36

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 17274421

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. HOYER'S MAJORITY FUND

Mailing Address 700 13TH STREET NW SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 17274422

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. Friends Of Mark Warner

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		23		2023

Mailing Address 201 North Union Street
Suite 300

City Alexandria State VA Zip Code 22314

FEC Identification Number

C C00438713

Transaction ID : 17274423

Amount of Each Disbursement this Period

1000.00

Memo Item

Purpose of Disbursement

011
Category/
Type

Candidate Name

Warner, Mark, Robert, Sen.,

Office Sought: House Senate President
Disbursement For: 2021 Primary General Other (specify) ▼

State: VA District:

Full Name (Last, First, Middle Initial)

B. Montanans For Tester

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		23		2023

Mailing Address PO Box 1135

City Helena State MT Zip Code 59624

FEC Identification Number

C C00412304

Transaction ID : 17274425

Amount of Each Disbursement this Period

2500.00

Memo Item

Office Sought: House Senate President
Disbursement For: 2024 Primary General Other (specify) ▼

State: MT District:

Full Name (Last, First, Middle Initial)

C. People For Ben

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		23		2023

Mailing Address PO BOX 25371

City ALBUQUERQUE State NM Zip Code 87125

FEC Identification Number

C C00443689

Transaction ID : 17274426

Amount of Each Disbursement this Period

2000.00

Memo Item

Office Sought: House Senate President
Disbursement For: 2021 Primary General Other (specify) ▼

State: NM District: 03

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

5500.00

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)

Grid for line numbers 21b-30b with checkboxes, where 23 is checked.

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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. Tony Cardenas For Congress

Mailing Address PO Box 15320

City Washington

State DC

Zip Code 20003

Purpose of Disbursement

011

Category/Type

Candidate Name

Cardenas, Tony, , Rep.,

Office Sought: [x] House [] Senate [] President

Disbursement For: 2024

[x] Primary [] General [] Other (specify) v

State: CA District: 29

Date of Disbursement

Date selection grid showing 02/23/2023

FEC Identification Number

C00498873

Transaction ID : 17274427

Amount of Each Disbursement this Period

Amount selection grid showing 1000.00

[] Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of Don Beyer

Mailing Address 1751 Potomac Greens Drive

City Alexandria

State VA

Zip Code 22314

Purpose of Disbursement

011

Category/Type

Candidate Name

Beyer, Don, , Rep.,

Office Sought: [x] House [] Senate [] President

Disbursement For: 2024

[x] Primary [] General [] Other (specify) v

State: VA District: 08

Date of Disbursement

Date selection grid showing 02/23/2023

FEC Identification Number

C00555888

Transaction ID : 17274428

Amount of Each Disbursement this Period

Amount selection grid showing 1000.00

[] Memo Item

Full Name (Last, First, Middle Initial)

C. Pallone For Congress

Mailing Address PO Box 3176

City Long Branch

State NJ

Zip Code 07740

Purpose of Disbursement

011

Category/Type

Candidate Name

Pallone, Frank, , Rep., Jr.

Office Sought: [x] House [] Senate [] President

Disbursement For: 2024

[x] Primary [] General [] Other (specify) v

State: NJ District: 06

Date of Disbursement

Date selection grid showing 02/23/2023

FEC Identification Number

C00226928

Transaction ID : 17274429

Amount of Each Disbursement this Period

Amount selection grid showing 1000.00

[] Memo Item

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

Subtotal amount selection grid showing 3000.00

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

Total amount selection grid

**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. Citizens For Boyle

Mailing Address PO Box 14310

City Philadelphia

State PA

Zip Code 19116

Purpose of Disbursement

011

Category/
Type

Candidate Name

Boyle, Brendan, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: PA District: 02

Date of Disbursement

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

FEC Identification Number

C C00543363

Transaction ID : 17274430

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Horsford For Congress

Mailing Address PO BOX 15096

City WASHINGTON

State DC

Zip Code 20003

Purpose of Disbursement

011

Category/
Type

Candidate Name

Horsford, Steven, A., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify)

State: NV District: 04

Date of Disbursement

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

FEC Identification Number

C C00504613

Transaction ID : 17274431

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Mike Flood For Congress

Mailing Address PO Box 81041

City Lincoln

State NE

Zip Code 68501

Purpose of Disbursement

011

Category/
Type

Candidate Name

Flood, Mike, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: NE District: 01

Date of Disbursement

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

FEC Identification Number

C C00801241

Transaction ID : 17274432

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Kuster For Congress, Inc

Mailing Address PO Box 1498

City
Concord

State
NH

Zip Code
03302

Purpose of Disbursement

011

Category/
Type

Candidate Name

Kuster, Ann, McLane, Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2024

Primary General
 Other (specify) ▼

State: NH

District: 02

Date of Disbursement

MM / DD / YYYY
02 / 23 / 2023

FEC Identification Number

C C00462861

Transaction ID : 17274433

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Colin Allred For Congress

Mailing Address PO Box 601631

City
Dallas

State
TX

Zip Code
75360

Purpose of Disbursement

011

Category/
Type

Candidate Name

Allred, Colin, , Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2024

Primary General
 Other (specify)

State: TX

District: 32

Date of Disbursement

MM / DD / YYYY
02 / 23 / 2023

FEC Identification Number

C C00637868

Transaction ID : 17274434

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Bill Cassidy For Us Senate

Mailing Address PO Box 80505

City
Baton Rouge

State
LA

Zip Code
70898

Purpose of Disbursement

011

Category/
Type

Candidate Name

Cassidy, Bill, , Sen.,

Office Sought:

House
 Senate
 President

Disbursement For: 2021

Primary General
 Other (specify) ▼

State: LA

District:

Date of Disbursement

MM / DD / YYYY
02 / 23 / 2023

FEC Identification Number

C C00543983

Transaction ID : 17274474

Amount of Each Disbursement this Period

5000.00

Memo Item

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

7000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<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. Walberg For Congress

Mailing Address PO Box 1362

City
Jackson

State
MI

Zip Code
49204

Purpose of Disbursement
Void - Walberg For Congress

011

Category/
Type

Candidate Name

Walberg, Tim, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: MI District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2023

FEC Identification Number

C C00390724

Transaction ID : 17277050

Amount of Each Disbursement this Period

- 2000.00

Void - Walberg For Congress

Memo Item

Full Name (Last, First, Middle Initial)

B. Monica For Congress

Mailing Address P.O. Box 4605

City
McAllen

State
TX

Zip Code
78502

Purpose of Disbursement
Void - Monica For Congress

011

Category/
Type

Candidate Name

De La Cruz, Monica, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify)

State: TX District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2023

FEC Identification Number

C C00765719

Transaction ID : 17277051

Amount of Each Disbursement this Period

- 2000.00

Void - Monica For Congress

Memo Item

Full Name (Last, First, Middle Initial)

C. People For Derek Kilmer

Mailing Address PO Box 1381

City
Tacoma

State
WA

Zip Code
98402

Purpose of Disbursement
Void - People For Derek Kilmer

011

Category/
Type

Candidate Name

Kilmer, Derek, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: WA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2023

FEC Identification Number

C C00514893

Transaction ID : 17277052

Amount of Each Disbursement this Period

- 2000.00

Void - People For Derek Kilmer

Memo Item

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

- 6000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Haley Stevens For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	28	/	2023

Mailing Address 33717 Woodward Ave
#539

City Birmingham State MI Zip Code 48009

Purpose of Disbursement
Void - Haley Stevens For Congress

011
Category/ Type

FEC Identification Number

C	C00638650
---	-----------

Transaction ID : 17277053

Amount of Each Disbursement this Period

- 2000.00

Void - Haley Stevens For Congress

Memo Item

Candidate Name

Stevens, Haley, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: MI District: 11

Full Name (Last, First, Middle Initial)

B. Michelle Steel For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	28	/	2023

Mailing Address 92a Surfside Avenue, #472

City Surfside State CA Zip Code 90743

Purpose of Disbursement
Void - Michelle Steel For Congress

011
Category/ Type

FEC Identification Number

C	C00704981
---	-----------

Transaction ID : 17277054

Amount of Each Disbursement this Period

- 2000.00

Void - Michelle Steel For Congress

Memo Item

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.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
	/		/	

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

FEC Identification Number

C	
---	--

Amount of Each Disbursement this Period

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Memo Item

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

- 4000.00

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

156000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" 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. Wilson, Lisa, M., ,

Mailing Address 16211 N Brinson
Suite 130

City
Nampa

State
ID

Zip Code
83687-5521

Purpose of Disbursement
Refund of Contribution

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 17228028
Amount of Each Disbursement this Period

Refund of Contribution
 Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Date of Disbursement

/ /

FEC Identification Number

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

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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